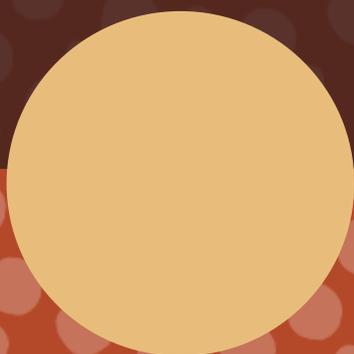


KAMS & TIMHWB PRESENT:



SOCIAL AND EMOTIONAL WELLBEING: A WELCOME GUIDE FOR THE ABORIGINAL WORKFORCE

UPDATED JULY 2022

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ACKNOWLEDGEMENTS

We acknowledge all the traditional peoples across the Kimberley and their Elders past, present, and emerging. We pay our respect and we celebrate your resiliency. We dedicate this manual to future generations of strong, empowered, and healthy Aboriginal people.

In this manual we use real stories from Social and Emotional Wellbeing (SEWB) workers and other health professionals from across the Kimberley region. We have taken real stories from Aboriginal community members and used these to talk about their experiences with SEWB services. Sometimes these stories have been changed a little bit and sometimes two stories have become one. We have done this to show the types of experiences people have while making sure we keep actual people's stories confidential and safe. We thank the workforce and community for their contributions to this manual.

This manual was written in Rubibi (Broome) located on Yawuru Country and represents a collaboration between Kimberley Aboriginal Medical Services, Broome Regional Aboriginal Medical Services, Derby Aboriginal Health Services, Yura Yungi Medical Service, Ord Valley Aboriginal Health Services and the University of Western Australia – School of Indigenous Studies.

This work was undertaken as part of the Transforming Indigenous Mental Health and Wellbeing Project funded by the Million Minds Mental Health Research Mission. The Million Minds Health Research Mission is an Australian Government initiative which aims to support a million Australians with mental health issues access new approaches to prevention, diagnosis, treatment, and recovery. Support for this work was also provided by the National Indigenous Australians Agency (NIAA), SEWB Workforce Support and Development Unit.

GETTING STARTED



This manual is a reference tool for Aboriginal and Torres Strait Islander people working in Social and Emotional Wellbeing (SEWB) teams. This manual aims to complement rather than replace your position description and/or your workplace induction.

SECTION 1: WHAT IS SEWB?

Section 1 of the manual aims to assist Aboriginal and Torres Strait Islander SEWB staff to understand the history of SEWB and the model and framework of SEWB.

SECTION 2: SEWB IN THE WORKPLACE

Section 2 of the manual looks at types of services that may be offered by SEWB teams. It offers reflections and insights from the Kimberley SEWB workforce and client base to help show SEWB in practice.

SECTION 3: SEWB IN ACCHS

Section 3 contains some information and tips around the following areas: having clear understanding of your SEWB role, developing good relationships within your clinic, knowing your referral pathways, cultural security in the workplace, and creating a meaningful pathway to professional development.

SECTION 4: SEWB RESOURCES

Section 4 of the manual provides a summary of the underlined useful readings and resources around the following topics: SEWB, self-harm/suicide, yarning, reflective practice, mental health and SEWB screening tools for Aboriginal and Torres Strait Islander peoples, evaluation. It also provides templates and checklists for the information referred to in Section 3.

ACRONYMS/GLOSSARY

| | |
|----------------|---|
| ACCHS | Aboriginal Community Controlled Health Services |
| AHCWA | Aboriginal Health Council Western Australia |
| AOD | Alcohol and other drugs |
| BRAMS | Broome Regional Aboriginal Medical Service |
| DAHS | Derby Aboriginal Health Service |
| I-ASIST | Indigenous Applied Suicide Intervention Skills Training |
| JDF | Job Description Form |
| KAMS | Kimberley Aboriginal Medical Service |
| KEHLP | Kimberley Empowerment Healing and Leadership Program |
| LGBTIQ+ | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer |
| OVAHS | Ord Valley Aboriginal Health Service |
| NDIS | National Disability Insurance Scheme |
| NIAA | National Indigenous Australians Agency |
| SEWB | Social and Emotional Wellbeing |
| TIMHWB | Transforming Indigenous Mental health and Wellbeing project |
| WSDU | Workforce Support and Development Unit |
| YYMS | Yura Yungi Medical Service |

SECTION 1:

WHAT IS SOCIAL AND EMOTIONAL WELLBEING?

OVERVIEW

KAMS and member services consider health to be holistic, we believe that the physical health of Aboriginal people is affected by the social, emotional, and cultural wellbeing of both individuals and our communities. KAMS understands the SEWB problems experienced by Aboriginal and Torres Strait Islander peoples are complex and result from many factors including grief, loss, trauma, abuse, violence, substance misuse, physical health problems, child removal, cultural dislocation, removal from country, social disadvantage, unemployment, family breakdown, incarceration, limited access to support services, and racism. The role of the KAMS SEWB and mental health teams is to build the capacity of Aboriginal people across the Kimberley to understand and improve their SEWB. We will work in partnership with our clinics, member services and communities to support this outcome. We believe that the more we invest in building the SEWB of our communities, the happier and healthier our people will be.

1.0 HOLISTIC HEALTH

Aboriginal and Torres Strait Islander peoples have held a holistic view of health for tens of thousands of years. This view of life enabled balance and harmony for individual and community wellbeing, and maintained complex kinship systems and obligations to Country. The first national analysis of Aboriginal and Torres Strait Islander mental health and SEWB was the landmark [1995 Ways Forward report](#). In this report, authors Swan and Raphael describe:

*the references for underlined reports can be found in Section 4

“The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. This holistic concept does not just refer to the whole body but is in fact steeped in harmonious inter-relations, which constitute cultural wellbeing. These inter-relating factors can be categorised largely into spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill health will persist.”

The model of SEWB (see below) was developed by Aboriginal and Torres Strait Islander psychologists in 2013 and was endorsed by 457 community members in 11 communities across Australia that were involved in the consultations for the National Empowerment Project. These consultations began in the Kimberley as a part of the Kimberley Empowerment Project.

1.1 THE MODEL OF SEWB

The term 'mental health' is challenging for many Aboriginal and Torres Strait Islander peoples as it is linked to stigma, or negative attitudes and beliefs about mental ill-health. Social and emotional wellbeing (SEWB) includes mental health within it, but is a much broader, strengths-based, and multi-dimensional concept. The SEWB model recognises that Aboriginal and Torres Strait Islander health is interconnected across domains, time and place, and that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, and endurance. It is a life affirming model that speaks to Aboriginal ways of being, doing and knowing the model promotes culture as an Indigenous knowledge system that can help us and other to heal and grow strong selves, families, and communities.

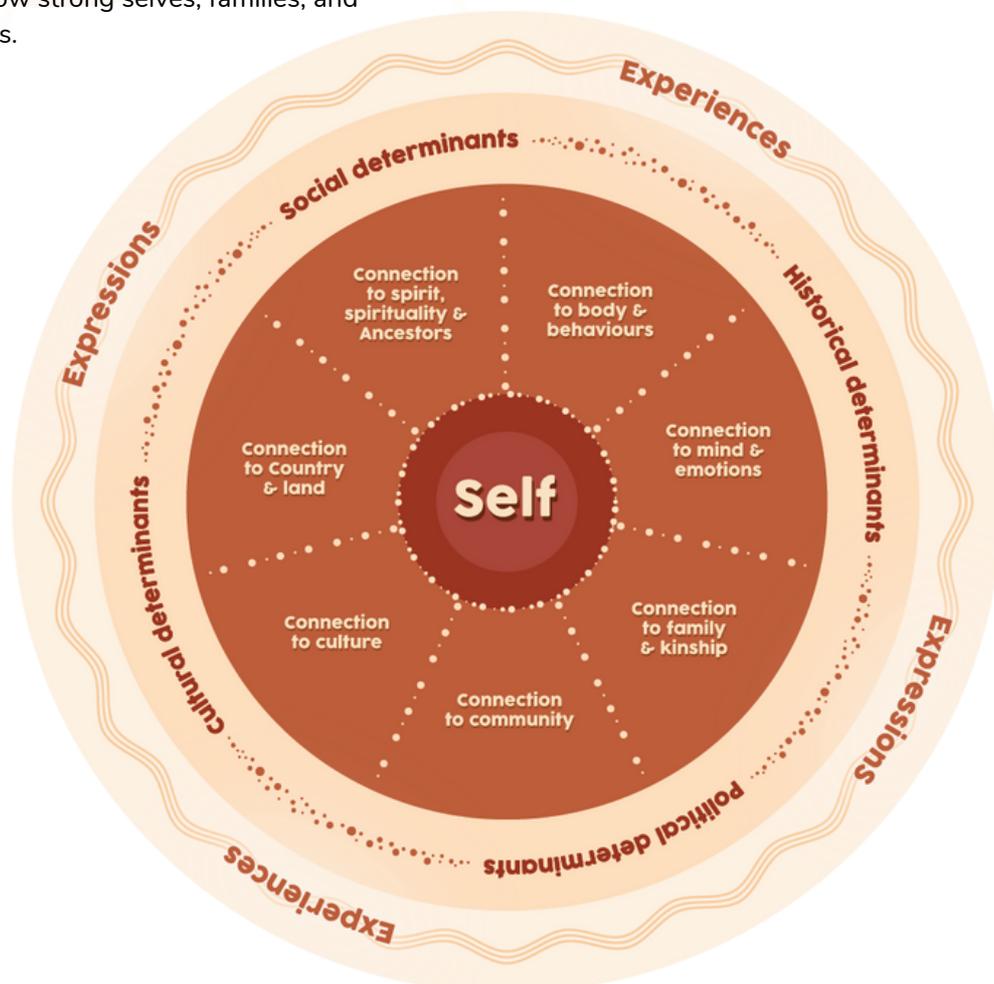
THE SELF

The concept of self for Aboriginal and Torres Strait Islander peoples sees the individual as inseparable from and a part of family and community. Aboriginal identity is about knowing who you are, what family and what Country you belong to. Strong connections to community and culture builds individual and collective identities and wellbeing.

Empowerment and pride build a positive sense of self, whereas discrimination and prejudice build a negative sense of self.

EXPRESSIONS AND EXPERIENCES

Across Australia, there are over 500 different groups of Aboriginal and Torres Strait Islander peoples (see the next page for a map). We are diverse in our languages, histories, and cultural practices our experiences and expressions of SEWB as Aboriginal people reflects our shared culture and experiences and our differences. Experiences of SEWB can differ for young people through to Elders, for men and women, members of the LGBTIQ+ community, for people living with disability, and for members of the Stolen Generations.



SEWB Diagram adapted from Gee et al., (2014)

Definitions (from the table on the next page):

Intergenerational Trauma – trauma that is anchored in the traumatic historical experience of colonisation and passed within and across generations. For more information about historical or intergenerational trauma, you might like to check out this video: <https://www.youtube.com/watch?v=vlqx8EYvRbQ>



Intergenerational Trauma Animation

Misdiagnosis and mislabelling – due to a lack of understanding of culture bound symptoms or cultural ways of being (e.g., such as being sung or language barriers), a health care practitioner may misdiagnose or mislabel a client with a condition that they do not have, this can often create harm instead of help for the client in need.

Lateral violence – when a person or group attack or undermine another individual or group, often directed towards ones oppressed peers rather than towards their oppressors.

Systemic racism – when the policies and practices of an organisation result in unfair treatment of some groups of people compared to others.

Cultural safety – an environment that an Aboriginal and Torres Strait Islander person feels is safe, where there is no assault, challenge or denial of the person's identity, of who they are, and what they need.

SOCIAL DETERMINANTS OF HEALTH

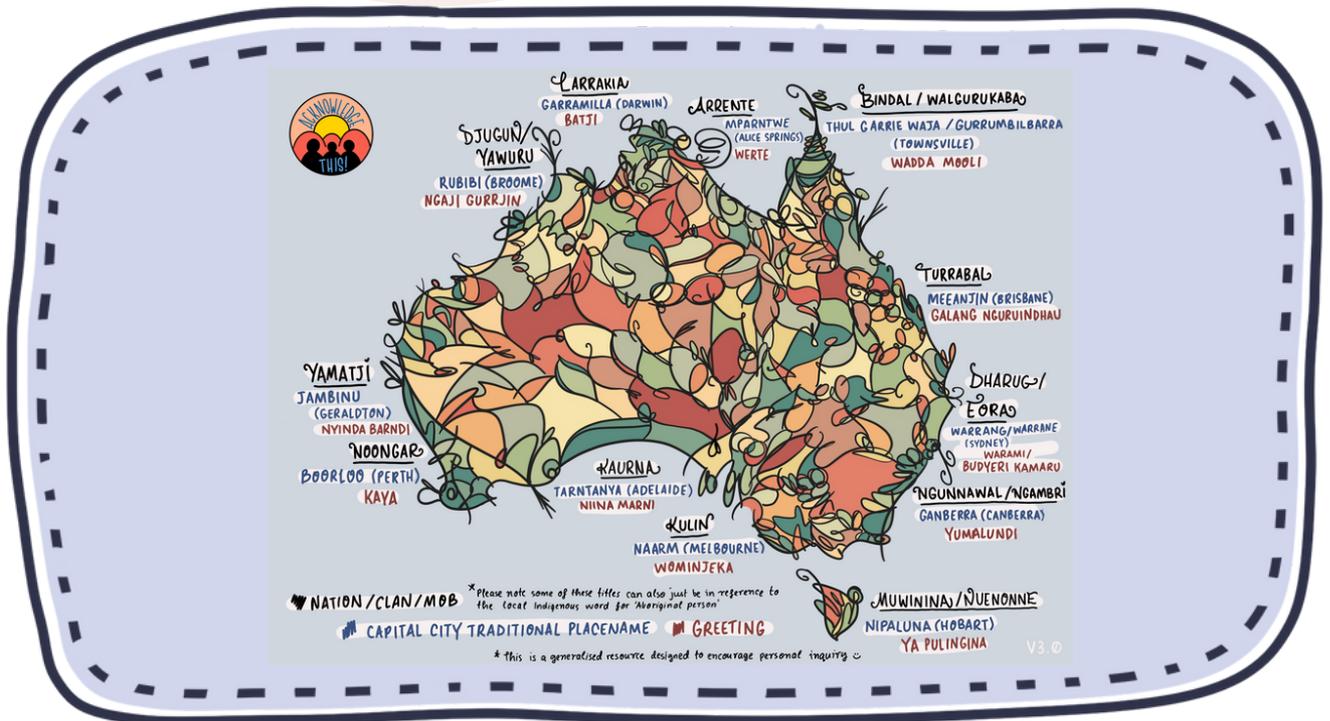
In SEWB the 'determinants of health' are often discussed. Put most simply determinants of health are the non-medical factors that influence health outcomes. The World Health Organisation defines them as 'the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems'.

Research shows us that the more risk factors a person experiences in their 'determinants of health' the more likely they are to suffer from health inequalities and have worse health outcomes. This table looks at the different determinants of health and focus on the protective factors as well as the risk factors. This video looks at Aboriginal determinants of health and their relationship to wellbeing:

<https://www.youtube.com/watch?v=cDYGjkjUdg>



Journey of health and wellbeing



| DOMAIN | DESCRIPTION | POSITIVE/ PROTECTIVE FACTORS | CHALLENGE/ RISK FACTORS |
|---|---|---|--|
| <p>Connection to mind and emotions</p>  | Includes mental health disorders and the importance of positive feelings and wellness. | <p>Belonging, mindfulness, accessing support to manage stress, overcome trauma, and/or recover from other mental health illnesses.</p> <p>The National Apology, truth-telling and treaty.</p> | <p>Threats to safety, social disadvantage,</p> <p>intergenerational trauma, experiences of racism, misdiagnosis and mislabelling.</p> |
| <p>Connection to body and behaviours</p>  | Includes physical health and considers the importance of optimal functioning - your body, health, spirit (Liyan), and mind being at their best. | <p>Sports and exercise, hunting and gathering and other activities on Country, traditional diets and medicines, access to culturally safe services.</p> | <p>Smoking, alcohol, and drug misuse, junk food, chronic and communicable diseases.</p> <p>Exclusion from health, wellbeing, and other essential services.</p> |
| <p>Connection to family and kinship</p>  | Includes family and kinship relations, systems of reciprocity and caring, i.e., respect for Elders. | <p>Learning family history, sharing experiences with other Aboriginal peoples, being part of healthy relationships and family connections.</p> | <p>Removal of children from families, incarceration, family violence, grief and loss, lack of cultural education.</p> |
| <p>Connection to community</p>  | Includes cultural structures of responsibility and obligation. | <p>Self-determination and community control. Having Aboriginal mentors, role-models, advisors and Elders.</p> <p>Cultural revitalisation.</p> <p>Participating in community activities. Community harmony.</p> | <p>Social exclusion and systemic racism, lateral violence, family feuding, disconnection and isolation.</p> |
| <p>Connection to culture</p>  | Includes cultural expressions and activities (yarning, ceremony, camping, fire, art, dance, song, story-telling, funerals); cultural knowledges (language, protocol, lore, ethical practice), and cultural identity (pride, values, belonging). | <p>Learning about, involvement with and participation in cultural activities and knowledges to build cultural identity.</p> <p>Passing on cultural activities and knowledges to young people or people who have been disconnected from culture.</p> | <p>Cultural dislocation, cultural genocide, cultural clash between two worlds, disconnection from language, country, and family, assimilation policies.</p> |
| <p>Connection to land and Country</p>  | Includes the experience of belonging to Country, a traditional spiritual connection to kin and culture through Country, and a yearning to heal Country. | <p>Returning to Country as a way of healing the body, mind, and spirit, and reconnecting with community, cultural renewal.</p> <p>Traditional medicine and diet.</p> <p>Land rights.</p> | <p>Removal from Country, dispossession of land, destruction of sacred sites, environmental degradation.</p> |
| <p>Connection to ancestors and spirituality</p>  | Includes Indigenous knowledges and belief systems. Traditional and cultural healing practices, sacred sites and men and women's lore grounds. Values of wisdom and hope. | <p>Accepting traditional and evolving expressions of Indigeneity and spirituality that coexist with other religions and mindfulness practices that enable peace and balance.</p> | <p>The impact of mission life, religion, assimilation policies such as Stolen Generations, and cultural genocide.</p> <p>Symptoms of trauma such as misuse of drugs.</p> |

***Bolded words** are defined on the next page

| DETERMINANTS | DESCRIPTION | POSITIVE/ PROTECTIVE FACTORS | CHALLENGE/ RISK FACTORS |
|--|--|---|---|
| Historical determinants of health | The legacy of colonisation and the disruption to the traditional way of life. | Aboriginal Rights Movement, National Referendum 1967, Land Rights, and the National Apology. | Invasion, frontier wars, massacres, genocide, state control and terror e.g., Aborigines Protection Act 1905 that led to Stolen Generations. |
| Political determinants of health | The human rights of all peoples to self-determination, sovereignty, and social justice. | Truth-telling, treaty, land rights and destruction of heritage sites, Indigenous governance, Aboriginal community control, and cultural continuity. | Oppressive legislations that enables displacement, dispossession of land, forced removal of children and assimilation, and suppression of language and culture. |
| Social determinants of health | Health inequity is a result of social inequity. | System level change, access and support for housing, welfare, education and employment, access to community resources and services, supportive family and community. | Poverty, insecure or overcrowded housing, limited access to water and food, education, employment, justice system, exposure to violence, stress and trauma. |
| Cultural determinants of health | A strengths-based perspective that finds solutions in stronger connection to community, culture and Country. | Self-determination, reconciliation, freedom from discrimination, human rights, custodianship of Country, reclamation of cultural practices, protection of traditional knowledges. | Intergenerational trauma, mistreatment and pervasive racism and discrimination at individual, institutional, and system levels. |

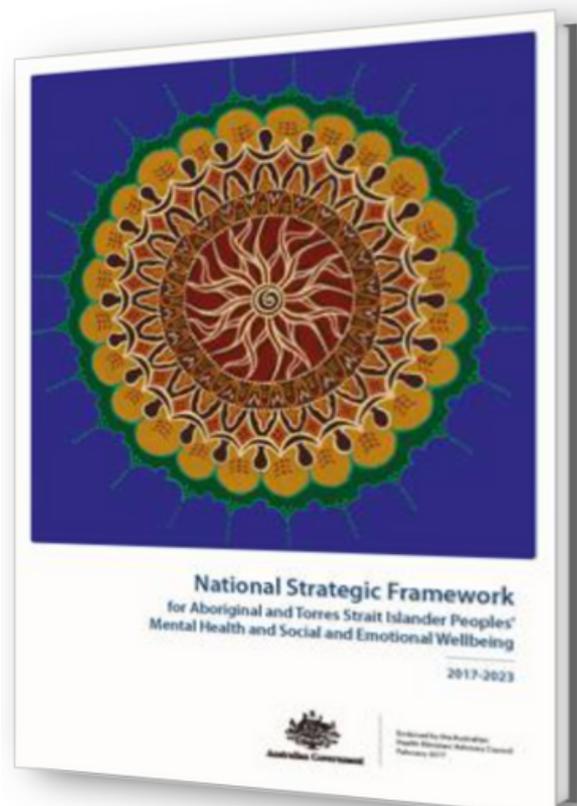
1.2 THE SEWB FRAMEWORK

The SEWB model was endorsed by Commonwealth and State/Territory Governments in the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Wellbeing 2004-2009 and was endorsed again in the renewed Framework for 2017-2023.

The SEWB Framework includes nine principles to guide work that holds the whole-of-life view of health held by Aboriginal and Torres Strait Islander peoples. These principles were drawn from the 1995 Ways Forward report.

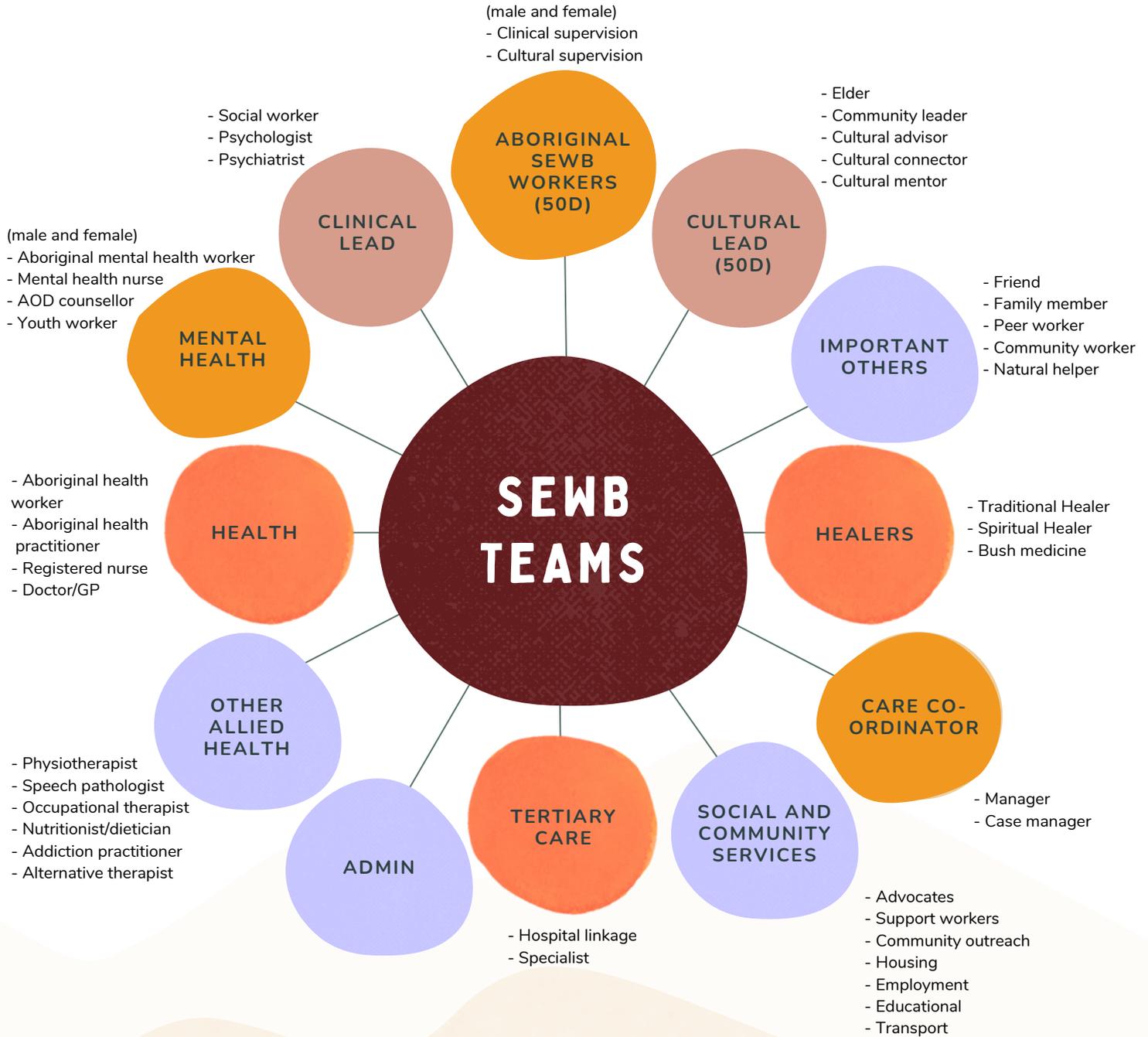
1.3 THE FUTURE OF SEWB

SEWB was included as a Target in the National Agreement on Closing the Gap 2020. In 2022 SEWB was named as a national priority for policy reform. There is a push to have the SEWB&MH Framework fully funded and implemented.



The Aboriginal Health Council of Western Australia (AHCWA) has developed a SEWB service model and workforce plan they hope will be implemented in the future. While the diagram shown below may not look like your team now we share this with you in the spirit of tomorrows SEWB team. This diagram has been adapted from the Working Together book.

You can read more about the AHCWA SEWB ACCHS Service Model of Care in their report. Section 2 of this manual also covers a lot of this content.



SECTION 2:

SOCIAL AND EMOTIONAL WELLBEING IN ACTION



2.0 BACKGROUND

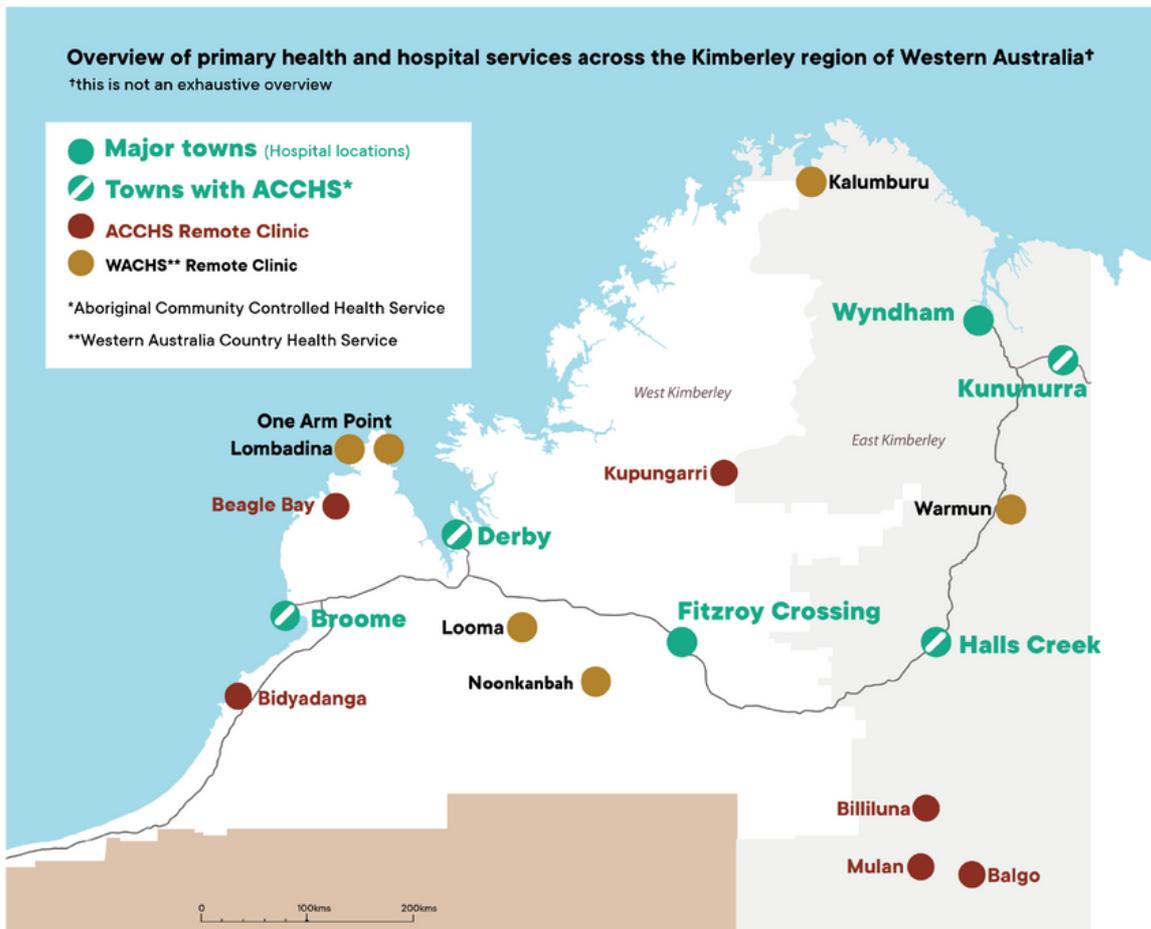
The Australian Government has recognised the need for Social and Emotional Wellbeing (SEWB) services to support Aboriginal health and wellbeing. This recognition comes from the hard work of Aboriginal Community Controlled Health Organisations and other Aboriginal advocates.

The Australian government through the National Indigenous Advancement Agency is a major provider of SEWB funding. However most SEWB teams are established through funding from multiple providers to support holistic care.

In 2022, across WA all Aboriginal Community Controlled Health Services (ACCHS) have SEWB teams. Additional SEWB teams are located in other Aboriginal Corporations such as Stolen Generation

Link Up Services and Drug and Alcohol services.

For the Kimberley this means there are SEWB team at Broome Regional Aboriginal Medical Service (BRAMS), Derby Aboriginal Health Service (DAHS), Yura Yungi Medical Service (YYMS), Ord Valley Aboriginal Health Service (OVAHS), Nirrumbuk Aboriginal Corporation, Kimberley Stolen Generation Aboriginal Corporation, Milliya Rumurra Aboriginal Corporation, Ngnowar Aerwah Aboriginal Corporation, Garl Garl Aboriginal Corporation, Mumabulanjin Aboriginal Corporation, and Kimberley Aboriginal Medical Services (KAMS).



2.1 SEWB SERVICES IN PRACTICE

SEWB services can look different across different Aboriginal Community Controlled Health Services, as they respond to different community needs. Teams are also shaped by who they employ and in what role. However, most SEWB services do some or all of the following:

- CULTURALLY SECURE COMMUNITY DEVELOPMENT
- PSYCHOSOCIAL SUPPORT
- TARGETED INTERVENTIONS
- SUPPORTED CO-ORDINATED CARE

In the Table on the next page, we go through these four SEWB services and look at what they can mean in practice and share some examples of how Aboriginal people have experienced these services.

REFLECTION POINT

SEWB services are often driven by the needs of a particular town or community.

Take a moment to look at your JDF (also called a Position Description) to understand what type of SEWB work your role focuses on. If you don't have a copy of your JDF ask your manager to provide you with one.

Where does your JDF match up with the different roles described in the section above?

Also, what other SEWB roles do you have in your team?

How does the team work together to support the SEWB needs of Aboriginal peoples?

| SEWB SERVICE | WHAT IT CAN LOOK LIKE | WHAT IT CAN MEAN FOR ABORIGINAL PEOPLES |
|---|---|--|
| <p>Culturally secure community development</p> | <p>Health promotion education, healing days, awareness campaigns, life promotion.</p> | <p>“I attended an R-U-OK day run by the local health clinic. I met the SEWB team. We yarned about my nephew who has been hurting himself. They helped me to come up with a safety plan. I might try to get my nephew to go see them.” - Nick</p> <p>“To come together with other families who have lost loved ones and sit together and have our Elders there too, this means so much to me.” - Patsy</p> |
| <p>Psychosocial support</p> | <p>Information, education, advocacy, referrals, and case management for individual and/or families centred on the successful resolution of challenges to their SEWB (non-clinical).</p> | <p>“Waylon was referred over to the SEWB team from the Dr at the clinic. He was at the clinic because he has a diabetic foot ulcer, but the Dr could see that Waylon was also stressing out. Waylon said he had debt letters and no money to pay the debts he was worried he might lose his rental house. Jonah from the SEWB team listened to his story. Together they phoned the financial counselling service and helped Waylon fill out the paperwork to see that service. Jonah talked to Waylon about his spending and learnt that Waylon was spending a lot of money at the TAB. Waylon said he gets stressed out by the family and by being broke and he is trying not to drink because of his diabetes. Waylon said gambling had become a way to help him ‘tune out’. Jonah reflected back to Waylon that the thing he was doing to ‘tune out’ was causing him such trouble. They spoke about real self-care. Things that make your Lyian strong. Jonah said Waylon was welcome to attend the Kimberley Empowerment Healing and Leadership program that was on next week. He also told Waylon he would call him after the financial counselling appointment, and they could go over the plan together.” - SEWB Caseworker</p> |

*adapted from the AHCWA Service Model of Care



| SEWB SERVICE | WHAT IT CAN LOOK LIKE | WHAT IT CAN MEAN FOR ABORIGINAL PEOPLES |
|---|--|---|
| <p>Targeted interventions</p> | <p>Culturally secure assessments, referral, 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.</p> | <p>“Zariah came to the SEWB team after being at the women’s refuge. They referred her on because Zariah told them she needed some help. Zariah is a young mum, and she has ended a violent relationship. She has her house back and the kids, but she is getting wild with the kids and stressing out all the time. Zariah sees Mandy the SEWB psychologist and Dana the SEWB case worker. Mandy teaches her different techniques to calm down and manage her anger and they talk about all the things that have got her to this place of being so stressed out. Mandy also helps Zariah to recognise her strengths and how strong she has been all her life. She sees Mandy every two weeks. When she sees Mandy, she also sees Dana. Dana helps her with budgeting, planning meals, paying bills, and attending her meetings at child protection. Zariah is determined to do what it takes to keep her kids.” - SEWB Case Worker</p> <p>“I have been having the same troubles for a long time. Really tired, no energy. Proper flat mood. My aunty says I should see a healer, she thinks there is something cultural to this. I went to the SEWB team to talk to them, and they referred me to the traditional healer program. I am excited to connect with my culture this way and I look forward to feeling better”.</p> <p>- JaQuan</p> |
| <p>Supported co-ordinated care</p> | <p>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.</p> | <p>“Elvis was diagnosed with schizophrenia at 19. He attends his local Aboriginal Community Controlled Health service and his doctor works with his psychiatrist to manage his illness. The psychiatrist is based at the hospital and the SEWB team help Elvis to get to his hospital appointments. Elvis gets very nervous at the hospital, so his case worker waits with him, keeping his spirit strong. Elvis has been part of a SEWB team Deadly Warriors’ program for a few months now. He is starting to teach the other men about tracking perentie (goanna). He is the best tracker in his family. Elvis is proud of this and proud he is taking his medication and staying well even though he hates going to the hospital for his psychiatry appointments.” - SEWB Team Leader</p> |

*adapted from the AHCWA Service Model of Care



What is psychosocial?

Psychosocial is a word used to describe the influences of outside factors on a person's mental health, wellbeing and behaviour. Psychosocial refers to things like social, environmental, historical, and cultural determinants of health. Some psychosocial concerns that a person may have when they come to the SEWB team include: overcrowded housing, managing a violent partner, unemployment, not having enough food to eat, feeling isolated, wanting to reconnect with culture or Country. Psychosocial factors can impact on a person's emotional, spiritual, and mental wellbeing. Psychosocial support is working with a person to address these areas to promote hope and wellbeing.



Psychology and psychiatry: the difference explained

Psychiatrists are medical doctors that specialise in complex and serious mental illness (like psychosis, schizophrenia, bipolar, major depressive disorders, and complex trauma). Psychiatrists diagnose these illnesses and manage their treatment. They can prescribe medication and provide a range of therapies.

Psychologists focus on providing psychotherapy (talk therapy) and other person-focussed therapies (cognitive behavioural therapy, acceptance therapy) to empower patients to manage the emotions and behaviours that are negatively affecting their life. These patients may, or may not, have a diagnosed mental health condition (this might include anxiety, depression, trauma, and stress).

Would you like more clinical mental health terms explained? The resource accessible via the link below has been written by people in Melbourne with lived experiences of mental health. The resource provides clear (and sometimes funny) definitions and understanding of the language used in mental health: <https://www.ourcommunity.com.au/files/OCP/PsychobabbleFeb2012.pdf>

2.2 STORIES FROM THE FIELD: WHO ARE THE SEWB WORKFORCE AND WHAT DO THEY DO?



In this section of the manual, we have gathered real stories from a selection of SEWB workers across the Kimberley, who use their preferred words to explain their job. We hope this demonstrates the variety of roles and the connections between SEWB team members.



SEWB CASE-WORKER

“So, I am a social-emotional wellbeing caseworker. I basically work with our clinical psychologist, and we basically go out and support the new referrals that come through either the clinic or different agencies that are ready to be assessed by our psychologists. We generally help our psych with the intake paperwork.

We also follow up on consent and all the sort of necessary requirements to put new referrals on our program and then once they're on our program we provide assistance in a range of ways from transport to emotional wellbeing support, like bringing them out on outings and different activities that get them out of the house and deal with their social and emotional wellbeing. Some of it could be specific around men's business and women's business. So, we adapt to each new client that we work with and identify basically the best way to provide support for them. We are an Aboriginal team so we can work with our people on that cultural level as well as the practical level. That is important for healing. Being on Country, being with their old people, these things sit beside the work of the psychologist and that really helps the people.”



2.2 STORIES FROM THE FIELD (CONTINUED)



SEWB MENTAL HEALTH WORKER

"I'm the senior social and emotional wellbeing mental health worker. I sit over a couple of programs. I help out the clinic with telling people about positive STI findings, also I support people with chronic disease, and also renal clients. Mostly I work with men and young boys. I oversee or help out with the family intensive support workers, with their families, I support the men mostly as the other workers are women. We have had a filming program on with the men lately, so I have been engaging with them around story telling and filming. It is a new way for me to do a bit of mentoring and motivational things around fitness, lifestyle, health. I had worked in mainstream mental health before this and when I saw this job come up as a men's SEWB worker I just thought I'd give it a crack because, we have to deal with the person and everything around them, not just deal with them, when crisis comes. We have to be holistic. For me I think it's just the love of wanting to do something to walk alongside someone. It's quite humbling to walk alongside someone and just give them tools to help them and see them do the right things, or things that help them. It's important to have people who who've experienced similar things and understand where the client is at. You can't necessarily know what the client is feeling or experiencing, but you can relate to what they may have been through. It is very powerful to have Aboriginal SEWB workers working with Aboriginal clients."



SEWB TRAINER

"I have been in this role and delivering the Kimberley Empowerment Healing and Leadership program, called the KEHLP, for a long time now! I am very proud of the work we do in the prisons. Some of these fellas really want to make a positive change so they can get home and make a real go of their families and lives. We take them through the KEHLP each week. Talking, listening doing activities together. Working in the prison can be hard. Some weeks the fellas might be upset with other things and the session isn't flowing as well but other times you can really see them starting to think. Starting to question their behaviours and starting to think about their own healing. If we can help these fellas to believe in themselves and give them the courage to step towards a better life, then everyone benefits. They do, their kids do, their wives do. Everyone really."

"Our main role was to travel around the Kimberley and deliver mental health training and awareness programs. And we had the capacity to be able to respond to individuals. They called it brief intervention. We did not respond as trained counsellors, but we were able to provide some emotional or support to people who were struggling, or who may have been suicidal, or if there had been a suicide happen in the communities. The communities rang us, and we'd go out there and just sit down with people and yarn and just give them advice on what they could do and what services they could access. It could be hard work in lots of ways, but we all felt so good to be the ones responding. For them to see our faces. We knew the families; we understood their pain."



DOCTOR REFERRING TO THE SEWB TEAM

"When I can see the patient wants to engage more in these things that are worrying them, I ask them if they would like to talk to our SEWB team. If they say yes, I just send an email to the SEWB Manager to outline the referral and give a summary about the presentation. The manager will usually go into the record system and can get more history. Mostly the patients we refer have so much going on, they have a lot of health issues and then all this stress and many have trauma. It is a lot for them to deal with. As a GP I don't have the time to work through everything and maybe I am not the right person to be doing the more therapeutic side. For our acute patients or those with schizophrenia they are usually managed by Kimberley Mental Health, we work with them around medication but mostly it's not managed by us."



2.2 STORIES FROM THE FIELD (CONTINUED)



SEWB PSYCHOLOGIST

"Most of the time I get my referrals from the GP, they might see someone and hear or see something that alerts them to the need for better psychological support. Often the GP has done a mental health assessment or a screening tool and that comes to me with the client referral. The referral often goes to the SEWB team at the same time so we meet to discuss our role and who can provide what type of support to the client. Most people come to see me about relationship problems, might be jellinging or arguments, or violence. Often once we have put some initial strategies in place and started to yarn people see how many other things they want support to unpack and talk through.

I have learnt working here that being strengths based is important. Aboriginal people face so much racism and stigma each and every day. My role is to help people see where and how they manage well and to build on those foundations. Building people up, celebrating them, and letting them know they can have control and mastery their life. Working in the the SEWB team means they get their practical needs addressed, their cultural needs met, and have access to a culturally informed psychology service. All these different elements are needed to help Aboriginal people heal."

2.3 PRINCIPLES OF SEWB SERVICES

Despite the different types of SEWB work and the diversity of the SEWB workforce there are several principles or ways that SEWB services do their work that are common across the Aboriginal Community Controlled Health Services in Western Australia.

These principles include SEWB services being:

1. HOLISTIC AND PAYING ATTENTION TO THE STRENGTHS AND RESILIENCY OF ABORIGINAL CULTURE;
2. AWARE OF AND RESPONSIVE TO THE IMPACTS OF HISTORY AND THE INTERGENERATIONAL TRAUMA ABORIGINAL PEOPLE EXPERIENCE;
3. DESIGNED TO BE CULTURALLY SECURE, LED BY ABORIGINAL WAYS OF KNOWING, BEING AND DOING AND WORK TO PROMOTE HOPE AND HEALING;
4. AWARE THAT MENTAL HEALTH (CLINICAL ASSESSMENTS, DIAGNOSIS, AND TREATMENT) IS AN IMPORTANT PART OF A PERSON'S OVERALL WELLBEING BUT NEEDS TO BE **BALANCED** OUT WITH OTHER SOCIAL, EMOTIONAL, PHYSICAL, CULTURAL HEALING;
5. INCLUSIVE OF THE INDIVIDUAL, THE FAMILY, AND THE COMMUNITY – WORKING WITH EVERYONE FOR STRONGER PEOPLE, FAMILIES AND GENERATIONS TO COME.

Knowing these principles and talking about them at team meetings can be a great way for the whole team to reflect on how you do what you do and stay connected the history and framework of SEWB (Section 1 of this Manual).

SECTION 3:

SOCIAL AND EMOTIONAL WELLBEING IN ACCHS



3.0 UNDERSTANDING YOUR SEWB ROLE

Consultations with SEWB workers across the Kimberley Aboriginal Community Controlled Health Services found that SEWB team members are happiest and most effective when they have:

- a clear understanding of their role;
- good relationships within their clinic/health service;
- knowledge of the referral pathways and follow up procedures from the clinic and/or other service providers to the SEWB team and back again;
- a strong sense of cultural respect and security within their workplace;
- meaningful pathway to professional development.

As each SEWB team is different, this section of the manual provides a guide to what you can look for within your organisation, examples of where things are working well and some templates that might be useful as you start your journey as part of the ACCHS SEWB workforce.

Starting a new role can be exciting and can also make people feel a bit nervous. People often wonder 'what will be expected of me'?

Your job description form (JDF) or position description (PD) is a great place to start answering this question. A JDF is all about the position or the role and not about the person. A JDF will tell you:

1. who that position reports to (your manager);
2. an overview of the role (normally a paragraph);
3. typical duties associated with fulfilling these responsibilities (a JDF should always include 'other duties as required' as no one JDF will capture all the typical tasks that a person will undertake over the day or week);
4. essential or desirable selection criteria.

You probably looked at your JDF when you were applying for your job but now you are in the role going back to the JDF and working through it with your manager is helpful. This type of conversation should leave you very clear about your role and your day to day and week to week responsibilities.

Your JDF should be reviewed every year as part of your annual performance appraisal. This is another great place to ask questions and make sure that what you are doing and your JDF are still matching up. If they are not matching up, you and your manager need to work out why. Does your JDF need to change to better match what you are doing, or do you need to move back to the duties listed on your JDF?

PERFORMANCE APPRAISAL

A Performance appraisal is a process for evaluating and documenting how well an employee is carrying out his or her job. It is part of an organisations performance management system. Performance appraisals are based on the employee's progress against goals that are generally set once a year with his or her manager.

What your JDF won't always tell you is how your role connects to the rest of the SEWB team. It might give clues. For example, it might say: This position will work closely with the SEWB psychologist and other case workers to:

- support the cultural needs of clients;
- ensure that clients practical case management needs are met;
- assist the SEWB psychologist with the completion of intake paperwork.

Asking your manager when you start about how the team work together is important for you to do your job well. You might wish to go back to Table 1 in [Section 2](#) of this manual and reflect on your role and the other roles in your team and how they all work together to provide the same, or different SEWB services.

Your SEWB role is part of a broader contract that is being delivered by the SEWB team. It might be appropriate to speak to your manager about the contract, including the specific aims and objectives and your team's key performance indicators.

BEYOND THE JDF

There are conversations beyond a JDF that SEWB workers also need to have with their manager or peers so they can best understand their role. These conversations are often about the connection between Aboriginal SEWB workers and their Aboriginal clients. For example:

“Every time I am in town in the work car I am always being asked by my families for a lift...”



Each workplace will have their own policy and procedure about having people who are not staff or clients in the work car. Get to know the policy and procedure, often workplaces will say that unless the person is a client or a close contact of the client then a manager needs to provide approval for other people to travel in the car. Talk to your other Aboriginal colleagues about how they manage, and make sure you have the number for Night Patrol on you.



“I am often getting calls at night-time from my clients...”

Many SEWB workers use their mobile number for work and personal matters. Letting your clients know, at the beginning of your working relationship, that you are not able to answer calls after hours can be helpful in setting strong boundaries. If you do use your mobile regularly for work, saving your clients numbers will help you to know who is calling. Not answering calls after hours can take time to feel ok about.

If you receive a voicemail or a text that leaves you concerned about a client, you may need to contact the police to undertake a welfare check. You are never responsible for the actions or decisions of your clients. Speaking to your manager and team about how to manage contact after hours is important to you feeling supported in your role.

“People turn up at my house when there has been an incident and want me to help...”



There is no straightforward answer for this situation. If a person is family or has a kinship relationship it is often important to respond. Assessing the safety of the situation for you and the other people involved is important. Police may be required to help. Talking to your manager the next morning is essential so they are aware of the hours you have worked and can support you to stay well... (continued next page)

SELF CARE

Self-care refers to the things you do for yourself, that help you:

- reduce stress,
- have more energy,
- heal and empower yourself.

While some of us might think about alcohol or cigarettes as part of our self-care the truth is real self-care activities should strengthen your mind, body, spirit, and culture and not harm or take away from these areas. Have a look at the table on the next page to check out some proper healthy self-care ideas.

Making self-care part of our daily or weekly lives helps us remain strong for ourselves, our family, and our community. Take a moment to think about your self-care activities. How can you make sure you get some self-care every day?

REFLECTION

What do I do for selfcare?
 What can I do for self-care?
 How do I make this happen in
 my busy life?

...If the people come to your house and you feel uncomfortable or you are unable to respond, calling the police or an ambulance is the best next step. Again, be sure to tell your manager so they can support you to stay safe in your own home."



I guess one thing with this job is we are listening to people's problems. Every single day you're constantly just being overloaded with people's problems and if you don't have a system for yourself on how to offload and how to release that baggage on a daily schedule, it will collect. It will build up and it will build up and at some point, you won't realise it, but it will start to affect you, if you don't have your own sort of processes in place to deal with it. I find that going to the beach after work with my family, or even by myself, just having that routine for myself, for my own physical and mental wellbeing is really important." - SEWB caseworker



| PHYSICAL | SPIRITUAL | EMOTIONAL | MENTAL |
|--|---|---|--|
| <p>Healthy eating Drink water Getting enough sleep Sitting in the sun Exercise Go camping Go fishing Go bush walking Get a massage Dance Hugging or touching someone (with consent) Star-gaze Walk in the moonlight Walk on the beach Play with your kids Play sport Listen to your body</p> | <p>Sing Meditate Walk in nature Trust your intuition Ask for inner guidance Reconnect with cultural beliefs Go back to your birthplace Read inspiring writing Go to places where you feel a spiritual connection Learn about spiritual traditions Tell stories with meaning Honour the past Talk with Elders Watch an inspiring movie Have quiet time and sit in silence Think about the people you love Connect with your inner self and inner qualities</p> | <p>Talk to yourself in a nurturing way Give yourself good messages Recognise your need for support Ask for what you need Talk with other about issues Laugh, sing, make fun in a good way Join a support group Do some art Talk with a counsellor Bubble bath, spa, or sauna See an uplifting movie Read a good book Have fresh flowers or leaves in the house Look for the beauty in yourself and others</p> | <p>Learn to set clear boundaries Say 'no' when you need to Look at what you believe - do you still want that? Know that it is okay to think for yourself Compliment yourself Allow yourself to question information Change your mind Make new choices when you need to Encourage yourself Look at your achievements Be spontaneous Study new ideas Attend ceremonies</p> |

WORKPLACE SUPPORT/SUPERVISION

Each workplace is different, but these are some of the things you may be offered by your employer to support your wellbeing:

- **Regular check-ins with your manager**

Often undertaken weekly or fortnightly. These meetings generally are one to one and focus on solving current work-based challenges/problems, discussing next steps, having tasks given to you, checking in on your SEWB and workplace goals. Your manager may use reflective practice techniques during your check-ins to encourage deep discussion.

- **Clinical supervision**

Supervision has three core functions: education, support and accountability. Education grows knowledge and skills for SEWB practice; support explores the personal impact of SEWB work upon workers and how this influences their practice; and accountability focuses on achieving client outcomes through compliance with legislative, policy, and procedural requirements and relevant practice standards.

Not all SEWB roles will have access to clinical supervision and historically not all clinical supervision has been culturally appropriate. If you have access to clinical supervision, check out [Section 4](#) to help you get the most out of it.



Opportunities to connect with Elders or cultural advisors, supervisors, and mentors

A cultural mentorship or cultural supervision program may include one on one yarns or

group yarns in which an Elder or cultural advisor shares their life experiences and perspectives. A program may involve being on country, sharing dreaming stories, discussing kinship ties, and participating in other cultural activities such as language, dance, art, or bush food collecting.

Your Elder or cultural advisor may have comparable work experience so they may be able to provide confidential general advice or work through specific issues in your workplace or work practices.

- **Peer mentoring**

Often undertaken by a senior Aboriginal member of the team to share experiences, suggestions, knowledge, and cultural support for other Aboriginal team members.

- **Access to an Employment Assistance Program**

If you are going through something at work or home and you are in need of some additional support, you can access your work-based employee assistance program. This program will connect you with a free, confidential telephone counsellor. Make sure that in your workplace induction your manager explains what type of support is offered for you as an employee.

WHAT IS REFLECTIVE PRACTICE?

Reflective practice is thinking, discussing, and unpacking our work and who we are in our work. Reflective practice is about gaining better insight, seeing connections, and appreciating different perspectives.

Reflective practice helps workers and teams to:

- recognise and celebrate effective and culturally safe practices;
- change and improve what is not working well;
- challenge practices that are taken for granted;
- monitor all aspects of SEWB practice on an ongoing basis;
- know when you need to find more information or support from others.

Some people keep reflective work journals as a part of their practice (and self-care), other teams have reflective practice time at team meetings or in their regular catch-ups with their manager. [Section 4](#) of this manual has some reflective practice resources and 'how to guides' so that you can explore more about reflective practice.

CHECKLIST

- ✓ Do you have a copy of your JDF?
- ✓ Have you met with manager to discuss the JDF and the team structure?
- ✓ Have you made your own plan around self-care?
- ✓ Have you had a conversation with your manager to determine the types of workplace support offered?
- ✓ Don't forget you can look at [Section 4](#) of the Welcome Manual for further reading about clinical supervision and reflective practice.

3.1 DEVELOPING AND MAINTAINING GOOD RELATIONSHIPS WITH YOUR CLINIC

Outside of the SEWB team the service you are working for is likely to have other community program teams like Tackling Indigenous Smoking, or National Disability Insurance Scheme (NDIS) - Support. There will also be the main clinic offering clinical services.

During your orientation make sure you meet all the different teams. Take your time, go back, and see them twice or three times if you need to. By the end of your orientation, it will be important to know:

- Who is in the team and what do they do?
- Do they refer into the SEWB team and how do they do that?
- How do you stay connected and keep communicating?

We have included a template for keeping a record of the introductions in [Section 4](#) of this manual. You might want to print it out so at the end of your induction you have something that looks like this:

| SERVICE | KEY PEOPLE | SEWB REFERRALS | COMMUNICATION |
|---------------------|--|---|--|
| MAIN CLINIC | DR FLASH TYRONE (AHW) LEONI (CLINIC MANAGER) | YES - THEY USE THE SEWB REFERRAL FORM ON MMEX, SEND TO THE SEWB TEAM LEADER | SEWB GO TO THE MONTHLY CLINIC MEETINGS - TALK ABOUT CASE LOAD, REMIND CLINIC OF OUR WORK |
| NDIS ACCESS PROGRAM | CHER TIMMO | NO - BUT SOUNDS LIKE WE COULD TALK MORE ABOUT THIS | TALK TO MY MANAGER ABOUT HAVING A MEETING TO LOOK AT SHARED CLIENTS AND REFERRALS |

[Section 4](#) also has a **standard referral form template** that you could use or make changes to if your SEWB team does not have an existing referral form.

CHECKLIST

- ✓ Schedule in times to meet with the other services/programs in your organisation
- ✓ Print out the 'Getting to know my organisation template (found in [Section 4](#))
- ✓ Fill it in and discuss findings with your manager
- ✓ Remember there is a referral form template in [Section 4](#)

3.2 KNOWLEDGE OF REFERRAL PATHWAYS

During your orientation and induction, it is important to get to know who outside your service the SEWB team works with.

Take time to meet up with these organisations you might want to ask them:

- What services they provide
- Which clients they work with
- How they have worked with the SEWB team previously
- How they can refer to you, or you can refer to them

| SERVICE NAME | WHAT THEY DO | CLIENT GROUP | REFER TO SEWB | REFER FROM SEWB |
|-----------------------|---|-----------------|---|---|
| FOOD FOR ALL | BREAKFAST PROGRAM, SHOWER, LAUNDRY ACCESS TO AN OUTREACH LAWYER – MONDAY AND FRIDAYS AT HAPPY PLACE | EVERY-ONE | SOMETIMES SEWB ARE WELCOME TO COME AND MEET WITH CLIENTS IF THEY WANT | NO |
| SAFE HOUSING FOR KIDS | EMERGENCY ACCOMMODATION AND HOUSING SUPPORT | PEOPLE UNDER 25 | YES – USE REFERRAL FORM | YES – WORKER GAVE ME A COPY OF THEIR REFERRAL FORM AND EMAILED IT TO ME |

Section 4 has a **mapping local service template** that you could use or make changes to if your SEWB team does not have one already.

If you're not sure how to start finding your local services talk to your team or visit the Kimberley Aboriginal Health Planning Forum (KAHPF) resources page: <https://kahpf.org.au/resources>

and scroll down to the Kimberley Mental Health & Alcohol & Other Drug (AOD) Service Map This is a service directory of Mental Health and AOD services that are accessible to people residing in the Kimberley.

“I am the senior counsellor for our SEWB team but for our clients who wish to see a psychologist or need more support with their mental health issues we refer them on. I have a good working relationship with Kimberley Mental Health Service and they see our clients that we refer over. We also have Anglicare who have a psychologist and often we refer our clients there. From my experience both services have responded well to our clients. It hasn't always been like that and to keep things good for our clients we try to know the staff in these services and regularly share communication. At our last community mental health awareness day both organisations had a booth. We also all attend a mental health network meeting every month and this helps us all stay up to date with staff changes, events and talk about the mental health needs of the local community.” - SEWB Team Leader

CLINICAL ALLIES

Some of our SEWB teams do not have counsellors, psychologists, or other clinical roles on the team. For these teams getting to know what services can provide your clients with appropriate clinical support is essential.

Take your time getting to know these services and try to maintain regular communication - this could be a regular invitation to the SEWB team meeting, or it might be a cup of tea and a biscuit every few weeks. Developing and maintaining strong working relationships with your clinical allies is a critical part of supporting your clients.

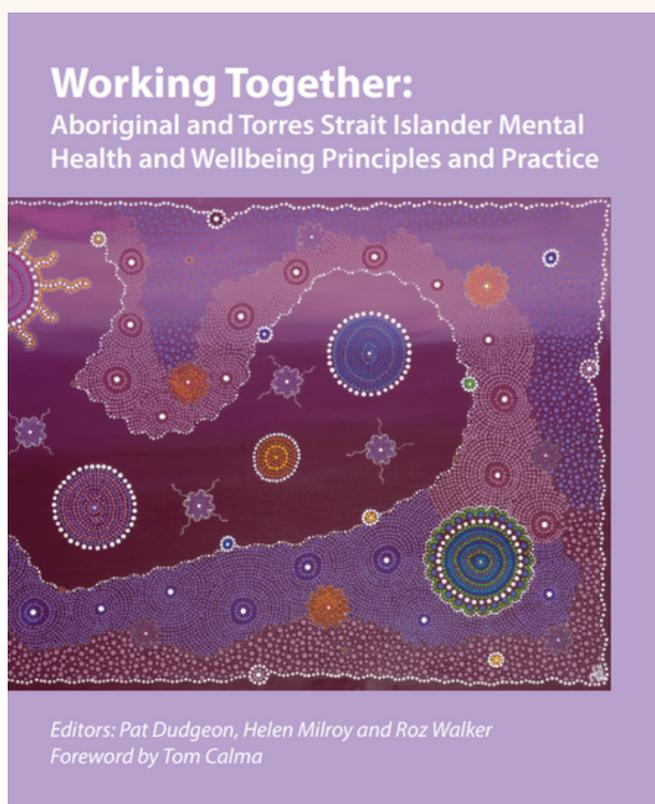
INFORMATION SHARING, NETWORKING, COMMUNITY EVENTS

During your workplace orientation your manager might tell you that one of your duties is to attend a certain meeting or to facilitate a community event and invite other mental health/SEWB services. Or maybe as you do your meet and greets and build your service map you become aware of these opportunities and ask your manager if you can participate.

Either way participating in opportunities to work alongside your colleagues in other services is a practical way to build your working relationship. Don't forget to bring back the information you learn and share it at your own team meetings.

CHECKLIST

- ✔ Meet and greet with relevant local services and supports
- ✔ Build your own map of services in your area template (found in [Section 4](#))
- ✔ Check the KAHPF website to see if there are any other services in your area
- ✔ Understand who are your clinical allies and make a plan to nurture the working relationship
- ✔ Find an opportunity to participate in a network, interagency meeting, or community event planning committee
- ✔ Share your learning and knowledge from your interagency experiences in your own SEWB team meetings



3.3 CULTURAL RESPECT AND SECURITY IN THE WORKPLACE

It is legislative requirement for organisations to provide safety in the workplace, this includes cultural safety. Across the Kimberley, the Kimberley Aboriginal Health Planning Forum – Drug, Alcohol and Mental Health are implementing a Cultural Security Framework.

The Framework aims to support the delivery of culturally secure mental health / social and emotional wellbeing and alcohol and other drug services, which are responsive to, and respectful of, the cultural rights, values, beliefs, and expectations of Aboriginal people in the Kimberley region. The KAHPF Cultural Security Framework can be found in Section 4. Please talk to your manager if you have any questions about how your team or organisation are implementing the Framework.

During consultations, Kimberley SEWB workers talked about the following as important to their sense of cultural safety and security in the workplace:

- Welcome to Country or an Acknowledgement of Country as a standard meeting agenda item
- Being part of team that employs Aboriginal people with strong local connections and knowledges
- Aboriginal workers having access to resources and linkages that are meaningful and appropriate to their workplace needs

Chapter 12 of [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#) is a great resource for further exploring the concept of cultural safety and security for both Aboriginal workers and clients.

REFLECTION POINT

Take some time to read through the Framework, Chapter 12 of 'Working Together'.

Think about:

What cultural safety and cultural security mean to you?

What expressions of cultural safety or security do you want to see in your workplace?

CHECKLIST

-  Read through the KAHPF Cultural Security Framework
-  Ask your manager about how the Cultural Security Framework is being implemented in your workplace
-  Complete the Cultural Safety reflection activity

3.4 MEANINGFUL PATHWAYS TO PROFESSIONAL DEVELOPMENT

Aboriginal SEWB workers often come into the SEWB workforce with diverse work and life experience. As Aboriginal people, SEWB workers often have lived experience of SEWB challenges, these might be their own personal challenges or challenges they have seen their families or friends go through. This makes Aboriginal SEWB workers best placed to support Aboriginal clients.

Supporting Aboriginal staff to join SEWB teams and developing SEWB careers is very important. Across the Kimberley support for SEWB staff comes from the KAMS Workforce Support and Development Unit (WSDU). The WSDU team is part of the KAMS SEWB team and is funded by the NIAA to provide workforce support and development to several SEWB and AOD services across the Kimberley. The WSDU approach is to build a workforce that is capable and skilled in communication, relationships, cultural safety, case management and has great technical skills.

How can the workforce support and development unit teams (WSDU) support you?

The WSDU team meet and yarn with all new SEWB team members across the Kimberley. The WSDU will work with you to go through the SEWB Workforce Capability Framework (below) so you can target support and training to your workplace learning requirements and career aspirations. The WSDU team have regular check-in and support sessions with all SEWB workers across the region. Chat to your manager about connecting with the WSDU.

Do KAMS recommend any specific SEWB training?

At the moment there is no recognised qualification specifically for SEWB workers. Qualifications and/or experience in education or training; mental health/ social and emotional wellbeing, or AOD is seen as valuable.

Across the Kimberley SEWB workers and managers have identified the [Kimberley Empowerment Healing Leadership Program](#) (KEHLP) as a strong foundation to start your SEWB career. The KEHLP is an Aboriginal developed, Aboriginal led empowerment, healing, and leadership program specifically for Aboriginal people across the Kimberley. You can read more about the KEHLP and browse other training on offer from the KAMS SEWB team via the KAMS website.

CHECKLIST

-  Meet and greet with WSDU team
-  Discuss your workplace aspirations and training needs with your manager

SEWB WORKFORCE CAPABILITY FRAMEWORK

| COMMUNICATION | RELATIONSHIPS | CULTURAL SAFETY | CASE MANAGEMENT | TECHNICAL SKILLS |
|--|--|---|---|--|
| <ul style="list-style-type: none"> • engagement and rapport • good written and verbal communication skills (including case notes and reporting) • clearly conveys ideas and information • listens actively • influencing skills | <ul style="list-style-type: none"> • builds trust • networks • values diversity • manages stakeholders • builds relationships | <ul style="list-style-type: none"> • builds trust • cultural safety • cultural respect • communication styles (verbal and non-verbal) | <ul style="list-style-type: none"> • confidentiality • client assessment • P&Ps / protocols • service mapping • advocacy | <ul style="list-style-type: none"> • sound decision making and professional judgement • defined objectives • counselling skills • meets JDF and policy requirements • mental health screening • reflective practice skills |

SECTION 4:

RESOURCES AND FURTHER INFORMATION



4.0 SEWB resources

4.1 Self harm, suicide, & evaluation resources

4.2 Yarning resources

4.3 Reflexive practice resources

4.4 Screening tools

4.5 Forms

4.0 SOCIAL AND EMOTIONAL WELLBEING RESOURCES PT 1 (IN ALPHABETICAL ORDER)



ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA (AHCWA) - ACCHS SOCIAL AND EMOTIONAL WELLBEING SERVICE MODEL (2021)

This document reports on a consultation about what is important in SEWB practice. It then proposes an ACCHS Social and Emotional Wellbeing Service model for Western Australia and outlines important considerations for a SEWB model.

https://timhwb.org.au/wp-content/uploads/2021/05/AHCWA_SEWBReport_JAN21.pdf



AIMHI STAY STRONG APP (2021)

This app assists service providers to deliver evidence-based wellbeing interventions. It is designed to provide an effective, visually appealing, culturally relevant, low-intensity intervention suitable for clinician supported delivery.

https://www.menzies.edu.au/page/Research/Projects/Mental_Health_and_wellbeing/Development_of_the_Stay_Strong_iPad_App/

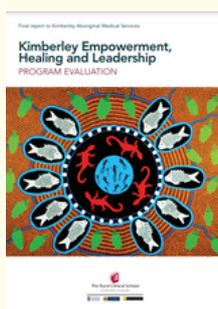


HEALING FOUNDATION – WEBSITE

The Healing Foundation is a National Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families.

<https://healingfoundation.org.au/> has many resources including reports and videos.

Working with Aboriginal and Torres Strait Islander young people and their families - Fact Sheet <https://healingfoundation.org.au/app/uploads/2018/07/HF-Young-People-fact-sheet.pdf>



KIMBERLEY EMPOWERMENT AND LEADERSHIP PROGRAM (2020)

The Healing Foundation is a National Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families.

Website: <https://kams.org.au/training-employment/kimberley-empowerment-healing-and-leadership-program/>



KIMBERLEY EMPOWERMENT PROJECT - HEAR OUR VOICES (2012)

This reports on the findings of a research project undertaken in response to the high number of suicides in the Kimberley Region of Western Australia. The primary aim was to assist the development of an Aboriginal-led empowerment, healing and leadership program that would meet the needs of local community members.

<https://apo.org.au/sites/default/files/resource-files/2012-03/apo-nid30479.pdf>

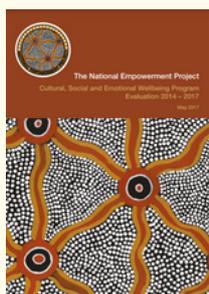
4.0 SOCIAL AND EMOTIONAL WELLBEING RESOURCES PT 2



NATIONAL AGREEMENT ON CLOSING THE GAP (2020)

The objective of the National Agreement on Closing the Gap is to enable Aboriginal and Torres Strait Islander peoples and governments to work together to overcome inequality and achieve life outcomes equal to all Australians. The National Agreement has 17 targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, and housing.. These targets are goals that are measured to show how progress being to achieve the desired results for Aboriginal and Torres Strait Islander peoples.

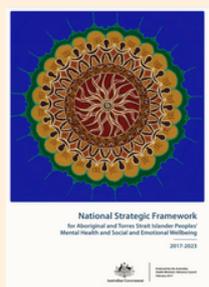
<https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>



NATIONAL EMPOWERMENT PROJECT- WEBSITE

The National Empowerment Program is a universal strategy to promote social and emotional wellbeing and reduce community distress and suicide in Aboriginal and Torres Strait Islander communities.

<https://www.nationalempowermentproject.org.au/publications>



NATIONAL STRATEGIC FRAMEWORK FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE'S MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING (2017-2023)

This Framework aims to respond to the high incidence of social and emotional wellbeing by providing a framework for action.

https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf



PSYCHOBABBLE. THE LITTLE RED BOOK OF PSYCHIATRIC JARGON (2012)

Don't know what Endogenous depression is? That's fine, this little book is your encyclopedia of terms related to psychiatry and other mental health scenarios.

<https://www.ourcommunity.com.au/files/OCP/PsychobabbleFeb2012.pdf>



SOCIAL AND EMOTIONAL WELLBEING FACT SHEET (2020)

This fact sheet outlines some of the principles, domains and determinants related to Aboriginal and Torres Strait Islander perspectives of Social and Emotional Wellbeing.

<https://timhwb.org.au/wp-content/uploads/2021/04/SEWB-fact-sheet.pdf>

4.1 SOCIAL AND EMOTIONAL WELLBEING RESOURCES PT 3



STAY STRONG PLAN

This plan is good to work through with a client with some SEWB worries. It will help to understand what worries they have but also what is keeping them strong. There is some goal setting to work through too.

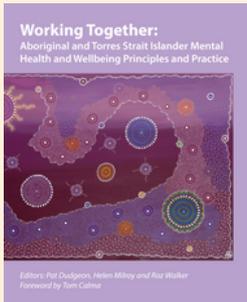
https://www.menzies.edu.au/icms_docs/161681_Stay_Strong_Plan_2_page.pdf



WAYS FORWARD REPORT (1995)

The first National Aboriginal and Mental Health Policy and Plan developed in consultation with Aboriginal and Torres Strait Islander peoples, groups and organisations; it provides information on, and makes recommendations about priority actions relating to the mental health needs of Aboriginal people and mental health services.

https://library.bsl.org.au/jspui/bitstream/123456789/353/1/Ways%20forward_vol.1%20&%20%20_1995.pdf



WORKING TOGETHER: ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND WELLBEING PRINCIPLES AND PRACTICE (2014)

This is a culturally appropriate resource that educates and assists those working with Aboriginal and Torres Strait Islander people experiencing social and emotional wellbeing and mental health conditions.

<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>

4.2 SELF HARM, SUICIDE, & EVALUATION RESOURCES



CENTRE OF BEST PRACTICE IN ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION (CBPATSISP) WEBSITE

This website has many useful links to data, fact sheets and policy reports relevant to SEWB work.

<https://cbpatsisp.com.au/>



GOVERNMENT OF WESTERN AUSTRALIA, CHILD AND ADOLESCENT HEALTH SERVICES - SUICIDE RISK RESPONSE PROTOCOL.

A Western Australian Government protocol to reference in response to suicide risk.

<https://cahs.health.wa.gov.au/~media/HSPs/CAHS/Documents/Community-Health/CHM/Suicide-risk-response.pdf?thn=0>



GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE EXPERIENCING SUICIDAL THOUGHTS AND BEHAVIOUR.

These guidelines describe how members of the public should provide mental health first aid to an Aboriginal person who may be having thoughts of suicide.

https://mhfa.com.au/sites/default/files/AMHFA_Suicide_guidelines_inhouse%20print.pdf



KIMBERLEY REGION DELIBERATE SELF HARM AND SUICIDAL BEHAVIOUR PROTOCOL

Developed for the Kimberley Region of WA, this protocol provides information and practical steps to take to work with someone who presents with self harm or suicidal behaviour.

https://static1.squarespace.com/static/5b5fbd5b9772ae6ed988525c/t/5bc7ed8771c10bcd6b42ee4a/1539829129863/KAHPF_selfharm_protocol_October2018.pdf

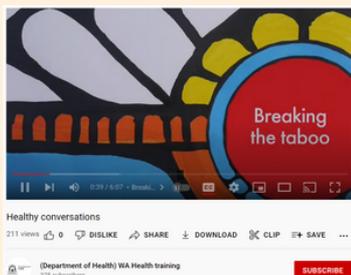
EVALUATIONS

The CBPATSISP website has an informative and easy to read evaluation section. You can read about the concepts and approaches of culturally safe Aboriginal and Torres Strait Islander evaluations.

You can also access the community designed and developed Indigenous Suicide Prevention Activity Assessment Tool and Indigenous Suicide Prevention Activity Evaluation Framework. These resources are meant for community services and ACCHS to help them undertake evaluation work.

<https://cbpatsisp.com.au/>

4.3 YARNING RESOURCES



HEALTHY CONVERSATIONS - VIDEO

This video is about the importance of having healthy conversations. It refers to issues of sexual health but the overall message is important to SEWB workers.

<https://youtu.be/1k5PqNHOH5w>



CLINICAL YARNING WEBSITE

Clinical yarning is a patient-centred framework to improve communication in Aboriginal health care. This website contains information and has links to resources dedicated to improving communication between healthcare clinicians and Aboriginal and Torres Strait Islander patients using a clinical yarning approach.

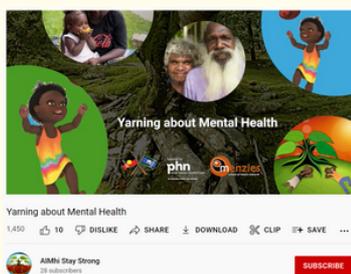
<https://www.clinicalyarning.org.au/>



YARNING ABOUT MENTAL HEALTH – FLIP CHART

This is a guide to doing a mental health assessment with a client. It has easy to follow prompts for you and worksheets for your client. At the end it includes some other screening tools relating to: Emotional wellbeing (K10) Psychological dependence on alcohol and drugs (SDS) Knowledge and understanding of mental illness and treatment (PIH)

http://resources.menzies.edu.au/download/Yarning_About_Mental_Health_flip_chart.pdf

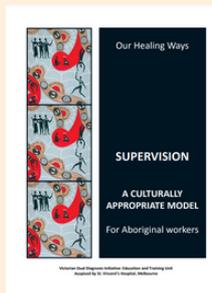


YARNING ABOUT MENTAL HEALTH – VIDEO

A video that talks about what people can do to have stronger mental health. It shows how a person's mental health is nourished by spirit, family and social connections, physical wellness and emotional wellness. The video was made in the NT and has been translated into nine Aboriginal and Torres Strait Islander languages spoken within the NT.

https://wellmob.org.au/key-resources/resources/38571/?title=Yarning+about+mental+health&contentid=38571_1

4.4 REFLECTIVE PRACTICE RESOURCES



CULTURALLY APPROPRIATE SUPERVISION MODEL FOR ABORIGINAL WORKERS

This model shows the parts of culturally appropriate supervision. It describes the steps to good supervision and shows examples of what should be included at each part.

https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=572183&title=Our+Healing+Ways%3A+supervision%3A+a+culturally+appropriate+model+for+Aboriginal+workers&contentid=24027_1



SUPERVISION FRAMEWORK

This example is from QLD and on pages 14-17 it starts showing the approach of culturally safe supervision and provides examples of the types of questions that can be asked.

https://www.qatsicpp.com.au/wp-content/uploads/2020/05/612_QATSICPP_Supervision_Framework.HR2_._%C6%92_-1.pdf



VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK PRACTICE PRINCIPLE GUIDE - REFLECTIVE PRACTICE

A how to guide for introducing reflective practice in your team. This example is from the child protection sector but is very relevant and can be easily transferred across to a SEWB team.

<https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracguidereflectivepractice2017.docx>

4.5 SCREENING TOOLS RESOURCES PT 1



AIMHI BRIEF WELLBEING SCREENER

This screening tool helps to understand what is going on with your client. It is an easy way to guide a yarn about the general wellbeing.

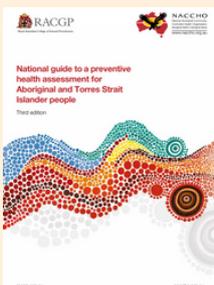
https://www.menzies.edu.au/icms_docs/161345_Brief_Wellbeing_Screener.pdf



ANXIETY AND DEPRESSION CHECKLIST - K10

This simple checklist asks a client to reflect on their feelings over the past 4 weeks to give a measure of how distressed they have been over this time.

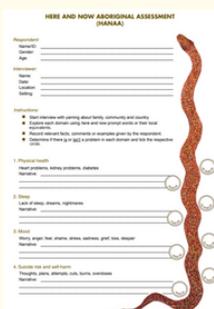
<https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/k10.pdf>



HEADSS ASSESSMENT

Within the SEWB and mental health sections of this guide by NACCHO/RACGP there is an SEWB section for young people in this where modified questions for the HEADSS assessment are included.

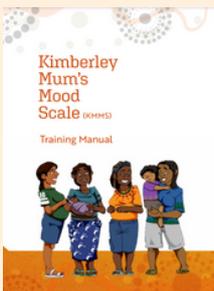
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide>



HERE AND NOW ABORIGINAL ASSESSMENT (HANAA)

The HANAA has been designed for use by those who work in health and mental health services and other community based services for Aboriginal people where there is concern for SEWB. It is a screening tool only. It helps the interviewer and client to determine if referral for further mental health examination is required. Accompanying guidelines have also been developed to assist interviewers to administer the HANAA.

<https://healthinfont.ecu.edu.au/about/news/1634/>



KIMBERLEY MUM'S MOOD SCALE (KMMS)

This two-part tool was developed to screen for depression and anxiety in Aboriginal and Torres Strait Islander women who are pregnant or have a baby.

Before using the KMMS, it is recommended that you complete the training to understand how to properly use the tool. Training can be accessed here and will take less than 1 hour to complete.

<https://kahpf.org.au/kmms>

4.5 SCREENING TOOLS RESOURCES PT 2

Strong Souls

Please rate each statement and change your response if you wish. Please circle how often these things happened to you in the PAST FEW MONTHS.

| Item | Response | Item | Response | Item | Response |
|------|----------|------|----------|------|----------|
| 1 | Never | 11 | Often | 21 | Often |
| 2 | Never | 12 | Often | 22 | Often |
| 3 | Never | 13 | Often | 23 | Often |
| 4 | Never | 14 | Often | 24 | Often |
| 5 | Never | 15 | Often | 25 | Often |
| 6 | Never | 16 | Often | 26 | Often |
| 7 | Never | 17 | Often | 27 | Often |
| 8 | Never | 18 | Often | 28 | Often |
| 9 | Never | 19 | Often | 29 | Often |
| 10 | Never | 20 | Often | 30 | Often |

STRONG SOULS

Strong souls was developed as a measure of social and emotional wellbeing (SEWB). At the moment Strong Souls is freely available and recommended only for research or screening purposes. It has not yet been validated in a clinical setting and there are currently no guidelines or manual available for its use or scoring. More work is required before it is recommended for use in a clinical setting however we would be supportive of other groups that may wish to undertake some of this work.

https://www.menzies.edu.au/icms_docs/192063_Strong_souls_assessment_tool.pdf



4.5 FORMS

REFERRAL TO MENTAL HEALTH, SEWB, & AOD PROGRAMS/SERVICES

CLIENT

Surname:

First Name:

Preferred Name:

Address:

Home Phone No:

Mobile No:

Date of Birth:

Male Female

Aboriginal or Torres Strait Islander Non-Aboriginal

REFERRER

Name of Referrer:

Position or relationship to client:

Organization:

Contact details:

Date of Referral:

Is the client aware of this referral?

Has the client consented to the referral?

How would the client like to be contacted?

REFERRAL TO MENTAL HEALTH, SEWB, & AOD PROGRAMS/SERVICES (CONTINUED)

Medical History (If relevant to the referral):

Mental Health History:

Substance Use History:

Social and Family Situation:

Details of Referral:

Other agencies known to be currently working with this client:

Is there any known risk to staff if they are required to visit the client at home?

SEWB TO COMPLETE

Referral received

Client referred on (date)

to (name)

MAPPING YOUR LOCAL SERVICE TEMPLATE

| SERVICE NAME | WHAT THEY DO | CLIENT GROUP | REFERRAL TO SEWB | REFERRAL FROM SEWB |
|--------------|--------------|--------------|------------------|--------------------|
| | | | | |
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SECTION 3 CHECKLIST

| CHECKLIST | COMPLETED | NOT COMPLETED | FOLLOW UP |
|--|-----------|---------------|-----------|
| Have you got a copy of your JDF? | | | |
| Have you met with your manager to discuss the JDF and the team structure? | | | |
| Have you made your own plan around self-care? | | | |
| Have you had a conversation with your manager to determine the types of workplace support offered? | | | |
| Have you scheduled in times to meet with the other services/programs in your organisation? | | | |
| Have you print out the 'Getting to know my organisation' template above? | | | |
| Have you met with services in your organisation and completed the template? | | | |
| Have you met and with relevant local services and supports? | | | |
| Have you built your own map of services in your area using the template above? | | | |
| Have you met with your clinical allies and make a plan to nurture the working relationship? | | | |
| Have you found an opportunity to participate in a network, interagency meeting, or community event planning committee? | | | |
| Have you read through the KAHPF Cultural Safety Framework and asked your manager about how the Cultural Safety Framework is being implemented in your workplace? | | | |
| Have you completed the Cultural Safety reflection activity? | | | |
| Have you met with the KAMS WSDU team? | | | |
| Have you read through KAMS WSDU training options and discuss your workplace aspirations with your manager? | | | |

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