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Abstract

Objective: Addressing the continued health disparities between Australia's Indigenous and non-Indigenous peoples requires a multi-sector approach in which the discipline of psychology has a central role. These disparities are partially driven by a lack of culturally appropriate methods of health delivery. The current study aimed to explore urban Aboriginal and Torres Strait Islanders' perceptions of health and wellbeing through a social emotional wellbeing and strengths-based frameworks.

Methods: A qualitative study was conducted with 19 urban Australian Aboriginal and Torres Strait Islander people. Data was collected via individual semi-structured interviews and focus groups. Thematic analysis was conducted to identify strengths-based themes within the data.

Results: Several attributes and values emerged from participants' understandings of enhancing mental health and wellbeing. These included *acceptance, respect, forgiveness and integrity, honesty, courage, empathy, mindfulness, and spirituality*.

Conclusions: There are similarities between the central tenets of the strengths- and values-based frameworks and a model of social emotional wellbeing. It is important to note that these attributes and values are understood at the individual, community and cultural level. Each of these attributes and values are intricately linked to being mentally healthy and having strong cultural identity. These similarities may provide an avenue for shared cross-cultural understandings and knowledges of mental health and wellbeing that will support culturally appropriate service delivery.

Keywords : Aboriginal and Torres Strait Islander health and wellbeing; cross-cultural psychology; cultural identity; social emotional wellbeing; strengths-based psychology

Key points

1. SEWB and strengths-based frameworks focus on supporting health and wellbeing through building strengths of individuals and communities.
2. There are similarities between both the SEWB model and the central tenets of the strengths- and values-based frameworks, including ACT, that offer a way to work across cultures.

3. Working across cultures requires practitioners to understand that attributes and values are understood at the individual, community and cultural level.

Contextual imperatives for developing cross-cultural understandings of health and wellbeing

Addressing the continued health disparities between Australia's Indigenous and non-Indigenous peoples requires a multi-sector approach in which the discipline of psychology has a central role. This disparity in health is partially driven by a lack of culturally appropriate methods of health delivery (see Downing, Kowal, & Paradies, 2011; Westerman, 2004). At the grassroots clinical level, providing culturally appropriate psychological services to Indigenous Australians will require navigating the cultural interface between non-Indigenous practitioners and Indigenous people (Nakata, 2007). This is particularly important as only 0.5% of psychologists identify as being an Aboriginal or Torres Strait Islander person (Health Workforce Australia, 2014). It is therefore essential to identify and develop culturally appropriate avenues for clinical practice for non-Indigenous practitioners who work with Indigenous people.

Navigating the cultural interface must begin with decolonising psychology (Dudgeon, Darlaston-Jones, & Clark, 2001; Dudgeon & Walker, 2015) as well as developing non-Indigenous practitioners' cultural competency to provide services to Indigenous people (Walker, Schultz, & Sonn, 2014). This process must include non-Indigenous practitioners developing practices and knowledge through critical reflection on theory and practice, and developing cultural competence, safety, and awareness of social and cultural factors that impact upon Indigenous peoples. Critically, practitioners must develop an understanding of the ongoing impacts of colonisation on health and wellbeing, and applying these understandings in a culturally respectful manner (Dudgeon & Walker, 2015; Gee, Dudgeon, Schultz, Hart, & Kelly, 2014; Kilcullen, Swinbourne, & Cadet-James, 2016).

Decolonising psychology must also include a strengths-based focus on factors that enhance social and emotional health and wellbeing (SEWB). Strengths-based approaches consider positive mental health not only as an absence of illness or disease, but also as the presence of a person's ability to develop and maintain mental health. This paper focuses "on those modest but practical clinical ways" (Hunter, 2002, p. 580) in which to understand broader impacts upon the health and wellbeing of Aboriginal and Torres Strait Islander people. The proposed framework in this paper is an extension of previous research that identified similarities and differences in cross cultural conceptualisations of mental health (Kilcullen et al., 2016). Specifically, links for clinical application will be drawn between similarities in SEWB, and strengths- and values-based approaches such as Acceptance Commitment Therapy (ACT).

Social and Emotional Wellbeing (SEWB)

Aboriginal and Torres Strait Islanders' perceptions of mental health and wellbeing are holistic and consider physical, emotional, cultural, and spiritual influences on mental health (Australian Institute of Health and Welfare, 2009; Brown, 2001; Dudgeon, et al., 2007; Eley et al., 2007; Reid & Trompf, 1991; Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2009; Swan & Raphael, 1995; Vicary & Bishop, 2005). While the term 'social and emotional wellbeing' is also used in the non-Indigenous community, the term reflects a more holistic approach to health in the Indigenous community (Garvey, 2008).

Gee and colleagues (2014) outline a model that includes seven determinants of SEWB nested within a social and historical context. These factors are connection to body; mind and emotions; family and kinship; community; culture; country; and spirit, spirituality and ancestors. This conceptualisation of SEWB provides a broader view of health that acknowledges cultural and spiritual domains as well as socio-political contexts that impact upon and influence mental health (see Parker & Milroy, 2014 for review). Indeed, research has described the "dynamic interconnectedness", or interwoven nature of factors including the impact of culture, spirituality, and kinship upon social and emotional wellbeing (Ypinazar, Margolis, Haswell-Elkins, & Tsey, 2007).

The shift in focus within biomedicine to include socio-cultural perspectives of mental health is evident from research with Australian Indigenous peoples (Hunter, 1997, 2002, 2003, 2004; Hunter & Harvey, 2002). Aspects of mental health that have come into sharper scrutiny have included expressions of depression (Vicary & Westerman, 2004), suicide (Hunter & Harvey, 2002; Tatz, 2001), and substance use (Burns, d'Abbs, & Currie, 1995; Gray, Saggars, Sputore, & Bourbon, 2000). While these studies explored expression of mental illness, each highlights the importance of family and social interactions within that context. As Hunter (2002, p. 575) cautions, "...as important as broad, holistic construction [of emotional and social wellbeing] are in the wider arena of Indigenous affairs, psychiatric practitioners must first be attentive to clinical priorities." This cautionary note highlights the need for maintaining a broad perspective of mental health, while continuing to engage at the personal and clinical level to address pressing demands at a practice level. Given the poor mental health outcomes of Indigenous peoples (Australian Bureau of Statistics, 2010), it is important to understand and identify ways to strengthen the capacity for positive mental health of individuals and communities.

Strengths- and values-based approaches in clinical psychology

Strengths- and values-based approaches to understanding health and wellbeing is gaining momentum within psychology and clinical practice. Two such approaches include positive psychology and Acceptance Commitment Therapy. Positive psychology focuses on “human strength and positive attributes” (Diener, 2009, p. 8) and Acceptance Commitment Therapy seeks to understand experience through a relational frame (Hayes, 2004). Positive psychology moves away from the traditional focus of clinical psychology, that of dysfunction, disorder and diagnosis, and rather seeks to describe and amplify strengths and positive attributes of the individuals, families and the wider community (Maddux, 2009; Seligman & Csikszentmihalyi, 2000). This strengths-based framework centres around three themes including positive subjective wellbeing, positive individual traits, and positive influences at a group level. These themes describe human strengths and attributes that contribute to a meaningful life (Seligman & Csikszentmihalyi, 2000). Within these three themes, past, present, and future experiences are viewed through the capacity to build and amplify the positive aspects of the lived experience. Positive subjective experience refers to valued experiences such as wellbeing, optimism, happiness, faith, and hope. At the individual level, positive traits include, for example, the capacity for love, future-mindedness, wisdom, courage, and spirituality (Pargament & Mahoney, 2009). Positive influences at the group level enhance citizenship through nurturance, work ethic, and responsibility. Indeed, aspects of these themes are explored in the National Aboriginal and Torres Strait Islander Social Survey (NATSISS cited in Australian Bureau of Statistics, 2010) where individuals rate levels of ‘being happy’, ‘peaceful and calm’, ‘full of life’, and having ‘lots of energy’. These factors are addressed in strengths- and values-based therapies such as Acceptance Commitment Therapy (ACT).

ACT is a strengths- and values-based therapeutic framework that considers experience as an “ongoing act in context...and set of ongoing interactions between whole organisms and historically and situationally defined contexts” (Hayes, 2004, p. 646). This definition of ACT reflects the central philosophy of SEWB which considers a holistic perspective of health and wellbeing. The ACT therapeutic framework emphasises the centrality of context for individuals to understand their experiences through mindful practice of acceptance and commitment to living a meaningful life (Hayes, Strosahl, & Wilson, 2012). This can be facilitated in a therapeutic relationship through several processes. Such process include being in the present moment, understanding one’s values for a living a good life, acceptance of all emotional experiences, reducing fusion with one’s thoughts, developing self-awareness, and

taking committed action that is guided by one's values. Therapeutically these factors are addressed through decreasing experiential avoidance, or the avoidance of unwanted experiences such as negative emotionality, and decreasing cognitive fusion, or buying into the truthful nature of thoughts. The ultimate focus of therapy within this framework is for an individual to engage in behaviours that align with their defined goals and values in order to experience a meaningful life.

These approaches have appropriated strengths-based language, particularly character strengths including attributes and values, and a strengths-based approach which fits within a SEWB framework (Gee et al., 2014). However, there is some debate about whether positivistic approaches including positive psychology have a place in Indigenous psychologies (Christopher & Hickinbottom, 2008; Dudgeon & Walker, 2015). Further, the application of a positivistic framework to the understandings of health and wellbeing within non-Western cultures, particularly Australian Aboriginal and Torres Strait Islander cultures has been questioned (see Dudgeon, Milroy, & Walker, 2014). While these theoretical questions warrant further examination, at a practical level, identifying cross-cultural similarities in understandings of health and wellbeing has the potential to enhance delivery of services by non-Indigenous practitioners. These understandings provide a crucial meeting point for those working clinically at the cultural interface.

Aim of the current study

Kilcullen et al., (2016) previously reported on urban Aboriginal and Torres Strait Islander conceptualisations of health and wellbeing. These authors also proposed a model of health and wellbeing and links to possible clinical application in a Cognitive Behavioural Therapy framework. Building upon the previous study, the aim of the current paper is to identify cross-culturally understood attributes and values that were reported to contribute to protecting mental health and wellbeing. The findings will be discussed with reference to SEWB and strengths-based psychology frameworks.

Method

Participants

A purposive sample of urban Aboriginal and/or Torres Strait Islander people was recruited by advertising the study via flyer and word-of-mouth at James Cook University and subsequent snowball recruitment. There were 19 respondents in the study including 14

women (age range 22-56 years; 12 Aboriginal women, 2 Aboriginal/Torres Strait Islander women) and 5 men (23-41 years; 1 Aboriginal man; 4 Torres Strait Islander men). The study was conducted in Townsville, North Queensland in which 5.9% (2.5% national average) of the population identify as Aboriginal and/or Torres Strait Islander people. The majority (n=18) of respondents resided in Townsville, Australia and 1 respondent was from Cairns, Australia. Pseudonyms have been used to protect respondents' anonymity.

Materials

Semi-structured interviews were guided by open-ended questions about mental health and cultural identity. Questions were developed from previous research exploring conceptualisations of mental health (Donovan et al., 2007). These questions included 1) What do you think 'mental health' means? If you think about the term 'mental health', what does it mean to you?; 2) How would you describe a 'mentally healthy' person?; 3) What factors/things do you think protect mental health?

Additional culturally specific questions were developed in conjunction with a cultural mentor and were based upon previous research (Ypinazar et al., 2007). These questions included 1) Do you think someone who lives a less urban or more remote lifestyle would describe mental health differently?; 2) Do you think a non-Indigenous person would describe mental health differently?; 3) What makes up your identity as an Indigenous person?; 4) In what ways do you strengthen your cultural identity?; 5) Do you think knowledge of your culture impacts upon your life, especially your mental health?

Procedure

The study was conducted using a phenomenological framework to explore respondents' understandings of mental health. The first author conducted 11 individual interviews of approximately one hour as well as 2 group discussions (Group 1: women; Group 2: men). Overall, sixty hours of interviews were conducted resulting in 20 hours of recorded data. A culturally appropriate yarning style was adopted when conducting the interviews and groups (Tuhiwai-Smith, 1999). Given the paucity of literature exploring urban Aboriginal and Torres Strait Islander peoples' conceptualisations of mental health (Ypinazar et al., 2007), data was analysed using a 6-phase exploratory thematic analysis process (Braun & Clarke, 2006). This type of analysis is an iterative rather than a linear approach to developing codes, categories and themes. Respondents were provided with an opportunity to comment on

their transcripts and also the subsequent themes developed from the data. Ethics approval was obtained from the James Cook University Human Research Ethics Committee (H3133).

Findings and Interpretations

The findings of this study provide preliminary cross-cultural understandings of health and wellbeing by privileging Indigenous knowledges within a strengths-based framework. Several attributes and values emerged from participants understandings of how to enhance mental health and wellbeing. These included *acceptance, respect, forgiveness and integrity, honesty, courage, empathy, mindfulness, and spirituality*. These attributes and values are cross-culturally understood and are evident in the model of SEWB, and a strengths- and values-based framework (Diener, 2009; Gee et al., 2014; Hayes, 2004). It is important to note that these attributes and values are interrelated and can be understood at the individual, community and cultural level. As depicted in Figure 1, each of these attributes and values are intricately linked to being mentally healthy and having positive cultural identity.

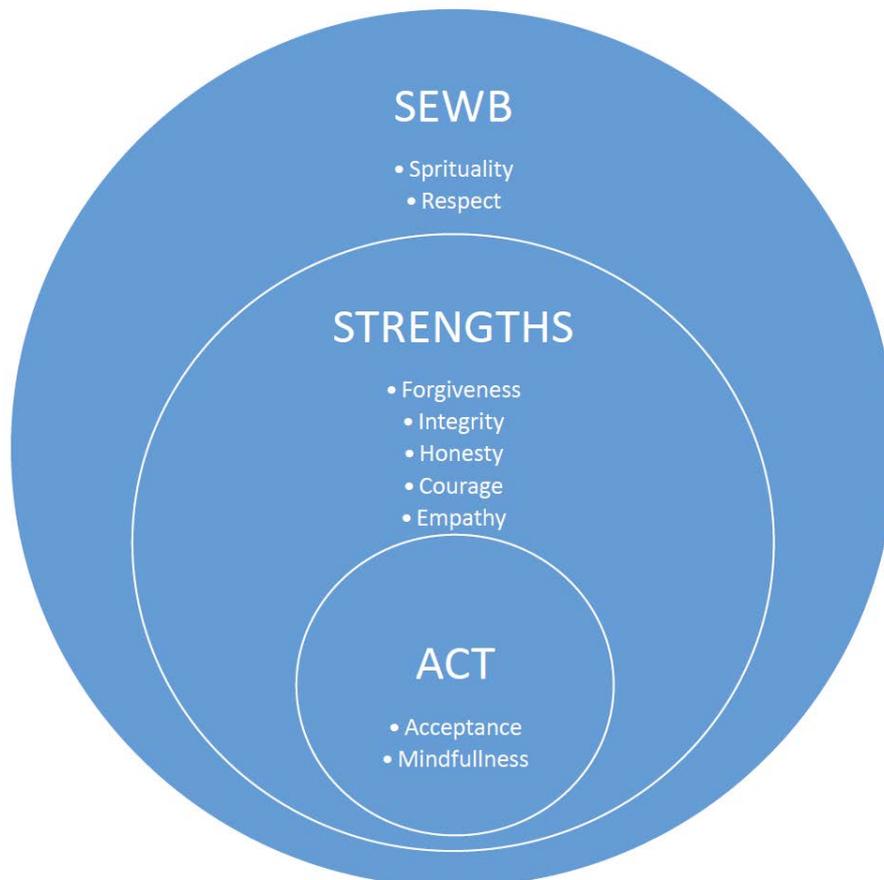


Figure 1. SEWB, ACT and strengths: an interrelated approach

Acceptance Commitment Therapy: links to reported values and attributes

Respondents reported values and attributes including *acceptance and mindfulness* that closely align with an Acceptance Commitment Therapy approach (Hayes, 2004; Hayes et al., 2012). Acceptance is a central tenet of the ACT framework and is viewed as an “active nonjudgmental embracing [of experience] in the here and now” (Hayes, 2004, p. 656). In this approach, acceptance is the mechanism that allows an individual to approach rather than avoid perceived negative experiences and cognitions through suspending judgement of that experience. This nonjudgmental stance is enhanced by mindful practice. This active reconciliation of self with experience through acceptance and mindfulness was reported by respondents in this study.

Acceptance

Respondents reported that mental health was protected by acceptance of self and life situations. Acceptance was not viewed as passive avoidance, but rather as an active reconciliation to difficult circumstances. This conceptualisation of acceptance has cross-cultural similarities and fits well within the ACT and strengths-based frameworks (Hayes, 2004; Seligman & Csikszentmihalyi, 2000).

I think the acceptance thing is a big thing a big role in people, um, feeling worth of themselves. (Aboriginal woman, Brenda)

And:

I think that acceptance and embracing everything that makes you, of your culture and knowing how that impacts on the rest of, you know, or your interaction with the rest of, um, makes you strong. Um, cause I see people who try and reject their culture, um, confused and I don't reckon they are well. (Aboriginal woman, Alice)

Mindfulness

The capacity for being in the here-and-now was also reported by respondents as a means of protecting mental health. Being mindful provided a way of letting go of painful emotions resulting from difficult interactions and circumstances. This conceptualisation of mindfulness is a central therapeutic tenet and task in an ACT framework (Hayes et al., 2012).

And so, once I get that idea, comfortable with that, it doesn't take it away, but it, ah, from having a bit of a turn, I think, 'oh well, it'll pass because it's going to pass', it passes...So having that knowledge that the bad experience or the negative experience

that you're having will actually pass even if you just do nothing about it. (Aboriginal woman, Ida)

Cross-cultural similarities are evident between both the ACT framework (Hayes, 2004; Hayes et al., 2012) and the current respondents' conceptualisations. Acceptance was the practice of accepting what was outside of one's control and working towards building a meaning in life. These aspects of acceptance are reflected in the above responses. Acceptance was also reported to facilitate connections with others and with culture. As such, it may be a mechanism that facilitates connection with self, other and culture (Gee et al., 2014). Similarly, within an ACT framework, mindfulness practices allow an individual to be in the present moment, detach from negative experiences and facilitates values-based action. In particular, mindfulness is connected to mind and emotions within the domains of the SEWB model (Gee et al., 2014). Such a way of being is suggested to reduce psychological distress, facilitate connections with others, thus enhancing health and wellbeing.

Strengths: links to reported values and attributes

Respondents reported individual strengths that enhanced mental health. These strengths included *forgiveness, integrity, honesty, courage and empathy*. It is important to note the interrelatedness of these individual strengths and the positive impact upon mental health and functioning within the wider community (Diener, 2009; Seligman & Csikszentmihalyi, 2000). These strengths are also related to the ACT and SEWB frameworks (Gee et al., 2014; Hayes, 2004; Hayes et al., 2012).

Forgiveness of self and others

Forgiveness was described by respondents as an important attribute for protecting mental health. Forgiveness of self and others was described as a way of remaining mentally healthy. This conceptualisation of forgiveness fits well within the ACT framework (Hayes, 2004; Hayes et al., 2012) and positive traits at the individual and community levels of the positive psychology framework (Pargament & Mahoney, 2009; Seligman & Csikszentmihalyi, 2000). Within the ACT framework, forgiveness may be a mechanism for facilitating acceptance of self and others (Hayes et al., 2012). Further, forgiveness has also been linked to 'spiritual law' or providing a connection to spirit, spirituality and ancestors within a SEWB framework (Gee et al., 2014).

I tell you what protects my mental health, I'll tell you what protects it...forgiveness is the key to protect your mental health...regardless of what happens to you, regardless of whether you've been called something very nasty, you know what protects my mental health? I cannot carry it. Forgiveness. And it's a spiritual law. (Aboriginal woman, Elizabeth)

And:

maybe Indigenous people, because we're a lot more [pause], for some reason, we are a lot more prepared to forgive the mistakes of others than non-Indigenous people are, and I think again, that's part of our spirituality. (Aboriginal woman, Caroline)

Integrity

Integrity, or the ability to act in line with one's values and beliefs was also reported by respondents to be an important factor for protecting mental health. Holding one's integrity during challenging circumstances provided a buffer and safe-guard to remain mentally healthy. The way respondents described integrity fits closely with the concept of commitment in the ACT framework (Hayes, 2004; Hayes et al., 2012) and individual positive traits within a positive psychology framework (Pargament & Mahoney, 2009; Seligman & Csikszentmihalyi, 2000). Commitment to action that is directed by one's values and beliefs provides a foundation for enhancing one's life experiences and facilitating good mental health (Hayes et al., 2012).

I guess you need to stay strong in your own integrity and your beliefs...you walk in your own integrity, I tell you, the people that are out there to set those little snares for ya, they're going to fall into their own trap. That's what I believe. (Aboriginal woman, Elizabeth)

Honesty

Respondents perceived honesty to protect mental health as it provided a secure platform from which difficult conversations in challenging circumstances could be conducted. For example:

I'm always about protecting my children and that's how I've raised my children. I said 'be willing to tackle those uncomfortable areas that people don't want to talk about or address or turn a blind eye to'. I said 'be up front because if you allow that to go [on] and you're feeling sick within yourself, you're feeling uncomfortable...but you're allowing those people to intimidate you or you don't want to address that

situation...well, address it because then you set yourself free from that uneasiness or that uncomfortableness.’ (Aboriginal woman, Grace)

Courage

Courage was described by respondents as a value that stood them in good stead during turbulent life circumstances. This conceptualisation of courage fits well within a strengths-based approach to clinical psychology, particularly at the level of positive individual traits (Seligman & Csikszentmihalyi, 2000). Protecting mental health was perceived to be supported by an individual’s capacity to stand up and speak out for their values and beliefs.

Sometimes I feel like a wave, bobbing up and down on the sea. My emotions are just playing havoc. And how do you protect [mental health]? It can be very difficult because you have to be sometimes very strong but you have to be courageous. And in being courageous, it’s not about conforming to the standards of this world. It’s about being transformed through the renewing of your mind. (Aboriginal woman, Elizabeth)

Empathy

Respondents described the positive benefits of having empathy for others as a key to protecting mental health. These conceptualisations of empathy are reflected in the SEWB model of connectedness to mind, body and emotions (Gee et al., 2014), an ACT framework (Hayes, 2004; Hayes et al., 2012) and individual positive trait level of a positive psychology framework (Seligman & Csikszentmihalyi, 2000). Empathy was not only transformative for the individual, it provided a way in which to find relationship with others. A relational approach to others offered a connection at the community and cultural level. Further, an empathic approach was also reported to be linked to one’s spirituality, and as a way of facilitating links to culture and spirituality (Gee et al., 2014).

You’ve gotta look beyond the agendas and you’ve gotta look into people’s hearts and you’ve gotta actually get to know them and find out where they’re coming from. Because what people carry may not, and speak, may not necessarily be how they really feel. When people carry a lot of hurt, you know, well, that’s when a lot of bitterness would come out...So, it’s looking beyond. You’ve got to look at it with spiritual eyes. (Aboriginal woman, Elizabeth)

Respondents in the current study identified many factors that they believed supported good mental health that lie within the strengths-based positive psychology themes of positive

individual traits and positive influences at the group level. Positive individual traits were reported as protective mechanisms of mental health (Diener, 2009; Seligman & Csikszentmihalyi, 2000). These strengths included *forgiveness, integrity, honesty, courage and empathy*. Respondents described these strengths as a way to promote mental health for themselves by facing rather than avoiding difficult realities. These strengths also provided a filter through which to view and buffer the impact of the actions of others on themselves and their mental health. Additionally, it was suggested that these traits supported the strengthening of connections when others have failed to fulfil obligations or have transgressed against individuals, community, or cultural expectations. As such, these factors appear to act as an important method of facilitating social unity through mediating acceptable pathways to continuing relationships and connections (Gee et al., 2014).

Social and Emotional Wellbeing: links to reported values and attributes

Links between the reported values and attributes and the model of social and emotional wellbeing were evident in this study. Respondents perceived *spirituality and respect* to be cornerstones of enhancing health and wellbeing through maintaining cultural connections. These values and attributes are evident in the SEWB model via connection to culture, country, family and kinship, and spirit, spirituality and ancestors (Gee et al., 2014). Respondents had diverse but positive views of how spirituality enhanced wellbeing. They also reported strong views about how respect for self, elders and community impacted health and wellbeing at the individual, community and cultural levels.

Spirituality

There was diversity in respondents' conceptualisations of spirituality and the mechanisms through which it enhanced health and wellbeing. This reflects the diversity of Indigenous individuals, communities and in Indigenous knowledges and practices. Spirituality was described in various ways including as an interconnectedness of all things, as being integrated with religion, as synonymous with orthodox religion and religious practices, and religiosity in general. These conceptualisations of spirituality are reflected in the SEWB model (Gee et al., 2014) and a strengths-based approach (Pargament & Mahoney, 2009). For one respondent spirituality was equated to *healthy cognitions*, or mental health, "I sometimes equate spirituality just with mental thinking, or the mental whatever. So, to me they're one and the same. That's the way I look at it." (Aboriginal woman, Alice)

The most commonly reported conceptualisation of spirituality was *interconnectedness and reciprocity* of all things, including connection to spirit and ancestors, and to cultural knowledge. This conceptualisation is closely reflected in the SEWB model (Gee et al., 2014). For example, one woman stated that:

“I believe in forces, I’ve seen forces. Um, big believer in the spiritual. And I believe that everything has a spirit, even the rock. Something as dead as a rock has a spirit. Everything has the spirit and the metaphysical is more powerful and has, has, has an influence on what happens in the physical.” (Aboriginal woman, Elizabeth)

Another woman stated “I have a belief in, there is something that has a lot, that is more of a being than any religion. I believe it comes from the earth and that’s where you get your strength from.” (Aboriginal woman, Caroline). This was reiterated by another respondent. He stated that: “Maybe because we believe, or I believe not-so-much on mainstream. I believe in ‘if you do this, this is going to have that effect’. Not a [mainstream religion] type of spirituality, it’s more like if you do this wrong, that effect will happen. If you do this right, that effect will happen. It’s that kind of spiritual thought.” (Torres Strait Islander man, Ben)

For another woman, spirituality was the connection to knowledge “so, I guess I feel sometimes I feel connected to something that gives me, you know, a little bit of insight into what’s going to happen. But, if you explain those things to other people sometimes who don’t understand your beliefs or that they might think that you’re a bit nuts. But, I don’t feel that way. I don’t feel that I have a mental problem because I, you know.” (Aboriginal woman, Daisy)

Spirituality was also described by respondents as an *integration of orthodox religion and traditional spirituality*. Respondents reported finding similarities between Western religion and traditional beliefs and integrating this blend into a new life view. One woman described a story passed down to her that highlighted how past generations made sense of the introduction of Christianity. She stated that:

“when those Missionary’s came and they started telling them stories and of course you’ve got the big snake in the garden, ‘oh, we’ve got a snake too’ [laughs]. You know, and all that. But I think what, well this is how it was explained to me by an old Elder, so, I do sit around and I like to listen to what they’ve got to say. They said, ‘well, when they came they spoke about, you know, what is it, father, son, holy ghost, and it’s spirit’. She

said ‘well, we got holy trinity too, we got respect, reciprocity and relationships’. Respect, reciprocity, relationships. The 3 R’s. So, um, I believe, don’t get me wrong, them old Aboriginals, and that lifestyle, they were firm believers in that spiritual.” (Aboriginal woman, Elizabeth)

This *blend of traditional and Western religion* was also highlighted by another respondent who described:

“when you compare with the Indigenous spirituality, um, to me, there’s not much difference because there also is a belief in a supreme being, that, you know, some call it Rainbow Serpent, Torres Strait have another name for it. Um, it’s all about the Dreaming and how everything was created. They give credence to the supreme creator, if you like, yeah. And it’s all about helping others and being a good person, doing the right thing and yeah, so, it kind of like all flows. So I don’t see any difference in the, in the spirituality and the Dreamtime and stuff like that, as opposed to Christianity.” (Aboriginal woman, Faith)

Spirituality for some also was *synonymous with orthodox religion and religious practices*. One could protect mental health though engaging with religion beliefs and practices. One woman stated that she experienced poorer mental health when she did not perform religious practices such as “not going to worship. Not having a consistent prayer life. Not reading the word as regularly as you should. Not meeting with other Christians to be encouraged. Um, not realising when you don’t meet them you can’t encourage them as well. You know?” (Aboriginal woman, Faith)

Respect for self, elders and the community

Respondents also spoke of the importance of developing and maintaining respect for oneself, elders, community and country to enhance cultural identity. Having a strong cultural identity meant one observed traditions and respected elders in the community for their wisdom and cultural knowledge that they possessed. This view of respect has cross-cultural similarities and fits well within the SEWB framework (Gee et al., 2014), the ACT framework (Hayes, 2004; Hayes et al., 2012), and are represented as individual and community positive traits within a positive psychology framework (Seligman & Csikszentmihalyi, 2000). Social and emotional wellbeing within an Indigenous framework includes connection to community, family and kinship, country and culture. As such, respectful and reciprocal relationships form a foundation for strong culture and cultural identity (Gee et al., 2014). Additionally, having

respect for, and engaging in respectful relationships with others is also reflected in conceptualisations of acceptance within an ACT framework (Hayes, 2004; Hayes et al., 2012). Such respectful relationships are suggested to be developed through commitment to engaging in values-driven action towards building a meaningful life.

And also too, one of the things I noticed was respect...respect comes as you grow as a person. And as you evolve as a person, that respect comes out and people can see the goodness in you and then you earn that respect...follow that respect that you should have across the board in your life...[respect for] community. Respect for your family. Respect for everybody. I think that's often lacking in some of the younger ones. And they've gotta respect themselves first. They've got to learn to respect themselves too. (Aboriginal woman, Hope)

And:

And I think that's one of the key things about culture and tradition, is that respecting of that hierarchy because like, I know, with my kids, and they've got, my nieces and nephews that are older than them, and just a couple of years younger than them but they still respecting them as auntie and uncle. Even though they are younger, they still respecting because there's that generational gap there...I think that's one of the key thing, that respect for, they know which generation, growing up. (Torres Strait Islander man, Charles)

Overall, the strengths and values identified in the current study are reflected in the model of social and emotional wellbeing (Gee et al., 2014) and a strengths-based approach (Diener, 2009; Pargament & Mahoney, 2009; Seligman & Csikszentmihalyi, 2000). A strengths-based approach aims to describe the mechanism of positive functioning at an individual and group level. Many of these aspects of positive functioning have been identified in the current study, particularly those that support strong culture, family and social connections, including *spirituality and respect* (Gee et al., 2014; Kilcullen et al., 2016). Indeed, both positive mental health and strong cultural identity were supported by these connections. Additionally, sharing cultural and socio-historical knowledge across generations facilitates positive functioning at the group level by informing and empowering the younger generations. Sharing cultural knowledge was seen as providing a foundation for continuing a dynamic culture through reinforcing cultural identity. Many respondents identified the need to share this information with younger generations so they could use this knowledge to counter the negative opinions of others (Kilcullen et al., 2016).

Other group level influences were reported to have positively affected mental health and cultural identity. Knowing one's place in kinship networks fostered respect across generations, particularly for elders, but also for self and the wider community. Kinship networks were perceived to positively impacted upon individuals and community through providing cohesion between family members. Having a solid kinship foundation provided a safe place from which to go out into the wider, mainstream community in a strong and productive manner. In essence, strong kinship networks were reported to be the cornerstone of stability, of being able to engage in a sometimes hostile environment knowing that support was available if required. The current respondents were also quick to acknowledge that being intertwined in such kinship networks also brought with it responsibilities and obligations that needed to be fulfilled. Thus, group level engagement not only provided a safe haven for individuals, but also required members to contribute to the wider community through fulfilment of cultural responsibilities and obligations.

Conclusions

The aim of this paper was to highlight cross-cultural understandings of strengths, values and attributes that enhance health and wellbeing, and to explore how these conceptualisations might fit within existing psychological frameworks whilst privileging Indigenous voices and knowledges. As such, this paper makes a unique contribution to the field of strengths-based psychology by the inclusion of Indigenous knowledges and voices. Together with results of a recent study by the current authors which highlights the centrality of *connectedness* to health and wellbeing (Kilcullen et al., 2016), the current paper adds to the cross-cultural understandings of urban Aboriginal and Torres Strait Islanders conceptualisation of health and wellbeing. Results of the current study identified strengths, values and attributes including *acceptance; respect; forgiveness; integrity; honesty; courage; empathy; mindfulness and spirituality*. From these themes, it appears that current strengths- and values-based clinical approaches such as ACT may provide meaningful contributions to understanding cross-cultural conceptualisations of mental health (Hayes, 2004; Hayes et al., 2012; Seligman & Csikszentmihalyi, 2000).

Given the opportunity to describe a 'mentally healthy 'person'', the current respondents appeared to describe a natural strengths-based approach. As others have suggested, concentrating on the 'supernatural' features of a culture that are perceived to support mental health may obscure opportunities to understand 'natural and prosaic' elements (Hunter, 2004). Not only were cultural elements described in respondent's perceptions of

mental health, elements that are cross-culturally understood were also evident. It will be necessary for practitioners to take these factors into consideration in order to deliver culturally safe practice.

Given that colonisation continues to have a devastating impact upon Indigenous people, communities and culture (Parker & Milroy, 2014), it is essential for non-Indigenous practitioners to understand the socio-historical impacts of colonisation upon the health of Indigenous people. In addition to this knowledge, a pragmatic way must be found to enhance social and emotional wellbeing of individuals and communities. Developing non-Indigenous practitioners cross-cultural understandings of health and wellbeing may enhance their cultural competence when working at the cultural interface (Nakata, 2007). Such a pragmatic approach begins with identifying similarities in cross-cultural understanding of health and wellbeing.

In order to decolonise psychology in Australia, individuals and the discipline itself must acknowledge socio-historical impacts of colonisation upon Indigenous people and address these across many levels, from systemic through to individual practitioners. There are similarities in both the SEWB model and the central tenets of the strengths- and values-based frameworks that offer a way to negotiate the cultural interface, and thus support the decolonising of psychology. Both frameworks focus on the dynamics of supporting health and wellbeing through understanding negative factors and building strengths of individuals and communities. These similarities may provide an avenue for shared cross-cultural understandings and knowledges of mental health and wellbeing that will support culturally appropriate service delivery.

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