

The real need for SEWB workforce development



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Over the past few years, we have seen an increased interest in using Social and Emotional Wellbeing (SEWB) as a holistic approach to health for Aboriginal and Torres Strait Islander peoples.

Strengthening SEWB is now one of the outcomes of Target 14 of the National Agreement on Closing the Gap – aiming for a significant and sustained reduction in suicide of our people, towards zero.

A SEWB Policy Partnership has also been established to help drive this work forward, with Commonwealth and State and Territory governments recognising SEWB as an important concept of health and wellbeing, embedding it in key policies.

For many in government and academia, SEWB is simply a holistic framework to address health challenges in our communities.

And, at times, “SEWB” has been thrown around like a buzzword to signify the cultural appropriateness of one’s services.

But SEWB isn’t just a model, it is rooted much deeper in our ways of knowing, being and doing – an inherent connectedness which has been sustained for thousands of years.

How then can we help our Mob to have increased SEWB – to live it, and to feel that sense of connection, balance and belonging?

In May 2025, the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP) and Transforming Indigenous Mental Health and Wellbeing (TIMHWP) came together to host a two-day workshop focused on the needs of SEWB workers and how best to support them in their roles.

Held at the University of Western Australia (UWA), the workshop brought together SEWB workers and leaders from across the country.

Representatives from the Aboriginal Community Controlled and health sectors attended,



Workshop attendees at the University of Western Australia. Pictures: supplied.



Attendees were split into smaller groups to discuss what SEWB training should look like.

including those from the Kimberley Aboriginal Medical Services (KAMS), Langford Aboriginal Association in Western Australia, Danila Dilba Health Services in the Northern Territory, and Darling Downs Health in Queensland.

Also in attendance were key SEWB leadership partners like the National Aboriginal Community Controlled Health Organisation (NACCHO), the East Metropolitan Health Service, and the Aboriginal Health Council of Western Australia (AHCWA).

Throughout the two days, we listened and learned from each other to gain an understanding of how SEWB workers and SEWB teams are supported across the various organisations, and about the kind of work being done by workers for their respective communities.

We celebrated and shared with each other as we reflected on the successes and challenges of working in the SEWB space.

One thing became clear: many organisations didn’t have a shared understanding of SEWB and what it means in practice.

This lack of clarity has made it difficult to plan and deliver SEWB programs effectively; there is ambiguity about where roles begin and end, scopes of practice, and availability of training pathways.

This uncertainty, combined with high emotional demands, leads to high levels of burnout and stress on the job.

Additionally, many highlighted how the lines between serving the community as a SEWB worker and being a member of the community as an individual, were often blurred.

Our people carry community issues both in their professional and personal lives.

Their feelings and experiences of loss are often put aside so they can fulfill their duties as a SEWB worker.

Throughout the room, there was a strong sense that it was time to develop a training

program for the SEWB workforce – to support those who work tirelessly to support others (be they individuals, families, or communities).

Strengthening the SEWB workforce means ensuring the workers will have the confidence, knowledge, and tools to continue the important work they do in a sustainable and culturally grounded way.

The group agreed that the training program should be designed to build capacity, confidence, and practical skills through hands-on learning via a range of activities (such as role plays and case studies).

The program should set the standard across the SEWB workforce and define the parameters of the SEWB worker role, to ensure consistency in delivery and practice.

Ultimately, this training program should create a connected network of SEWB workers who can support and learn from each other and share their experiences whilst working

in the field.

Since the workshop, we have been working closely together to develop this new training program, basing it on the knowledges and priorities shared by the participants in the workshop and we are aiming to pilot the program with the organisations who attended the workshop.

Our team includes Professor Pat Dudgeon, Angela Ryder AM, Dr Joan Chan and myself – a group of people with diverse backgrounds, both Indigenous and non-Indigenous, with expertise in delivering and evaluating SEWB and suicide-prevention services.

We’ve seen the positive impact of embedding the SEWB framework into service delivery – shifting organisations toward holistic, strength-based ways of working that reflect our cultures and communities.

This training program will continue to build on that work by supporting workforce wellbeing, strengthening cultural integrity, and providing practical tools, resources, and ongoing suicide-prevention learning opportunities for our SEWB workers.

Tegan Schefe is a Bidjara and Kamilaroi woman with a strong background in primary health care and suicide prevention. Tegan is committed to community-driven, co-designed solutions that enhance the wellbeing of Aboriginal and Torres Strait Islander communities. Tegan currently works at the Australian Research Council’s Centre of Excellence for Indigenous Futures as an administrator and has close connections with the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia.