



**Aboriginal  
Health Council**  
of Western Australia

# ACCHS Social & Emotional Wellbeing Service Model

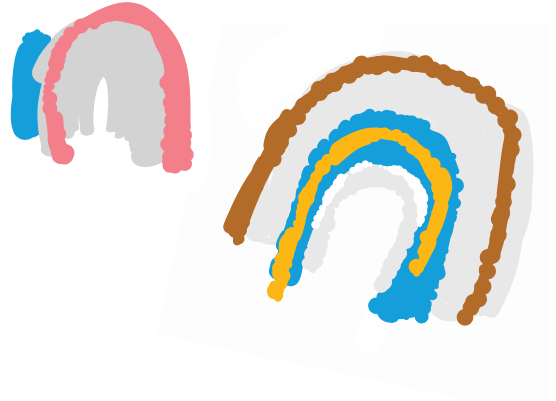




The graphics throughout this document celebrate the connection, strength and culture of Aboriginal people. The shades of blue represent calm and have a strong association to water, the pink represents energy and growth. The greys are neutral to represent reflection.

#### Disclaimers

- A. The term 'Member Services' is inclusive of all Aboriginal Community Controlled Health Services (ACCHS) in WA.
- B. The word 'Aboriginal' has been used throughout this document. When referring to 'Aboriginal' we are referring to all Aboriginal and Torres Strait Islander peoples.



We acknowledge the Traditional Custodians on whose land we walk, work and live; and their continuing connections to land, sea and community; and pay our respect to all Elders, past, present and future.

## Acknowledgements

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The Aboriginal Health Council of Western Australia (AHCWA) thanks all stakeholders, including staff and community members, who engaged with, and participated in, the consultation process to inform the development of a Social and Emotional Wellbeing (SEWB) Service Model for Western Australia.

AHCWA would also like to thank the SEWB Project Working Group for their considered and valuable feedback during this project.

AHCWA would like to acknowledge the valued contribution by the team of consultants:

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# Introduction

Aboriginal people have a holistic conceptualisation of health. Community, Family, Culture, Spirituality, Language, Country, Emotions and the Physical are all seen as integral in both an individual, and a community, for achieving and sustaining health. This conceptualisation of health is upheld by the Western Australian Aboriginal Community Controlled Health Services' (WA ACCHS) Model of Care, and guides the delivery of healthcare across communities. We understand that providing holistic health care is critical in the pursuit of health equality for Aboriginal people. WA ACCHS are well positioned to refine and expand our delivery of holistic health care by developing a WA ACCHS Social and Emotional Wellbeing (SEWB) Service Model.

In 2018, at the request of the Aboriginal Health Council of Western Australia (AHCWA) ACCHS CEO Network, the Western Australian Primary Health Alliance (WAPHA) commissioned work to explore the development of a WA ACCHS SEWB Service Model. The project aimed to explore the WA ACCHS perspectives, experiences and aspirations with SEWB and mental health service delivery as a starting point in developing a WA ACCHS SEWB Service Model.

This report presents a roadmap for the ACCHS SEWB Service Model and has been informed by a review of relevant literature and consultations with AHCWA Member Services during 2018.

## The Social and Emotional Wellbeing Framework

The concept of SEWB acknowledges that connections to land, culture, spirituality, family and community impact on the wellbeing of Aboriginal people. SEWB is influenced by physical health, mental health, and the social determinants of health (e.g. education, housing, employment, and economic engagement). Importantly, for Aboriginal people SEWB is also shaped by a collective history of colonisation and contemporary experiences of systemic racism and marginalisation (Referred to in Figure 1 a model of social and emotional wellbeing).

When a person experiences challenges to their SEWB, there is an increased risk of self-harm, suicide, alcohol, drug and substance misuse, family/intimate partner violence and other harmful behaviours. Improving SEWB for Aboriginal people will help people feel well within themselves and spirit, maintain connection to culture, and promote harmony in families and communities. Improving Aboriginal people's SEWB is also a critical component in 'Closing the Gap' between life outcomes of Aboriginal and non-Aboriginal people.

SEWB and mental health are closely related. The SEWB framework identifies that for Aboriginal people, prevention of mental illness, access to support, treatment and recovery are all enhanced when a person's needs and aspirations are considered holistically, and interventions are culturally safe and promote a person's SEWB.



**Figure 1: A model of social and emotional wellbeing**

© Gee, Dudgeon, Schultz, Hart and Kelly, 2013

# Consultation Findings

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## Support for ACCHS SEWB Service Model

Staff from 17 AHCWA Member Services participated in the consultations during 2018. The consultations found that developing a WA ACCHS SEWB Service Model is understood as a sector priority, and the development, resourcing, implementation and evaluation of a Service Model is an important contribution to improving and sustaining health outcomes for Aboriginal people.

Participants identified the following Service Model objectives:

1. Describe and define SEWB services ensuring the centrality of culture and Aboriginal identity;
2. Provide conceptual clarity on SEWB services and activities and the continuum with mental health services and activities;
3. Identify and map current SEWB services, service delivery gaps, funding shortfalls, implementation challenges, and opportunities for better evaluation;
4. Develop the SEWB service delivery workforce to ensure Aboriginal employees are able to access the training, support and mentoring they require, and have a defined career progression pathway; and
5. Ensure SEWB remains a primary consideration at the clinical level and when referring patients to other health and specialist services.

## SEWB in the ACCHS

WA ACCHS spoke about SEWB as a holistic suite of services and activities that include: awareness raising and community development; social support; casework and advocacy; psychosocial support; counselling and culturally appropriate therapeutic support; and psychological and psychiatric interventions, treatment and support. The consultations identified that while the SEWB concept varies between groups and locations, it shares the following features across the WA ACCHS:

- It is holistic and tethered to Aboriginal culture and spirituality;
- It is inclusive of mental health, but is broader than clinical assessments, diagnosis and treatment;
- It affirms a strong link between collective and individual wellbeing; and
- It recognises the transgenerational impacts of history and collective trauma for Aboriginal people.

Findings from the consultation also identified that SEWB services need to be:

- Flexible in design, approach, and delivery;
- Inclusive of family and able to provide support to a family unit, not only an individual;
- Driven by lived experience and actively involve community and cultural workers in all aspects of program design delivery and evaluation; and
- Inclusive of practical support and assistance for Aboriginal people in navigating the complexity of services, structures, and systems that they encounter.

This level of SEWB support builds capacity and reduces an individual's stress, which in turn impacts on their SEWB.

During the consultations, participants emphasised the importance of SEWB and mental health programs being initiated, governed and delivered by ACCHS. WA ACCHS were identified as more likely to advance self-determination and be culturally proficient, trauma-informed and flexible in response to community needs.

Participants noted SEWB services and programs must be responsive to local needs and contexts and these may differ throughout urban, rural and remote areas. However, the consultations uniformly described the need for:

1. After-hours services. This was seen as especially important in providing appropriate prevention of and early intervention for self-harming behaviours, suicide and family violence. Participants identified the need for after-hours services across a range of WA locations as 'critical' and 'urgent'.
2. Enhanced protocols for follow up/after care for two groups of patients:
  - a. People presenting with self-harm; and
  - b. Mental health patients discharging from hospital services.

Participants spoke about the current ramifications for patients and services in the absence of these protocols.

In addition to these priority areas, many ACCHS discussed their desire to expand, and/or target SEWB services into areas such as men's health and family violence prevention.

Participants also expressed the need for culturally appropriate screening and risk assessment tools to support SEWB staff in understanding and determining mental health and wellbeing concerns, as well as corresponding treatment and/or recovery pathways.

## SEWB and Mental Health

Most participants identified that the term 'mental health' was challenging for many Aboriginal people as it was associated with the stigma of mental illness. Culturally secure awareness and de-stigmatisation were seen as priority activities for ACCHS. There was strong support for ACCHS to be delivering services that were focused on prevention and early intervention.

The high burden of mental illness for Aboriginal people was discussed in several of the consultations and participants identified many challenges with mainstream tertiary or acute mental health providers. Overall ACCHS identified the need to:

1. Enhance the delivery of ACCHS mental health services for patients with mild to moderate mental health issues; ensuring culturally based responses were integrated with, or able to complement, Western therapeutic practices; and
2. Develop partnerships with mainstream mental health services to support the culturally secure management, shared care, and recovery of patients with moderate or acute mental illness.

During the consultations it was identified WA ACCHS are looking to complement and enhance mental health services for their patients, not to duplicate services that already existed for moderately and acutely unwell patients.

## Considerations of culture

Culture was a prominent theme in the consultations. Connection to culture was discussed as a protective factor in a person's wellbeing, highlighting individual and collective resilience and survival. Participants also identified the importance of culturally safe services. These were defined as services that are embedded within the community, Aboriginal governed, and respectful in their engagement with community members. An Aboriginal workforce, including Aboriginal staff in leadership positions, was seen as a key component of cultural safety. Some services reflected on their recruitment and retention of a high percentage of Aboriginal staff. These services spoke with pride of this achievement, and reflected on how local staff provided relevant contextual knowledge about community members and events.

The consultations demonstrated the important roles that Elders and Traditional Healers can have for SEWB within Aboriginal communities. Many participants suggested these roles need to be more highly recognised and integrated into service delivery. ACCHS felt they had a strong role to play in the development of SEWB services that could incorporate traditional and cultural elements and western systems and knowledge in a way that is customised for the unique needs of Aboriginal people.

## Proposed ACCHS Social and Emotional Wellbeing Service Model for Western Australia

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The proposed WA ACCHS SEWB Service Model recognises Aboriginal SEWB needs are diverse, however several unifying aspirations that underpin the development of the Service Model were identified. A WA ACCHS SEWB Service Model should:

- Ensure culture and culturally safe service delivery and patient care is available within ACCHS;
- Deliver innovative, strengths based, holistic and flexible service responses, as close to home as possible;
- Provide an entry point into a range of locally identified SEWB activities that are inclusive of recovery and healing, health promotion, prevention and early intervention;
- Recognise that people may need varying levels of support over long periods of time;
- Include individuals, families, communities Elders, and Traditional Healers in the development of local approaches to strengthen SEWB;
- Support the patient experience and journey through promoting best care practices and strong referral pathways for SEWB and mental health services;
- Build purposeful partnerships that support people to access services and supports as they require based on risk, needs assessments and plans; and
- Identify existing, and build further, capacity in communities through sharing knowledge, and increasing the Aboriginal workforce through planning and training.



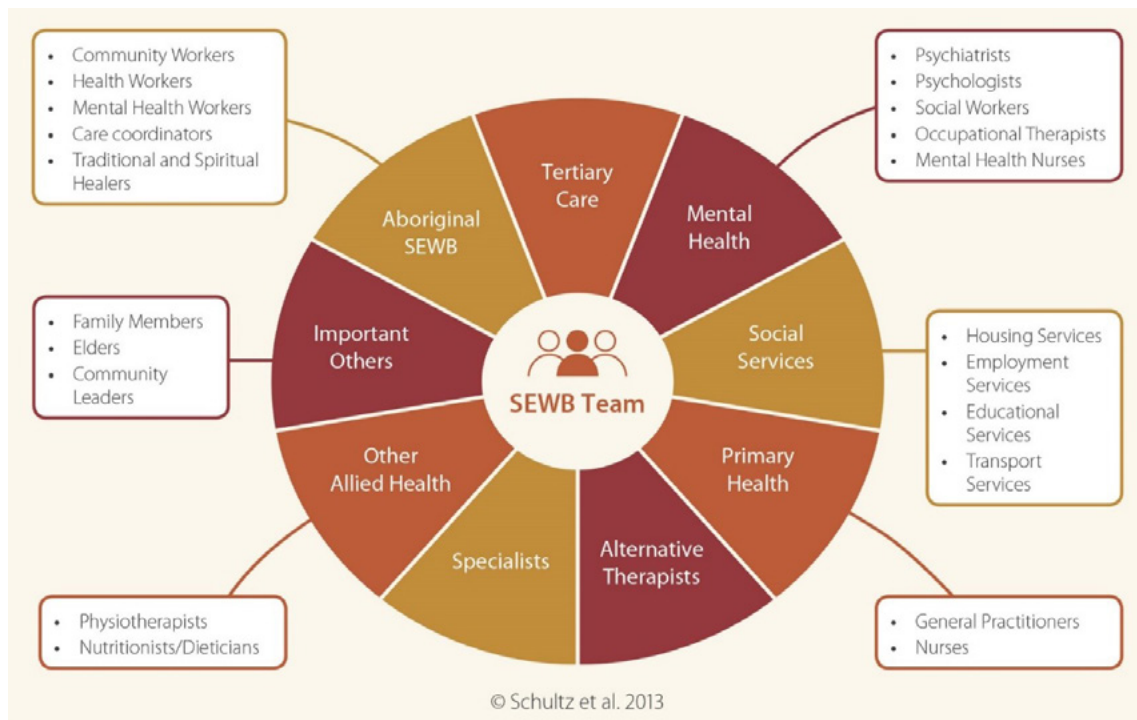
## SEWB Service Model

Findings from the consultation and the literature review have informed the development of a four pillar approach to the provision of SEWB. This model helps define a sector wide approach but is flexible in allowing individual ACCHS to determine the service or activity for each of the pillars.

Pillar	Service Response examples	Service Impact
<b>Culturally secure community development</b>	Psychosocial education, health promotion education/ resources, healing days, awareness campaigns, life promotion.	Aboriginal people are more aware of their SEWB and mental health and have the knowledge and skills to seek help from appropriate services.  Enhanced opportunities for individual and collective empowerment, building resilience and healing.
<b>Psychosocial support</b>	Information, advocacy, referrals and case management for individuals and/ or families centred on the successful resolution of challenges to their SEWB (non-clinical).	Improved social determinants of health (e.g. housing, employment, environmental health).  Enhanced connection to culture through access to programs, support and linkage with Elders/cultural advocates.
<b>Targeted interventions</b>	Culturally secure assessments, referral and support responding to issues such as family violence, alcohol and other drugs, trauma, mental health.  Traditional Healing and intensive cultural support (return to Country programs etc.).  Follow-up with specialist mental health and acute services.	Appropriate mechanisms to screen Aboriginal people's risks and resilience.  Improved systems for brief intervention and provision of psychological therapeutic support.
<b>Supported co-ordinated care</b>	Coordination (step up/step down) between primary health, SEWB and acute services.  Provision of culturally appropriate wellness initiatives to support and strengthen mental health care plans.	Integrated care pathways.  Enhanced throughcare and aftercare protocols and processes.  Streamlined approaches to shared care and simplified referral processes.

# Building an interdisciplinary ACCHS SEWB Workforce

Resources are required to build and implement a SEWB service and workforce, in alignment with the Service Model, involving flexible interdisciplinary teams with cultural and clinical expertise. These teams must have an understanding of the Aboriginal community and the interrelated factors affecting SEWB, and must have or be working towards training in the following areas: Aboriginal Mental Health First Aid; suicide prevention; trauma informed practice; family and domestic violence; infant mental health; and alcohol/substance misuse.



The diagram above outlines the ideal interdisciplinary SEWB mental health workforce. At a minimum, each site would need funding to include:

- Clinical Lead (Mental Health Clinician);
- Cultural Lead (50D position);
- SEWB workers (one male, one female, 50D positions);
- Qualified counsellors (one male and one female); and
- Care coordinators / Administration.

Other team members may include:

- Aboriginal Health Practitioners (Mental Health);
- Cultural Connectors;
- Traditional Healers;
- Elders;
- Support Workers;
- Registered Nurses, including Mental Health Nurses;
- Psychiatrists/Doctors;
- Allied Health/Specialists;
- Psychologists;
- Therapists/Counsellors;
- Social Workers;
- Case Managers;
- Addiction Practitioners;
- Managers; or
- Administrators.

Providing employment and training opportunities for Aboriginal staff is an essential component of the model.



## Important considerations in the development of the ACCHS SEWB Service Model

The implementation of a WA ACCHS SEWB Service Model must:

- Identify ways to establish and strengthen existing SEWB teams, including the development of an SEWB competency framework and mandatory training and professional development requirements;
- Build on existing clinical governance models and incorporate the National Standards for Mental Health Services, and any other identified quality frameworks;
- Undertake in-depth business analysis to identify existing and future infrastructure and capital needs;
- Evaluate, strengthen and establish appropriate local referral pathways recognising the fluctuating, diverse nature of SEWB and mental health needs;
- Map services according to local areas, and identify local priority areas, gaps and opportunities for partnership;
- Identify existing and future opportunities for data collection and monitoring, including ways to capture SEWB system networks, SEWB baselines and outcomes, and consistent clinical coding for identified SEWB subcategories (e.g. self-harm);
- Where required, develop and tailor local Cultural Protocols for the engagement of Elders and Traditional Healers, recognising the diversity of Aboriginal communities, Aboriginal people and organisations; and
- Seek funding for long-term investment (a minimum of five years) in SEWB programs as an essential feature of early intervention and prevention in Aboriginal primary health care.

## Key Literature

The following documents have been reviewed in the development of this report and remain important considerations in the development and implementation of a WA ACCHS SEWB Service Model:

- *The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023;*
- *WA Sustainable Health Review 2019;*
- *The 5th National Mental Health and Suicide Prevention Plan;*
- *WA Government Mental Health Priorities 2020-2024;*
- *WA Mental Health, Alcohol and Other Drug Services Plan 2015 -2025;*
- *WA Suicide Prevention 2020 – Together we can save lives;*
- *Coroner's Report – Children and Young people in the Kimberley Region;*
- *WA Aboriginal Health and Wellbeing Framework 2015 – 2030;*
- *WA Statement of Intent on Aboriginal Youth Suicide;*
- *WA Auditor General's Report – Access to State-Managed Adult Mental Health Services;*
- *The Australian Closing the Gap Report 2020;*
- *WA Suicide Prevention Framework 2021-2025; and*
- *WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024.*

## Next Steps

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The overall objective of a WA ACCHS SEWB Service Model is to improve the SEWB and long-term health outcomes of Aboriginal people. An integrated service delivery approach to SEWB will take time to develop, and will require cooperation, collaboration and relationship building across government and non-government services. Through the WA Aboriginal Health Partnership Forum, AHCWA will seek to develop formal partnerships between the ACCHS, WAPHA, National Indigenous Australian Agency, Commonwealth Department of Health WA, Mental Health Commission and WA Country Health Service to ensure further work on the development of the Model and implementation and evaluation planning can commence.

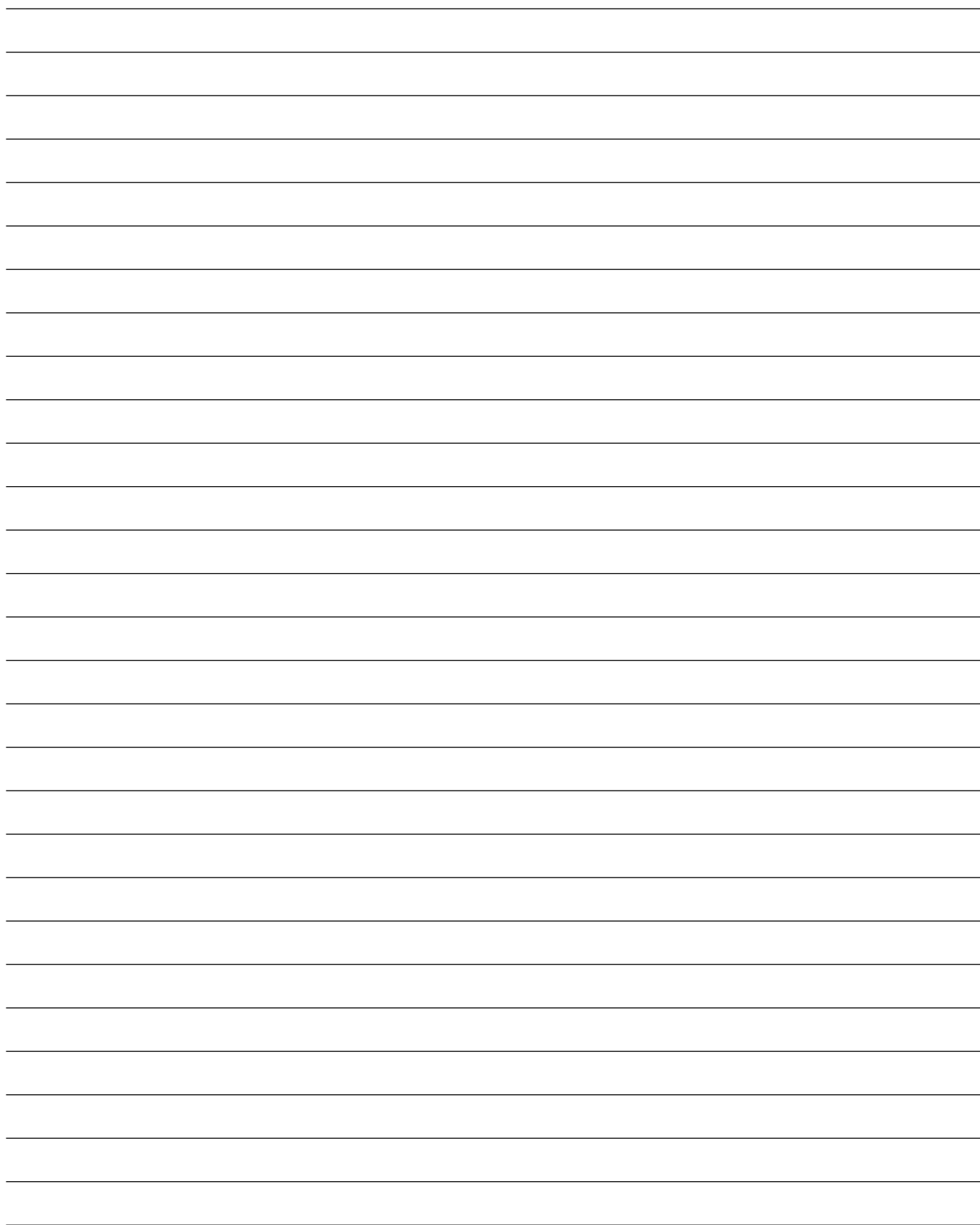
**For further information on the model and to share examples of good practice in SEWB please contact [reception@ahcwa.org](mailto:reception@ahcwa.org).**





## Notes

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