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# Defining Australian Indigenous Wellbeing: Do we *Really* Want the Answer? Implications for Policy and Practice

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**ABSTRACT** *Indigenous wellbeing is a current priority for the Australian Government. Given this prioritisation one might be tempted to conclude that a readily accessible and consensual definition of Indigenous wellbeing would be available. Such a definition would be important, for example, in the design and delivery of programmes of psychotherapy that aim to improve wellbeing. A literature review was undertaken to locate such a definition. In particular, the relevance of definitions to Indigenous Australians living in remote communities was of interest. While a small number of definitions are frequently cited in the literature, there is not unanimity in their acceptance. It became obvious that the terms “health” and “wellbeing” are often confused. Sometimes health is included as a component of wellbeing, sometimes wellbeing is included as a subset of health, sometimes the terms are used jointly as in “health and wellbeing”, and sometimes persuasive arguments are made that health and wellbeing are different. The politics of wellbeing is a potent theme in the literature. It seems that the indices of wellbeing that are important to the Government may not always be important to Indigenous Australians. Current Australian Government policy could be seen to be more focused on gently steering Indigenous Australians to adopt a Western style of living rather than providing opportunities for them to live lives of personal meaning and value. This tension may well be a fundamental issue in addressing Indigenous wellbeing. Copyright © 2013 John Wiley & Sons, Ltd.*

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The wellbeing of Indigenous Australians is currently receiving significant attention and financial investment from the Australian Government. The high-profile *Closing the Gap* initiative (see Australian Government Department of Social Services, 2013) is directing billions of dollars at the disparity in health, education, housing and employment between Indigenous and non-Indigenous Australians. The remit of the *Closing the Gap* reform agenda is “to improve the lives of Indigenous Australians” through “sustainable solutions to long-standing problems” by “a new way of working across government and of engaging with Indigenous communities” (Australian

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Government Department of Social Services, 2013). Given this bold and visionary rhetoric it would seem safe to assume that a straightforward definition of Indigenous wellbeing was close at hand. Curiously, this is not the case. In fact, Indigenous wellbeing seems to be relatively under-explored in an academic context (Anderson, 1999).

While policy implications are important enough, the way in which wellbeing is defined also affects the design and delivery of programmes of psychotherapy intended to improve wellbeing. If wellbeing is defined, for example, by the absence of mental disorders as they are described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V) (American Psychiatric Association, 2013), then the psychotherapy that is provided might be very different from the psychotherapy that would be provided if wellbeing was defined from a different perspective. Of course, the politics of wellbeing and the psychotherapy of wellbeing are often tightly coupled since policy initiatives often specify priorities that can be used to guide goals of psychotherapy. The term “psychotherapy” is used in this paper to refer generally to therapies of a psychological nature – what might otherwise be referred to as “talking therapies”. The term is not being used to refer to any particular modality of talking therapy.

## DIFFERENT UNDERSTANDINGS OF INDIGENOUS WELLBEING

A literature review was undertaken to obtain a sense of clarity around what is being referred to when Indigenous wellbeing is discussed or targeted for intervention. Of particular interest were definitions that had relevance for Indigenous Australians living in remote communities, since it is in remote communities where wellbeing is often most seriously compromised by inappropriate policies or a lack of effective and efficient psychotherapy services. It is well established that Indigenous Australians in remote communities have poorer outcomes on a range of indicators compared with Indigenous Australians living in non-remote areas (Pink & Allbon, 2008). Furthermore, it has been suggested that government policy changes “directly affect those living in remote Indigenous communities to a much greater degree” compared with people living in other locations (Guerin & Guerin, 2012, p. 563).

Given these differences, it was of interest to identify if there were also differences in understandings of wellbeing. Indigenous Australians, for example, are twice as likely as non-Indigenous Australians to report high or very high levels of psychological distress (Australian Institute of Health and Welfare (AIHW), 2009; Parker, 2010), and, despite this distress causing significant disability and disruption to their lives, less than one third of Indigenous Australians access any form of mental health service (Slade et al., 2007), particularly those in rural and remote communities (Morley et al., 2007), with remote communities having the poorest access to health services generally (AIHW, 2008).

This review focused on wellbeing in general, not specific topics such as social and emotional wellbeing, so papers with a more specific focus were not included. Also, many papers discuss measures of wellbeing and indicators of wellbeing without actually defining what wellbeing is (e.g. Dockery, 2010). Furthermore, components of wellbeing are commonly discussed rather than clear definitions (Ganesharajah, 2009). Even in Government policy contexts, where the presence of a clear definition might be considered to be especially important, wellbeing is ill defined and often used in a Western context (Grieves, 2006).

It could be argued that measures of wellbeing are operational definitions of the wellbeing construct; this, however, would seem to be putting the proverbial cart before the horse. Once

an accepted definition of wellbeing is available, it makes sense to discuss the best ways of measuring that which has been defined. It therefore seems problematic to reason backwards: that what we have measured can be used as an indicator for wellbeing. Clearly, both defining and measuring wellbeing require careful consideration (Henderson et al., 2007).

Dockery (2011) has provided an example of why it is important for definitions to precede measurement. In his detailed analysis of the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) Dockery identified the item “In the last four weeks, how often have you been a happy person?” as “the most straight forward measure of subjective wellbeing” (p. 9). Dockery’s analysis is not in question here, but there does seem to be some implicit assumptions about wellbeing. The term “subjective wellbeing” seems to imply that there can be subjective and objective wellbeing. How would one define *objective* wellbeing? Also, is happiness the same as wellbeing? Finally, the particular phrasing in the NATSISS seems to conceptualise happiness as an “all or nothing” phenomenon since respondents were asked to indicate how often they had been happy in the last four weeks. Asking about happiness in this way implies that one is either happy or not (at various times over a four-week period) rather than suggesting that happiness might vary along a continuum from none to a great deal. These are the sorts of issues that arise when measurement is not based on clear definitions. Questions such as these are important for both the formulation of policy and the delivery and evaluation of psychotherapy.

Jordan, Bulloch, and Buchanan (2010) provided a historical context to the increasing interest in Indigenous wellbeing. They suggested that interest in this area has been growing since the 1960s and 1970s: firstly, with a recognition of the need to look beyond standard measures of economic growth to more meaningful indicators of development; and secondly, due to the more recent developments in the area of the social determinants of health. Thus it could be assumed that definitions of wellbeing will have various political implications. The review that was conducted confirmed this assumption.

## CONDUCTING THE SEARCH

This review did not commence with any a priori expectations about what the definition of wellbeing should be. Instead, a well-established and widely used database was searched along with databases specifically relevant to Indigenous Australians to ensure that both breadth and depth in the literature were addressed. A search of the PsycINFO database was conducted. “Indigenous” as a keyword yielded 6,312 hits and “Well Being” as a subject heading yielded 18,287 hits. A search combining these terms with “and” yielded 136 hits. The titles of these 136 papers were perused and, where necessary, the abstracts, from which no papers containing definitions of wellbeing pertinent to remote Indigenous Australians were located.

Well-known databases relevant to Indigenous Australians, e.g. <http://www.healthinfonet.ecu.edu.au/> and <http://www.lowitja.org.au/>, were searched and the reference lists of relevant papers were used to obtain further references. Many papers purportedly about wellbeing did not define the concept and so were not included in the review. The review continued until a saturation was achieved in the sense that no new directions or insights were forthcoming. In this way, the review was strategic rather than systematic. By this stage, clear themes had been distilled, points of contention had been identified, and a small number of regularly cited definitions had been obtained.

Using a saturation strategy meant that the search was not exhaustive in terms of including every paper that referred to Indigenous wellbeing. For example, authoritative and informative texts such

as *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (Pink & Allbon, 2008), *Working Together* (Purdie, Dudgeon, & Walker, 2010), and *Indigenous Australian Health and Cultures* (Thackrah & Scott, 2011) were *not* included in the review because they used definitions from sources which *were* included in the review. The saturation being sought, therefore, was also a conceptual saturation rather than a saturation of publication.

The results of the review are presented by initially outlining the commonly cited definitions. Then the themes running through this literature are discussed. The themes include the distinction between “health” and “wellbeing”, the differences between Western and Indigenous concepts of wellbeing, and the role of politics and policy imperatives in understanding and effecting Indigenous wellbeing. Organising the review around these common themes enabled some key questions to be distilled. It is suggested that these questions require answers if important policy initiatives such as *Closing the Gap* as well as the provision of psychotherapy services are to realise meaningful change to the wellbeing experienced by Indigenous Australians living in remote communities.

## DEFINITIONS

A widely cited definition (e.g. by the Australian Bureau of Statistics & Australian Institute of Health and Welfare, 2005; Ganesharajah, 2009; Lock, 2007; Swan & Raphael, 1995) is that of Indigenous health put forward in the National Aboriginal Health Strategy (NAHS). According to this definition, Indigenous health is “Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and includes the cyclical concept of life-death-life” (National Health Strategy Working Party, 1989, p. x). This definition has been regarded as a standard in the literature and also in research contexts over the last 20 years (Jordan et al., 2010). Significantly, this definition is similar to the definition of health provided by the World Health Organization (WHO) as a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity (World Health Organization, 1986).

The definition in the NAHS is the definition of Aboriginal health used by the Aboriginal Health and Medical Research Council of New South Wales on their website ([http://www.ahmrc.org.au/index.php?option=com\\_content&view=article&id=35&Itemid=37](http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=35&Itemid=37)). On this site they describe this definition of health as being composed by the National Aboriginal and Islander Health Organization (NAIHO) in 1979. NAIHO is now the National Aboriginal Community Controlled Health Organization (NACCHO). On the NACCHO website they provide the same definition for “Aboriginal health” (<http://www.naccho.org.au/aboriginal-health/national-strategic-framework/>). NACCHO made the following comment about the *National Aboriginal Health Strategy 1989* on their website:

The National Aboriginal Health Strategy (NAHS) released in 1989 was built on extensive community consultation to produce a landmark document that set the agenda for Aboriginal health and Torres Strait Islander health. Although never fully implemented (as indicated by its 1994 evaluation), the NAHS remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health services and service providers and continues to guide policy makers and planners. (NACCHO, 2012)

The actual definition in the NACCHO Constitution (NACCHO, 2010) is slightly amended to the standard definition:

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life–death–life.” (pp. 5–6)

The addition of these few words may well be important because they suggest that the wellbeing of the community is brought about by individuals being able to achieve their full potential as human beings.

It is noteworthy that while this benchmark definition purports to be a definition of health, it actually uses the term “well-being” throughout. This point will be discussed further in the following section. Moreover, in the Executive Summary of Swan and Raphael’s (1995) document, they offered this same definition as a definition of “Aboriginal concepts of mental health” (p. 7). While Swan and Raphael’s use of the term in this sense might seem confusing, closer inspection of the original strategy document proves illuminating. The definition that has become the standard is provided toward the end of page x in this document and is introduced by the sentence “This Working Party therefore sees health as: ...”. Use of the word “therefore” indicates that the two sentences that follow are a consequence of a previous rationale or argument. The section titled “Aboriginal Peoples’ Concept and Perception of Health” begins at the top of page ix. The second, third, fourth, and fifth paragraphs are most relevant to the discussion here:

“Health” to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.

Prior to colonisation Aboriginal peoples had control over all aspects of their life. They were able to exercise self-determination in its purest form. They were able to determine their “very-being”, the nature of which ensured their psychological fulfilment and incorporated the cultural, social and spiritual sense.

In Aboriginal society there was no word, term or expression for “health” as it is understood as in Western society. It would be difficult from the Aboriginal perception to conceptualise “health” as one aspect of life. The word as it is used in Western society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as “life is health is life.”

In contemporary terms Aboriginal people are more concerned about the “quality of life” Traditional Aboriginal social systems include a three-dimensional model that provides a blue-print for living. Such a social system is based on inter-relationships between people and land, people and creator beings, and between people, which ideally stipulates inter-dependence within and between each set of relationships. (p. ix)

These four paragraphs are profound in their implications for the understanding of Indigenous health, the delivery of health services, and even the research that is conducted about Indigenous health. The stated importance of self-determination, for example, is easily understood in the context of these paragraphs. The paragraphs certainly suggest that a “measure” of health from an Indigenous perspective might address the extent to which they are able to determine all aspects of their life rather than, for example, the extent to which they are educated, housed, and employed. Significantly, the *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context* (Australian Government 2003) used the first

indented paragraph above for its definition of health, rather than the more commonly cited definition from the *National Aboriginal Health Strategy 1989* (cited earlier).

Swan and Raphael (1995) provided further clarification to the definition they offered in the Executive Summary. The first of nine guiding principles is:

Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the “whole body” but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist. (p. 19)

Self-determination is the second guiding principle. These guiding principles were adopted by the Social Health Reference Group and used to inform their understanding of Indigenous health (Social Health Reference Group, 2004). This document has, in turn, been cited by other organisations (e.g. the Australian Indigenous Psychologists Association).

Even when the definition from the NAHS is not referred to explicitly, the general tenets can be identified. Anderson (1999), for example, stated that Indigenous health includes physical, social, emotional, cultural, and spiritual well-being, and incorporates both the individual and the whole community. McMahon, Reck, and Walker (2007) also referred to an interrelatedness of factors, asserting that wellbeing can be considered to be a state of health or sufficiency in all areas of life.

A holistic understanding of Indigenous health is clearly important (Prout, 2011). In terms of wellbeing, identity (Australian Bureau of Statistics, 2010) and balance (Biddle, 2011) are also highlighted. Furthermore, Biddle suggested that wellbeing is concerned with how one feels about one’s life and whether it is meeting one’s expectations or not. Expectations about one’s life might be heavily influenced by one’s culture. It is perhaps not surprising, therefore, that Grieves (2006) considered culture to be the starting point in any consideration of wellbeing. In a later publication Grieves (2009) remarked that the holistic nature of Indigenous wellbeing means that it is not easily compartmentalised into specific areas of life and social practices.

## CONFUSING “HEALTH” AND “WELLBEING”

One of the most striking aspects to definitions of Indigenous wellbeing is the extent to which the terms “health” and “wellbeing” are conflated. The widely cited definition provided by the National Health Strategy Working Party (1989) is a definition of Indigenous *health* but refers to the physical, social, emotional, and cultural *wellbeing* of the individual and the community. Conversely, the Australian Bureau of Statistics (ABS) (2010) reported that the Indigenous *wellbeing* concept has nine domains, with *health* being one of these. At other times the two terms are used together as though they jointly refer to the same thing. For example, it is asserted that both education and housing affect the *health and wellbeing* of Indigenous Australians (ABS & AIHW, 2005).

This conflation of terms is not peculiar to the discourse concerning Australian Indigenous health. For example, as noted earlier, *health* has been defined by the WHO as a state of complete physical, mental, and social *wellbeing*, and not merely the absence of disease or infirmity (WHO, 1986).



The seemingly imprecise use of the terms “health” and “wellbeing” is clarified, however, when the four paragraphs from the NAHS (cited on p. 186 above) are considered. As mentioned in those paragraphs, there is no straightforward translation of the word “health” in Aboriginal languages and the closest term would probably be something like “life is health is life”. It is acknowledged in this document that it is a “quality of life” concept that is of concern rather than the narrower focus of “health”. In Western contexts, “quality of life” would be more synonymous with “wellbeing” than it would be with “health”. It seems, therefore, that the Western term “health” has been used to demarcate an Indigenous concept of “life is health is life” which is perhaps closer to the Western concept of “wellbeing”.

If this analysis has some legitimacy, it suggests that terms such as “social and emotional wellbeing” are perhaps superfluous. Wellbeing is inherently social and emotional. The analysis also explains the point made by Grieves (2006) that a person can be physically unwell but still experience a sense of wellbeing. The converse is also equally true: a person can be physically well but have a diminished sense of wellbeing; put another way: wellbeing  $\neq$  being well.

## **THE CHASM BETWEEN WESTERN AND INDIGENOUS CONCEPTS OF WELLBEING**

A persistent theme throughout the Indigenous health literature is the difference between Indigenous and Western concepts of health. For example, the Human Rights and Equal Opportunity Commission (1993) maintained that:

For Aboriginal people, traditional concepts concerning the meaning of “illness” and “health” are quite unlike western ones. Health is not a purely physical state, it is related to the wellbeing and harmony of groups of people with their spiritual and physical universe. (p. 693)

The holistic aspect of Indigenous health is also often emphasised (e.g. Devanesen, 2000). The chasm between Indigenous and Western concepts of health and wellbeing, however, appears more complex than implied by the blunt distinction between holistic health and biomedical approaches. Following a comprehensive review of the literature with regard to the Aboriginal concept of holistic health, Lock (2007), for example, argued that the “position that holism is immutably Aboriginal and antithetical to Western cultures appears unsubstantiated” (p. 16). He went on to recommend “that such discourse should be abandoned and be replaced with more nuanced positions in line with the cultural diversity of Australian society” (p. 16).

Lock also argued that a “lack of adequate knowledge about Aboriginal concepts of health prevents greater engagement by policy makers” (p. 12), and questioned whether “an English language word has come to be accepted as definitive of a collective Aboriginal body and experience” (p. 15). Similarly, Guerin and Guerin (2012) have contended that the reconceptualisation of important Indigenous concepts is often constrained by Western views. For example, they argue that a hallmark of Westernised relationships is a tendency to become compartmentalised. However, as was mentioned previously, Indigenous wellbeing is not easily compartmentalised into specific areas of life and social practices (Grieves, 2009). Perhaps focusing on the distinction between holistic and biomedical perspectives has diverted attention away from the more crucial point that understanding and promoting Indigenous wellbeing

require understanding the living person in terms of the person's dynamic relationship with context, community, and country rather than the fragmentation and compartmentalisation that is characteristic of Western ways of understanding and intervening.

The extent to which holism is considered in Western contexts might have to do with whether "wellbeing" (a broad, holistic concept denoting an individual's general level of contentment or satisfaction) or "health" (normally associated with a narrow focus on biomedical functioning) is being discussed. This is not to suggest at all that the way in which people from Western cultures and Indigenous cultures achieve wellbeing is the same. Clearly, what is valued differs from culture to culture. The fact that there can be value in living, however, is constant across cultures.

Emphasising the difference between Indigenous and Western concepts of health and wellbeing may have an entirely different agenda from a purely academic exercise in analysing the ways in which different people live lives of value differently. More than 20 years ago, Reser (1991) argued that the wellbeing in Indigenous communities was focused on pathology from an "other-culture" point of view, rather than considering it from within a culturally informed framework.

Similarly, Brady, Kunitz, and Nash (1997) suggested that the assertion of difference between Aboriginal and Western understandings of health has been used to underscore the need for services which acknowledge and reflect respect for cultural differences. It may therefore be important to be mindful of the fact that defining terms can have important implications for both policy and the provision of services.

## WHERE DO POLITICS AND POLICIES COME IN?

Political imperatives underpin much of the discussion about the way in which Indigenous wellbeing is conceptualised. Jordan, Bulloch, and Buchanan (2010) noted that there was increasing reference to Indigenous wellbeing in politicians' public statements, as well as in formal reporting frameworks, although the understandings of wellbeing therein vary. The way the term is used undoubtedly reflects the values and purposes of the one who is using the term (Jordan et al., 2010). Prout (2011) argued that there is an insufficient understanding from the State about the factors which contribute to positive wellbeing for Indigenous people.

The impoverished understanding identified by Prout (2011) is illustrated in the *Closing the Gap* documentation produced by the Government. In the Prime Minister's Report for 2011 it was asserted that "For every Australian, being able to live in safety and security in their community is essential for their health and wellbeing" (Commonwealth of Australia [CoA], 2011, p. 39). Yet, when individual and community wellbeing are discussed, it is difficult to find references to safety and security in the literature. What is much more frequently discussed is the connectedness between people in a community and the extent to which people in a community are able to make decisions about the important things that affect them. This is not to suggest that safety and security are unimportant, but, from the Indigenous literature, it would appear that safety and security emerge in a community as a by-product of harmonious relationships and high levels of self-determination. The Government addressing safety and security directly is akin to the tail wagging the dog; though it is perhaps easier to measure aspects of safety and security, such as the number of police, the number of presentations to the hospital Accident and Emergency departments, etc., than it is to measure levels of self-determination. Prout (2011) has described an incongruence between reporting processes and improved socio-economic outcomes for Indigenous people.



When gaps between Indigenous and non-Indigenous populations are the focus, the significance of unique Indigenous priorities and world views are minimised (Taylor, 2008). This point can be illustrated with another excerpt from the Australian Prime Minister's Report. Apparently, "living in a safe, healthy home means families can function properly and take better responsibility for their wellbeing" (CoA, 2011, p. 36). In the absence of clear criteria to the contrary, it is hard to understand how "*proper*" family functioning and taking "*better responsibility*" for one's wellbeing are judged other than through a Western non-Indigenous lens. The way in which a therapist providing psychotherapy conceptualises terms such as "*proper*" and "*better responsibility*" will have important implications for the services that are delivered. Another example is the current discrepancy between the desire of some Indigenous people to live in remote, dispersed communities and the drive of Government policy to recruit Indigenous participation in the mainstream urban economy to promote wellbeing (Taylor, 2008).

Any measure of wellbeing is representative of a particular understanding or definition of the wellbeing construct. When measures are developed to inform Government policy or to evaluate the effectiveness of psychotherapy, it is likely that this will be at the expense of Indigenous priorities and processes (Taylor, 2008), and so a significant challenge remains the balancing of Government imperatives with Indigenous values.

## WHERE DOES THIS ANALYSIS LEAVE US?

In order to obtain a clearer understanding of Indigenous wellbeing, a strategic review of the literature was conducted. The results of the review have been revealing and surprising. It is clear that neither the term "health" nor the term "wellbeing" fully captures the Indigenous concept of living a life of value.

Whereas one definition of health from the NAHS has been adopted and regularly cited describing Indigenous health and wellbeing, a different aspect of the definition in the NAHS seems to provide a more accurate understanding of Indigenous wellbeing. According to the NAHS, it seems that Indigenous Australians experience wellbeing when they are able to determine all aspects of their life (National Health Strategy Working Party, 1989).

In many ways, the appeal to self-determination should come as no surprise. The ability to determine one's life is synonymous with the concept of personal control. Marmot (2006) identified control as fundamental to health: "What is important is not so much what you have but what you can do with what you have" (p. 565).

The paradigm of control helps to clarify when factors such as employment, housing, and education will help to enhance wellbeing. Employment, for example, will promote wellbeing when it increases the degrees of freedom a person has in their life and improves their ability to control the things which matter to them. If someone's employment interferes with their ability to control their life, however, through perhaps degrading or stressful conditions, then wellbeing will not be improved. Similarly, housing will enhance wellbeing if it improves a person's ability to control important aspects of their life. If, however, the person experiences an influx of large numbers of relatives and they are then held accountable for damage to the property, wellbeing might move in the opposite direction from what is desired.

Control is an integrative concept that could bridge what is sometimes seen as a divide between the physical and mental. Physical wellbeing is experienced when a person is able to control biomedical factors such as body temperature and blood sugar levels within specified parameters.

Mental wellbeing is experienced when a person is able to control their thoughts, behaviours, and emotions the way they want and to live a life of value and meaning. Control also incorporates the notions of balance, harmony and equilibrium which are often regarded as important in understanding Indigenous wellbeing (Hodge, Limb, & Cross, 2009).

The implications of this direction are clear. Rather than focusing on the blood sugar level, or the level of education of Indigenous Australians, we should focus on the level of control they have in their lives in both policy and practice. Effective psychotherapy, from the perspective of Indigenous Australians, will be psychotherapy which enables them to increase the control they experience in their lives. To what extent are Aboriginal people currently able to control the things that matter to them? Prout (2011, p. 2) maintained that:

The consistent call is for a more meaningful and substantive inclusion of, and responsiveness to, Indigenous voice and worldviews in analyses of Indigenous wellbeing. Their articulations of best practice in this regard situate Indigenous people as central to the processes of research design, execution and interpretation. (p. 2)

Understanding more clearly the ways in which control can be assessed and enhanced would be a significant and important step in this direction.

Attention to issues of control is not always easy. There are subtleties involved which, while important, can often go unnoticed. The first sentence of *Closing the Gap: The Indigenous Reform Agenda* website (Australian Government Department of Social Services, 2013) states: "Closing the Gap is a commitment by all Australian governments to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children." While this might seem like a laudable goal, the agent of change is identified as Australian governments, not Indigenous people. It is reported that it is the governments who will improve Indigenous Australians' lives. This is in direct contrast to a control position that would charge the Australian governments with the responsibility of providing the opportunities for Indigenous Australians to improve their own lives. The current statement places responsibility for improvement with Australian governments. Phrased to reflect an alternative control position would place the responsibility for improvement with Indigenous Australians, as only an individual knows how much and in what direction he or she would like their life to improve, though, crucially, successive Australian governments would be responsible for providing the necessary conditions and resources for such responsibility and direction.

Indigenous wellbeing will not be realised on a large scale by simply increasing the number of Indigenous Australians in houses or jobs or schools. The disparity between the wellbeing of Indigenous and non-Indigenous Australians will be reduced significantly when the control that is exercised by non-Indigenous Australians is experienced by the majority of Indigenous Australians. Having the same level of control does not mean that Indigenous Australians will necessarily live the lives that are preferred by non-Indigenous Australians: they may or may not. The type of life they live is not as important as how they come to be living that life. The more that the life lived is by their own design, rather than the design of the government, the greater their wellbeing will be. This is not to suggest that the life specified by an Indigenous Australian and the life specified by the Government will be diametrically opposed. It is to suggest, however, that the Government should do more listening and facilitating and less advising and directing. In this regard psychotherapies

which are sensitive and patient led could play an important role in helping Indigenous Australians identify the determinants of such life.

Definitions of Indigenous wellbeing should include control as central; and measures of Indigenous wellbeing should assess control. If the Australian Government is seriously interested in engaging with Indigenous communities, it needs to bring the topic of control to the table and engage in difficult conversations. The answers it does not necessarily want to hear might be the answers it will ultimately find to be most helpful.

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