Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Vance A, McGaw J, Winther J, et al. Country revealing the way: evaluating Elder-governed Cultural Therapy for Aboriginal and Torres Strait Islander young people with mental health conditions. *Med J Aust* 2025; doi: 10.5694/mja2.70019.

TIDieR (Template for Intervention Description and Replication) Checklist

ITEM	DETAILS	WHERE?	OTHER DETAILS
1. Brief name	Cultural Therapy	Title and throughout	
2. Why	The Australian National Aboriginal and Torres Strait Islander Health Plan (2021-2031) (https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031) recognises the fundamental importance of practising culture to Indigenous social, emotional and spiritual health and wellbeing, acknowledging that 'culture is a protective factor across the life course, and has a direct influence on broader social determinant outcomes.' Despite commitments to involve First Nations community-controlled organisations in developing and delivering health care to First Nations people, there has been no effort to measure if any shared decision-making, transformation of government organisations, growth in the Aboriginal Community Controlled sector, or data sharing, has yet taken place. Moreover, the most recent report on the National Agreement on Closing the Gap found none of the Priority Reform areas were on track (Australian Government Productivity Commission, 2025) and four of the socio-economic outcome areas had actually gone backwards (Australian Government Productivity Commission, 2025). Therefore, there is an urgent need for First Nations health researchers and clinicians to be actively engaged in developing new models of mental health care to address the disparity in mental health status between First Nations people and non-Indigenous people in Australia, and for these initiatives to be examined through rigorous, but culturally appropriate research methods to establish whether they are beneficial.	Introduction	+ TIDieR Appendix
3.What: materials	Cultural Therapy took place outdoors, in *Country*, and drew participants' attention to the more-than-human environment that nurtures and sustains, demonstrating how young people can cultivate a relationship with *Country*, and how *Country* in turn cares for people. The participants and therapist observed the relationships between the entities in *Country*—plants, dirt, sand, bark, wild birds, insects, farm animals, the changing seasons, and weather—as a model for managing stressors, regulating emotions, and dealing with complex grief and trauma. Therapy experience was documented on either a 'message stick'—a piece of wood, culturally smoked—or possum skin, on which symbols of the experiences for the participant were etched using a wood burner. Each participant kept this as a tangible reminder of the Cultural Therapy.		
4. What: procedures	Cultural Therapy is informed by a range of culturally specific Indigenous practices, including Miriam Rose Foundation (Dr Miriam-Rose Ungunmerr-Baumann), Dadirri—Inner Deep Listening and Quiet Still Awareness https://www.miriamrosefoundation.org.au/dadirri/. Our analytic method is a hybrid of constructivist grounded theory, and		

	community participatory action research, both of which have been effectively combined by other researchers. Multiple perspectives were built into the analysis by drawing on the perspectives of three participants—the young person, their family/caregiver and cultural therapist —at three time points: prior to therapy commencing, immediately after the last session was completed, and three months later. Also included in the dataset was thick description and photographs of each session by a First Nations research assistant who was an observer-participant of each session. Given the varied environmental conditions, this visual and written record was important for contextualising the feedback. It also revealed body language, an important factor where participants were non-verbal and said little in post-Cultural Therapy yarns. The approach to analysis was inductive, with theory arising from the interpretation and analysis of the data itself. In order to minimise and expose interpretative bias, four analysts independently coded the data to draw out relationships and themes and identify higher order concepts, through a reflexive, analytic process. Analysts then met to discuss their findings and consider provisional themes. Where difference, dissonance or disagreement occurred, these were reflected on and considered as part of the findings. Grounded theory outcomes are strongest when multiple perspectives are considered in an open, dialogic and reciprocal relationship. This is a refinement of the traditional grounded theory approach in recognition of the wide variation in Indigenous cultures across Australia, the under-representation of Indigenous people with an expertise in grounded theory and the importance of non-verbal, creative forms of expression inherent in the proposed intervention.		
5. Who provided	Author AV, child and adolescent psychiatrist (*Wathaurung*) and author JW, senior clinical psychologist (*Wamba Wamba, Wadi Wadi),* developed the Cultural Therapy model, with author HP (*Gunai)* providing cultural supervision. A team of four academics—authors AV, JW, JM, and NT—conducted the analysis.		
6. How	Cultural Therapy took place outdoors, walking, talking, engaging with *Country* and animals.		
7. Where	Cultural Therapy took place in two locations: Royal Park, a large precinct of native grasslands in inner Melbourne, adjacent to the Royal Children's Hospital Melbourne, and Winhaven, a rural acreage and animal-assisted therapy practice in Sunbury, which has a variety of animals—horses, donkeys, guinea pigs, dogs, camels, goats—which support the Therapy.		
8. When & how much	Approximately 8 hours over 6-8 hours sessions, usually a week apart.		
9. Tailoring	Cultural Therapy was tailored to the opportunities *Country* provided: splashing through puddles if it was raining, quietly lying under trees observing the ants if it was hot, following birds, grooming animals, tapping clap sticks in the rhythm of *Country,* and listening to stories. The Therapist used each opportunity to draw the young person's		

	attention to the effect of the practice on their feeling states. Therapy also allowed the young person the agency to decide what to follow. It was a two-way process of sharing together. It was also tailored to the particular cultural practices of the therapists.		
10. Modifications	Each session was slightly different depending on the young person and *Country.* Ages ranged from 7-17, concentration differed, interests varied, symptoms also varied.		
11. How well: planned	Cultural Therapy has a consistent approach but is not replicable in the way a drug therapy might be.		
12. How well: in practice	Variations to duration and frequency depended on participants' availability.		

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	4
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	4
Occupation	3	What was their occupation at the time of the study?	4
Gender	4	Was the researcher male or female?	4
Experience and training	5	What experience or training did the researcher have?	4
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	4,5
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	7
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Appendix
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	6
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	6
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	6
Sample size	12	How many participants were in the study?	6
Non-participation	13	How many people refused to participate or dropped out? Reasons?	Appendix
Setting			

Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	5,6
Presence of nonparticipants	15	Was anyone else present besides the participants and researchers?	5,6
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	5,6,table
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Appendix
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	Appendix
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	4,5
Field notes	20	Were field notes made during and/or after the inter view or focus group?	4,5
Duration	21	What was the duration of the inter views or focus group?	4,5
Data saturation	22	Was data saturation discussed?	Appendix
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	Appendix
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	Appendix
Description of the coding tree	25	Did authors provide a description of the coding tree?	Appendix
Derivation of themes	26	Were themes identified in advance or derived from the data?	Appendix
Software	27	What software, if applicable, was used to manage the data?	Appendix
Participant checking	28	Did participants provide feedback on the findings?	Appendix
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	7-10
Data and findings consistent	30	Was there consistency between the data presented and the findings?	7-10
Clarity of major themes	31	Were major themes clearly presented in the findings?	7-10

Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Appendix

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

CONSIDER (Consolidated Criteria for Strengthening the Reporting of Health Research involving Indigenous Peoples) Statement

Guest Editors of the 2025 Indigenous Health Special Issue acknowledge the Indigenous expertise that informed the establishment of the CONSIDER statement.

Governance
The research presented in this paper was Indigenous-conceived, Indigenous-governed and Indigenous-led. The idea for the project was developed over many years in conversation with many Victorian Aboriginal Elders and Indigenous health professionals. The entire project was overseen by a Governing Board of Indigenous Elders, with whom the research team met quarterly. The Board of Elders provided broad oversight and direction for the project. A Project Advisory Group comprised predominantly of Indigenous health professionals provided advice on the day-to-day running of the project. The project is also led by an Indigenous child and adolescent psychiatrist, author AV. The project sits within a broader research program led by an Indigenous doctor and epidemiologist. Finally, the project sits within an Indigenous cultural unit of a major metropolitan paediatric hospital. The hospital's human research ethics committee provided ethics approval for the project. All associated Indigenous people and groups were regularly consulted about the progress of the project and plans and directions for the research. Data generated by the project has not been made publicly available and is under the control of the Board of Elders.
Prioritisation
The idea for the project was developed through conversations conducted over many years between the lead investigator, consultant child and adolescent psychiatrist and author AV, who has Indigenous ancestry, Elders within the Victorian Aboriginal community, and Indigenous health professionals. The first stage of the research project provided further consolidation of these conversations through yarns with 44 members of the Victorian Aboriginal community. The yarns confirmed a dire need for development of a cultural therapy program specifically for Victorian Aboriginal young people with mental health conditions. A comprehensive literature review confirmed the potential effectiveness of such a program amongst Indigenous young people both in Australia and internationally.
Relationships
The project is led by child and adolescent psychiatrist, author AV, who has Indigenous ancestry, and sits within a suite of research programs overseen by an Indigenous medical doctor and academic. The Governing Board of Indigenous Elders, the Project Advisory Group of Indigenous health professionals and the cultural unit of the metropolitan paediatric hospital are all updated and consulted regularly about the project. The research team also includes an Indigenous senior clinical psychologist, author JW. Other members of the research team include an architect of primarily Anglo-Celtic ancestry, author JM, who is project co-lead with author AV, to whom she is married. JM has also led a major ARC-funded Indigenous research project with the Victorian Aboriginal community previously. Other members of the research team include a sociologist of primarily Anglo-Celtic ancestry, author NT. NT has collaborated on many research projects in the areas of Indigenous education, housing, health and place-making. One non-Indigenous and two Indigenous research assistants have also been involved at various times and were provided with significant opportunities for professional development.
Methodologies
The overarching research methodology for the project was an innovative hybrid of Constructivist Grounded Theory and Community-based Participatory Action Research, incorporating the Indigenist research method of yarning. This methodology was purposely selected as it attends to many of the Indigenist critiques of Western research while remaining recognisable to policy-makers as a rigorous research method. Constructivist Grounded Theory considers research participants as experts in their own lives and as co-producers in the creation of meaning and knowledge. This means that Indigenous ways of knowing, doing and being (i.e. those of the participants) can be centred. Community-based Participatory Action Research emphasises action that will support social justice. In this case, the main action taken was the development and implementation of a cultural therapy program that aimed to

improve the social and emotional wellbeing of participants. Yarning is an Indigenous form of conversation that, again, allows for participants to take the lead. Rather than a set list of structured questions, participants are invited to discuss a particular topic openly, thus minimising the potential for the researcher/s to impose an analytical framing onto participants' understandings of their own lives. Community-based Participatory Action Research also requires that the community maintains control of the research and any data generated. In this case, all data created as part of the research is under the control of the Governing Board of Indigenous Elders.

Participation

Indigenous people involved in the research whose involvement was not part of a paid position were appropriately remunerated for their time and expertise. Members of the Governing Board of Indigenous Elders, for example, were paid sitting fees. Participants in the research project consented to participating in the cultural therapy and to contributing to yarning sessions and having photographs taken on the condition of anonymity. All were keen to participate in the therapy and to contribute to the research project. Young people and their primary caregivers were keen to learn more about Aboriginal culture, to see if they experienced any improvement in their social and emotional wellbeing by doing so, and to contribute to the broader goal of conducting research that might support the availability of cultural therapy programs for other Indigenous young people with mental health conditions.

Capacity

The two Indigenous research assistants employed on the project were provided significant professional development opportunities and were supported to develop their research and administration skills.

Analysis and Interpretation

The research team drew on Constructivist Grounded Theory to analyse and interpret the data gathered as part of the research project. Further, we employed a multi-perspectival method of analysis. Two Indigenous (AV and JW) and two non-Indigenous (JM and NT) researchers reviewed, coded and analysed the data independently. The team regularly met to discuss progress, emergent themes and findings. Constructivist Grounded Theory allows for participants to construct their own meaning from their lives and experiences, while recognising the role of researchers in interpreting the data. Researchers are required to be self-reflexive and to write memos explaining their codes, themes and interpretations. The multi-perspectival, multi-disciplinary research team enhanced this aspect of the analysis, as each researcher was required to explain and justify their analysis to the other three team members. The data from each participant was discussed by each member of the research team. Later, the team met to discuss their overall findings and analysis. These discussions totalled around 20 hours of Zoom meetings. The team's analyses were also discussed with the Board of Elders and the Project Advisory Group and their feedback was incorporated into the findings.

Dissemination

Findings from the research project have been published in multiple journal articles. Team members have also presented at a number of conferences. The Board of Elders and the Project Advisory Group is regularly consulted on the project. We are also in the process of creating a book detailing the project and its findings in plain English for dissemination amongst participants and the broader community.