



**Aboriginal
Health Council**
of Western Australia

ACCCHS Social
and Emotional
Wellbeing

Service Model

A Service Delivery Approach



The Aboriginal Health Council of Western Australia acknowledges the traditional custodians of this land, the Whadjuk people of the Noongar nation, and their continuing connection to the land, waters, and community. We pay our respects to all Aboriginal and Torres Strait Islander communities and their cultures; and to Elders past, present, and emerging.

This manual was adapted from the Kimberley Aboriginal Medical Services and Transforming Indigenous Mental Health & Wellbeing, Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce and written in collaboration with the SEWB Pilot Program sites Derby Aboriginal Health Service (DAHS), Wirraka Maya Health Service Aboriginal Corporation, Geraldton Regional Aboriginal Medical Service (GRAMS), South West Aboriginal Medical Service (SWAMS), and Bega Garbirringu Health Service (BEGA).



Disclaimer: The word 'Aboriginal' has been used throughout this document. When referring to 'Aboriginal' we are referring to all Aboriginal and Torres Strait Islander peoples.





Table of Contents

3	Introduction
4	What is Social and Emotional Wellbeing?
6	The Model of Social and Emotional Wellbeing
10	Understanding Aboriginal Determinants of Health
13	ACCHS SEWB Service Model
20	Social and Emotional Wellbeing in ACCHS
22	SEWB Worker Activities – Guide Only
28	Professional Development
29	Burnout, Compassion Fatigue, Vicarious Trauma
30	Self-Care and Keeping Strong
32	Resources and Further Information
34	References

“The SEWB framework is important in our community as it is based on culturally appropriate holistic care, which means we are able to engage the local and wider community with activities and programs aimed at promoting individuals mental, emotional, and social health that is relevant to their day to day living within this remote environment.

The model also gives us space to collaborate with other relevant providers which helps contribute to the overall health and wellbeing of our community.”

- Derby, SEWB



Figure 1: Western Australian Aboriginal Controlled Health Service Model of Care

Introduction

Health is achieved and sustained by Aboriginal people through their connections to community, family, culture, spirituality, language, country, emotions, and the physical (Dudgeon, Bray, et al. 2022). The Western Australian Aboriginal Controlled Health Services' Model of Care (above) upholds this concept of health and guides the delivery of healthcare across communities (Aboriginal Health Council of WA 2022). The Western Australia (WA) Aboriginal Community Controlled Services (ACCHS) are well positioned to refine and expand the delivery of holistic health care. Through the Social and Emotional Well-being (SEWB) Service Model (Service Model), WA ACCHS can further achieve and sustain health holistically for Aboriginal people in their communities (Aboriginal Health Council of WA (AHCWA) n.d.).

It is well understood that the SEWB of Aboriginal people is embedded in complex factors including but not limited to grief, loss, trauma, social disadvantage, cultural disconnect, racism, and lack of access to services (Kimberley Aboriginal Medical Services 2022). To build the capacity of SEWB workers across WA and to understand social and emotional wellbeing in action, this Social and Emotional Wellbeing Service Model Approach Guide has been developed in partnership with AHCWA and the SEWB Service Model Pilot sites: Derby Aboriginal Health Service (DAHS), Wirraka Maya Health Service Aboriginal Corporation, Geraldton Regional Aboriginal Medical Service (GRAMS), South West Aboriginal Medical Service (SWAMS), and Bega Garnbirringu Health Service (BEGA). The Guide should be used to advise SEWB teams to work effectively with the Aboriginal community to maintain and improve their Social and Emotional Well-being.

What is Social and Emotional Wellbeing?

Holistic Health

When considering the SEWB framework and guiding principles, it is important to have an understanding of what holistic health looks like to Aboriginal people. This definition was taken from the Swan and Raphael 1995 Ways Forward Report:

For tens of thousands of years Aboriginal people have held a holistic view of health and that the concept includes mental, physical, social, cultural, and spiritual health; that self-determination is central; that culturally valid understanding must shape the provision of services; that experiences of trauma and loss are major factors contributing to impairment of health and well-being; that human rights of Aboriginal people must be recognised and respected; that racism, stigma, environmental adversity, and social disadvantage have negative ongoing impact on health and well-being; that family and kinship are central; that there is no single Aboriginal and Torres Strait Islander culture or group; and that Aboriginal and Torres Strait Islander people have great strengths.

Guiding Principles of Social and Emotional Wellbeing

The Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2014) outlines nine principles that guide the delivery of SEWB.

The nine guiding principles of SEWB

Health as holistic – Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental and physical, cultural and spiritual health. Land and Country is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

Self-determination – The right to Self Determination is central to the provision of Aboriginal and Torres Strait Islander health services.

Cultural understanding – Culturally valid understandings must shape the provision of service and must guide the assessment, care, and management of Aboriginal and Torres Strait Islander people's health problems generally and mental health in particular.

The impact of history in trauma and loss – It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.

Recognition of human rights – The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health—as against ill mental health. Human rights relevant to mental illness must be specifically addressed.

The impact of racism and stigma – Racism, stigma, the environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander people's mental health and wellbeing.

Recognition of the centrality of kinship – The centrality of Aboriginal and Torres Strait Islander family kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing.

Recognition of cultural diversity – There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander people may currently live in urban, rural, or remote settings, in urbanised, traditional, or other lifestyles, and frequently move between these ways of living.

Recognition of Aboriginal strengths – It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, endurance, and a deep understanding of the relationships between human beings and their environment.

(Dudgeon, Pat, Helen Milroy, and Roz Walker 2014)

When a person experiences challenges to their Social and Emotional Wellbeing, 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 a critical component in 'Closing the Gap' between life outcomes of Aboriginal and non-Aboriginal people (AHCWA n.d.).

- ACCHS Service Model

The Model of Social and Emotional Wellbeing

In 2012, the National Empowerment Project (NEP) sought to understand what was causing high rates of suicide and psychological distress amongst Aboriginal people. Through consultation and recommendations from 457 community members in 11 communities, Aboriginal psychologists developed a Model of Social and Emotional Wellbeing (Figure 2) which highlights several dimensions of wellbeing and historical, political, social, and cultural determinates Transforming Indigenous Mental Health and Wellbeing (TIMHWP), 2021.

Social and Emotional Wellbeing acknowledges that connections to land, culture, spirituality, family, and community impact on the wellbeing of Aboriginal people (Dudgeon, Milroy and Walker 2014). Social and Emotional Wellbeing is influenced by physical health, mental health, and the social determinants of health—such as education, housing, employment, and economic engagement. For Aboriginal people SEWB is also shaped by a collective history of colonisation and contemporary experiences of systemic racism and marginalisation (AHCWA n.d.). Social and Emotional Wellbeing and mental health are closely related. The SEWB Model 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 SEWB.



Figure 2: SEWB Diagram adapted from Gee et al., (2014)

The Self – Centre Circle

The concept of self for Aboriginal people is grounded within an understanding of being inseparable from family and community. It involves having a sense of strong connection to culture and country which builds individual and collective identity and contributes to sense of self and feeling whole (TIMHWP 2021).

Expressions and Experiences – Outer Circle

It is important to recognise that although the model of SEWB domains are interconnected, there are over 500 Aboriginal groups across Australia and the diversity of cultural practices, languages, and histories does influence each individual's experiences and expressions. Experiences of SEWB can further differ for young people through to Elders, men and women, members of the LGBTQ+ community, people living with a disability, and members of the Stolen Generations (TIMHWP 2021).

Determinates - Middle Circle

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, and 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, and protection of traditional knowledge.	Intergenerational trauma, mistreatment and pervasive racism and discrimination at individual, institutional, and system levels.

* Resourced from the KAMS Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce

Social and Emotional Wellbeing Model Recognition

The SEWB Model has been recognised by Commonwealth and State/Territory Governments in the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Wellbeing in 2004–2009 and again in 2017–2023. It was included as a target in the National Agreement on Closing the Gap 2020 and 2022.

Social and Emotional Wellbeing was named as a national priority for policy reform and there is ongoing work being done to have the SEWB Model funded and implemented across Australia. For further information, see Australian Institute of Health and Welfare 2024.

AHCWA, along with 17 member services across WA, developed a SEWB Service Model which is currently being implemented across five member services. This model has embedded the SEWB Model and guiding principles to improve the SEWB of Aboriginal people.

The Model of SEWB - Domains

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

* Resourced from the KAMS Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce

Understanding Aboriginal Determinants of Health

Social Determinants of Health

Social determinates of health are defined by the World Health Organisation (WHO) 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 (2024). Put simply, they are the non-medical factors that affect a person's health (WHO 2024). Social determinates are often discussed within SEWB and research suggests the more risk factors a person experiences in their life, the more likely they are to experience poorer health outcomes (Dudgeon, Milroy and Walker 2014).

The Journey of health and wellbeing video looks at Aboriginal determinants of health and their relationship to wellbeing:

www.youtube.com/watch?v=cDYGjkjUdg

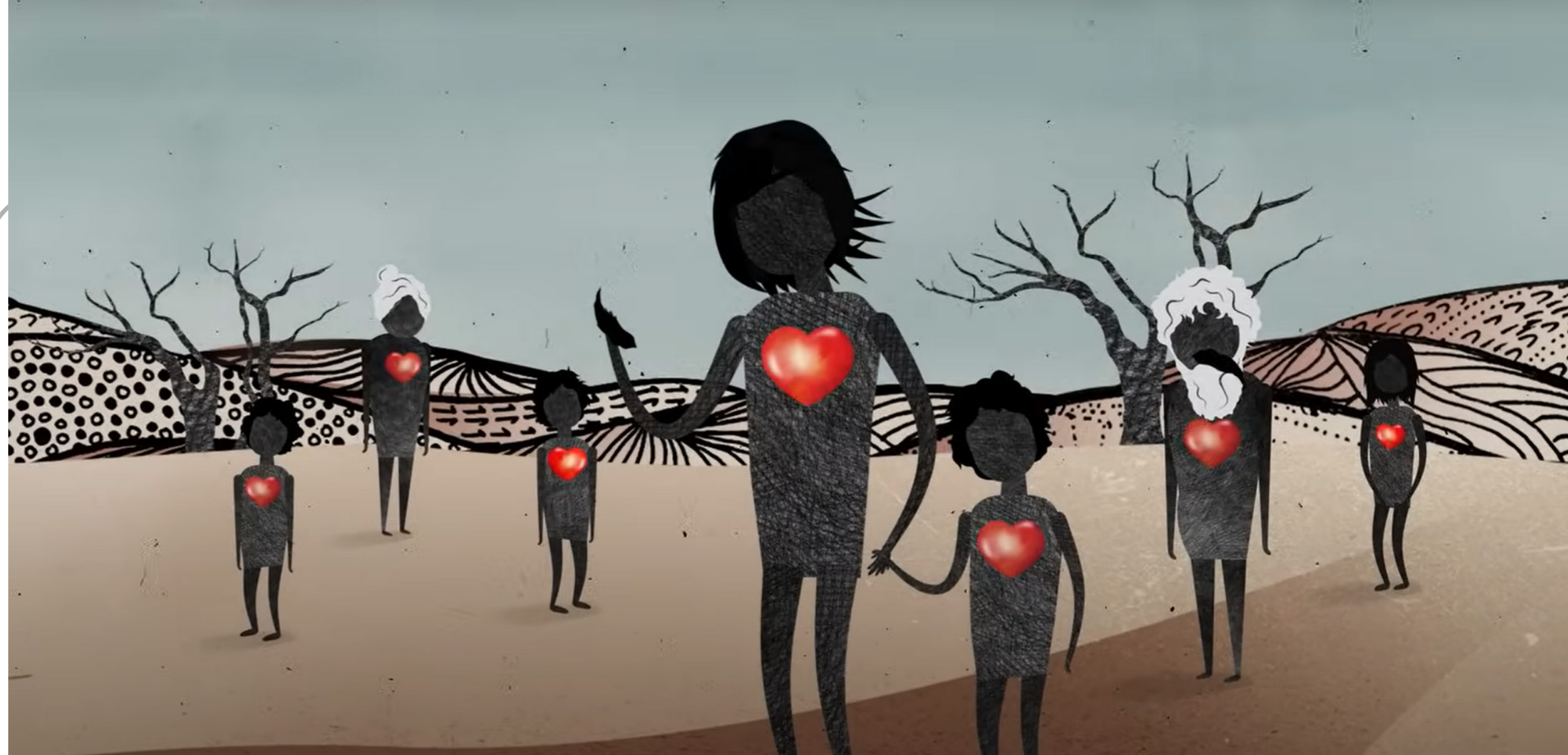
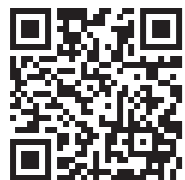


Intergenerational Trauma

Intergenerational trauma is the transmission of trauma from one generation to the next. Many Aboriginal people's experiences of this trauma is a result of the historical experiences of colonisation (Darwin, et al. 2023). To work within a SEWB informed practice, it is important to have a good understanding of intergenerational trauma so that you and your team can work in a way that can help your community heal from the experiences of past generations.

For more information about intergenerational trauma, The Healing Foundations have developed this video:

www.youtube.com/watch?v=vlqx8EYvRbQ



There was strong support through consultation for ACCHS to be delivering services that were focused on prevention and early intervention.

The WA ACCHS SEWB Service Model works to complement and enhance mental health services for their clients, not to duplicate services that already existed for moderately and acutely unwell patients.

- ACCHS Service Model

ACCHS SEWB Service Model

Background

Between 2018–2022, staff from 17 AHCWA Member Services identified that the term ‘mental health’ was challenging for many Aboriginal people as it was associated with the stigma of mental illness. Therefore, culturally secure awareness and de-stigmatisation were seen as a priority for ACCHS. There was strong support for ACCHS to be delivering services that were focused on prevention and early intervention (AHCWA n.d.).

The high burden of mental illness for Aboriginal people identifies many challenges within mainstream tertiary or acute mental health providers. Overall ACCHS needed to:

- Enhance the delivery of ACCHS mental health services for patients with mild to moderate mental health issues, ensuring culturally based responses are integrated with, or able to complement, western therapeutic practices; and
- 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.

WA ACCHS SEWB Service Model

The 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 and further build existing capacity in communities by sharing knowledge and increasing the Aboriginal workforce through planning and training.



What does Social and Emotional Wellbeing mean to you?

It means I get an opportunity every day to share the tools I have learned that make life a pleasure to live as opposed to a struggle.

- SEWB Program Worker

Pillars

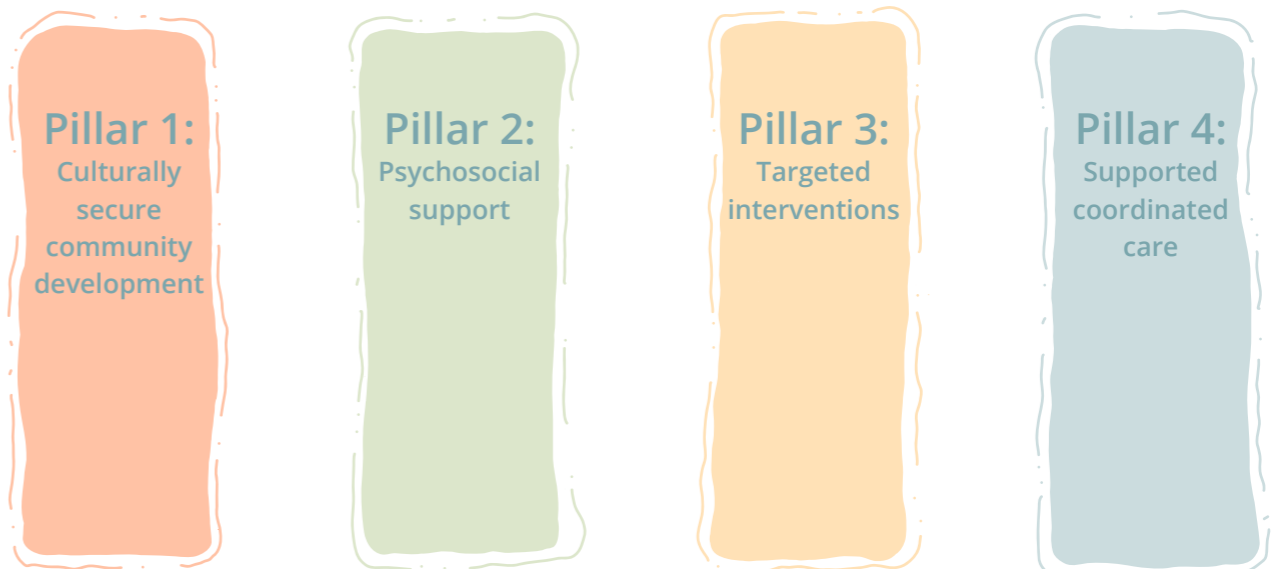
Culturally Secure Community Development	Psychosocial Support	Targeted Interventions	Supported Coordinated Care
<ul style="list-style-type: none"> • Psychosocial education. • Health promotion education/resources. • Healing days. • Awareness campaigns. • Life promotion. 	<ul style="list-style-type: none"> • Information, advocacy, referrals, and case management for individuals and/or families centred on the successful resolution of challenges to their SEWB (non-clinical). 	<ul style="list-style-type: none"> • Culturally secure assessments. • Referral and support responding to issues such as family violence, alcohol and other drugs, trauma, and mental health. • Traditional Healing and intensive cultural support (return to Country programs etc.). • Follow-up with specialist mental health and acute services. 	<ul style="list-style-type: none"> • 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.

* Resourced from the WA ACCHS SEWB Service Model.

The Four Pillar approach

A four pillar approach to deliver SEWB services is used within the SEWB Service Model. This helps define a sector wide approach that is flexible in allowing individual ACCHS to determine the service or activity for each of the pillars.

We go through these four pillars to understand SEWB services and what they could look like in practice.



**Pillar 1:
Culturally secure community development**

Aboriginal people are more aware of their SEWB and mental health if they have the knowledge and skills to seek help from appropriate services. By improving opportunities for the community, a collective empowerment of building resilience and healing is achieved.

This pillar, culturally secure community development works to enhance community knowledge and skills so that they are empowered to seek help. SEWB workers will address this pillar through improving psychosocial education by delivering health promotion education activities, creating resources, organising healing days, and running awareness campaigns.

When looking at the concept of life promotion, it is important to consider what this means within the region you are working in. In Canada, First Nations peoples use the concept of life promotion as a holistic approach to overall life well-being to prevent suicide. This pillar of the Service Model involves preventative actions and educating the community, so it is important to have open discussions and talk to communities on what suicide is. In the Resources and Further Information section, there is a quick guide regarding language and sensitivity in reducing stigma and changing the harshness of wording associated with suicide.

Life promotion can look at a number of things including Life Pathways/Journeys and planning ahead in your life. It can focus on protective factors that support and promote life: the reasoning and/or purpose that keeps someone from following through with their intent or plan, such as supporting empowerment, healing, building resilience, self-worth, confidence, and motivation. Based on an individual's risk assessment, you can determine what their protective factors are and form your sessions around strengthening these.

**Pillar 2:
Psychosocial support**

The psychosocial support pillar works to improve the social determinants of health (e.g. housing, employment, environmental health) through advocacy, referrals, and case management for individuals and/or families. Below in the table is a definition of what psychosocial is and some examples of how the social or external environment can impact a person's mental health. An example of how SEWB workers can support a person's psychosocial wellbeing could be referring clients to appropriate services in an effort to alleviate the stressors of navigating complicated systems such as housing, or providing emergency relief packs and food vouchers.

Another aspect of this pillar is to enhance connection to culture by supporting clients, families, and community to access programs such as men and women's on Country groups, appropriate services, and linking the community with Elders/cultural advocates.

What is Psychosocial?	Psychosocial Examples
Psychosocial is the connection between a person's mental health and the social aspects of their lives that influence behaviour and wellbeing.	Overcrowded housing – which may increase anxiety, depression, and stress particularly in children (Australian Institute of Health and Welfare 2022).
Psycho – refers to mind/mental.	Unemployment – can affect wellbeing, physical health, sense of identity, and relationships (BeyondBlue 2022).
Social – refers to the external environment.	Not having enough food to eat or lack of nutritious foods – can affect brain activity and growth (Healthdirect 2023).
Therefore, psychosocial refers to the social, environmental, historical, and cultural determinants of health that can impact a person's emotional, spiritual, and mental wellbeing.	Unable to connect with culture or Country – can affect a person's identity, feeling alone, and not belonging.
Psychosocial support within a SEWB team is working with a person to address these areas to promote hope and wellbeing.	

**Pillar 3:
Targeted interventions**

The targeted interventions pillar works to have a suite of appropriate mechanisms to screen Aboriginal people's SEWB risks and resilience. The development and use of culturally secure screening, assessments, and brief interventions for your community will allow systems to be enhanced so that the community you work in is supported and assessed in a culturally secure way. Developing culturally secure SEWB screening, assessments, and brief interventions where there are none available will allow SEWB workers to respond in the best possible way for the client, family, and community.

Response after screening, assessment, or brief intervention could look like referring client's and families to the most appropriate service/s. These could include family, domestic, sexual violence services; alcohol and other drugs services; and trauma and psychological therapeutic support for more acute cases. In the Resources and Further Information section, there is a list of screening, assessments and brief interventions tools.

Within this pillar, Traditional Healing and intensive cultural support such as return to Country programs and access to Elder's should be available for clients.

**Pillar 4:
Supported coordinated care**

The goal of care coordination is to help a person with mental illness access various services in a way that works toward their recovery. Within SEWB work, supported coordinated care is the organisation and management of mental health and social care services. It involves working with different clinicians and health care providers, the individual, their carers, and family members to support a person with SEWB and mental health issues.

A supported coordinated care approach is particularly helpful to those who have complex mental health care needs. These individuals stand a high risk of 'falling through the cracks' because of the number of agencies involved in addressing their care needs.

In order to strengthen and support SEWB and mental health care plans for recovery, SEWB teams should coordinate access to appropriate services such as linking clients with psychologists, therapists, doctors etc. and work to integrate culturally appropriate wellness initiatives, streamline shared-care approaches, and simplify referral procedures into the various services being accessed by client. It is at various points in a client's recovery journey that SEWB teams should intervene to provide culturally secure and psychosocial support that ensures a holistic wrap-around support for the client.

**SEWB Service Model:
What it is, what it isn't**

What it is	What it isn't
Compliments mental health services for Aboriginal people.	It should not duplicate services that already exist.
Supported coordinated care, such as supporting community wellbeing after a fatal suicide. Develops and coordinates culturally secure service responses. This could mean working with police and medical services within your region as well as mental health teams and nurses.	It is not a suicide crisis response service at the time of a fatal suicide.
Promotion and Prevention, such as mental health and suicide educational yarns, workshops and support. Provide information on where to seek help if there is a crisis. Aboriginal people are more aware of their SEWB and mental health if they have the knowledge and skills to seek help from appropriate services.	Should not provide crisis response for severe cases of mental health; these should be referred onto the right services.
Recognise SEWB gaps within the community to develop programs to fill those gaps such as in prison and out of prison programs to support Aboriginal people. Elder and Youth programs to support SEWB. Work through the SEWB Model to embed culture into these programs.	It should not duplicate services that already exist in supporting the community.
Recognise culturally unsafe referral pathways and assessment tools and advocate with organisations to develop culturally safe alternatives. See where your community members are 'falling through the cracks' and advocate for better systems and pathways.	Continue to use referral pathways and assessment tools that are culturally unsafe for Aboriginal people.

Important Note: If your SEWB team does not have the skilled or qualified personnel to support community members during and after a suicide crisis, a coordinated care approach should be implemented. As SEWB workers working within the service model, it is your role to coordinate the best service response for those affected. This could look like supporting your clients to navigate the system by linking the client/community members to counsellors, psychologist, grief and loss groups or mental health services.

**Interdisciplinary ACCHS
SEWB Workforce**

To address society's complex and varied health and social care needs, interdisciplinary, and client-centred practices are considered an effective approach. It is evident that this approach is needed when addressing the disparities in health and the complexities of SEWB experienced by Aboriginal people (Dudgeon, Milroy and Walker 2014).

It is stated by Dudgeon, Milroy and Walker (2014) that adopting a SEWB perspective involves many professional practitioners and a collaborative approach. This could involve doctors, psychiatrists, or clinical psychologists relinquishing their power to work in genuine partnership with SEWB teams. When an Aboriginal client has cultural/spiritual concerns which require a cultural intervention, it may be that a Cultural Lead steers the service delivery, with the support of clinical expertise (Dudgeon, Milroy and Walker 2014).

The Service Model requires an interdisciplinary team to support community needs and is made up of both cultural and clinical expertise. At a minimum, the workforce includes the following, with the Mental Health Clinician/Professional and Cultural Lead essential to delivering effective service:

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

The Mental health clinician/professional and Cultural Lead should work alongside each other to coordinate a culturally appropriate SEWB and mental health response, particularly for those experiencing moderately to acute SEWB and mental health needs.

What is a Cultural Lead?

The Aboriginal Cultural Lead is a key leadership position responsible for driving, monitoring, and enhancing cultural ways of working. A Cultural Lead is an Aboriginal worker who can share their knowledge, provide support, and give advice to their team members on cultural protocols and influencing cultural approaches when delivering services to Aboriginal communities. They are crucial to maintaining the fidelity of the SEWB Model and are essential to the SEWB Service Model workforce.

Key responsibilities of a Cultural Lead may include:

- Promote and translate the SEWB Model domains.
- Improve cultural understandings, knowledge, attitudes, and capabilities to colleagues working with Aboriginal communities.
- Develop and deliver strategies to improve cultural ways of working into service delivery.
- Identify and make recommendations to improve cultural safe processes for Aboriginal clients.

The interdisciplinary team is flexible when addressing community needs and the below list and diagram are other team members that may form part of the interdisciplinary team:

- 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.

Social and Emotional Wellbeing in ACCHS

Understanding your SEWB role

In the 2023 report, 'It's Us, Or Maybe No One', Yarning with Aboriginal Social and Emotional Wellbeing Workers from the Kimberley Region of Western Australia found that SEWB workers and teams are in higher spirits and more productive 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 pathways to professional development

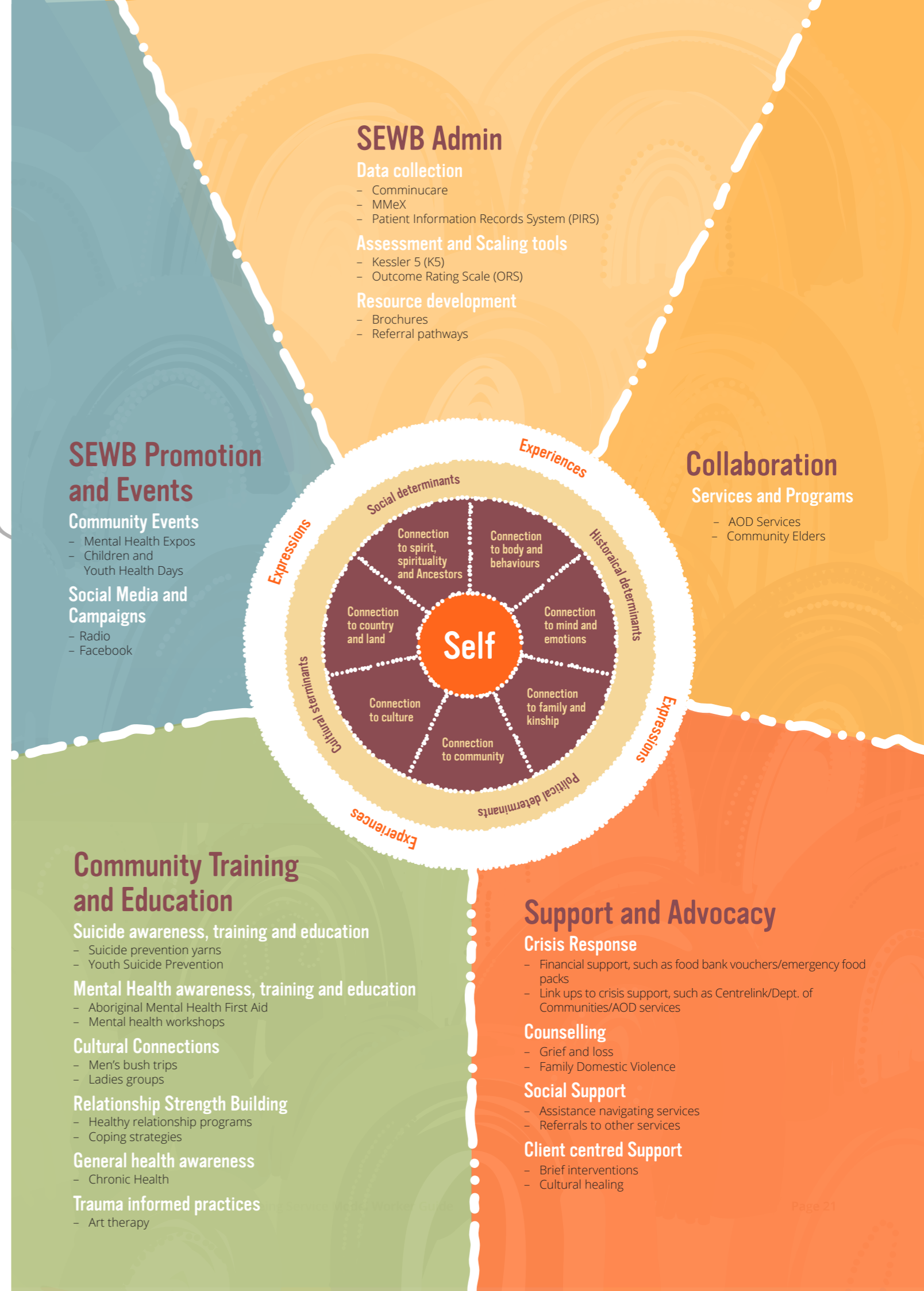
This section of the manual provides a guide for SEWB workers within ACCHS.

Your job description form (JDF) is a great place to start to understand your role. Looking over your JDF regularly can be a helpful activity and will allow you to have a clear understanding of your daily and weekly responsibilities. If your JDF and what you are doing don't match, speak to your manager 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?

Your role within the ACCHS SEWB Service Model may see you having responsibilities across one or all of the four Pillars.

SEWB Worker Activities

These task/activities are dependent on team and region and you should speak to your manager and team regarding your activity delivery.

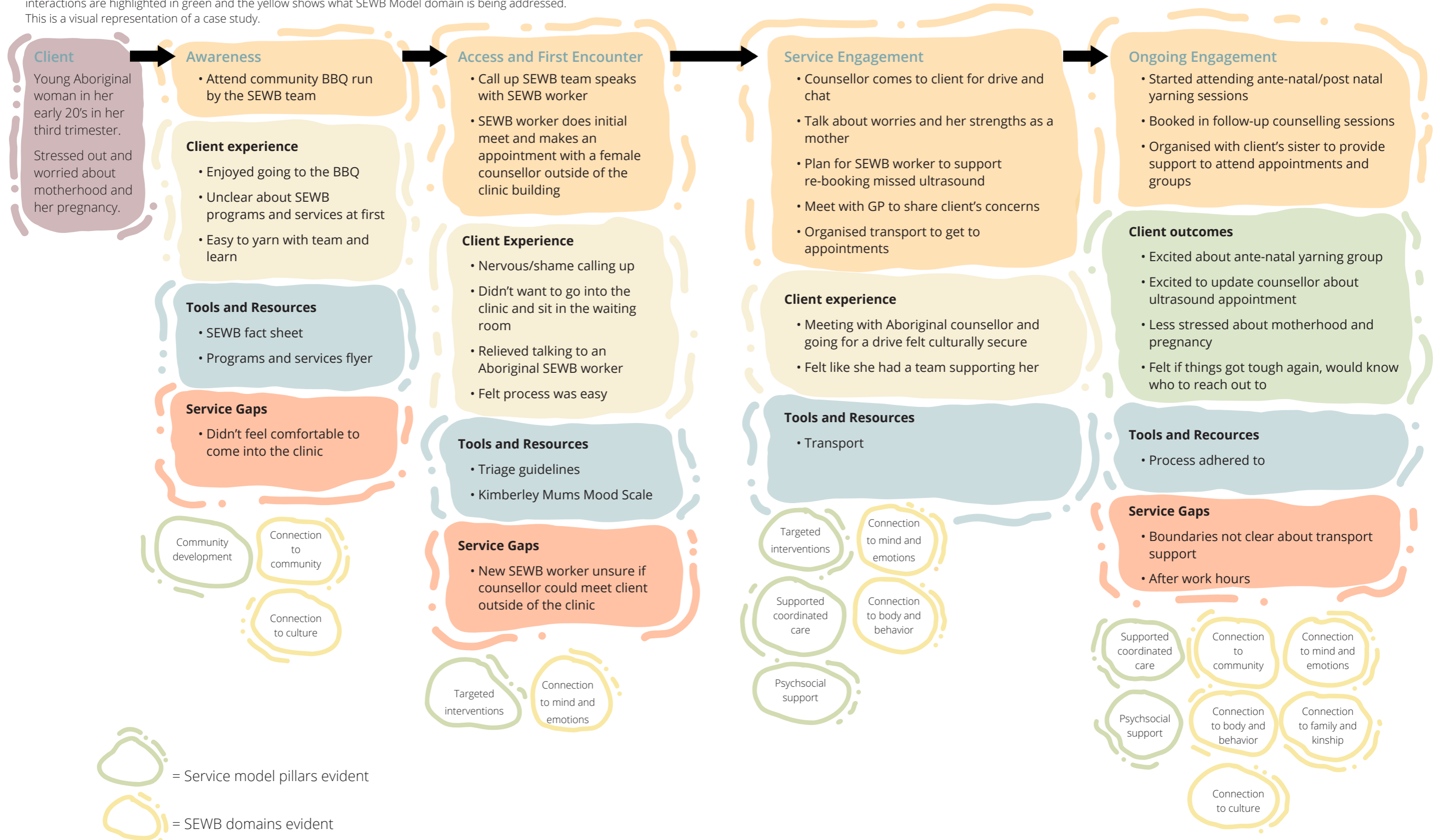


SEWB Worker Activities – Guide Only

Support & Advocacy	Community Training & Education	Collaboration	SEWB Promotion & Events	Assessment & Admin
<p>Crisis Response</p> <ul style="list-style-type: none"> • Emergency crisis accommodation • Homelessness • Financial support - Food bank vouchers/emergency food packs • Link ups to crisis support - Centrelink/Dept. of Communities/AOD services • Natural disasters response 	<p>Suicide awareness, training and education</p> <ul style="list-style-type: none"> • safeTALK Training • ASIST Training • I-ASIST • Question, Persuade, Refer (QPR) – Suicide prevention workshop • Suicide prevention yarns • Youth suicide prevention 	<p>Services</p> <ul style="list-style-type: none"> • Suicide Prevention Co-ordinators • Community Liaison Officers • AOD Services • NDIS Program • Aboriginal Legal Services • Legal Aid • Community Elders • Family Domestic and Sexual Violence 	<p>Community Events</p> <ul style="list-style-type: none"> • Mental health expos • Children and youth health days • Youth week • BBQ and activity days • School programs and events 	<p>Assessment and Scaling tools</p> <ul style="list-style-type: none"> • Kessler 5 (KS) • Adapted Patient Health Questionnaire (aPHQ-9) • Session Rating Scale (SRS) • Outcome Rating Scale (ORS) • Mental Health Risk Assessment Matrix
<p>Counselling</p> <ul style="list-style-type: none"> • Holistic flexible counselling • Flexible intensive counselling • Grief and loss • Family Domestic Sexual Violence 	<p>Mental Health awareness, training and education</p> <ul style="list-style-type: none"> • Mental health workshops • Aboriginal Youth Mental Health First Aid • Aboriginal Mental Health First Aid 	<p>Programs</p> <ul style="list-style-type: none"> • Sexual Health Programs • Tackling Indigenous Smoking Program 	<p>Social Media and Campaigns</p> <ul style="list-style-type: none"> • Radio • Television • LinkedIn • Facebook 	<p>Data collection</p> <ul style="list-style-type: none"> • PIRS - Patient Information Records System • Communicare • MMeX
<p>Social Support</p> <ul style="list-style-type: none"> • Assistance navigating services - Paperwork/school enrolments/driving school/identification/support letters • Transport to health and mental health support services • Client hospital and doctor visit support • Outreach • Referrals to other services 	<p>Cultural Connections</p> <ul style="list-style-type: none"> • Men's bush trips - Issues affecting men and how to access support • Ladies groups - Issues affecting women and children, and how to access support • Family yarning circles 			<p>Resource development</p> <ul style="list-style-type: none"> • Brochures • Referral pathways • Parent consent
<p>Client Centred Support</p> <ul style="list-style-type: none"> • Identify aims and objectives to achieve outcomes • Brief interventions • Cultural healing 	<p>Relationship Strength Building</p> <ul style="list-style-type: none"> • Problem solving and conflict resolution • Healthy relationship programs • Coping strategies 			
	<p>General health awareness</p> <ul style="list-style-type: none"> • Promoting and training new doctors in the field of SEWB and cultural practices • Chronic health <p>Trauma informed practices</p> <ul style="list-style-type: none"> • Art Therapy • Narrative Therapy 			

Client Journey through the SEWB Service Model

The visual below shows a client's journey through the WA ACCHS SEWB Service Model and how the service provides a holistic approach in addressing specific domains of the SEWB Model. The WA ACCHS SEWB Service Model pillar interactions are highlighted in green and the yellow shows what SEWB Model domain is being addressed. This is a visual representation of a case study.



SEWB Referrals and Referral Pathways

A referral is the transfer of care for a client from one service to another. Social and Emotional Wellbeing workers are well positioned to support clients holistically. It is therefore important to have the right knowledge of what resources are available within your organisation and within the wider community. Quite often a SEWB service will have a SEWB Referral Form for clients. This form will itemise services required to support the client and a plan to immediately support a client's SEWB.

A good SEWB service will have a suite of referral pathways

to link clients to the most culturally appropriate services to support their Social and Emotional Wellbeing. Some of these may include referrals to the Domestic Violence services, psychologists, maternal services, AOD services, or housing and crisis accommodation.

Take the time to research and meet with different organisations and services in your area, network, yarn, and attend community events where possible. Look at the SEWB Worker Activities table on page 23 and try to think what referral forms and pathways are required for these services. The example template below would be a good place to start mapping your local services.

Service Name	What they do	Client group	They can refer to our SEWB service? If not, where can they refer to?	They take referrals from SEWB services?

Clinical Allies

Social and Emotional Wellbeing teams may not always have counsellors, psychologists, or other clinical roles. Within SEWB work, clinical allies can play a crucial role in providing vital support and expertise. By collaborating closely with SEWB workers, clinical allies can offer specialised interventions, assessments, and therapeutic techniques to further support the SEWB of your clients and, in particular, those who need more acute mental health support. By knowing the services available and building the right relationships and networks within your regions, you can provide your clients with the clinical support needed to improve their SEWB and mental health.

As like the previous activity, work through mapping out clinical services to help support your team to deliver the best possible support for your clients.

SEWB Workplace Support and Supervision

Social and Emotional Wellbeing work is rewarding, however, there can be challenging times where additional support and supervision is needed. Although every organisation we work in is different, some things an employer, supervisor, and/or manager can do to support your wellbeing may include:

- Regular check-ins - weekly, fortnightly, and monthly.
- Clinical supervision - education, support, and accountability.
- Opportunities to connect with Elders or cultural advisors, supervisors, and mentors.
- Peer mentoring and peer supervision.
- Promoting availability to access Employment Assistance Program, 13YARN.
- Creating a safe space for debriefing after difficult conversations and situations.



Bega Garnbirringu Health Service Training and Development

Professional Development

Social and Emotional Wellbeing work is broad and although many workers will come with experience to do the job well, having meaningful pathways to professional development and upskilling will support confidence and allow SEWB workers do their work effectively.

It is also important to understand that Aboriginal SEWB workers will often come into the SEWB workforce having lived experience of SEWB. These might be their own personal experiences or experiences they have seen within their families, community, and friend groups.

The Black Dog Institute defines lived experience as:

The effects of ongoing negative historical impacts and or specific events on the Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional, and mental wellbeing of the individual, family, or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding Social and Emotional Wellbeing.

Aboriginal SEWB workers with lived experience are best placed to support Aboriginal clients. They are also well placed to help organisations as a whole to understand Aboriginal clients and community needs.

SEWB Specific Training

Qualifications, training, and experience relevant to SEWB work may vary, and can include mental health, social work, alcohol and other drugs, counselling, youth work, and/or trauma informed practice. It is also important to remember that a person with lived experience holds much knowledge and understanding regarding SEWB.

Recommended Training

Here are some recommended training and development. It would also be helpful to review the SEWB workers activities table on page 23 as well as your own daily activities to see what type of training would help deliver these services. For example, in 'Relationship Strength Building' workers could look at Family Wellbeing training, Understanding Angry Emotions or Setting Healthy Boundaries. For 'FDSV', workers could look at Working with Men who use Violence training, FDV-informed Documentation or FDV Awareness and Response Training.

It is important to note that these are not mandatory and they should be looked at region to region and with your manager and team.

Training/upskilling

- STI Training
- Strength and Empowerment
- Trauma Informed Care and Practice
- Ways of Working with Aboriginal People Training
- Working with Vicarious Trauma
- Active listening
- AOD Training
- Art Therapy
- ASIST
- Brief Intervention
- Case Notes and case management
- Certificate in Alcohol and Other Drugs
- Certificate in Community Services
- Certificate in Mental Health
- Counselling
- Cultural Competency Training
- Cultural Supervision
- Dadirri - Deep listening
- De-escalation Training
- Diploma of Narrative Approaches for Aboriginal People (Counselling, Group, and Community Work)
- Elder Abuse Training
- Family, Domestic and Sexual Violence Training
- Financial Counselling
- Grief and Loss
- Health Promotion
- I-ASIST
- Kinship Connections
- Legal Aid
- Loss and Grief
- Mandatory Reporting Training (Harm, Neglect, Sexual Abuse)
- Mental Health First Aid (AMHFA)
- Narrative Walks Therapy
- Peer Supervision
- Protective Behaviour Training
- Safe Yarn
- Screening and Assessment
- Social Determinants of Health

Burnout, Compassion Fatigue, Vicarious Trauma

This section we will look at what burnout, compassion fatigue, and vicarious trauma are and how to spot the signs. It will also discuss self-care, and ways to prevent the harmful effects.

Burnout is a feeling of exhaustion caused by stress and being overworked. This could lead to feeling negative about or less connected in the work or activities you're doing. Understanding burnout can help you act sooner and protect your wellbeing.

Signs of burnout may include:

- Withdrawal from friends and family
- Depression, anxiety
- Constant feelings of stress
- Being easily irritated
- Feeling exhausted
- Difficulty sleeping
- Struggling to focus

Compassion fatigue can be described as the physical, emotional, and psychological impact of helping others (WedMD 2022). Compassion Fatigue can be caused from regular exposure to people experiencing trauma (Cocker and Joss 2016). It can negatively impact professional's mental and physical health, safety, and wellbeing and it is quite commonly experienced by those in healthcare, emergency, and community service professionals (Cocker and Joss 2016).

Signs of compassion fatigue may include:

- Drastic shifts in mood swings
- Overly irritable
- Hopelessness, pessimistic (thinking negative thoughts)
- Feeling emotionally disconnected
- Weakened sense of empathy
- Digestive issues
- Headaches
- Being violent towards loved ones or neglecting them

Vicarious trauma is described as the effects from the ongoing exposure listening and receiving information about traumatic events and experiences which can lead to distress, dissatisfaction, hopelessness, and serious mental and physical health problems (Monash Gender and Family Violence Prevention Centre, DV Vic & DVRCV 2021).

Signs of vicarious trauma:

- Difficulty leaving work at the end of the day, noticing you can never leave on time
- Taking on too great a sense of responsibility or feeling you need to overstep the boundaries of your role
- Frustration, fear, anxiety, irritability
- Intrusive thoughts of a client's situation or distress
- Disturbed sleep, nightmares, racing thoughts
- Problems managing personal boundaries
- Loss of connection with self and others, loss of a sense of own identity
- Increased time alone, a sense of needing to withdraw from others
- Increased need to control events, outcomes, others
- Loss of pleasure in daily activities (Safe+Equal n.d.)

Self-Care and Keeping Strong

Self-Care and Keeping Strong are the activities and practices that are undertaken to improve our wellbeing and reduce stress. Often our self-care routines can get interrupted when life gets busy and challenging. Looking after your own wellbeing and keeping strong can help you get through challenging times, and can help you to better care for others and your community. It can give you the tools and ability to cope with stresses and sadness, and give your body and mind time to rest, reset, and rejuvenate.

The Social and Emotional Wellbeing Model can help you to connect to your self-care routines and stay strong in the work that you do. When looking through the seven domains, try to think of some ways you connect and practice self-care on an individual and team level. Check in with yourself and with other, share, and reflect on self-care activities and plan regular self-care to improve and maintain your own Social and Emotional Wellbeing. The SEWB Self Care Tips Poster has some examples of ways you can practice self-care for yourself.

If at any time you are feeling overwhelmed within the workplace or at home, speak to your manager. Many organisations will have an employee assistance program, find out if yours does.

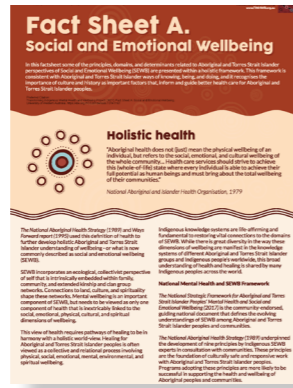
**Take care of yourself.
You can't pour from
an empty cup.**



Resources and Further Information



Aboriginal Health Council of WA - ACCHS Social and Emotional Wellbeing Service Model.



Fact Sheet A - Social and Emotional Wellbeing.

A List of Culturally Validated Assessment Tools

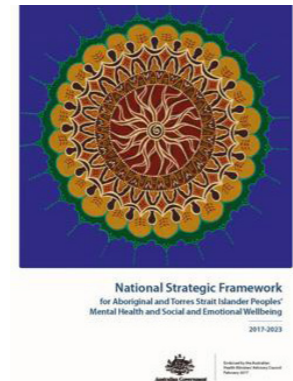
- WASC-Y, WASC-A
- Kimberley Indigenous Cognitive Assessment tool (KICA)
- Strong Souls
- Negative Life Event Scale
- The K-5
- The K-10
- Kimberley Mum's Mood Scale

Useful Websites

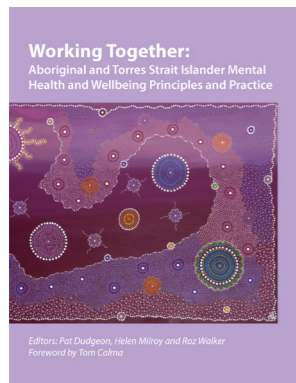
- Transforming Indigenous Mental Health & Wellbeing
- WellMob - Healing Our Way
- Aboriginal Health Council of Western Australia (AHCWA)
- Healing Foundation
- Gayaa Dhuwi (Proud Spirit) Australia
- Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention



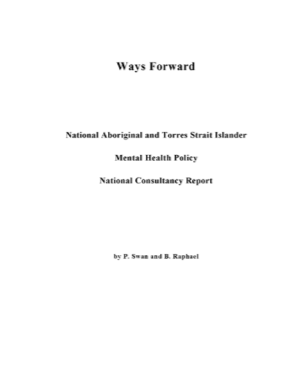
Evaluating a social and emotional well-being model of service piloted in Aboriginal Community Controlled Health Services in Western Australia: an Aboriginal Participatory Action Research approach.



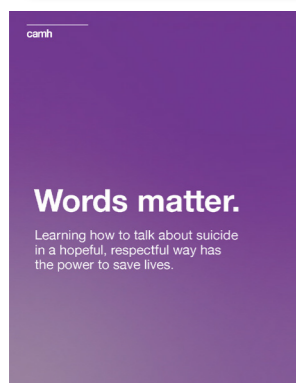
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.



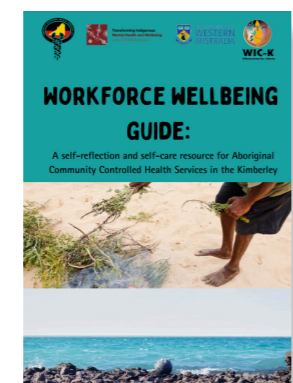
Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.



Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health.



Words matter. Learning how to talk about suicide in a hopeful, respectful way has the power to save lives.



KAMS: Workforce Wellbeing Guide. A self-reflection and self-care resource for Aboriginal Community Controlled Health Services in the Kimberley.



Derby Aboriginal Health Service SEWB

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