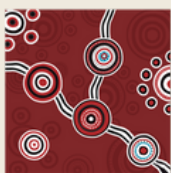


Development of a Social and Emotional Wellbeing (SEWB) Workforce Training Program: Workshop Summary

Held in Bilya Marlee, School of Indigenous Studies (SIS), University of
Western Australia | 28 - 29 May 2025



*Organised by Transforming Indigenous Mental Health and
Wellbeing (TIMHWB) project and the Centre of Best
Practice in Aboriginal and Torres Strait Islander Suicide
Prevention (CBPATISIP)*

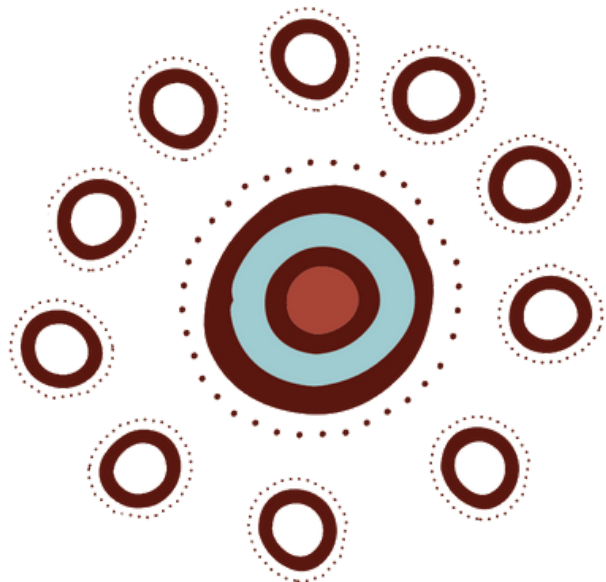
Acknowledgement

We acknowledge and pay respect to Noongar Elders and Traditional Custodians whose lands we gathered on in Boorloo (Perth).

We also pay our respects to all Aboriginal and Torres Strait Islander Elders, past and present, and to the Traditional Custodians of the lands and waters across the unceded lands now known as Australia.

Aboriginal and Torres Strait Islander peoples are the first peoples of Australia and are the enduring Custodians of the world's oldest continuous culture. We recognise the strengths, creativity, and resilience of all Aboriginal and Torres Strait Islander peoples and communities, and we celebrate the rich ways of being, knowing, and doing across Australia.

Finally, we acknowledge our allies, who walk with us towards social justice, in a movement of the Australian people for a better future, truth-telling, and a fuller expression of Australia's nationhood.



Transforming Indigenous
Mental Health and Wellbeing
www.TIMHWB.org.au



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

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
AHCWA	Aboriginal Health Council of Western Australia
KAMS	Kimberley Aboriginal Medical Service
K-5	Kessler Psychological Distress Scale
NACCHO	National Aboriginal Community Controlled Health Organisation
SEWB	Social and Emotional Wellbeing
UWA	University of Western Australia



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Background



There has been an increased interest in using Social and Emotional Wellbeing (SEWB) as a holistic approach to health for Aboriginal and Torres Strait Islander peoples since the publication of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report (Dudgeon et al., 2016) and several key policies including the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 (Department of Health, 2017).

Strengthening SEWB is now one of the outcomes of Target 14 'Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people toward zero' of the National Agreement on Closing the Gap. A SEWB Policy Partnership has also been convened to work towards meeting the Closing the Gap targets. Commonwealth and State and Territory governments recognise SEWB as an important concept of health and wellbeing, embedding it in policies. Some examples of policies are the Victorian Balit Murrup – Aboriginal SEWB Framework 2017-2027 (Department of Health, 2017), the NT Aboriginal Health Plan 2021 – 2031 (NT Health, 2021), and the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023 (Department of Health, 2017) that is currently being refreshed. Significant investment has been directed towards programs and services aligned to these policies, including the development of the national Culture, Care, Connect aftercare program for Aboriginal and Torres Strait Islander peoples through Aboriginal Community Controlled Health Organisations (ACCHOs). The Western Australian Mental Health Commission also

recently funded the Aboriginal Health Council of Western Australia (AHCWA) to trial a SEWB model of service in ACCHOs across Western Australia (Dudgeon, Agung-Igusti, Carlin, 2025).

These important shifts that have supported the translation and implementation of the SEWB paradigm into service delivery and practice, and as a result of this success there is now a need for further sector strengthening and development. Both a survey conducted by the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2022 and early findings from the AHCWA SEWB model of service in ACCHOs (Dudgeon, Agung-Igusti, Carlin, 2025) have identified opportunities for training and capacity as a key need for SEWB workforce. Any initiatives that seek to address these needs must be community-led and centre Indigenous ways of being, knowing, and doing.

Currently, there are some workforce training programs already promote a SEWB perspective, e.g. the NSW diploma and degree-level Djirruwang Aboriginal Mental Health Worker Education and Training Program, which adopts a SEWB approach to mental health care. However, in practice, many ACCHOs recruit SEWB workers from their communities, who do not have formal training when they start their roles. This means there is a clear need for training to ensure SEWB workers have a basic understanding of SEWB principles and practice to enable them to be safe and effective in their roles. This is the gap that the SEWB Workforce Training Program Workshop sought to address.



Workshop Overview and Aims

Over two days, the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP) and Transforming Indigenous Mental Health and Wellbeing (TIMHWP), led by Professor Pat Dudgeon and Professor Helen Milroy, brought together key knowledge holders from across Australia. These included ACCHO SEWB workforce from Kimberley Aboriginal Medical Services and Langford Aboriginal Association (WA), and Danila Dilba Health Service (NT), and representatives from mainstream organisations such as Darling Downs Health (QLD), and the WA Department of Health. National and state peak bodies NACCHO and AHCWA were also represented.

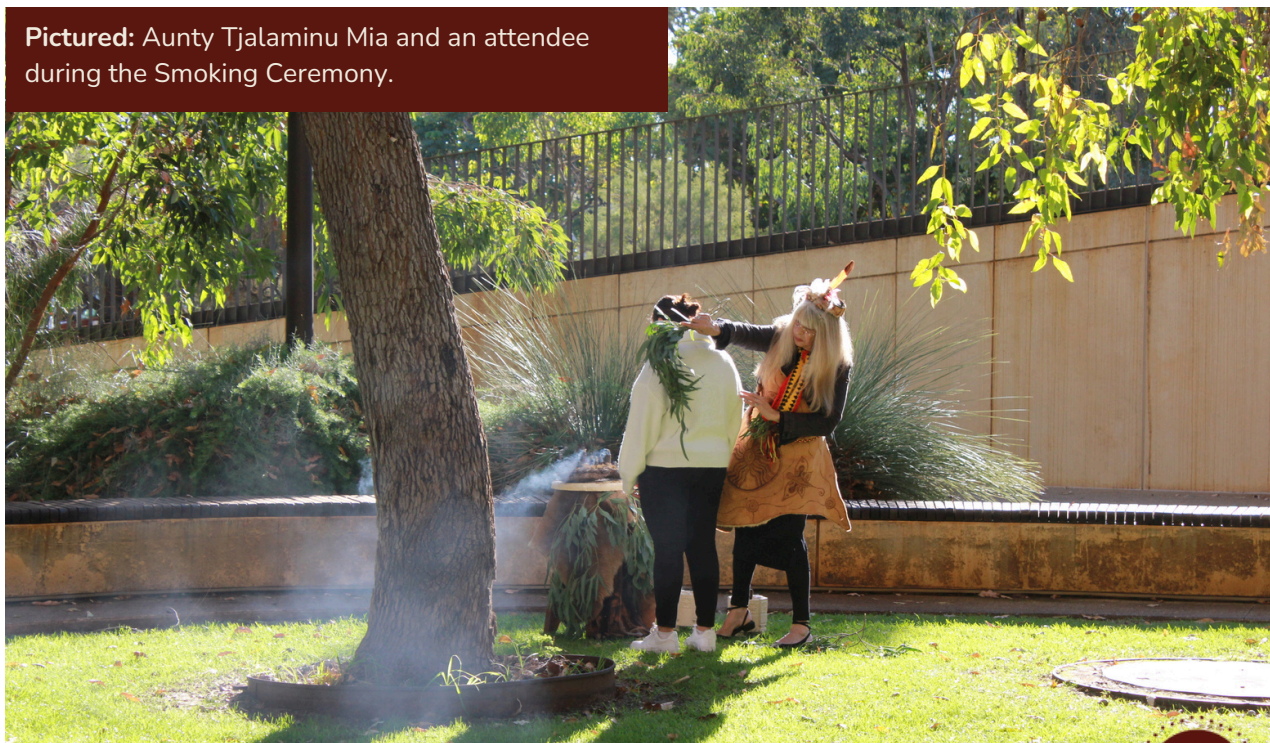
The aim of the workshop was to understand best practice approaches in the development of a SEWB Workforce Training program. This included gaining a more nuanced understanding of current SEWB workforce needs and identifying key content for inclusion. Further priorities were also identified such as development of SEWB accreditation standards to further strengthen the SEWB workforce.



Day One



Pictured: Aunty Tjalaminu Mia and an attendee during the Smoking Ceremony.



Welcome to Country and Opening Address



Professor Pat Dudgeon and Aunty Tjalaminu Mia

Noongar Elder Aunty Tj opened the workshop with a Welcome to Country and a smoking ceremony. She spoke in language and welcomed our attendees from all over Australia. As each of the attendees approached Aunty Tj to be smoked, she gave them a blessing and wished them a safe passage home.

Professor Dudgeon gave an opening address, thanking everyone for travelling to Perth to join the workshop. She highlighted the shared goal of working towards strengthening the SEWB of Aboriginal and Torres Strait Islander people and supporting them to flourish. Professor Dudgeon introduced the workshop facilitator Tegan Schefe who facilitated the 2-day workshop. Each attendee introduced themselves to the room, with their roles, where they travelled from and their connections to Country. A list of attendees is found at the end of the report.

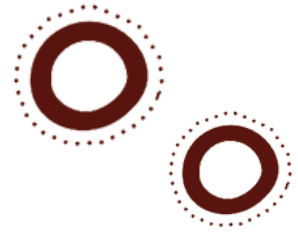


Professor Pat Dudgeon AM



Tegan Schefe

SEWB Consultation Survey Results



Danielle Dyll

NACCHO

Danielle Dyll presented on the SEWB Consultation Survey, conducted in 2022 to understand the how SEWB services were being used and to identify service gaps on a national scale. The survey was sent out to all of NACCHO's members services and affiliates and it showed that 95% of the respondents delivered SEWB services or support under a diverse range of roles and job titles, demonstrating the holistic nature of SEWB and its capacity to address a range of social, behavioural and psychological challenges. Survey findings demonstrated the complexity of issues faced by many people engaging with SEWB services, and the necessary skills that SEWB workers were required to have to provide the best care for clients.

The survey showed that cultural awareness and cultural safety were most valued by respondents as competencies that were most valuable for SEWB workers (88%), followed by an understanding of mental health (85%).

In relation to training most of the respondents felt that there were inadequate opportunities (84%) and that training was difficult to access (80%). A majority of respondents also reported a lack of training pathways for SEWB workers (76%).

Following the presentation, there was a discussion on the involvement of SEWB workers in Employee Assistance Programs (EAPs), whether SEWB workers accessed EAPs, and if these services were culturally safe or widely used. However, there was some consensus that EAPs should be the first point of call if a SEWB worker needed help. While there is a lack of information on the current usage of EAP programs, attendees suggested that EAPs may become more culturally safe by including cultural healers and SEWB workers who will be able to draw on cultural ways of healing. Examples of such programs include rangers programs and cultural burns on Country.



Danila Dilba Health Service (DDHS) Integrated SEWB Program

Pacita Bonson

Tracey Castine

Timika Kahu-Leedie

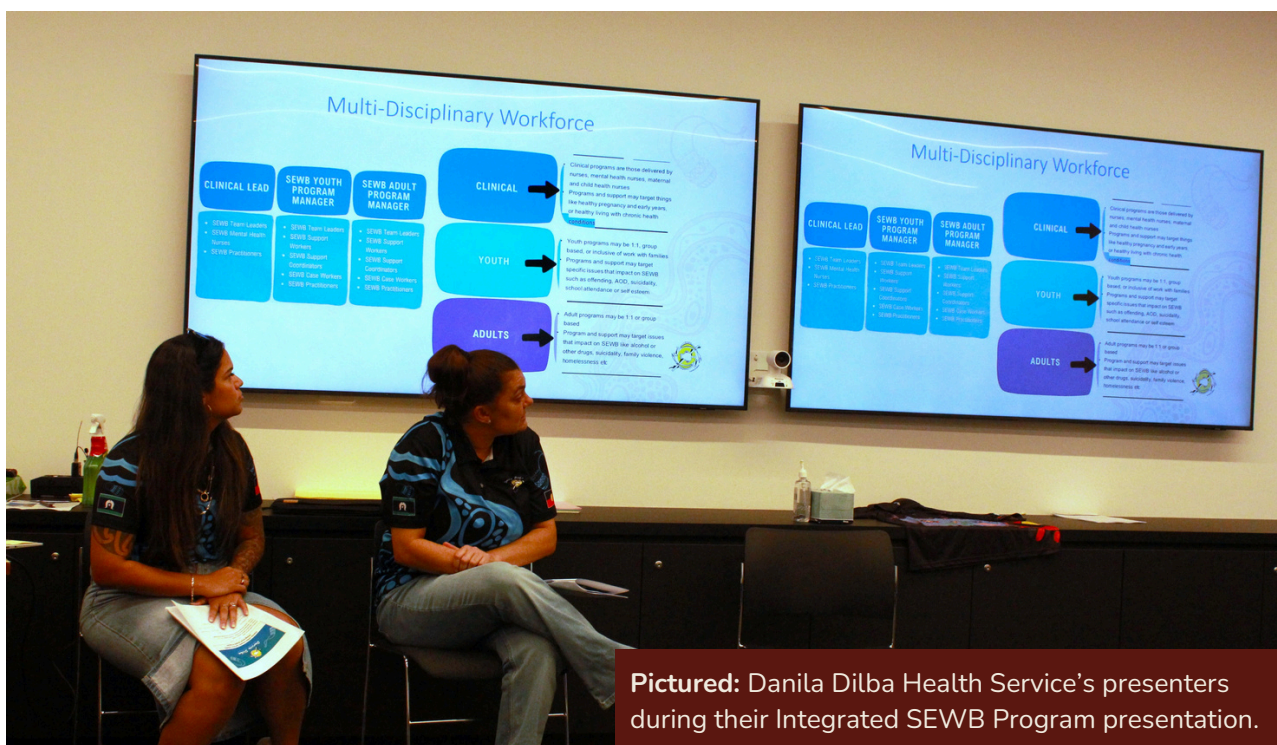
Danila Dilba Health Service

This presentation described the Integrated SEWB Program at DDHS in Darwin. The presenters described the structure of their SEWB team, consisting of a multi-disciplinary workforce working in smaller teams, also known as streams. Having a multi-disciplinary workforce with multiple streams allowed DDHS to deliver a whole range of SEWB services, from counselling to youth diversion, and alcohol and drug services. This approach also allowed DDHS to take on a “Whole-of-Life approach” towards SEWB. It also ensured that the program stays strong in Culture, where there were streams specifically supporting children, young people, families, adults, and Elders. This integrated approach means that people could be referred to the SEWB service



from anywhere in the organisation or externally. This approach also ensured that there was a clear leadership structure that made sure that staff have everything they need to deliver a safe service.

The presenters shared further information relating to programs delivered within their service. This includes the Cultural, Social and Emotional Wellbeing program with their Elders group, which aims to strengthen SEWB and prevent suicide in Aboriginal and Torres Strait Islander communities; and the STRONG program with 12 – 14- year- old children, where youth come in and speak about what is going on in their lives and about what SEWB means to them.



Pictured: Danila Dilba Health Service's presenters during their Integrated SEWB Program presentation.

AHCWA SEWB Model of Service Pilot

Dr Rama Agung-Igusti

Transforming Indigenous Mental Health and Wellbeing

Rachel Radcliffe

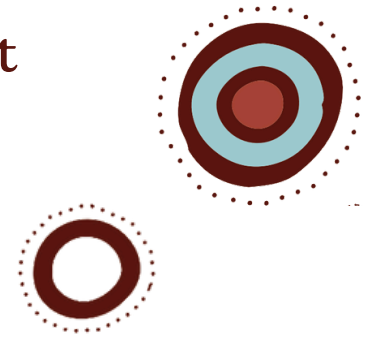
Aboriginal Health Council of Western Australia

The presenters described the AHCWA SEWB Model of Service Pilot and emerging findings from the pilot's evaluation. The AHCWA SEWB Model of Service Pilot is a community-driven initiative aimed at providing culturally centered, holistic, and flexible SEWB support. The model was developed based on extensive consultations with Aboriginal Community Controlled Health Services (ACCHS) to ensure it meets the unique needs of Aboriginal communities.

Through their evaluation, they found that having a strong Aboriginal workforce with lived experience and community knowledge and building strong relationships with the community was key to SEWB service delivery. The implementation of this model of service

had also led to a reduction in barriers to accessing culturally appropriate support and a greater sense of cultural identity and belonging. Overall, clients reported positive changes in their ability to manage challenges, emotions, and wellbeing.

They also identified several areas where systems and processes could be improved to enhance future service effectiveness and sustainability. For example, their evaluation found that there could be stronger coordination within SEWB teams and clinical and social services to improve client support. There was also a strong need to establish a structured induction, training, and professional developmental pathways for SEWB teams.



National Empowerment Project: Cultural, Social, and Emotional Wellbeing Program

Gillian King

Priscilla Bynder

Angela Ryder

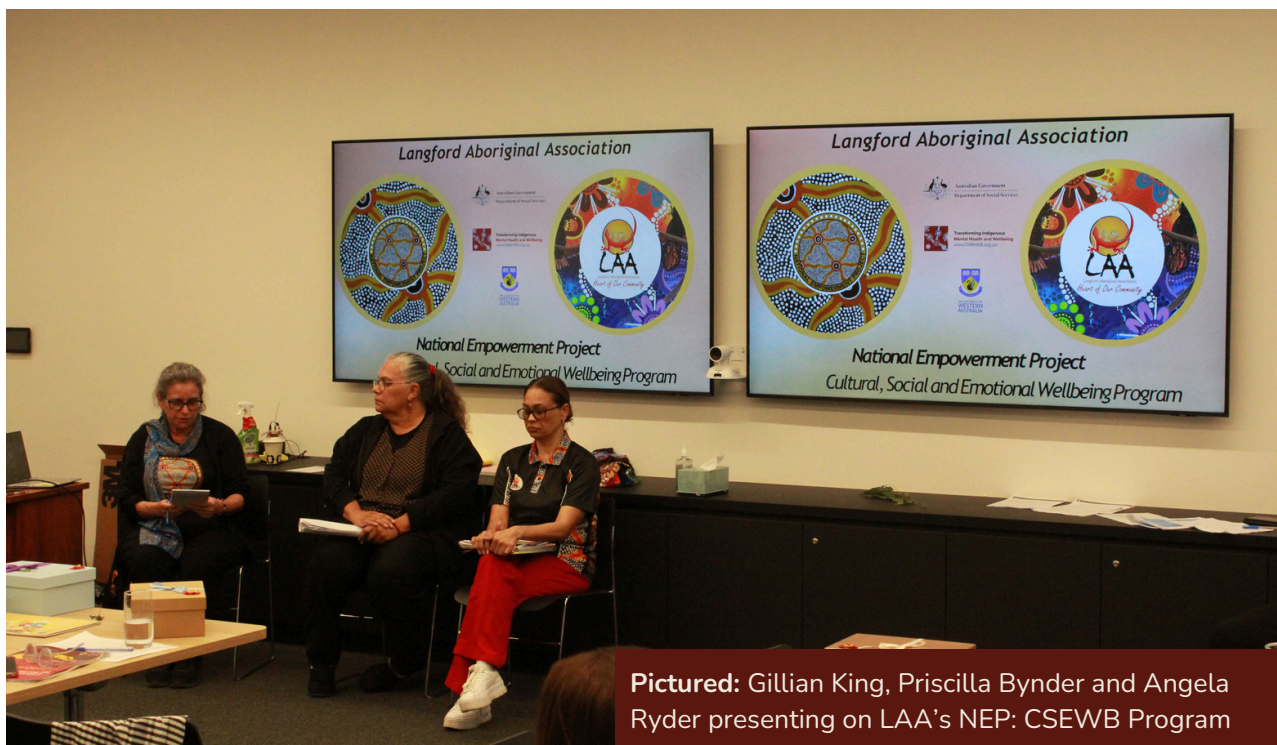
Langford Aboriginal Association



The presenters gave a brief overview of all the SEWB-related activities that LAA deliver. These included the Noongar language program, Aboriginal Family Safety Project, Aboriginal and Torres Strait Islander Women's Wellbeing Program, Men's shed, My Time (carer's program), financial counselling, health checks, youth connecting to culture, grief and loss workshops and the National Empowerment Project.

The presenters shared an overview of the National Empowerment Project: Cultural,

Social, and Emotional Wellbeing Program that was facilitated in Boronia Pre-release Centre for Women. In total, there were 18 women who attended and graduated from the program across both deliveries. Key to success of the program was the support of the Elders who had suggested delivering the program in the prisons. These Elders had previously participated in the program and personally experienced benefits. A video collating the feedback of the participants of the 2024 Boronia delivery can be found on the [Department of Justice Facebook page](#).



Pictured: Gillian King, Priscilla Bynder and Angela Ryder presenting on LAA's NEP: CSEWB Program

Darling Downs Health Social and Emotional Wellbeing Service

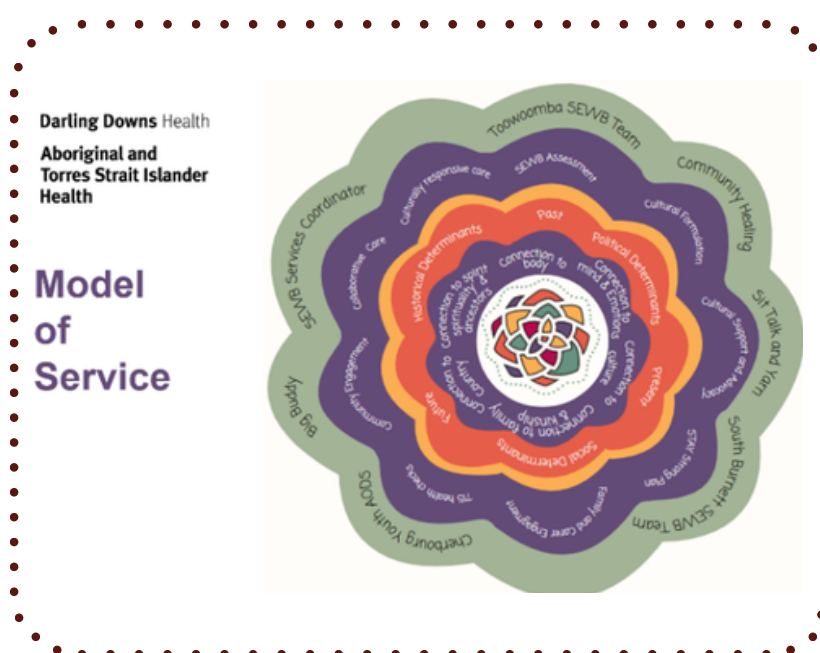
Sueanne Gola

Darling Downs Health

The presenter shared how Darling Downs Health was able to integrate cultural safety and responsiveness within SEWB services delivered in a mainstream health organisation. Their model of service was conceptualised in the shape of a bunya nut, a native nut that can be found in Queensland and was a source of food for the Traditional Custodians.

The presenter shared about the SEWB programs that DDH run. These included Big Buddy and STaY (Sit Talk and Yarn) program. This program was developed and co-designed with the Cherbourg community during a time where youth suicide was extremely prevalent in after COVID. Following the development and implementation of STaY, suicide was significantly reduced in the community as the program was able to identify those impacted by loss of life or distressing events and reaches out to provide support and stability.

Darling Downs Health also recently reorganised their structures so that all the SEWB-related services worked alongside each other. The SEWB team works within and alongside mental health alcohol and drug's community and inpatient services across the lifespan and facilitates transitions into and out of mental health alcohol and drug services. This allowed for greater continuity of care by embedding culturally responsive practices into assessment, care planning, treatment, service transitions and discharge processes, smooth supported transitions in, between, and out of the mental health alcohol and drug services, and an increase in SEWB and mental health literacy of mental health alcohol and drug clinicians, and Aboriginal and Torres Strait Islander consumers and communities. Staff were also more satisfied with their jobs as they were less restricted by organisational processes. Organisationally, there was also a reduction in the siloing of services.



Pictured: A slide from the Darling Downs Health presentation on their Social and Emotional Wellbeing Service.

Understanding and Strengthening our SEWB Workforce

Jasmine Phillips

Brendan Cox

Kimberley Aboriginal Medical Services



The presenters shared about the Kimberley Empowerment Healing and Leadership program (KEHLP) that KAMS has been facilitating. He shared that KEHLP aims at facilitating healing through teaching about colonization and policies which discriminate against Aboriginal and Torres Strait Islander peoples because “For some peoples to heal, they need to reflect on their past to move forward”.

Next, they shared about resources that had been developed through KAMS and UWA, namely the SEWB Welcome Guide for Aboriginal Workforce and the Workforce Wellbeing Guide: A self-reflection and self-care resource for Aboriginal Community Controlled Health Services in the Kimberley. The SEWB Welcome Guide for Aboriginal Workforce supports new SEWB workforce to strengthen understanding of the SEWB paradigm and how it translates to practice. The guide has four

sections: (1) SEWB framework, (2) SEWB in action, (3) SEWB in ACCHOs, (4) Resources and further information, and is developed for use during orientation when staff are first brought on.

The Workforce Wellbeing Guide was developed in 2024 after consulting SEWB staff and Aboriginal Health Workers, and other ACCHOs healthcare professionals. During the consultations, self-care was highlighted as one of the challenges that staff experienced. The Workforce Wellbeing Guide was co-produced to provide a self-reflection and self-care guide. It contains 5 sections that elaborate on self-care and provides suggested activities that individuals can do for self-care. Brendan also shared that the KAMS SEWB team go out on Country once a month to do activities such as fishing and reflection, as part of looking after the wellbeing of the team.



Pictured: Jasmine Phillips and Brendan Cox presenting on the KAMS KEHLP program.

SEWB Worker Wellbeing, Burnout, Self-Care and Cultural Wellbeing Exercise

Aunty Tj

Aunty Tj started by handing out wellbeing boxes for each person and gave out a branch of Eucalyptus for each table. Each person at table took a leaf from the branch and handed on.

She then started with a discussion on 'what is burn out?' One of the attendees shared their experience of burn out – they see it as when your mind, body and soul is completely deflated, and you have no source to get that energy back.

Aunty Tj shared her own personal story of burn out and reflected on her experience as a Stolen Generations survivor of Sister Kate's. To Aunty Tj, burnt out was like running 100 miles an hour

and taking on too much. Often people can operate from a place of not wanting to let others' down and putting pressure on yourself. Extreme burn out can be triggered or exacerbated by grief. Healing allows SEWB workers to do better for their clients.

Finally, she facilitated a wellbeing exercise with the group. Attendees were asked to rub the eucalyptus leaf which was handed out previously in their hands and to breathe in the scent. Attendees were then instructed to write down an affirmation on a post-it note and exchange it with the other attendees sitting at their table.



Pictured: Workshop participants receiving a wellbeing box after Aunty Tj's wellbeing exercise.

Workshop One: What are the current workforce needs and gaps in the SEWB sector?

Workshop one sought to understand the needs of the current SEWB workforce and the gaps in the SEWB sector. Participant responses are summarised below:

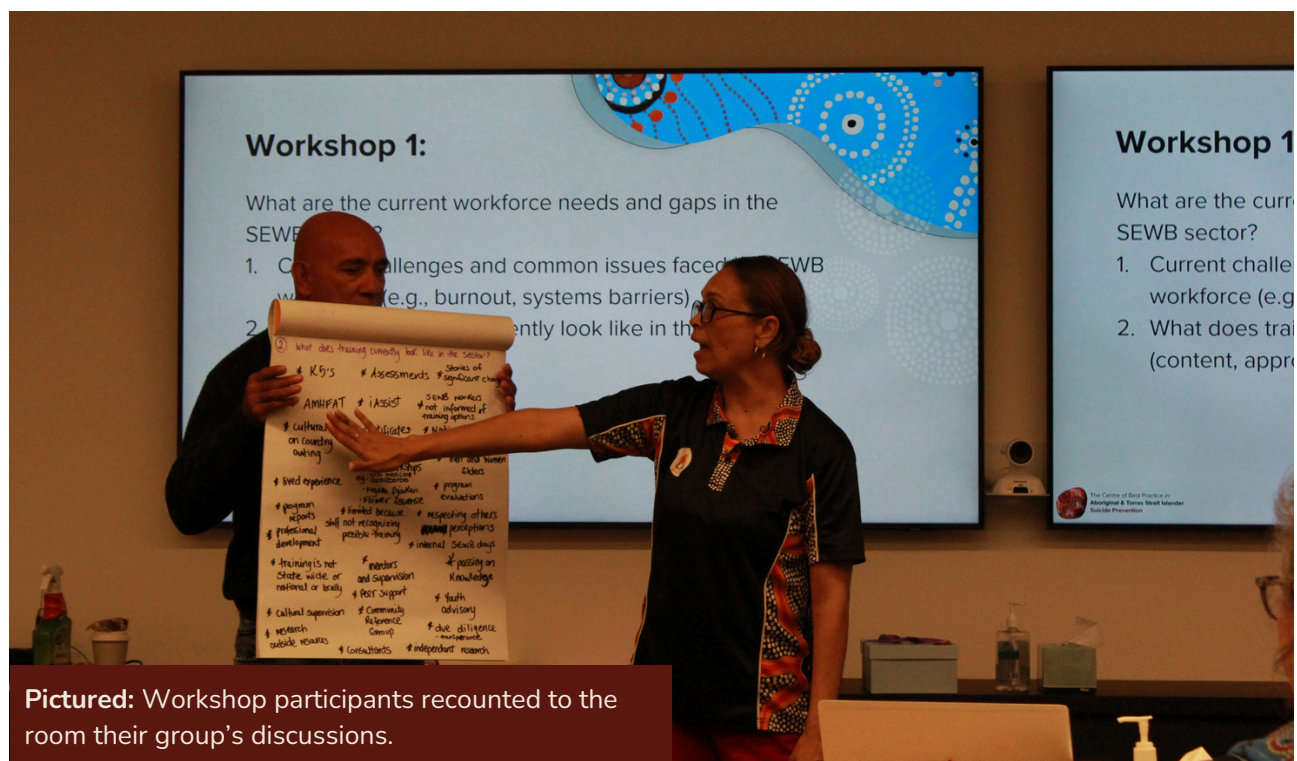
What are the current challenges and common issues faced by SEWB workforce?

- Lack of clarity of SEWB as a concept leads to difficulties in planning and delivering SEWB services
- Mainstream organisations lack in understanding the value of SEWB as a strategy towards good health for Aboriginal and Torres Strait Islander people
- Lack of SEWB worker role clarity, scope of practice, and training pathways
- Lack of appropriate clinical and cultural supervision
- Feeling isolated in the role
- Clinical knowledge tends to be valued over addressing one's SEWB as part of promoting health

- High levels of burnout as SEWB workers are close to the community that they are serving
- Recruitment and retention challenges
- Lack of cultural safety frameworks and supports

What does training currently look like in the sector?

- Western, discipline specific knowledges were preferred (e.g., degrees in a related field)
- Internal training may differ depending on the person delivering it
- Accessibility may differ between metro and regional areas
- Theoretically heavy and lack in showing the practical application of SEWB
- Training may be expensive or inaccessible
- Lack of pathways or training packages that cater to the skills that a SEWB worker will need



Pictured: Workshop participants recounted to the room their group's discussions.

Day Two



Pictured: Workshop participants' wellbeing boxes following Aunty Tj's wellbeing exercise.

Pictured: Workshop participants guided by Kadambii's yoga instructions.

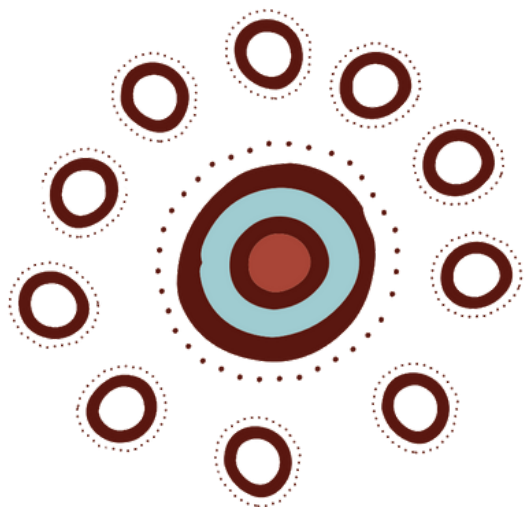


Wellbeing Exercise by Kadambii

The second day started off with Kadambii leading the group in chair yoga. Kadambii is a Wadjela yorga (non-Indigenous woman) who has been working with the Noongar people, through Derbal Yerrigan Health Service for over 30 years. She shared yoga exercises that have kept her safe whilst working in the mental health space.

Kadambii explained that even yoga has been taken over by Western philosophies. She elaborated that in our modern and Western philosophy, we tend to drag our body around through our routines and the rigor of the work that we do – and through this routine and rigor, our bodies have become stiff and rigid. However, yoga, in its original philosophy, teaches us that our spirit and mind should lead our body, and how energy shall travel from Country and through our body to bring movement and life. She then brought the group

through three exercises that taught the group to remain unwavering and strong in the midst of storms, and to look into the future to see all the things they were going to do with passion.



Workshop Two: What are the training goals and focus areas in a two-day training program?

Workshop two sought to understand the goals of SEWB training, where attendees were asked to consider overall purpose of the training, key learning objectives, and key topics and concepts. Below is a summary of the discussions:

Overall purpose of the training:

- to build workforce confidence and equip them with the skills and knowledge required for their role
- set the standard across SEWB work
- define the parameters of the role to ensure consistency in delivery and practice
- to create a network and community of support with other SEWB workers to share their experiences whilst working in this field

Overall objectives of the training:

- SEWB workers should leave the training grounded in Indigenous Knowledges and the ability to apply these knowledges.
- SEWB workers should be responsive in being able to identify key community needs and develop SEWB activities that will meet those needs.
- SEWB workers should understand the diversity of SEWB expressions and experiences across lifespan and place.

Attendees also discussed that this training should be accredited and a formal pre-requisite for the SEWB workforce.

Key topics and concepts of the training:

Attendees discussed that the training should include the conceptual foundations of SEWB and its determinants which includes:

- current evidence-base of SEWB
- Aboriginal and Torres Strait Islander histories

- How Western mental health modalities may work within a SEWB framework and other cultural approaches
- how SEWB may be contextualised to each community by working closely with the local community and consulting with Elders

Secondly, attendees discussed that foundational, practical skills that would be essential to SEWB workers should be part of the training. Some examples include:

- communication skills
- the ability to build rapport with community
- group facilitation skills
- conflict management
- counselling
- de-escalation
- emotional intelligence
- how to conduct yarning sessions
- leadership (e.g., body language)
- debriefing

Thirdly, the training should inform SEWB workers on the healthcare system such as:

- different referral pathways
- confidentiality
- duty of care
- legislative requirements

Finally, attendees discussed that SEWB training should include evidenced-based knowledge, assessment, and management of several risk factors such as family and domestic violence, alcohol and drugs, suicide, and sexual assault.

Crucially, the training should come from a strengths-based, trauma-informed and healing approach that is non-pathologising.





Workshop Three: How is the two-day training best delivered?

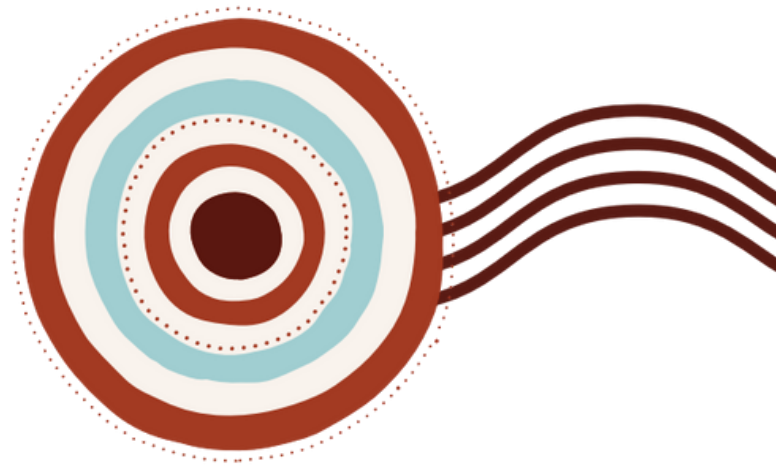
Workshop three focused on understanding how SEWB training should be best delivered (e.g., learning approaches and methods) and how we can ensure that the workshop is culturally safe, accessible, and trauma informed. Below is a summary of the discussions:

Learning Approaches and Methods:

- In-person
- Over multiple days
- Use online modules to supplement modules to facilitate ongoing training and upskilling after
- Develop an online Community of Practice to ensure continuous knowledge sharing and to build up a network of SEWB workers
- Create a buddy system where older mentors or previous participants of the training may mentor newer participants of the training
- Use a Train-the-trainer system to ensure continuity of the training
- Develop a Facilitator's guide and a participant's workbook in simple language
- Interactive and include time for hands-on practice.
- Appoint a regional coordinator to lead and manage the SEWB worker mentoring network
- Use a wide variety of learning methods such as yarning circles, group work, role play, vignettes, videos, strength cards and visually captivating graphics.
- Use best practice examples or a range of tools to show what SEWB work can look like in practice
- Update the training constantly
- Allow previous participants of the training to attend refreshers
- Use assessment tools to continuously evaluate and update the training

Ensuring the Cultural Safety of the Training:

- Start training with a Welcome to Country
- Conduct training in the region where the SEWB worker will be located
- Engage with Elders and local community leaders to provide guidance on local community protocols and networks
- Emphasize self-care throughout the training
- Work with local Aboriginal and Torres Strait Islander peoples (e.g., an Aunty and/or Uncle) to provide mental health support
- Have trainers who are of Aboriginal and Torres Strait Islander peoples with relevant SEWB background
- Include male and female facilitators to cater for men's and women's business



Workshop Four: What needs to be considered for delivery and implementation?

Workshop four focused on understanding what the governance of the training looked like and how we can monitor the quality of the training. Here is a summary of the discussions.

Governance

Attendees discussed that there should be a governance group that oversees the ownership, evaluation and updating of the training, and accreditation and endorsement of the training.

They discussed that this could be a national body that consists of ACCHOs, community leaders, Elders, and representatives from relevant stakeholders, and include people with lived experience. The governance group should also consider ensuring that there is diversity and representation from minority groups. Members must be Aboriginal and Torres Strait Islander. Attendees discussed that the following could be the responsibilities of the governing body:

- Develop key documents to guide delivery of the training such as a terms of reference, principles and best practice guidelines. Any documents produced by the governing body should be easily understandable with limited jargon.
- Outline any rules, procedures, protocols and responsibilities of trainers and the ethics behind delivering the training.
- Determine the outcomes of the training and how to ensure that they are achieved by using checklists.
- Manage the requirements for becoming a trainer e.g., minimum number of training to be delivered to maintain their skills.
- Advocating with other services and government organisations to promote the training.
- Identify any risk factors or success factors in delivering the training.
- Create structures for cultural supervision

The governing body should gather data, evaluations and feedback from the various deliveries of the training to ensure continuous improvement and sustainability of the training. This information may include the numbers and backgrounds of people who have been trained and feedback forms. They could develop an online hub/portal that is accessible by ID and password so they can easily update and upload training materials for facilitators. Using this portal, they may also manage mentoring networks. The governing body could be responsible for conducting any research for quality assurance of the training using the materials they collect.

The governing body may conduct site visits to support and build rapport with facilitators and participants.

Ensuring the Quality of the Training

- Conduct training in smaller groups
- Allow for regular feedback and open discussion between the governing body, trainers, and participants
- Allow for multiple ways of providing feedback such as written or verbal feedback through surveys, rating scales, self-reports from participants
- Feedback should include understanding what participants gained from the training and if it has met the needs of their community and/or organisation.
- Consider assessing participants' learning
- Consider developing fast track or refresher courses for participants who may have pre-existing related skills





Workshop Five: How to measure impact and success?

Workshop five focused on understanding how we can measure the impact and success of SEWB work, and what kind of changes we can expect to see for participants after they have attended the training. Here is a summary of the discussions.

Following the development of a SEWB training that will strengthen the SEWB workforce and encourage more consistent and culturally safe delivery of SEWB services, attendees hoped that this would also result in a nationally trained network of SEWB workers, crosslinked with Aboriginal and Torres Strait Islander Mental Health workers. This would also bring greater awareness and clarity to SEWB.

On an organisational level, attendees also hoped to see that:

- SEWB workers will increase in cultural competency, confidence in the delivery of SEWB activities and ability to work from a more holistic approach to health.
- There will be greater job satisfaction, higher rates of staff retention and increase in the capacity of organisations.
- Organisations can accept a higher number of referrals from external services as a result of a strengthened workforce.
- There will be clearer career progression for SEWB workers and increased recognition in the clinical space.
- With greater recognition and awareness, organisations may also prioritise participation in this SEWB training.
- With greater clarity on SEWB, organisations may ensure consistency in the delivery of SEWB services and ensure quality.
- Organisations may be able to organise their services and KPIs better by referring more effectively to internal or external services.



Training outcomes may be measured by:

- Using a mix of quantitative and qualitative measures to assess how participants' understanding of SEWB has changed.
- Collecting feedback from participants at different timepoints (e.g., before, after and 6-months after training).
- Conducting community surveys to see if there has been an increase in awareness of SEWB
- Using specific SEWB assessment tools
- Receiving feedback from community members through word of mouth e.g., at funerals

At an organisational level, there could be an auditing process to ensure that organisations are accountable to the SEWB training standards.

The impact of the training could be measured by tracking the number of people who have been trained or having a target number of people to train to meet the needs of people in the community.

Alternatively, in the long term, the training outcomes may be measured statistically through government releases on mental health and suicide data, community profiles, recidivism rates, rates of people accessing SEWB services, where we may see improving trends against these indicators that can be summarised through portal summaries and reports.

① What change for individuals/organisations would the training contribute to? cont.

- time for training
- shared responsibilities
- evaluates program
- Career progression
- Cultural significance of knowledge
- recognised in clinical space
- quality over quantity
- ensuring SEWB guidelines
- staff retention
- accept referrals
- building capability + capacity of orgs.
- smaller participation groups for quality.

Pictured: Summary of responses to Workshop Five.

National Policy Commitments



Julie Robotham

Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP)

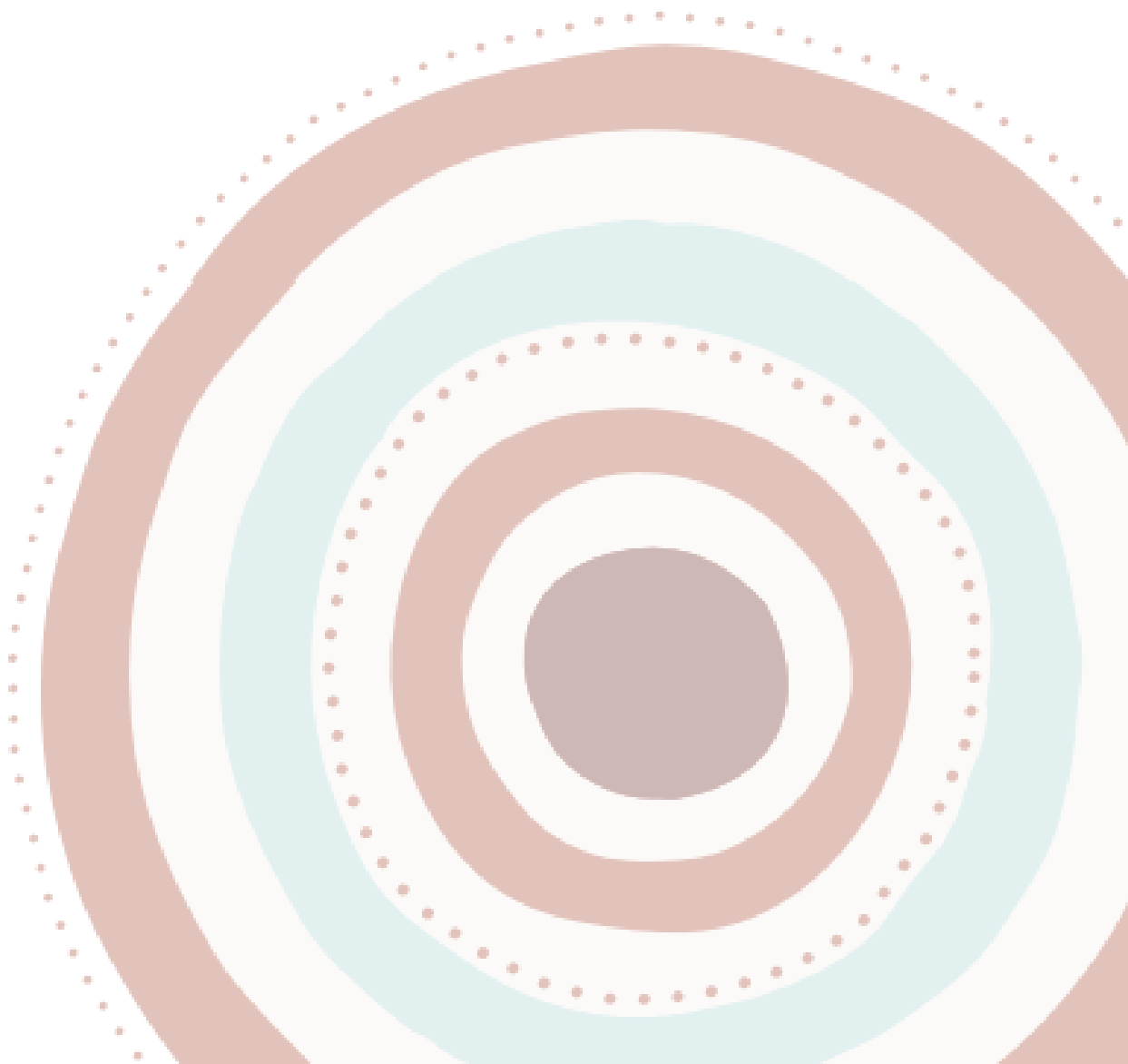
Before we ended the workshop, Julie gave an impromptu presentation on the various national policies and specific recommendations that

were relevant to the need to train the SEWB workforce. She emphasized that the current discussion on developing a SEWB training has already been highlighted in previous national policies and would form a strong rationale to keep this current conversation going. The table below records the different policies and the specific recommendations that Julie highlighted

Policy	Recommendation
Gayaa Dhuwi Framework and Implementation Plan	<p>Theme four: Aboriginal and Torres Strait Islander presence</p> <p>Goals (To be achieved within 10 years):</p> <ul style="list-style-type: none">• Aboriginal and Torres Strait Islander presence across all parts of the Australian mental health system and among the professions that work in that system.• Aboriginal and Torres Strait Islander peoples are trained, employed, empowered, valued, and culturally safe to work across all parts of the Australian mental health system. <p>Priority Actions:</p> <ul style="list-style-type: none">• Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce.• Establish workforce advisory groups in jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised workforce recruitment and retention plans for Aboriginal and Torres Strait Islander peoples. <p>Strategies to achieve these goals:</p> <ul style="list-style-type: none">• Identify opportunities to employ Aboriginal and Torres Strait Islander peoples (including those with Lived or Living Experience) in mental health services and systems to grow the Aboriginal and Torres Strait Islander mental health workforce.• Establish workforce advisory groups in existing jurisdictional Aboriginal and Torres Strait Islander peak bodies to oversee localised recruitment and retention plans.• Develop programs to attract and retain Aboriginal and Torres Strait peoples in the mental health workforce.

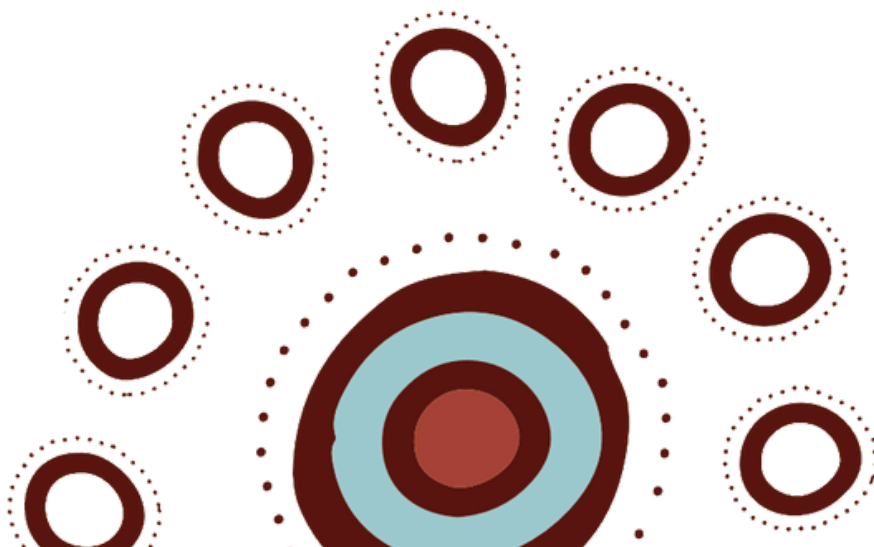
	<ul style="list-style-type: none"> Implement a national employment standard for Aboriginal and Torres Strait Islander peoples in the mental health workforce to ensure Aboriginal and Torres Strait Islander workers are appropriately trained, remunerated, and culturally supported.
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy	<p>Priority 5: Responsive workforce</p> <p>Outcome:</p> <ul style="list-style-type: none"> The suicide and self-harm prevention workforce is sustainable and culturally and clinically capable of responding effectively to the needs of Aboriginal and Torres Strait Islander peoples at risk of suicide and self-harm <p>Initiatives:</p> <ul style="list-style-type: none"> Promote Aboriginal and Torres Strait Islander representation, retention, and leadership across all disciplines, roles, and functions of the Aboriginal community-controlled and non-Indigenous mental health and suicide and self-harm prevention system. Prioritise the development of a sustainable Aboriginal and Torres Strait Islander workforce, including individuals with a lived and living experience of suicide and self-harm, to deliver services within the Aboriginal Community-Controlled and non-Indigenous sectors. Support the wellbeing of Aboriginal and Torres Strait Islander peoples working in the Aboriginal community-controlled and non-Indigenous suicide and self-harm prevention sectors. Ensure that Aboriginal and Torres Strait Islander peoples working in the Aboriginal Community-Controlled and non-Indigenous suicide and self-harm prevention sectors are supported, including with the training, qualifications, skills, and development opportunities required. Ensure that all staff working in and preparing to work in Aboriginal Community-Controlled and non-Indigenous suicide and self-harm prevention services are trained, supported, qualified, and capable of delivering culturally safe and trauma-informed care.
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions. The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions. Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors. There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander peoples.

- Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.
- Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.



Summary of Key Learnings

- ✿ Presentations by key stakeholders and SEWB teams from ACCHOs and other relevant organisations across Australia have highlighted the need for the development of SEWB-specific training and SEWB-specific job pathways.
- ✿ SEWB-specific training should lay the conceptual foundations for SEWB to ensure shared understanding, culturally appropriate, safe, quality service delivery across organisations.
- ✿ The training should also focus on how to translate SEWB principles into practice.
- ✿ The training should be delivered in a culturally safe way where Elders and local community are engaged to provide mental health support for participants and facilitators.
- ✿ The training should be overseen by a national Aboriginal and Torres Strait Islander governance group that will be responsible for the development, delivery and evaluation of the training.
- ✿ The development of the training should result in a nationally trained network of SEWB workers, who are strengthened in cultural competency, confident in the delivery of SEWB activities and can work from a more holistic approach to health.



Next Steps

To close off the workshop, Pat led a discussion about the next steps in developing a SEWB training.

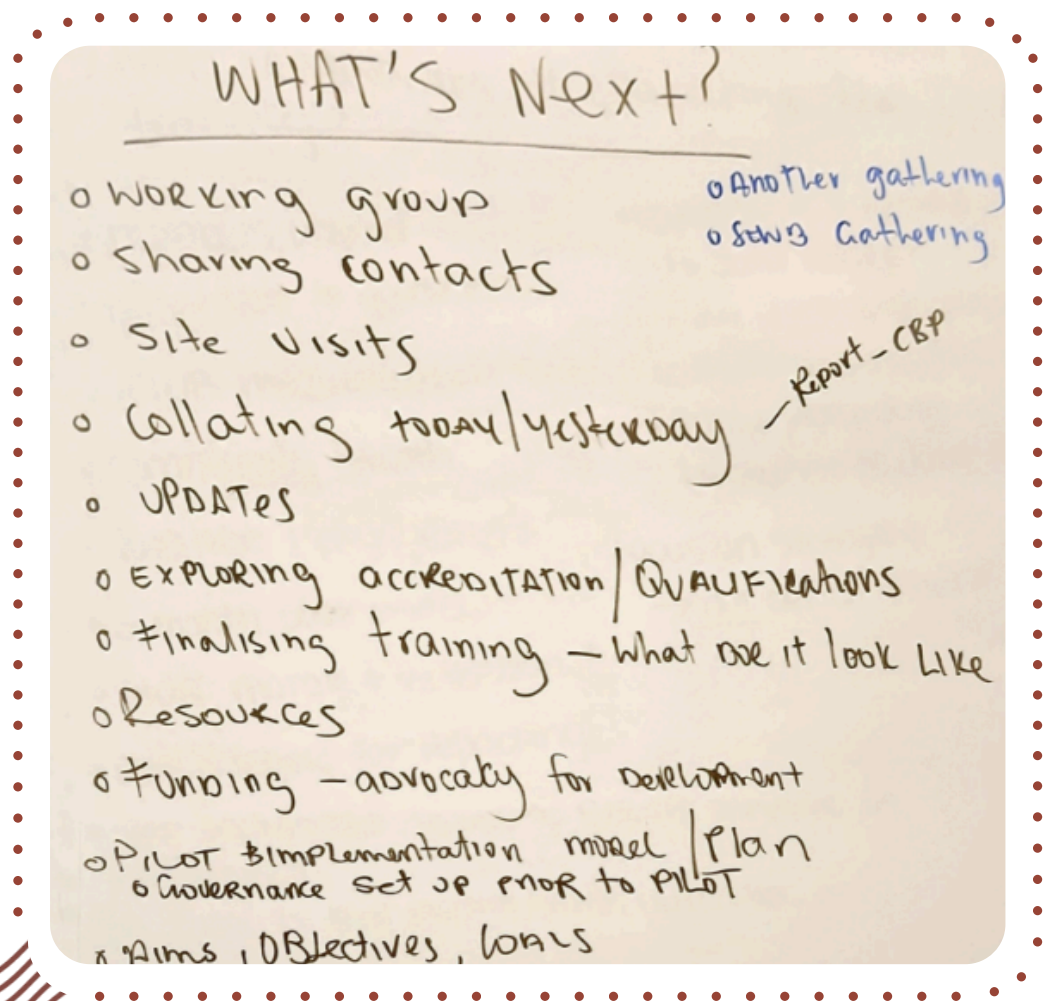
Pat convened an internal UWA working group who will write up the outcomes from this workshop into a report that may be published on the CBPATISIP and TIMHWB websites. This group will then take the discussions from the workshop and develop a preliminary draft of the SEWB training program, including training aims, outcomes and materials.

Subsequently, an external working group of representatives from the organisations that attended the workshop will be convened to provide feedback on the program.

Finally, site visits may be conducted to better understand application of SEWB in the workplace and local communities, and to discuss options for piloting the training. The evaluation and piloting of the training will be subject to ethics approval.

Other suggestions for next steps included:

- Explore pathways for accreditation and qualification
- Acquire funding to advocate for the development of this training.
- Develop a governance group and setting up a pilot implementation model/plan




Pictured: Summary of the possible next steps in developing a SEWB training.

Closing

To close off the workshop, the group went around the room to use one word to describe how they felt after the workshop and how they felt looking ahead.



It's been great to have so many different people from different places and different fields.

– Attendee 



Trailblazing on the shoulders of our ancestors.

– Attendee 



Pictured: Workshop participants photographed outside the Bilya Marlee building at UWA.

References



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List of Attendees



Rama Agung-Igusti

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Kim Beadman

Euroka Psychology

Pacita Bonson

Danila Dilba Health Service

Priscilla Bynder

Langford Aboriginal Association

Tracey Castine

Danila Dilba Health Service

Joan Chan

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Brendan Cox

Kimberley Aboriginal Medical Services

Patricia Dudgeon

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National Aboriginal Community Controlled Health Organisation

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East Metropolitan Health Service

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Denese Griffen

East Metropolitan Health Service

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Angus Loudon

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Michael Mitchell

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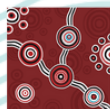
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Mental Health and Wellbeing**
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Aboriginal & Torres Strait Islander
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