Review of existing research on First Nations music as a determinant of health:
A resource for communities and organisations.

This report was created as part of The Remedy Project: First Nations music as a determinant of health

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Acknowledgments.

The report authors acknowledge the diverse lands and waters upon which we live, work, and play. We acknowledge the enduring custodianship and care of Country by Elders past, present, and emerging. We acknowledge the young people and children who are coming forward to care for themselves, each other, and Country and to learn the cultural ways of caring for community and environment.

We acknowledge the musicians, song people, performers, sound makers, and audiences who have inspired this research.

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The authors of this report are Kristy Apps (PhD candidate and senior research assistant), and Kristy is a fifth-generation European/Settler from English and Nordic heritage and was raised on the lands of the Quandamooka Peoples and acknowledges First Nations Peoples as the rightful owners of lands and waters now known as Australia.

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Glenn Barry is a visual artist, healer, and musician with connections to with the Gamilaraay - the First Nation peoples of North Western New South Wales and Western Queensland, Australia.

Introducing The Remedy Project.

This section of the report is drawn in full from The Remedy Project Vision statement co-created with our International Advisory Group including Uncle Bunna Lawrie, Dr Kerry Hall, Associate Professor Te Oti Rakena, Sandy Sur, Professor Sandy O'Sullivan, and Rebecca O'Meara.

The Remedy Project: First Nations Music as a Determinant of Health is an Australian Research Council funded research project (2021-2024) that honours the role of music as a natural "remedy" in cultural healing and ceremony that has happened over Millennia in First Nations communities. It reflects the resolute strength of First Nations cultures, music, and musicians in the face of historical and ongoing colonisation.

Our project examines music as a cultural determinant of health for First Nations communities. For some, music can be an enduring link with our ancestors, our Country, our languages. It can link our past with our present and future.

It may hold the comfort of familiarity and belonging and it can be healing. It can represent, express, and foster strength. Music can speak to our communities and about them to others.

WHAT WOULD WE LIKE TO SEE COME FROM THIS PROJECT?

1. The prioritisation of First Nations health and wellbeing as defined, understood and experienced by First Nations People and communities.
2. Enriching the evidence base on the power of musical activity as an intrinsic determinant of health and wellbeing AND a practice that has the potential to shape other cultural and social determinants of health and wellbeing.
3. Critically exploring the power of cultural and other health determinants to shape the things that are sung and danced about - or not sung and danced about.
4. Creating space for First Nations knowledge and experiences to come to the forefront of conversations with policy makers, musicians, music facilitators, and health and wellbeing workers about how to promote health, wellbeing, and healing.
5. Evidence informed recognition of First Nations music as a cultural strength for our healing, health, and wellbeing.

WHAT DO WE MEAN BY FIRST NATIONS MUSIC?

First Nations music is any music that First Nations People play and make. It can come from any genre or tradition, including our own original ones. First Nations music powerfully communicates connections between people and Country. It has power to communicate important cultural, political, environmental, and social messages across cultures, places, and generations. Even a lone voice can sound like it's backed up by a whole community and generations of ancestors. Standing on Country, bringing our sounds and stories forward.

First Nations music celebrates First Nations voices, languages, instruments, and traditions. It innovates, incorporating whatever elements First Nations music makers choose. First Nations music is expression, inclusion, creativity, and survival.

It's oxygen – sustaining us. It's play - connecting us with ourselves and others. It's medicine – healing us. It's temporary and timeless – releasing and grounded. It's a sound of the earth, the ocean, wind, rain, thunder and all things in Country.

WHAT ARE CULTURAL AND SOCIAL DETERMINANTS OF HEALTH?

Determinants of health are anything in our lives that affect our health and wellbeing for better or worse.

Recognised First Nations cultural health determinants in Australia are things such as connection to our heritage, Country, Spirit, lore, kinship networks, community, and social and emotional wellbeing.

WHAT DO WE MEAN BY CULTURE WHEN WE TALK ABOUT CULTURAL HEALTH DETERMINANTS?

Culture is something we shape and can change, but it is also something we are born into, like language and song. Our different cultures are expressed in the different ways we dance, sing, the foods we eat, the ways we talk with one another, the ways we value and connect with Country, the ways we treat others and ourselves.

What we do through culture affects our individual and shared health and wellbeing. In this project, we recognised music as cultural action. For example, music is something that First Nations People have been practising for millennia to care for one another and Country, teach, communicate, lobby for change, resist, advocate, express, and heal. We adopt a strength-based approach to explore musical activity as a cultural strength and resource for promoting First Nations health, wellbeing, and healing.

Social health determinants are things that shape health and wellbeing across all people in communities. Those health determinants include things like public policies and laws, public services and utilities, racism, inequality, housing, human rights, crime, neighbourhood and public amenities, peace, social connection, relationships, violence, and the health of the natural environment.

International movements to promote positive social health determinants recognise that what determines health and wellbeing is not the same for all people. We do not all have equal access to positive health determinants that help make us healthy, happy, and well. Many of us are overexposed to negative health determinants such as stress, poverty, and colonialism that can sometimes take us away from the things that protect us and help us feel whole and well.

First Nations People are acknowledged as experts and way finders in our own health, wellbeing, and healing. We acknowledge that First Nations People are bearers of ancestral and cultural knowledge passed down through generations that may never be captured in academic research literature. Following The Australia Council for the Arts (2019) protocols for Indigenous Cultural and Intellectual Property (ICIP), The Remedy Project does not share any community knowledge, stories, or music without full permission and leadership from culture bearers and owners. By drawing on diverse forms and sources of knowledge, we want to understand and share how First Nations led musical activity shapes the things that shape our health and wellbeing as First Nations People, and our opportunities to heal for ourselves and future generations.

Key words used in this report.

Determinants of health: Determinants of health (DoH) are anything in our lives that affect our health and wellbeing for better or worse. Determinants of Health include interrelated categories such as ecological, cultural, social, and political determinants which shape our collective and individual health, wellbeing, and healing.

Ecological determinants of health (EDoH): First Nations People often value Country as alive and in relationship or kinship with all living things, people, languages, and ancestors. As such, cultural practices that care for the land and waterways were shown in the literature to have a symbiotic relationship with human Social Emotional Wellbeing (SEWB) (Taylor-Bragge et al., 2021). Hence, ecological determinants of health refer to the deeply reciprocal relationship between caring for Country and our health and wellbeing.

Cultural determinants of health (CDoH): The cultural determinants of health centre an Indigenous definition of health, concentrating on "life-giving values from which individuals, families and communities can draw strength, resilience and empowerment" (Verbunt et al., 2021, p. 2). Recognised First Nations cultural health determinants in Australia are things such as connection to heritage, Country, Spirit, lore, kinship networks, community, and social and emotional wellbeing (Verbunt et al., 2021).

First Nations People: We use the term First Nations People to respectfully refer to the diverse Aboriginal and Torres Strait Islander Peoples of Australia. The term First Nations is also used to refer to international Indigenous Peoples when specified. Where possible, we refer to specific cultural, geographic, and linguistic communities within the broader category of First Nations for example Arrernte or Woromi People.

Historical determinants of health (HDoH): Historical determinants of health are past events that continue to impact First Nations Peoples health and wellbeing, such as colonisation, forced removal from cultural lands, oppression and discrimination through government policy and legislation and social norms, and the attempted erasure of culture, knowledge systems and ways by First Nations individuals, families and communities.

Political determinants of health (PDoH): The Lowitja Institute's Discussion Paper on Indigenous Nation Building and the Political Determinants of Health and Wellbeing described political determinants as distinctive positive political determinants of health and wellbeing that operate alongside cultural and social influences. These overarching political determinants include collective freedoms from oppression and domination by an external political power; and the collective freedom of people to be self-governing (Rigney et al., 2022).

Social determinants of health (SDoH): Social Determinants of health account for how social conditions that people are born into impact health, for example, opportunities for education and employment, occupation, living and housing conditions, economic disadvantage, social exclusion and racism, class, and social cohesion (Bernardes et al., 2020). The World Health Organisation explains that these conditions are shaped by systems and structures such as economic policies and systems, development agendas, social norms, social policies and political systems that influence conditions of daily life (WHO 1948/1995).

First Nations Music: First Nations music may be defined in part by the First Nations identity of the performer/s or as original music created by First Nations People across a wide range of genres (Bracknell, 2019; Clough, 2012). First Nations music in Australia encompasses a diverse range of culturally, geographically, linguistically, and functionally (Clough, 2012). In this project, we recognised music as cultural action. For example, music is something that First Nations People have been practising for millennia to care for one another and Country, teach, communicate, lobby for change, resist, advocate, express, and heal.

Social and Emotional Wellbeing (SEWB): The term Social and Emotional Wellbeing (SEWB) is a holistic First Nations way of understanding of health that encompasses mental and physical health, cultural and spiritual health. SEWB model includes seven determinants of SEWB including connection to body; mind and emotions; family and kinship; community; culture; Country; and Spirit, spirituality, and ancestors which sit within social, political, and historical contexts (Gee et al., 2014; Dudgeon et al., 2021). Social and emotional wellbeing highlights the need for harmonised inter-relations of these domains for good health and wellbeing to be achieved (Dudgeon et al., 2017).

Summary.

This report was created as part of The Remedy Project: First Nations Music as a Determinant of Health. The Remedy Project aimed to investigate, examine, and share how First Nations music can shape health, wellbeing, and healing for First Nations People in Australia and internationally.

In The Remedy Project, we were interested in a wide variety of musical practices such as singing, music performance, composition, sound making, song writing, recording, and shared activities such as listening to music or singing together. We included musical practices undertaken by professional and non-professional musicians and people who listen to music in groups or individually.

The purpose of this report is to examine and share existing academic research on how First Nations music might shape the things that influence health, wellbeing, and healing for First Nations People in Australia. The things that shape our health, wellbeing, and healing are often described as "determinants" of health. In this report, we reviewed existing research on how First Nations led musical activity shapes the things that frame our health and wellbeing as First Nations People, and our opportunities to heal for ourselves and future generations.

This Report seeks to answer the following questions:

1. What are the known determinants of health for First Nations People in Australia?
2. What is the acknowledged role of music, both as a determinant of health in itself and as something that might shape other known health determinants such as connections to culture?
3. Which models and concepts for understanding relationships between cultural health determinants and SEWB are mostly frequently cited in this literature?

Cultural determinants of health (CDoH) identified in the literature were coded into six subthemes: family and community, self and identity, language, spirituality, and storytelling and ceremony, and Country and ecology. We then describe the acknowledged role of music within these known determinants and offer some recommendations for future research and community practice.

This report sought to complement and extend existing literature reviews about First Nations determinants of health (Salmon et al., 2019; Verbunt et al., 2021). The report is structured as follows: we first contextualize the research. We then outline the research approach and key findings under heading What we know about what shapes our health and wellbeing, which include cultural and social determinant of health findings.

How we conducted the literature review.

We used a scoping review methodology to identify relevant research relating to Social Emotional Wellbeing (SEWB) and Cultural Determinants of Health (CDoH) for First Nations Peoples.

Scoping reviews provide a comprehensive snapshot of existing studies that relate to a research topic (Arksey & O'Malley, 2005). Our review responds to calls for First Nations led responses to health inequality in Australia and internationally (Terare & Rawsthorne, 2020; Kendall et., 2019; Eades et al., 2020; Farah Nasir et al., 2021; Dudgeon et al., 2017). In accordance with the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research (2020), we privileged research that is led or strongly informed by First Nations People and perspectives. We sought to include studies that accentuate First Nations cultural and other strengths and avoid deficit constructions of First Nations People, unfortunately, we found that a lot of literature reports significantly on health and wellbeing deficits.

LITERATURE SOURCES

This Report focused on reviewing existing academic studies that were published in academic journals in English language. Other parts of our project privilege oral storytelling and Yarning in English and first languages with First Nations and non-Indigenous people across Australia and in Vanuatu and Aotearoa New Zealand. You can find combined creative, multimedia, and academic outputs drawing from a range of community-approved knowledge sources on our website as they become available (www.remedyproject.org).

For this report, we consulted a university librarian to determine which databases would be the most appropriate to include, and to refine our search query. We searched five databases for the literature review: Scopus, PsychInfo, CINAHL, Pubmed and ProQuest Central. We prioritised literature that was First Nations led, either by research staff or in partnership with First Nations Peoples via Reference or Advisory groups or community members and Elders. Research outside of this was only included if it had strong relevance to First Nations health determinants as determined by a review process from Author 1 and 2.

INCLUSION AND EXCLUSION CRITERIA

Studies were included if they:

- empirically and directly investigated one or more connections between psychosocial health and contextual factors, and attempted to explain those connections;
- centred the voices and experiences of First Nations People in Australia as its target demographic, rather than as a subset of a broader population;
- were conducted in Australia; and
- were published between January 2017 and January 2022.

Studies were excluded if they:

- primarily evaluated a program implemented to improve SEWB, with only implications for SEWB;
- primarily described elements of SEWB and health;
- centred the voices of other populations (such as clinicians or nurses) to describe the experiences of First Nations People in Australia;
- were a literature review or meta-analysis; and
- were conducted outside of Australia.

SEARCH STRATEGY

We used existing studies such as Gee et al. (2014) and Salmon et al. (2019) to build search terms and included significant political determinants of health such as 'health equity' and 'self-determination.' Our search strategy differed slightly for different databases, but generally followed the same principle, as outlined in Appendix 1.

SEARCH METRICS

Our search across five databases yielded 274 texts after duplicates were removed. We then screened abstracts to determine inclusion or exclusion. We imported the remaining 59 texts into NVivo and excluded a further 13 texts after each manually screening full texts. Authors 1 and 2 independently analysed half each of the remaining 41 sources.

ANALYSIS

We initially identified themes based on what arose most frequently in the literature, mainly in terms of how many texts identified a given theme. We then used the Gee et al. (2014) SEWB model to reach a shared understanding of data. We found the Gee et al. (2014) model useful in its designation of historical, political, social and cultural determinants. In addition, we found that Country or ecological determinants also came through strongly in the dataset as a key theme in itself, rather than as a subtheme of cultural determinants as it appears in Gee et al. (2014) model.

We then simplified these determinants into 'History and Politics', 'Culture', 'Country and Ecology', concluding with a brief summary of key Social Determinants of Health. We explored findings under those themes in the following section of the Report.

DESCRIPTION OF RESEARCH PAPERS INCLUDED IN THIS REPORT

Included studies had a variety of characteristics. To capture the breadth of the literature included in our review, we sorted study characteristics under four headings: 1) Populations (people that participated in studies), 2) Geography (places where research was located), 3) Methods (or approaches) used in literature (how was research designed and conducted), and 4) Ways of Seeing Health and Health Determinants (what were the models and frameworks used to conceptualise health and health determinants). A summary of those research characteristics is provided in the following sections of this Report.

PEOPLE

Many diverse First Nations populations appeared in studies with eleven groups identified including women and mothers, men (including non-Indigenous) and fathers, parents, children, Indigenous Rangers, incarcerated peoples (male and female), older people, young adults, Correctional Officers, health experts, and Indigenous led organisations.

However, there was an absence in research of First Nations Lesbian, Gay, Bisexual, Transgender, Intersex and Queer, Brotherboy and Sistergirl (LGBTIQ+ SB) people and People with Disabilities. These groups were listed in one article that identified the need for targeted mental health programs, however no research included this cohort specifically.

PLACES

Research locations were dispersed across Australia with some locations used more than others. Eight studies were nationwide. Six studies spread across three or more states, and those were coded as Broad Geography. Queensland (QLD) was the most studied state with six study sites throughout Queensland, three Rural QLD, two North QLD and one in Queensland's capital city Meeanjin (Brisbane). The Northern Territory (NT) had four studies spread across the Barkly Region, Ngukurr (Southeast Arnhem Land) and one study took place across ten sites in the NT. Five studies were located in South Australia (SA), at Kurdnatta (Port Augusta), Kallinyalla (Port Lincoln) and across broader SA. In New South Wales (NSW) six studies were spread across the state and described as urban NSW, regional and remote NSW, Northern and Eastern NSW, with two studies spread across the state. Three studies took place in Victoria. One Victorian study took place across 11 locations scattered across the state with three located in inner-city and outer-metropolitan Melbourne, one was situated in Narm (Melbourne) and another across regional and metropolitan prisons in Victoria. Tasmania hosted one study that was exclusively situated in the state. Western Australia hosted two studies where one study was conducted in the Kimberley Region and one across the state.

Researchers used diverse terminology when explaining study locations, Taylor Bragge et al. (2021) used the terms desert region, forest region and marine regions to explain geographical locations. More often, researchers used terms such as urban (Andersen et al., 2018; Chando et al., 2020) and regional and remote to identify a mark location geography (Frier et al., 2021; Farah Nasir et al., 2021; Bernades et al., 2020; Eades et al., 2020). One study located in South Australia used the term Country South Australia to identify the study area (Conway et al., 2018). Nation-wide studies comprised of two studies that were part of broader international research projects (Stoner et al., 2019; Redvers et al., 2022). Other studies used specific town, city or region names such as Barkly Region (Trounsen et al., 2021; Bartleet et al., 2018) and the Kimberley Region (Carlin et al., 2021). Most of the literature used Western place names of research locations. This had no correlation to whether research was First Nation led. Qualitative place-based research was more likely to use First Nations Country names than quantitative or clinical studies in health setting. Some literature used a Western name for the region but used First Nations names of communities. Broad geography studies mostly used Western place names.

RESEARCH APPROACHES USED IN LITERATURE

Most of the articles used qualitative research methods including in-depth interviews, semi-structured or structured interviews and Yarning, focus groups and photography analysis (28 studies). Qualitative studies were mostly led by First Nations researchers or guided by a First Nations reference or advisory group using Indigenous frameworks. Nine studies used Participatory Action Research approaches and Yarning as a data collection method. These approaches allow for power equity, reciprocity and community involvement. They are embedded with principles of self-determination and empowerment, resulting in rich data promoting the voices of First Nations Peoples.

Eleven studies used quantitative research methods. Two studies recognised limitations based on the use of Western measures that did not reflect First Nation health and wellbeing. However quantitative studies that used Indigenous approaches to wellness including SEWB and Interplay wellbeing framework, led by First Nations researchers and/or partnered with First Nations Peoples (eight studies) resulted in more meaningful data that correlated with Indigenous perspectives of health and wellbeing. Thirty-one articles used Social Emotional Wellbeing frameworks or another Indigenous research framework. This led to a pool of literature rich in First Nations Peoples experiences and promotion of Cultural Determinants of Health (CDoH) as key factors in SEWB. It also enriched our understanding of music as a CDoH as one participant discusses the impact of song in language and story:

> "I think [Barngarla language] has been the final thing to bring back spirit into land. Because people went, and they connected, and wanted to learn that ceremony, and wanted to learn them stories and all. But it all comes back to song. It all comes back to words. It comes back to putting that spirit back into Country through song".
>
> (Sivak et al., 2019).

Findings – what did we learn from the existing research?

WAYS OF SEEING FIRST NATIONS HEALTH AND HEALTH DETERMINANTS

This section of the report discusses existing models for understanding health and the things that shape it for First Nations People in Australia. Researchers, community leaders, and health practitioners have used a range of models to understand First Nations health determinants.

Social Emotional Wellbeing (SEWB) Frameworks were most commonly used to understand health determinants (20 articles). First developed in 1989, the National Aboriginal Health Strategy identified nine principles to promote holistic health for First Nations Peoples (Swan & Raphael, 1995; Gee et al., 2014). Social Emotional Wellbeing Frameworks are strengths-based approaches that reduce stigma and racism by moving beyond Western deficit approaches that often overlook community strengths and by recognising trauma and discrimination as significant health determinants for First Nations Peoples (Kendall et al., 2019). Such models highlight the importance of connection with land, culture, spirituality, ancestry, family and community for the health and wellbeing for First Nations Peoples.

As discussed earlier, Gee et al., (2014) proposed a SEWB model that includes seven determinants of SEWB including connection to body; mind and emotions; family and kinship; community; culture; Country; and Spirit, spirituality, and ancestors which sit within social, political, and historical contexts (Gee et al., 2014; see also Dudgeon et al., 2021; Terare & Rawsthorne, 2020). The self is at the centre and is defined as being, "inseparable from, and embedded within, family and community" (Gee et al., 2014, p 57; Dudgeon et al., 2021). This Social and Emotional Wellbeing (SEWB) framework is an Indigenous strengths-based framework (Kendall et al., 2019; Kilcullen et al., 2018; Sivak et al., 2019; Ogloff et al., 2017; Dudgeon et al., 2017).

Most research used First Nations understandings of Social Emotional Wellbeing (having a healthy body, mind and spirit) in their studies.

Most studies were led by First Nations researchers or in partnership with First Nations Peoples and communities involved in the research.

First Nations Peoples' social and emotional wellbeing is linked to connections to body; mind and emotions; family and kinship; community; culture; country; and spirit, spirituality, and ancestors as well as broader things that are not necessarily within our direct control like history, the political systems in Australia and elsewhere, and broader social trends. (Gee et al., 2014; 2017)

Included studies used this model to understand the complex relationship between culture and suicide prevention and depressive disorders (Farah Nasir et al., 2021), incarceration (Ogloff et al., 2017; Kendall et al., 2019; Trounsen et al., 2021), mental health during COVID-19 (Dudgeon et al., 2021), young people (Murrup-Stewart et al., 2021; Coffin, 2019), racism and discrimination (Marcedo et al., 2021; Thurber et al., 2021), land care (Taylor-Bragge et al., 2021), and general wellbeing (Kilicullen et al., 2020; Dudgeon et al., 2017).

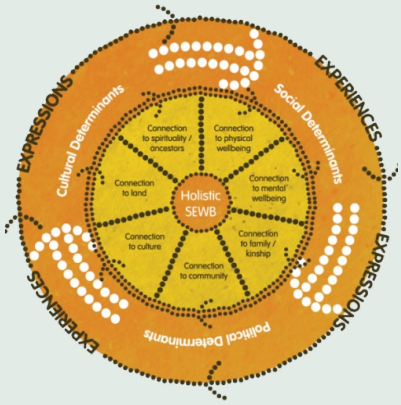

Figure 1: Holistic social-emotional wellbeing (SEWB) drawing on cultural determinants of health. Image source: Gee et al. (2014). Artwork by Tristan Schultz.

Ten articles referenced a Social Determinants of Health (SDoH) model to conceptualise First Nations health determinants (Andersen et al., 2018; Cairney et al., 2017; Devlin et al., 2022). Researchers agreed that SDoH models alone are inadequate when exploring health determinants for First Nations Peoples (Chenhall & Senior, 2018; Bartleet et al., 2018; Macedo et al., 2019; Redvers et al., 2022), due to a lack of acknowledgment of historical trauma of violence of colonisation, forced removal from cultural lands, loss of language and way of life (see Bartleet et al., 2018; Bernades et al., 2020; Carlin et al., 2021), political (government and institutional policy that perpetuated racism and oppression see Stoner et al., 2019), environmental (impacts of colonisation on land, resources and living environments see Langmaid et al., 2021; Bartleet et al., 2018), and cultural determinants (connection to family/community, Country and place, cultural identity, and self-determination see Vurbunt et al., 2021; Conway et al., 2018; Coffin, 2019) on health for First Nations People.'

The Rumbalara Aboriginal Cooperative (2008) holistic model of Indigenous wellbeing was an alternative SEWB used in one article, which emphasised the deep connection Indigenous people hold to their ancestral land (Country) and its association with their wellbeing. This model includes five key domains, namely connectedness (role models, community, land, and space), threats (feelings of boredom, misuse of alcohol and drugs, multiple pressures, and grief), sense of control (healthy thinking, personal beliefs, success and acknowledgement), history (ongoing trauma, strength and triumph), and relationship with the mainstream reconciliation and

reciprocity, marginalisation, and racial stereotypes (Bernardes et al., 2020). Other models used decolonising approaches such as Place Based Theory, exploring the benefits of bringing health interventions onto Country; The Ottawa Charter framework, a Canadian strength-based Indigenous framework and Planetary Determinants of health, which conceptualises the health of the planet from an Indigenous perspective and Assemblage, a philosophical theory that explores the interconnectedness of people and things. One study used Ecological Systems Theory, a Western model that considers an individual in the context of their familial and social relationships and community networks (Doyle et al., 2017). Biomedical models were used in conjunction with SDoH models in research that took place in clinical settings (Jamieson et al., 2021; Radford et al., 2019; Ritte et al., 2020).

We need to think clearly about how First Nations people health needs are addressed. The reasons for poor health are complex. Some reasons are linked to how history has regarded First Nations people in Australia. Sometimes health staff don't know what to do to offer the best health care for First Nations people.

KNOWN DETERMINANTS OF HEALTH FOR FIRST NATIONS PEOPLE IN AUSTRALIA

This section of this Report talks about known things that shape First Nations health and wellbeing in Australia. Existing research identified many determinants of health that are important to First Nations Peoples across different parts of life. We grouped these determinants into four themes i) history and politics, ii) culture, iii) Country, and iv) social determinants of health. We discuss each one below.

HISTORY AND POLITICS

Historical and political determinants of health are important factors contributing to health inequality for First Nations Peoples (Carlin et al., 2021). Historical determinants such as colonisation, forced removal from cultural lands, oppression and discrimination through government policy and legislation and social norms; and the attempted erasure of culture, knowledge systems and ways by of being for First Nations individuals, families and communities was uncontested in literature as being at the core of poor health outcomes and inequality (Carlin et al., 2021; Bartleet et al., 2018; Bernardes et al., 2020; Mitchell et al., 2019). Carlin et al. (2021) posit that the resilience of First Nations People in maintaining culture is undeniable, however, the impact of trauma from forced child removal policy is still affecting Aboriginal families today. Complex and intergenerational trauma were identified as key factors in family breakdown from unstable and overcrowded housing, and conflicts over limited resources, psychological distress, challenges to identity, mental and physical health problems (Spurling et al., 2017; Doyle et al., 2017; Murrup-Stewart et al., 2021), in addition to having negative consequences in the first stage of pregnancy (Chamberlain et al., 2021).

Political determinants were categorised into two themes; empowerment which included self-determination, sense of control and structural inequality. The need for empowerment and self-determination within health care was identified within contexts of tuberculosis (Devlin et al., 2022), mental health and wellbeing (Dudgeon et al., 2021; Farah Nasir

et al., 2021) and healing from ongoing historical trauma of colonisation (Murrup-Stewart et al., 2021).

Music and arts practices were seen as a way to promote social justice, empowerment and self-determination by increasing opportunities for employment, social connection and skill building (Bartleet et al., 2018). Self-determination was the most effective strategy identified for health initiatives for First Nations Peoples, this was demonstrated by having First Nations Elders in Community-Controlled leadership roles when responding to the impacts of Covid-19 (Dudgeon et al., 2021).

Mainstream Government funded service delivery to First Nations Peoples correlated with decreasing cultural foundations (Cox et al., 2021). Community led organisations which incorporate Aboriginal ways of being, knowing and doing were seen as a way to move forward, empowering communities and strengthening culture and healing. (Cox et al., 2021). Other researchers called for the need to strengthen collaborations and partnerships between First Nations Peoples and Government funded organisations to ensure that communities are empowered to express their needs and desires, and that these needs are reflected in policy and service delivery (Devlin et al., 2022).

Health services and programs that partnered with Community-Controlled Organisations or with Elders and cultural leaders identified positive outcomes for building trust and cross-cultural relationships (Sivak et al., 2019; Langmaid et al., 2021; Kingsley et al., 2018; Trounson et al., 2021; Kendall et al., 2019; Murrup-Stewart et al., 2021). Studies that included the partnerships between a local non-Aboriginal arts organisation, Aboriginal community members and Elders resulted in non-Aboriginal workers gaining a deeper understanding of culture, history and the connection between history and art (Bartleet et al., 2018).

Health inequalities persist for First Nations Peoples of Australia despite Commonwealth and State initiatives such as "Close the Gap" (Bernardes et al., 2020). Inequalities in healthcare was one of the highest coded themes, acknowledged as limited access to services (Cox et al., 2021; Poirier et al., 2021); followed by a lack of culturally safe comprehensive and trauma-informed primary health care and mental health services (Chamberlain et al., 2021); a lack of control and self-determination over public health responses in their communities, and (Dudgeon et al., 2021); social inequality including in education, lower income, housing and homelessness (Chenhall & Senior, 2018; Carlin et al., 2021; Chando et al., 2020).

Placed-based interventions occur when health services travel to communities. These types of interventions were shown to decrease inequality, promoting culturally safe practices on Country (Conway et al., 2018). The South Australian mobile dialysis units, supported individuals to access dialysis on Country, increasing accessibility and

promoting culturally safe practices on Country (Conway et al., 2018; Cox et al., 2021). Other recommendations in research to improve health inequalities included increasing the Indigenous workforce and; ensuring non-Indigenous workers are culturally safe in their practice; developing cross cultural relationships within healthcare services, and by embedding the role of Elders and cultural healers in mainstream and Community-Controlled services (Dudgeon et al., 2021).

CULTURE

Cultural Determinants of Health (CDoH) were coded into five subthemes: family and community and Elders, self and identity, language, spirituality, and storytelling and ceremony. It should be noted that these determinants overlap and complement Ecological Determinants of Health (EDoH) through First Peoples' inalienable relationship with Country, because connection to one's culture is mediated through Country-based ancestral connections, environmental knowledges, and cultural practices bound to specific places and ecologies.

Strong family and strong community connections support social and emotional wellbeing. Caregivers and care-giving are important parts of Aboriginal life and lifestyle. Caregivers need to look after their own health and wellbeing.

FAMILY, COMMUNITY AND ELDERS

First Nations Peoples concepts of family/kinship goes beyond Western understandings of belonging to the immediate family in which you were born or married into (Salmon et al., 2019). Family, kinship and community connections are intertwined with a person's identity and sense of self (Gee et al., 2014). Strong connections to family and community provide an important protective factor for social and emotional wellbeing (14 studies). The strength of family and community connections were linked in one study to Ecological Determinants of Health. Redvers et al. (2022, p. 159) states that "Individuals in collective-based societies learn from a very young age that interdependence with others and place, for example, land or Country, helps to maintain wellness and balance." Connection to family and community was highlighted in another study as being critical to health and wellbeing by learning and doing things together, building a sense of community and giving and receiving support (Bernardes et al., 2020). Kilcullen et al. (2018) highlighted how "knowing one's place within a kinship network fostered respect across generations, particularly for elders, but also for self and the wider community" (p. 17).

The role of Elders was highlighted as particularly significant, not only for facilitating intra-family and intra-community relations (Murrup-Stewart et al., 2021), as the living bearers of cultural-ecological knowledges (Redvers et al., 2022; Kingsley et al., 2018; Kilcullen et al., 2018). Cox et al. (2021) provided an in-depth analysis of the role of Elders for SEWB in First Nations communities in rural Tasmania. Studies also highlighted the importance of cherishing the younger generations to ensure cultural transmission and social cohesion (Kingsley et al., 2018; Redvers et al., 2022; Sivak et al., 2019).

Family and community roles and responsibilities can operate as both risk

factors and protective factors for SEWB. Eades et al. (2020) identified family responsibilities as risk factor to women's health, who are often called upon as mothers and carers for families beyond their own household, while also bearing a heavy burden of chronic disease. This was also identified as a risk factor for First Nations Correctional Officers in Trounson et al. (2021), who struggle to negotiate the often-conflicting interplay between community and state politics. However, participants in the same study also acknowledged the opportunity to help rehabilitate other First Nations People in the prison system as a protective factor for their own SEWB (Trounson et al., 2021).

SELF AND IDENTITY

We understand sense of self and identity to be "grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community" (Sivak et al., 2019, p. 6; Gee et al., 2014). Developing and maintaining a strong sense of self and particularly cultural identity was identified as key to SEWB.

Strong family and community connections help people know who they are and where they belong. Good social connections help people not to feel isolated or alone. Knowing that you can cope with things is an important part of self-identity.

Connection to culture was seen to increase resilience and was identified as a key component of having a strong sense of self. One study (Ogloff et al., 2017) found that people who felt that they had lower resilience often had higher correlation with anxiety disorders. Another study (Shen et al., 2018) suggested that the loss of a parent in childhood could play a protective role against later-life depression, possibly due to culturally inscribed values of resiliency as well as First Nations kinship systems providing a web of support for bereaved children. Resilience and pro-action were expressed in another study as a way of addressing health problems and becoming healthy (Kendall et al., 2019).

Sense of purpose was also a key feature in this sub-theme. Purpose was often felt through meaningful employment (discussed in SDoH section), but also through roles and responsibilities within the family and community, such as caring roles and the roles of Elders (Bernardes et al., 2020).

Challenges to identity were identified as risk factors to SEWB and are closely tied with forms of discrimination such as racism and colourism (discussed in section SDoH). It is also directly linked to forms of cultural expression such as music, storytelling and ceremony, as it is through these practices that identities are reified, felt and renegotiated (Bartleet et al., 2018). We discuss this further under 'storytelling and ceremony.'

Learning language helps us to connect with and feel good about our culture.

LANGUAGE AND LANGUAGE RECLAMATION

Cairney et al. (2017) identified Aboriginal literacy as directly impacting SEWB through empowerment and connection to culture and stated: "Aboriginal literacy developed through learning about culture in school, and learning in one's first language in school, is a key steppingstone to achieve success in English literacy and numeracy and improve wellbeing overall" (p.10). In addition to learning one's traditional language, Aboriginal literacy includes learning about and practicing culture, particularly through the school system, which is facilitated by strong connections between the school and the community. Through their study of Aboriginal literacy, Cairney et al. (2017) demonstrate the dynamic interconnectedness of multiple different domains of First Nations SEWB. Sivak et al. (2019) also highlight this interconnectedness through their study of the connections between language reclamation and SEWB in a First Nations community in South Australia. The authors highlight the impact of language reclamation for multiple different cultural domains of SEWB, with one participant describing the interconnectedness of culture, Country, language and spirituality: "our language and... our culture and... our Dreaming, those three there are interconnected with who we are as Aboriginal people" Redvers et al. (2022, p. 8) outlined the importance of ecological knowledge held within First Nations languages, emphasising the importance of language preservation for "curbing the loss of biodiversity" (p. 160). Conversely, not knowing one's ancestral language presents barriers to meaningful connection with one's Country and culture (Langmaid et al., 2021), and the prevalence of biomedical language in clinical settings was identified as a barrier to accessing and understanding information relating to one's physical health (Mitchell et al., 2019; Langmaid et al., 2021). Langmaid et al. (2021), highlighted how "language through speech, stories and dance is just as valuable as empirical evidence" (p. 14).

SPIRITUALITY

Senses of spirituality are inalienable from other CDoH such as cultural identity, language-learning (Sivak et al., 2019; Langmaid et al., 2021), being on Country (Taylor-Bragge et al., 2021), ancestors (Sivak et al., 2019; Cox et al., 2021), and spending time with Elders (Murrup-Stewart et al., 2021; Cox et al., 2021). Values encoded in 'spiritual law', such as forgiveness and empathy, provided protective factors for SEWB (Kilcullen et al., 2018). Conversely, spiritual disconnection due to colonial and continued dispossession was linked with poor SEWB (Farah Nasir et al., 2021). Diversity of cultures, communities and life experiences contributes to diverse understandings of the role and importance that spiritual beliefs play in maintaining SEWB (Kilcullen et al., 2018). Sivertsen et al. (2020) identified the need for greater spiritual care in Aboriginal residential aged care facilities. Participants from this study highlighted the need for a deeper understanding of their spiritual wellbeing from staff and carers (Siverton et al., 2020).

STORYTELLING AND CEREMONY

Studies identified storytelling, visual art, dance, music, song, and ceremony as significant determinants of SEWB. For example, Kendall et al. (2019, p. 1559) identified access to Aboriginal art programs in women's prisons as "an important medium for healing" and as a significant cultural outlet in an environment characterised by restriction. We explore the prevalence of dance and song in the literature in section 'The role of music.'

This theme overlaps with the themes of language and Country, as learning language deepens one's sense of connection to culture (Langmaid et al., 2021; Sivak et al., 2019); and Country as spiritual and cultural gathering places also mediates all cultural expression: "Gathering places were viewed as fundamental to spiritual, social and emotional wellbeing: "here we're part of a living culture. You walk out... you feel the strength of the land the ancestors that have been here before..." (Kingsley et al., 2018, p. 217).

Caring for Country is an important obligation for First Nations people that in turn supports their social and and emotional wellbeing. The ways that Country is looked after is reflects cultural values. Healthy Country and healthy community go hand in hand.

COUNTRY AND ECOLOGY

As discussed above, healthy Country and associated Ecological Determinants of Health (EDoH) are not isolable from Cultural Determinants of Health (CDoH). Country as alive and in relationship or kinship with people, languages, and ancestors. As such, cultural practices that care for the land and waterways were shown in the literature to have a symbiotic relationship with human SEWB (Taylor-Bragge et al., 2021). One study suggested assigning elements of Country with legal personhood to reflect First Nations ways of valuing Country, and as a protective mechanism to recognise Country's right to life (Redvers et al., 2022). As discussed in 'political determinants,' land rights that recognise First Nations sovereignty in meaningful ways are fundamental to ecological health and biodiversity. One participant stressed the connection between Country and culture in Langmaid et al., (2021, p. 14), saying that changes in our ecologies (such as through anthropogenic climate change) "fundamentally [have] to do with our cultural values." Caring for Country and land care practices embody such cultural values. Taylor-Bragge et al., (2021, p. 464) highlighted a link between land care practises and SEWB for Aboriginal Rangers working on Country reporting improvements in "reduced cardiovascular disease, renal disease, body mass index readings, cholesterol, abdominal obesity, diabetes, blood pressure, substance abuse, alcohol consumption... and lower levels of general psychological distress."

It follows that disconnection from one's Country also has consequences for SEWB. Studies identified that such disconnection corresponds with disconnection from cultural identity (Doyle et al., 2017), family and community (Conway et al., 2018; Doyle et al., 2017), on-Country cultural practices (Conway et al., 2018) and ancestral, Country-based spiritualities (Conway et al., 2018; Murrup-Stewart et al., 2021).

Aboriginal people have been disadvantaged throughout Australia's colonial history. Aboriginal people have been made to feel different and excluded from mainstream Australia. This has affected how Aboriginal people participate in Australian society. Music and arts can be a way to earn money and grow local economies. Having a job can be good for our health. Having safe housing supports good health.

Maintaining connections to Country and community are crucial to Aboriginal identity and cultural and spiritual healing.

SOCIAL DETERMINANTS OF HEALTH

"Social determinants of health are the circumstances in which people are born, grow, live, work and grow old as well as social justice issues such as inequities in power and resources" (Devlin et al., 2022, p. 2). Researchers highlighted how social disadvantage led to disproportionate numbers of First Nations People with premature mortality due to cardiovascular and cardiometabolic diseases, acute renal failure and rheumatic heart disease (Mitchell et al., 2019) diabetes and chronic kidney disease (Eades et al., 2020; Ritte et al., 2020; Stoner et al., 2019); type 2 diabetes with rates 3–6 times higher than that of non-Indigenous Australians (Frier et al., 2021). Racism and social exclusion were the most ubiquitous theme when referring to social disadvantage and for this reason will be presented in the next section. Access to culturally safe health services was ranked amongst the most coded SDoH themes (Eades et al., 2020; Farah Nasir et al., 2021; Frier et al., 2021) alongside physical access for rural and remote communities (Dudgeon et al., 2021; Conway et al., 2018). Lack of employment opportunities was recognised as a significant SDoH with one participant recognising:

"You give a man a job, he can afford housing, he will no doubt want to look after himself, and he then changes himself as a role model for his children. The health in that is massive" (Spurling et al., 2017. P. 551). One study reflected how music and arts industries can provide a platform to earn money and provide economic employment opportunities in the Barkly Region (Bartleet et al., 2018). Housing was closely linked to economic disadvantage and was highlighted as a key issue in healthcare for gastrointestinal infection, developmental risks for children and tuberculous (Andersen et al., 2018; Devlin et al., 2022; Chando et al., 2020).

Not much has been written about how First Nations music helps health.

Music can help create connections between people and culture, and people and Country.

People can have jobs in music and the arts. Music can help us express pride in community and culture.

We need more research about how music can help promote our health, wellbeing, and healing as First Nations Peoples in Australia and overseas.

RACISM & SOCIAL EXCLUSION

Racism and social exclusion were acknowledged within literature as a central Social Determinant of Health for First Nation Australians impacting mental health, developmental challenges in children, initiating physiological dysregulation, maladaptive psychological responses or changes in health behaviour such as disturbed sleep patterns or substance use (Macedo et al., 2019; Bartleet et al., 2018; Chamberlain et al., 2021; Cave et al., 2019; Mitchell et al., 2019).

In a study on Aboriginal Elders promoting cultural wellbeing, a woman participant reflected "that poor education and limited employment opportunities shaping low self- esteem, hopelessness, and isolation among community members. She also spoke with pride of her Aboriginal heritage despite experiencing ongoing stigma and racism" (Cox et al., 2021, p. 913). Cox et al. (2021) found that cultural healing was identified by Elders as a positive strategy to cope with the effects of racism and systemic trauma, highlighting the resiliency and strength of First Nations Peoples. Elders highlighted that maintaining connections to Country and community were crucial to Aboriginal identity and cultural and spiritual healing (Cox et al., 2021).

On an individual level, exposure to inter-personal racism is correlated with high mental health implications, initiating physiological dysregulation, maladaptive psychological responses or changes in health behaviour such as disturbed sleep patterns or substance use (Cave et al., 2019; Macedo et al., 2019). For First Nations children, exposure to racial discrimination were at higher risk of negative mental health and related behavioural and physical outcomes compared to children without racism exposure (Cave et al., 2019). Concurringly, Macedo et al. (2019) correlated childhood racism with negative developmental trajectories and SEWB outcomes. Retraumatising people through ongoing structural, institutional, societal, cultural and individual racism has a profoundly negative impact on mental and physical health for First Nations Peoples (Cave et al., 2019; Bartleet et al., 2018; Mitchell et al., 2019).

The concept of colourism was introduced by Doyle et al. (2017), colourism can be defined as experiences of social exclusion because of the colour of your skin – from non-Indigenous and Indigenous Australians. Experiences of colourism had both protective and negative consequences for participants as some participants indicated having lighter skin was protective against racism, yet it also excluded them from their Indigenous heritage and was therefore a risk factor. Participants that did not feel like they belong experiences high levels of psychological distress.

Summary of known First Nations determinants of health excluding music.

The role of music.

The role of First Nations music as a determinant of health is under-acknowledged in existing literature. Music is empirically identified as a determinant of health in only one of the selected 48 studies.

Bartleet et al., (2018) posit that music provides opportunities to reconnect with culture and cultural history. Participants in their study identified that participating in arts activities was linked to CDoH language, heritage and strong identity. Increased employment opportunity, earning capacity and self-determination were also identified as impacting SDoH. First Nations music and arts are inseparable from First Nations culture and play an integral role as a determinant of health (Bartleet et al., 2018).

Music and arts collaboration was also seen as a way to strengthen relationships within community and increase social capital and empowerment (Bartleet et al., 2018). In the remaining studies, where music and art were not directly linked to health and wellbeing outcomes, participants often recognised song, dance, and music as a significant component for SEWB, and researchers tended to code these observations into broader themes such as expressive or cultural practice. When our analysis was broadened to include those studies where participants acknowledged the unique role of music and song for SEWB, our search returned four of the 48 selected studies (ibid.; Chamberlain et al., 2021; Murrup-Stewart et al., 2021; Sivak et al., 2019).

In the analysis of the role of language reclamation on SEWB, two participants in Sivak et al. (2019) note that, when it comes to healing Country, "...it all come back to song... It comes back to putting that spirit back into Country through song" (p. 7). The authors situate this statement within the context of language reclamation through song, rather than focusing directly on the unique qualities of song for ecological and human health. Participants in Chamberlain et al., (2021, p. 5–6) also recognise the importance of 'learning song and learning culture from the Elders,' and

identify music as important outlet and form of expression for healing.

In both of these instances the participants' statements were coded together with other art forms like painting as, more broadly, expressive strategies and connective cultural activities that support SEWB.

Murrup-Stewart et al., (2021) coded participant statements into the broader themes of cultural practices as strategies for improving SEWB, as a participant stated: 'everything that we do, when it comes to culture, [is] therapeutic, and that's art, and that's didgeridoo, that's dancing, that's connection, and that's what, makes an Aboriginal person strong...' (p. 1841). The authors here did, however, acknowledge the role of First Nations musicians for improving senses of community pride and confidence. Dance also featured in other participant experiences, with one study (Kingsley et al., 2018) recognising the importance of gathering places for the establishment of a traditional dance group, and its effect on SEWB for those involved by providing a means of practicing culture.

Absent of direct participant testimonies, many studies recognised the importance of general cultural and expressive practices for SEWB. Moreover, participants' and authors' discussion of music was often accompanied by talk of dance, storytelling and ceremony. As these are all modes of cultural expression, they seep through all the other cultural determinants such as family and community, Country, spirituality, and collective cultural identities.

A broader reading of the selected literature to include expressive cultural practices such as dance, storytelling, visual art, and ceremony returned a selection of 16, or a third of included studies. In this sample, researchers used music and song as an example to demonstrate how ceremony, traditional ecological knowledges, cultural and expressive practices, and creative, connective activities promote SEWB (for example, Dudgeon et al., 2017; Langmaid et al., 2021). Where music and song were omitted entirely, studies still empirically identified cultural and expressive practices as determinants of health, such as storytelling (Bernardes et al., 2020; Farah Nasir et al., 2021) and ceremony (Cairney et al., 2017; Chamberlain et al., 2021; Chenhall & Senior 2018; Devlin et al., 2022; Dudgeon et al., 2017).

These findings echo the compelling evidence-base that is growing more broadly, which demonstrates that a wide range of health and wellbeing benefits can arise from participating in music, including therapeutic outcomes, social justice and health equity outcomes, public health outcomes, and health promotion outcomes (Walton & Bartleet, 2021). Music is not only being used as a treatment or therapy, but also as a vital part of health prevention and promotion due to its protective factors (Ansdell, 2014; Sunderland et al., 2018).

A review conducted by Walton and Bartleet (2021) shows that music, health and wellbeing initiatives occur across a vast number of contexts, including therapy, community, education, clinical, and everyday settings. Recent studies have identified over 500 potential wellbeing benefits of musical participation (Krause et al., 2018). Beneficial health and wellbeing outcomes from music participation can be found in the following domains: social, cognitive, emotional, physical, spiritual, and identity affirmation (Andsell, 2014; Bonde & Theorell, 2018; Krause et al., 2018).

The prevalence of First Nations researchers and studies guided by First Nations People in this Report highlighted self-determination within the literature. Despite the broad recognition of self-determination as a key DoH, most research used Western names of places to describe research locations. This could be explained by research taking place across multiple geographical locations, or in large regions that stretched across many First Nations lands. Notably, quantitative studies in clinical settings were less likely to use First Nations language in naming place.

Discussion

Our findings support existing reviews that emphasise the growing relevance and prevalence of culture-centred models to explain connections between health and contextual factors. Cultural Determinants of Health featured most prominently in the literature, especially connection to family and community, Country, spirituality, cultural identity, and Indigenous knowledges, languages, and ways of being.

Studies also identified self-determination and empowerment as significant political determinants for health and wellbeing for individuals, families, and communities. Ecological determinants featured strongly through First Nations Peoples' inalienable relationship with Country, and social determinants approaches remain significant in contemporary research.

An important finding across the included research literature was the degree of interconnectedness between and among themes and subthemes. Indeed, connectivity featured as a meta-theme across all determinants and researchers often identified the strength of connections between and among individuals and communities as a key health determinant. This holistic connectivity is relevant for musical practice because music as culture supports multiple different determinants of health. by Gee et al. (2021) cultural expression through music and arts is woven within and across all cultural determinants such as family and community, connection to Country, cultural identity, spirituality, and language.

Our review found the role of First Nations music as a determinant of health is under-acknowledged in current literature. Jones et al. (2018) also noted the scarcity of research investigating modes of cultural expression, and aimed to address this gap via the national, longitudinal Mayi Kuwayu study. One third of articles identified the importance of artistic and cultural practice and expression more generally, but only one article made direct links between music and SEWB. This is despite many previous studies having identified the myriad health benefits of music practices for supporting mental health in Australia (Guerin et al., 2011) and internationally (Sheppard & Broughton, 2020). Existing studies in complementary arts-focused disciplines show how music participation can support SEWB by facilitating other known cultural health determinants such as connection to culture (Bracknell, 2019; Barwick et al., 2013; Emberly et al., 2017; Marett, 2005), connection to community (Solis, 2015; Bartleet et al., 2018), and connection to self through expressive practice (Dunbar-Hall & Gibson, 2004; Evans & Sinclair, 2016) and building up self-esteem (Culp, 2016).

Despite the lack of research linking music and CDoH available for this Report, First Nations music has been associated with cultural healing, health, and wellbeing since antiquity. Oliver (2013) observed that "[p]rior to colonisation traditional forms of healing, such as the use of traditional healers, healing songs and bush medicines were the only source of primary health care" (p. 1). Atkinson et al. (2021) identified that music, dance, singing, sound, and breath are still vital components in contemporary culturally informed healing approaches. Towney (2005) observed that the "dominant story of internalised shame, disempowerment and exclusion is being re-written through recovering skills and culture, through sharing bush knowledge, bush skills, art, dance and culture" (p. 42). Through such activities, First Nations People are "part of the process of re-telling a story of cultural strength, survival and pride" (Towney, 2005, p. 42). Other research shows that First Nations songwriting can provide an opportunity to express complex experiences, emotions and be inspired to heal (Dunbar-Hall & Gibson, 2004).

Outside of a specific CDoH focus, there is growing awareness and interest of the intersections between music and healing from diverse cultural approaches. For example, ethnomusicologists and medical ethnomusicologists have studied the effects of music, song, and sound in traditional healing ceremony, ritual, and medicine (Chiang, 2008; Koen et al., 2008). Through medical ethnomusicology and

its intersections, Koen et al. (2008) argued that a "new milieu of consciousness is emerging among researchers and practitioners across disciplines in music, the health sciences, and integrative, complementary, and alternative medicine, the physical and social sciences, medical humanities, and the healing arts" (p. 1). Chiang (2008) argued that ethnomusicologists outside of medical ethnomusicology have not significantly contributed knowledge to health and wellbeing related research, policy, and practice. Likewise, Barney and Mackinlay (2010, p. 2) observed that few music researchers have considered how First Nations Australian individual and collective experiences of trauma are "expressed musically". They argue that First Nations music and song can facilitate "narrative repair" and healing through counter story (pp. 7-9) and truth telling about the colonial history of Australia (p. 2).

Despite the abovementioned strengths, creativity, arts, and music literature often does not connect with CDoH research, policy, and practice, which inhibits valuable potential cross-pollination in cultural approaches to health. Moreover, methodological approaches differ greatly between the disciplines, as demonstrated by the variety of methodologies and approaches used within our sample. For example, studies within biomedicine tended to isolate and quantitatively measure one or two health determinants using the SDoH model as a framework. Emerging Indigenist models are helping to point out deficiencies of such SDoH and narrow biomedical approaches. There may be value in adopting mixed approaches that draw strength from broad DoH and social-cultural research. Qualitative research allowed for broader exploration of the strengths that exist within CDoH. Storytelling and Yarning approaches allowed participants to explain what they perceive to impact their own health and wellbeing (Dudgeon et al., 2021; Chamberlain et al., 2021; Bernardes et al., 2020; Sivak et al., 2019). Qualitative data provided an opportunity for Yarning to answer specific answers to research questions, this helped guide and inform understandings of music as a CDoH (Sivak et al., 2019; Bartleet et al., 2018).

Often music and song were explicitly acknowledged by participants and then generalised into the broader themes of cultural practice or expression by researchers and authors in their analyses. While there is value in viewing non-musical expressive practices as comparable to musical activity, this generalisation potentially misses important features of First Nations music as a cultural, social, political and ecological determinant of health (Chamberlain et al., 2021; Murrup-Stewart et al., 2021; Sivak et al., 2019). Hence, there is an opportunity for future research to examine the role of First Nations music explicitly.

Social Determinants of Health (SDoH) were referred to in understanding the barriers that First Nations Peoples face in relation to health and wellbeing (Eades et al., 2020; Ritte et al., 2020; Stoner et al., 2019). The main SDoH themes included racism (Cave et al., 2019; Macedo et al., 2019) access to health services (including physical access for rural and remote communities as well as access to culturally safe services (Bernardes et al., 2020; Chamberlain et al., 2021; Cox et al., 2021). Services that were offered on Country received positive results (Conway et al., 2018). Links between on Country care, self-determination, and decolonisation of health services were also related (Dudgeon et al., 2021; Chamberlain et al., 2021). Western concepts of equity were seen as omitting Indigenous Knowledge Systems (IKS) and practices including music, art and creative activities, from public health approaches (Langmaid et al., 2021). Almost all articles recommended prioritising cultural competency training for non-Indigenous staff and a call-to-action for training and employment of Indigenous staff in healthcare settings (Bernardes et al., 2020; Chamberlain et al., 2021; Cox et al., 2021; Dudgeon et al., 2021; Eades et al., 2020).

Recommendations - where to from here?

Drawing on the findings of this Report, we recommend that more research be conducted which:

1. Questions why music, arts and other creative activities have not been included more thoroughly in international health determinants models and professional approaches to promoting health and wellbeing with First Nations People.
2. Holistically examines the ways that music, arts and other creative activities in First Nations communities and families promote First Nations health, wellbeing, and healing.
3. Explores what does musical engagement do for individuals, families, communities, society, and Country? How does musical engagement support First Nations spiritual, social, emotional, political, and environmental health and wellbeing factors?
4. Asks critical questions such as: What are the limits of what musical activity can do for First Nations health and wellbeing? Does the use of music ever have negative effects on people? If so, how?
5. Uncovers the links between culture-led health promotion and musical practices. Specifically, how does musical activity contribute to positive cultural determinants of health such as connections to family, community, spirituality, and Country?
6. Highlights communities' and families' strengths in existing musical practices and activities and the ways that it is operating as a natural and cultural "remedy" for health, wellbeing, and healing.
7. Thinks critically about what we mean by "culture" in cultural determinants of health.
8. Develops a deeper understanding of the role of music in examining how music can shape understanding and shifts in non-Indigenous people, and in turn have a positive impact on DoH?
9. Seeks to understand the unique health determinants for First Nations LGBTIA+SB People and People with Disabilities, and the potential role that musical activity can have in positively shaping those determinants for sub-communities.
10. Explores the role of musical practices in First Nations healing, alongside their role in health and wellbeing promotion.
11. Accentuates or is translatable to policy and grassroots community led practices.

Strengths and limitations of this report

This report used predominantly health focused library databases which could explain the lack of music literature found. We initially included Trove and Jstor in our database search to capture humanities and musicology literature, however, the search function did not support our complex search string. Included literature was therefore primarily from health data bases. While that potentially precluded relevant music and cultural studies literature from being included, this review gives a very clear finding on the lack of attention to musical practices in existing health and CDoH literature.

Search terms did not include keywords that targeted intersectionality within First Nations communities, therefore we yielded limited results relating to First Nations People with Disability and LGBTIQ+. However, it is worth noting that many equity groups were present in research and articles on women, older people, young people, incarcerated people and people in care were included in our review.

Our ongoing research in The Remedy Project indicated potential overlap between First Nations musical practices and healing from personal and intergenerational collective trauma (Sunderland et al., 2022). Due to our focus on the presence of musical practices in recent CDoH literature, this review did not target academic literature or community and cultural knowledge on the role of First Nations musical practices in healing, which is another potentially fruitful area of future research. According to the Australian Healing Foundation (2023), healing "works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander Peoples" (np). Healing has been described as "a holistic process, which addresses mental, physical, emotional and spiritual needs and involves connections to culture, family and land" (Healing Foundation, 2023, np).

This Report has drawn on current evidence that has explained the relationship between determinants of health and Indigenous knowledges for First Nations health and wellbeing. CDoH and SEWB frameworks as the strengths-based Indigenous frameworks were necessary models to understand the how culture impacts health determinants. We have highlighted gaps in research exploring links between First Nations music and health, this area requires further exploration to deepen our understanding of music as a determinant of health.

Broader international literature has highlighted that research on arts and health does not sufficiently cover middle aged participants, men, First Nations People, LGBTIQ+ People, and migrant populations (Sheppard & Broughton, 2020). By contrast, research reviewed in this report included women and mothers, men (including non-Indigenous men) and fathers, parents, children, Indigenous Rangers, incarcerated peoples (male and female), older people, young adults, Correctional Officers, health experts, and Indigenous led organisations. Our literature review process did not produce research on First Nations LGBTIQ+SB People and People with Disabilities for inclusion which is a limitation.

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Appendices

APPENDIX 1 SEARCH TERMS

First search string:

Aboriginal* or Indigen* or "Torres Strait Island*" or "First Nation*" or "First People*"

Second search string:

cultur* or lore or law or Country or homeland* or land or landscape* or seascape* or ocean or oceans or waterway* or saltwater or freshwater or communities or community or Elders or elder or ancest* or dreaming* or dreamtime or songline* or famil* or kinship* or spirit* or language* or body or embodiment or emotion* or mind or rights or equit* or inequit* or self-determination

Third search string:

"determinant (proximity) health" or "social and emotional well?being"

For each database, we tested string two both with and without the addition of the music-related queries with truncation symbols ("music* or dance* or dancing or ceremon*) and found that for each database, the results yielded no additional resources for inclusion. This is possibly due to music-related papers already including key terms such as culture and Country in the full text.