



Nunkuwarrin Yunti of  
South Australia Inc.

Aboriginal and Torres Strait Islander Mental Health and  
Suicide Prevention Advisory Group

AUSTRALIAN INDIGENOUS PSYCHOLOGISTS ASSOCIATION  
Representing Aboriginal and Torres Strait Islander psychologists across Australia  
[www.indigenouspsychology.com.au](http://www.indigenouspsychology.com.au)



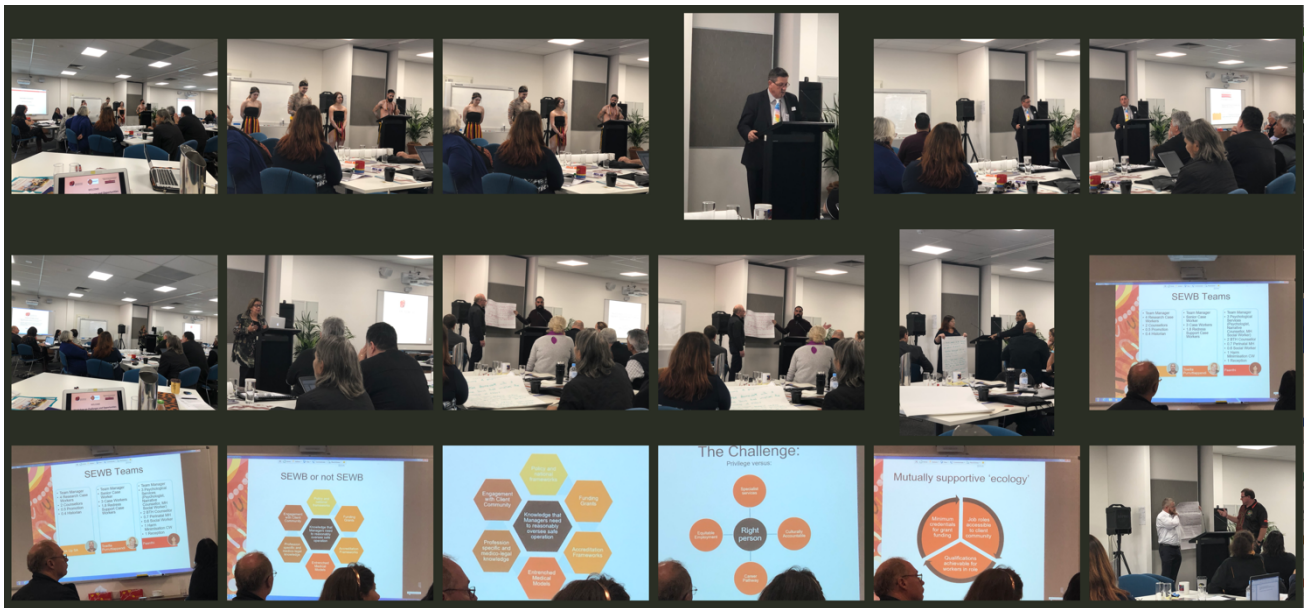
The Centre of Best Practice in  
Aboriginal and Torres Strait  
Islander Suicide Prevention

## REPORT

# Workshop on Challenges and Opportunities in Relation to Strengthening the Social and Emotional Wellbeing Workforce

May 30, 2019  
9.00 am – 5.00 pm

Nunkuwarrin Yunti of South Australia  
182 – 190 Wakefield Street, Adelaide South Australia 5000



The workshop partners acknowledge the Kaurna people as the custodians of the lands and waters of the Adelaide region, on which the workshop took place. They pay respect to Elders both past and present and acknowledge and respect the Kaurna people's cultural, spiritual, physical and emotional connection with their land, waters and community.

## 1. INTRODUCTION

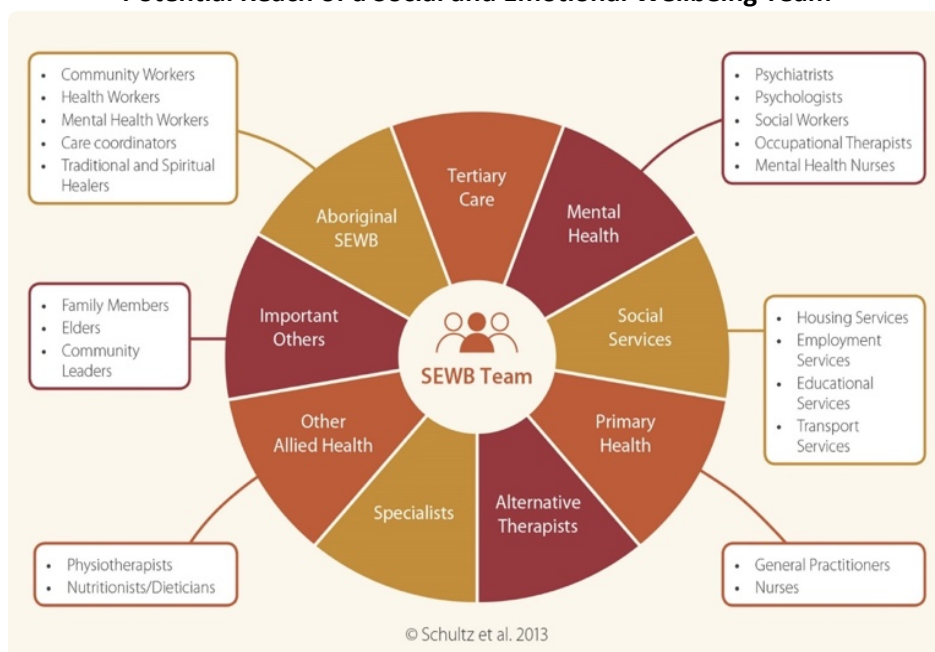
Nunkuwarrin Yunti of South Australia (Nunkuwarrin Yunti), the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP) and the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) collaborated to deliver a **Workshop on Challenges and Opportunities in Relation to Strengthening the Social and Emotional Wellbeing Workforce** at Nunkuwarrin Yunti on the 30<sup>th</sup> of May 2019.

Following its establishment as a community centre by revered Kurna Elder Ms Gladys Elphick in the 1960s, Nunkuwarrin Yunti has grown to a multi-faceted organisation with over 100 staff who deliver a diverse range of health care and community support services. It is also a registered training organisation for social and emotional wellbeing (SEWB) workers. In late 2018, Nunkuwarrin Yunti approached ATSIMHSPAG and CBPATSIISP about co-hosting a workshop to identify structural, and practical supports to strengthen the SEWB workforce in that context.

For ATSIMHSPAG - that advises the Ministers for Health and for Indigenous Australians on increasing Aboriginal and Torres Strait Islander employment across the entire mental health and SEWB workforce and on the implementation of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23* (MH&SEWB Framework) - the workshop also provided an opportunity to develop a formal advice on strategic directions for:

- An effective and empowered mental health and SEWB workforce (MH&SEWB Framework, Outcome 1.1);
- Effective integration and partnerships between Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Services (ACCHSs) (and SEWB teams operating within them) and other health services ('MH&SEWB Framework, Outcome 1.3); and
- Establishing or strengthening existing SEWB Teams, with the potential reach of such teams being illustrated in the MH&SEWB Framework's Appendix 3, as extracted below:

**Potential Reach of a Social and Emotional Wellbeing Team**



CBPATISIP had a particular interest in exploring the potential role of the SEWB workforce in the suicide prevention space to further its work in identifying and promoting best practice in Indigenous suicide prevention.

Attendees included representatives of:

- Aboriginal and Torres Strait Islander Healing Foundation
- Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group
- Aboriginal Community Controlled Health Services
- Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
- Commonwealth Department of Health
- Commonwealth Department of the Prime Minister and Cabinet
- Indigenous mental health and SEWB experts
- National Aboriginal and Torres Strait Islander Health Workers Association
- National Aboriginal Community Controlled Health Organisation
- Nunkuwarrin Yunti of South Australia
- Primary Health Networks
- SEWB Workforce Support Units
- South Australian Government
- State and territory-level peaks for the Aboriginal Community Controlled Health Services
- Victorian Department of Health and Social Services

See Appendix 1 for a list of attendees.

The program workshop aimed:

- To start applying the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23* ('MH&SEWB Framework') to the work of the SEWB workforce in providing services to Aboriginal and Torres Strait Islander communities.
- To facilitate the sharing of knowledge, wisdom and preferred ways of working among the existing SEWB workforce.
- To identify structural, and practical supports to strengthen the SEWB and mental health workforces and systems, prioritising the Aboriginal and Torres Strait Islander workforce at worker, organisational and systems levels.
- To agree on ways to strengthen and sustain SEWB Workforce.

See Appendix 2 for the program.

## 2. A RECORD OF THE WORKSHOP

- The workshop enabled attendees to hear from each other about practical ideas for strengthening the SEWB workforce, including an expanded scope of practice, and size of the workforce.
- Proposals at the national/ system; regional, organisational and worker level were discussed, as reflected in the record below.
- The workshop agreed the following to be priorities:
  - Transfer of SEWB and AOD programs from the Department of the Prime Minister and Cabinet to the Department of Health to ensure the reintegration of such with the work of DOH-funded ACCHSs and greater resourcing of SEWB and AOD programs through the DOH budget stream.
  - A national social and emotional wellbeing workforce strategy including to professionalise and expand the scope of SEWB-practice, expand the existing workforce, and better integrate the SEWB workforce with emerging and other professional workforces.
  - A greater focus on healing trauma through SEWB-practice and greater focus on working with families and communities including to that end.
- Participants reported the workshop to be of significant value and agreed it would be useful for the conversation to continue.

### Coronial matters

One participant asked for national changes to coronial legislation such that the parents of Indigenous young people in OOHC who have died, including by suicide, are required to be notified (as opposed to current requirements which are the 'next of kin' are notified). It was reported that the current situation was a cause of increased stress for parents at a time of great grief.

### 1. National level action

#### (a) COAG/ Australian Government

##### Structural change

- Transfer of SEWB and AOD programs from the Department of the Prime Minister and Cabinet to the Department of Health to ensure the reintegration of SEWB programs with the work of DOH-funded ACCHSs and greater resourcing of SEWB and AOD programs through the DOH budget stream.
- National bodies/fora to support SEWB:
  - National Workforce Support and Development Unit
  - SEWB Institute of Excellence or Best Practice
  - National peak body/ advocacy/ SEWB worker professional body
  - National SEWB leaders' network to inform policy
  - National annual SEWB worker conferences and for a re-established

##### Policy

- The current system tends to treat an Indigenous person through the lens of mental health and not at the level of family or community/ SEWB. Family and community focused trauma-healing and related work should be at the heart of SEWB work.
- SEWB-related policy-development needs to be flexible and able to account for wide range of circumstances.
- National agreement needed on:

- What SEWB is and its importance so that governments/ funders and service providers can communicate and plan more effectively about SEWB and not unnecessarily conflate it with mental health of individuals.
- Characteristics of 'cultural safety', 'cultural competence', 'co-design' and other key terms sometimes used 'loosely' in the space

#### **(b) 'National SEWB Workforce Strategy'**

- Training needs of SEWB workforce assessed at a national level and plan put in place to meet needs – 'National SEWB Workforce Strategy'
- Leverage the support of all national and state level Indigenous health bodies to support the above.
- Strategy-developers should consider the below:

##### **Potential scope of practice of the SEWB workforce**

- Trauma awareness and working in a trauma-informed way (priority)
- Self-care training to complement organisational and system self-care supports
- Mental health literacy and training/ suicide prevention
- Social media to support community work
- Working with tribal or community-level problems
- Supporting communities grieve after a suicide/ death recognising the need for flexibility in approaches
- Supporting/ catalysing cultural practice/renewal including for therapeutic purposes (i.e. art, dance, Rekindling the Spirit (NSW), etc.)
- Extension of scope of SEWB work into wellbeing promotion and prevention
- SEWB domains as specialised areas of practice: i.e. working with Stolen Generations; supporting SEWB of people with mental health challenges; supporting the SEWB of people with physical health challenges; SEWB and families; SEWB and communities; SEWB and culture, etc.

##### **Potential elements of a National SEWB Workforce Strategy**

###### **Guiding principles:**

- Gender balance in workforce planning
- Integration of emerging workforces

###### **Supporting SEWB worker career progression:**

- Accessible SEWB worker education tool-kit/ career progression guide developed
- Investment in continuous training during employment.
- Sharing information / experience/ communities of SEWB practice developed

###### **Funding:**

- Recognition, including through appropriate remuneration, that SEWB workforce is a cost-effective investment - that in community and cultural settings the work of psychiatrists and other professionals is to a significant degree dependent on the SEWB workforce they partner with to navigate and understand their patient's (including their families and community's) lives. This includes supporting the confidence of professionals to work effectively in these contexts.
- MBS: Increasing the billing options for SEWB workforce provided services to support expansion of the SEWB workforce/ integration of SEWB workforce into teams whose work is otherwise MBS-subsidised

###### **Other levers:**

- Expand the SEWB-related roles that can be professionally recognised by AHPRA - to support the professionalisation of the SEWB workforce.
- National support and agreement on appropriate identified and exempted SEWB-related positions because 1. This is appropriate in many areas 2. It will support the increased employment of Indigenous SEWB workers. Implemented regionally and within organisations.

Making SEWB related training more accessible to Indigenous people

- SEWB training eligibility should be flexible and acknowledge both 1. the community/ cultural /lived experience/ knowledge that SEWB workers can bring to the role regardless of completion of year 10 of school and 2. that they may have not been able to complete higher education for reasons significantly beyond their control.
- Apprenticeship/ traineeship approaches - funded by employers with govt support
- School-based apprenticeships re: the above - pathways to employment through early exposure.
- Support easier access to Certificate III level trainings

Non-Indigenous workers

- Training non-Indigenous staff in cultural competence is necessary but this should not be at the expense of upskilling and training Indigenous SEWB workforce as above.
- 'Cultural fitness' and readiness to work in community settings must be evaluated as a qualification when considering employment in addition to clinical skills/ qualifications. This includes knowledge of community histories (massacres and intergenerational impacts, etc.)

## 2. Regional level action

### *Primary Health Networks*

- Co-design must be a guiding principle in regional work with communities
- Integrating regional service provision to support team-based work
- Regional SEWB strategies co-designed with PHNs or at the state-level with the NACCHO affiliates.

### *Regional level funding-related opportunities to support SEWB work*

- PHNs as funders require organisations to work in a coordinated way and in partnership to achieve regional/ jurisdictional SEWB-related goals.
- NGOs receiving government funding to work in communities must be accountable for providing an effective service and value for money. Such accountability mechanisms should be co-designed and developed with communities.
- Mainstream funders/ NGOs encouraged and/or required to invest in SEWB workforces as a part of their PHN/ govt. service agreements but without 'siloeing' or rigid approaches.
- Reduce tensions between mainstream and Indigenous organisations by creating different funding models/ embedding the expectation that wherever possible funding will be channelled to Indigenous place-based organisations and workforces.

### *Regional level data collection*

- Regional data bases to support coordinated regional SEWB work should be co-designed with SEWB workers and made available to support regional SEWB planning
- Improved gathering of data to reflect – in addition to benefits to individuals - the multi-faceted impacts of SEWB work to the benefit of families and communities – connect to KPIs and funding as appropriate.



### *Co-designed and tailored community education packages*

- Co-designed and tailored community education packages. Communities should be educated about SEWB and mental health in order to recognise community/ family/ individual challenges and seek SEWB support/ other support. This is the vital 'other half' to providing SEWB and other support services in communities.

### **3. Organisational level action (with support from government/ regional authorities as required)**

#### *SEWB-related capital works*

- Place-based, dedicated, co-designed SEWB work and healing spaces within ACCHSs/ service settings

#### *Technology to support SEWB-relate (see also technology to support teamwork)*

- Software:
  - Shared electronic diaries also linked to linked to organisational and community events
  - Access to MyHealth electronic records - Training/ protocols in use
- Practical (e?)-guides to navigating services

#### *Workplace flexibility/ support*

- Use of TOIL (time off in lieu) recognising time spent travelling, particularly in regional areas and out-of-hours work is a part of the job; in addition to out-of-hours work
- Housing and accommodation in remote communities provided to SEWB workers on equal terms to other Indigenous and non-Indigenous service provider/ program staff
- 4WD driving skills to ensure worker safety while travelling
- Not limiting SEWB workers/ services by the need to meet personal KPIs as an end in itself – recognising that their work may not fit into predetermined categories. KPIs are best attached to the work/outcomes of teams in the context of SEWB work (as discussed below).

#### *Safety and self-care support*

- Gayle's Law should be implemented for SEWB workers
  - Gayle's Law (SA) says that remote nurses should not work alone in remote or isolated communities. (See: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/gayles+law>).
  - Requires greater funding, clauses in service agreements, normative protocols, etc.
- Organisational acknowledgment (CEO down) that self-care is integral to working effectively in SEWB and workforce sustainability.
  - Self-care/planning embedded within employment contracts linked to KPIs
  - Self-care resources (i.e. trauma informed yoga, SEWB worker yarning circles) available
  - Peer networks at various levels (organisational/ community/ regional/ etc.)
  - Healing resources for staff (traditional healers) whose own trauma may be 'triggered' by SEWB work, or who may experience vicarious trauma while working

#### 4. Delivering effective, high quality, clinically and culturally appropriate team-based care

##### *Leadership and team spirit*

- Equal level cultural + clinical leadership in teams.
- Leads for teams trained and appropriately remunerated
- Cultural, therapeutic and clinical supervision and mentoring
- Team cultural safety - Cultural authority must be understood by non-Indigenous staff
- Shared understanding, purpose, ways of working, goals, vision.
- Team building opportunities/ shared trainings
- Team-based KPIs not worker KPIs
- Sharing team information / experience/ communities of practice developed

##### *Team members*

- Cultural healers / remunerated appropriately
- Translators - critical in some communities
- Gender balance across teams
- Team includes the client - Clients treated as team members rather than 'patient'

##### *Community-level SEWB work*

- Organisations/workers prepared, trained and supported to be co-located in place-based community settings and services, including ACCHSs.
- Capital works may be needed to ensure co-located workers can be accommodated.
- Teams need to be funded to be available 24/7, particularly important in suicide prevention.
- Community SEWB work based on community development principles that build on human and social capital necessary – developed through co-design principles/ getting the right people in the room/ Indigenous community/ Elders' leadership with support of Indigenous organisations.

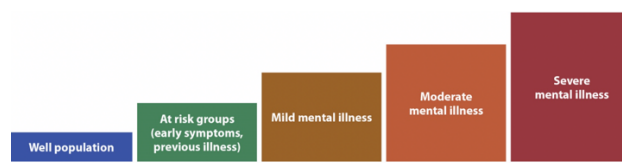
##### *Tools and resources to support teamwork*

- Shared electronic team calendars/ portals and online forums.
- 15Five: Continuous Performance Management Software.
- Shared care' models of treatment – connected to MyHealth Record/ Communicare software.

##### *Effective SEWB team integration and partnerships across professions, organisations and with the health and mental health system*

- SEWB workforce and SEWB-related activity should be integrated at all steps of the 'stepped care model' of mental health care and as per the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-23* which aims to ensure SEWB support to Indigenous people with mental health problems at all steps of the model.





- Local health services (ACCHSs) should be the hubs through which organisations involved in SEWB work operate. ACCHSs etc. need to be remunerated to be able to coordinate activities/ staff trained if necessary.
- Workers involved in SEWB and related work ‘seconded’ to work in each other’s organisations to foster personal relationships, build mutual understanding.
- MOUs and regional committees/ for a to break down silos between service providers and/or workforces.
- Mutually (nationally/ regionally?) agreed standards of cultural safety should be embedded in all elements of the system working with Indigenous people – every professional should be required to undergo training to that end.
- Specialists and other professionals/ workers, including those provided by NGOs, must be trained in community and culture so to work with SEWB workers and respect the protocols for engaging with community (Elders, traditional owners, etc.) as guided by SEWB workers.
- Front line workers in contact with indigenous people – paramedics, ambulance drivers., police, ED staff, etc. brought into SEWB partnerships. Trained as appropriate. Connection to Indigenous people working in hospitals, police, etc.
- GPs and hospitals (including EDs) tend to treat the physical person, and not be alert to potential mental health or SEWB issues. This is particularly important for Indigenous suicide prevention.

## Conclusion

The workshop brought together key stakeholders in the SEWB workforce to provide a collective voice to the sector and to identify supported directions for reform and expansion of the SEWB workforce. ATSIMHSPAG will submit this Report to the Commonwealth Minister for Health and Minister for Indigenous Australians and the new Indigenous Australians Agency within the Department of the Prime Minister and Cabinet to that end.

## Appendix 1: Attendee list

Facilitator	Professor Kerry Arabena
Nunkuwarrin Yunti of SA Inc.	Ms Vicki Holmes – CEO
	Mr Michael McCabe – Executive Manager Corporate Support Services
	Mr Lance Reilly – People Development Unit
	Mr Christopher Howland – SEWB Manager
	Ms Toni Arundel – Workforce Development & Support Unit
	Ms Bec Edser – Workforce Development and Support Unit
	Mr Rohan Carmody - Workforce Development and Support Unit
	Ms Jane Nelson – Vet Trainer and Assessor ATSI Mental Health First Aid
	Ms Tanya Michelle – Link-Up Counsellor
	Ms Bonny Gibson – Link-Up Counsellor
	Ms Belinda Wilson – Caseworker
	Mr Stephen Meredith - Psychologist
Queensland Aboriginal and Islander Health Council	Ms Julie Allen - SEWB Workforce Development Support Unit
Yorgum Aboriginal Health Services	Ms Laurel Sellers – CEO
	Mr Dion Storey
VACCHO	Ms Helen Kennedy
	Ms Whitney Solomon
Pika Wiya Aboriginal Health Service	Mr Justin Mogridge
Ampilatwatja Health Service NT	Mr David Smith – CEO
	Mr Nigel Morton – Chair
SA CAMHS	Ms Judith Lovegrove, Senior Aboriginal Social & Emotional Wellbeing Worker
Adelaide PHN	Ms Kelly Stewart
	Ms Tamira Pascoe
	Ms Michele Robinson
The Healing Foundation	Mr Richard Weston, CEO
Department of the PM&C	Mr Craig Hendry
	Ms Louise Cooke
Dept. of Health	Ms Sally Bishop
Thirrili/ NICRS	Rachael Schmerl
University of SA	Ms Patricia Muncey, Director Field Education Social Work and Social Sciences Programs
Tasmanian Aboriginal Health Service	Mr George Ramm
Headspace	Ms Kristen Orazi – Manager, Broome
NATSIHWA	Ms Stacie Murphy
AMSANT	Ms Danielle Dyll
Culture is Life	Ms Katie Symes
AHCSA	Mr Robert Dann, Workforce Development
CBPATSISP	Assoc. Prof Roz Walker
	Ms Barbara Ahmat
ATSIMHSPAG	Mr Tom Brideson (Co-chair)
	Professor Pat Dudgeon (Co-chair) (also CBPATSISP)
	Ms Adele Cox (also Thirrili/ NICRS)
	Dr Vanessa Lee
	Mr Rob McPhee
	Dr Anthony Dillon
	Mr Chris Holland (EO)
	Dr Lyn O Grady (APS)



## Appendix 2: Program

*Facilitated by Professor Kerry Arabena*

<i>Registration, tea and coffee served between 8.30 - 9.00 am</i>	
Opening 9.00 – 10.00	<b>Opening</b> Welcome to Country Room introductions Hearing from Elders Hearing from people with lived experience
Introduction 10.00 – 10.30	<b>Introduction</b> <ul style="list-style-type: none"> <li>Nunkuwarrin Yunti, South Australian context, SEWB and the work of the WDSUs – <i>CEO Ms Vicki Holmes; Mr Lance Reilly</i></li> <li>ATSIMHSPAG, actioning the SEWB Framework - <i>Mr Tom Brideson</i></li> <li>CBPATISP - <i>Professor Pat Dudgeon</i></li> <li>Challenges and opportunities in the current context - <i>Australian Government representative</i></li> </ul>
<i>Morning tea 15-minutes</i>	
Session 1 10.45 – 12.15	<b>What skills, tools and resources are required to sustain an empowered and effective SEWB workforce?</b> <i>With an introduction by Nunkuwarrin Yunti</i>
<i>Lunch – 45 minutes</i>	
Session 2 1.00 – 2.15 pm	<b>How can we best support the SEWB and mental health workforce to provide effective, high quality, clinically and culturally appropriate care and support to Aboriginal and Torres Strait Islander individuals, families and communities?</b> <i>With an introduction to the National Strategic Framework by Professor Pat Dudgeon and a snapshot of Mental Health and SEWB Teams today by Nunkuwarrin Yunti</i>
Session 3 2.15 – 3.15	<b>How do we effectively integrate and work in partnership across professions, organisations and with the health and mental health system?</b> <i>Introduction by Mr Tom Brideson</i>
<i>Afternoon tea 15-minute break</i>	
Close 3.30 – 4.00	<b>What are the challenges and opportunities today?</b> <ul style="list-style-type: none"> <li>Recommendations/ advice to Australian Governments</li> <li>Attendee commitments to change</li> <li>Closing words</li> </ul>