



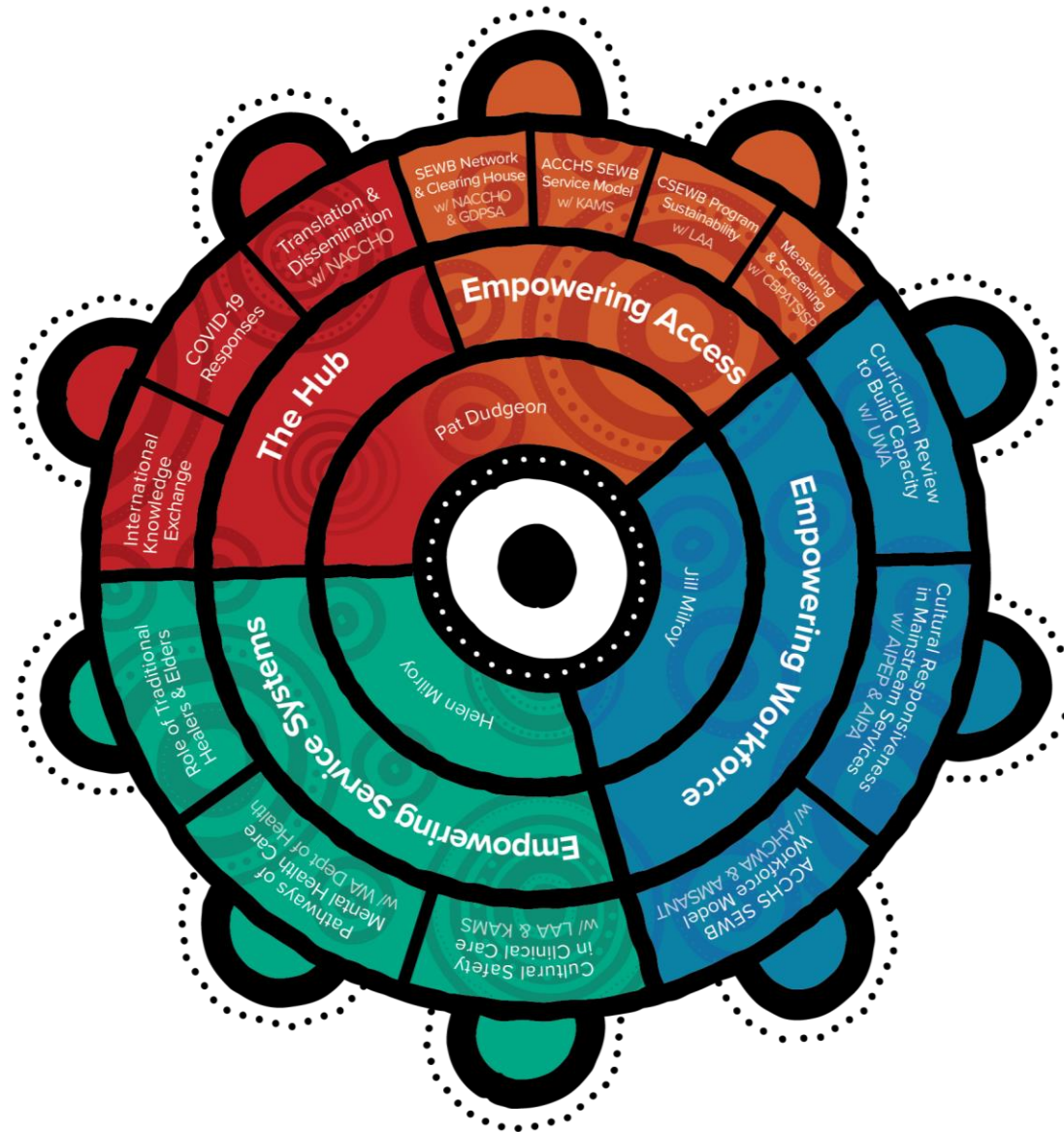
**Evaluation of the  
Aboriginal Health Council  
of Western Australia's  
ACCHS Social and  
Emotional Wellbeing  
Service Model:**

*We acknowledge and pay our respects to the traditional custodians of the land we meet on today, and their Elders past, present, and emerging.*

*We also wish to acknowledge and respect the continuing culture, strength, and resilience of all Aboriginal and Torres Strait Islander peoples and communities.*



# Transforming Indigenous Mental Health and Wellbeing Project (TIMHWP)



## STREAM LEADERS



**Professor Pat Dudgeon**

Professor - School of Indigenous Studies, University of Western Australia  
 Director - Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide F

[About Professor Dudgeon](#)



**Professor Helen Milroy**

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[About Professor Milroy](#)





**Stream 1:  
Effective SEWB models of service  
in ACCOs**

**Stream 2:  
Decolonising  
the Psychology discipline**

**Stream 3:  
How can mainstream mental  
health services become culturally  
safe?**

# STREAM 1 TEAM

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Professor Pat Dudgeon

Professor - School of Indigenous Studies, University of Western Australia  
Director - Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

▼ About I



Dr Kate Derry

Research Fellow - School of Indigenous Studies, University of Western Australia



Dr Rama Agung-Igusti

Research Fellow - School Of Indigenous Studies, University Of Western Australia



Dr Emma Carlin

Senior Research Fellow - Kimberley Aboriginal Medical Service (KAMS)



# What is social and emotional wellbeing?

- Holistic and relational concept of Aboriginal and Torres Strait Islander health and wellbeing
- Reflects Aboriginal and Torres Strait Islander ways of knowing, being and doing
- Recognises not only social, but cultural, historical and political contexts as determinants of health
- Different expressions and experiences across time and place
- Strengths based – emphasis on protective factors
- Mental health just one component



# Translating SEWB into practice

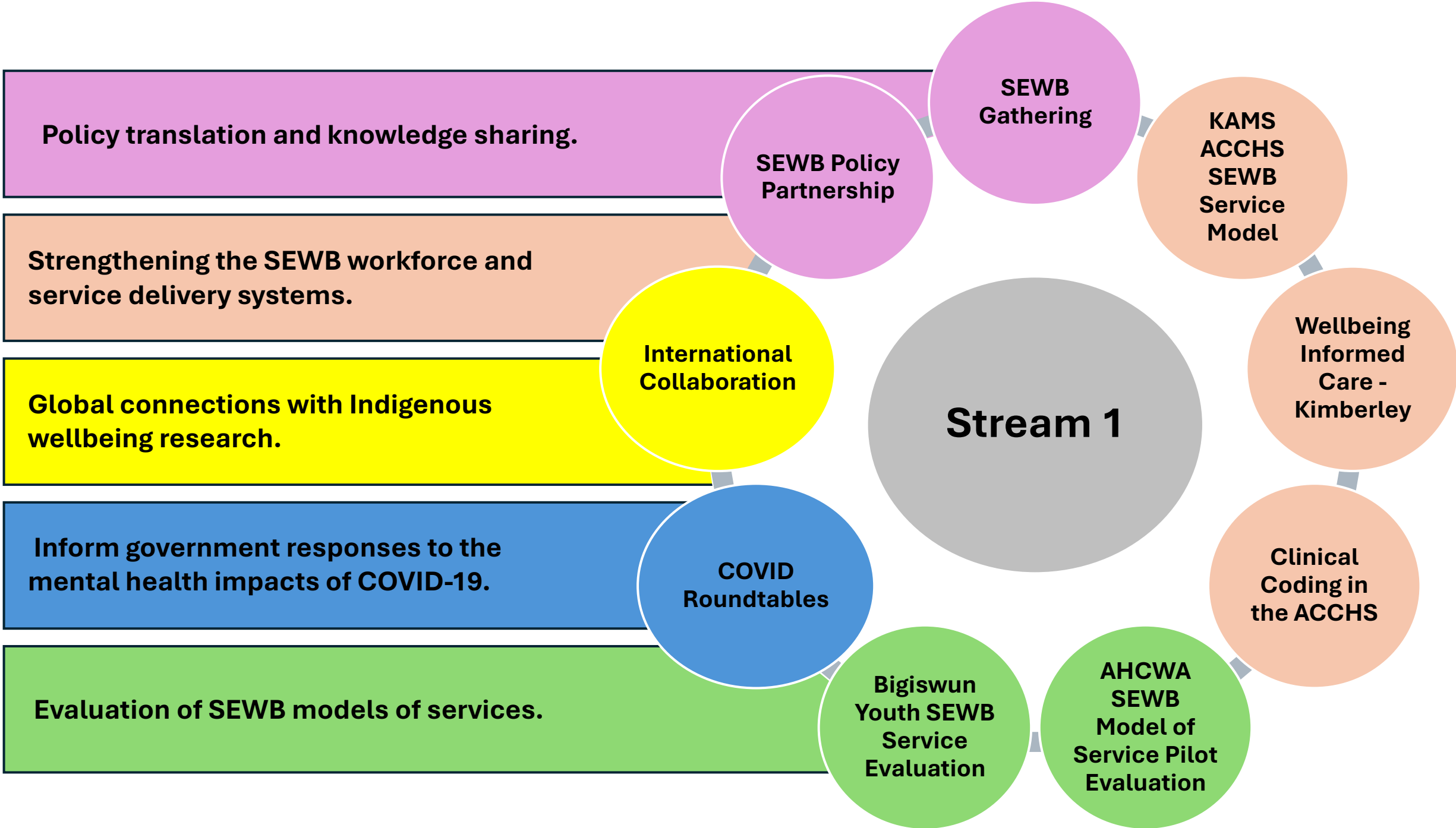
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Approaches that draw on Indigenous understandings of health and wellbeing is essential:

- To effectively heal and strengthen people, families and communities
- To ensure cultural safety

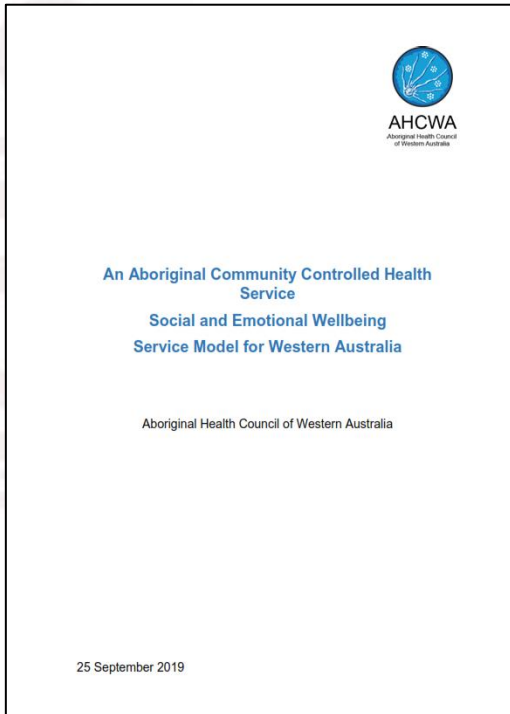
Dominant Western approaches to improving health and wellbeing often:

- Separate physical and mental wellbeing, and lack cultural considerations
- Centre professional knowledge and expertise
- Take a deficit focus (e.g., risk and ill health)
- Only provides support at the individual level
- Emphasises evidence developed in Western contexts for Western populations

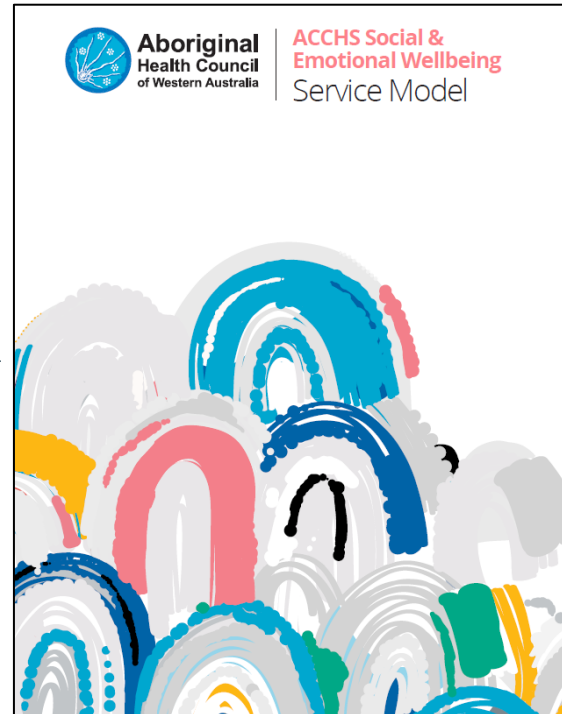


# Pilot Background

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**2018-2019**

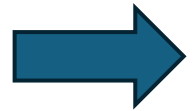


**2021**



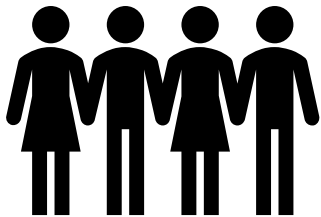
Government of Western Australia  
Mental Health Commission

**2022**



# Pilot

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## SEWB Team

Clinical Lead

Cultural Lead (50D)

2x SEWB Workers (50D)

2x Counsellors

Admin/Care Coordination



## Four Pillar Approach

Culturally Secure Community Development

Psychosocial Support

Targeted Interventions

Supported Coordinated Care



# Pilot Evaluation

- December 2022 – July 2025
- Understand how the model of service was implemented across sites
- Understand barriers and enablers to implementation
- Document emerging outcomes and impacts for:
  - Clients and community
  - SEWB teams
  - ACCHS
  - Stakeholders

# Approach

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- Strong Aboriginal governance and leadership
- Centring Aboriginal ways of knowing, being and doing'
- Commitment to capacity building and sector strengthening
- Reflexive practice and ensuring culturally safe research practice



# Points of Data Collection

- **Site visit at beginning and end of pilot**
- **Qualitative interviews**
  - SEWB teams
  - Stakeholders
  - Clients
- **Document analysis**
- **Ongoing engagement with pilot sites**
  - Governance
  - Community of Practice
- **SEWB Systems Assessment Tool**
- **Activity Reporting data**



## The Model of Service

The model of service supported impactful and responsive service delivery

## Interdisciplinary Workforce

An interdisciplinary and integrated SEWB workforce enhances the delivery of holistic and culturally appropriate health care within ACCHS

## The Role of Culture

Culture must be embedded across every element of SEWB service delivery and reflected structurally

## Systems and Processes

Aboriginal-led approaches to developing and strengthening systems and processes for SEWB service delivery an emerging space

## Data Capture and Reporting

There is a need to further develop appropriate tools and approaches for impactful data capture

# Pillar 1: Culturally Secure Community Development

## Service Response Example

- Psychosocial education
- Health promotion education/ resources
- Healing days
- Awareness campaigns
- Life promotion.

## Service Impact

- Aboriginal people are more aware of their SEWB and mental health and have the knowledge and skills to seek help from appropriate services.
- Enhanced opportunities for individual and collective empowerment, building resilience and healing.



# Pillar 2: Psychosocial Support

## Service Response Example

- Information, advocacy, referrals, and case management for individuals and/or families centred on the successful resolution of challenges to their SEWB (non-clinical).

## Service Impact

- Improved social determinants of health (e.g. housing, employment, environmental health).
- Enhanced connection to culture through access to programs, support and linkage with Elders/cultural advocates.



Government of Western Australia  
Department of Housing



# Pillar 3: Targeted Interventions

## Service Response Example

- Culturally secure assessments, targeted referral and support Traditional Healing and intensive cultural support (return to Country programs etc.).
- Follow-up with specialist mental health and acute services.

## Service Impact

- Appropriate mechanisms to screen Aboriginal people's risks and resilience.
- Improved systems for brief intervention and provision of psychological therapeutic support.



**Jalngangurru Healing**

Image Credit: KALACC



**Kimberley Mums Mood Scale**

Image Credit: KAMS

# Pillar 4: Supported Coordinated Care

## Service Response Example

- 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.

## Service Impact

- Integrated care pathways.
- Enhanced throughcare and aftercare protocols and processes.
- Streamlined approaches to shared care and simplified referral processes.



GOVERNMENT OF  
WESTERN AUSTRALIA  
**WA Country  
Health Service**



**THIRRILI**

**CULTURE CARE CONNECT**

# Findings

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### **Cultural Lead**

- Cultural safety guidance
- Embed cultural knowledge and healing
- Engage with community leaders
- Culturally informed assessment

### **Clinical Lead**

- Clinical advice, assessment, oversight
- Co-design programs
- Supports coordination
- Complex mental health presentations

### **SEWB Worker**

- Delivers SEWB activities and programs
- Connect with community
- Develop resources
- Support case management and advocacy

### **Counsellor**

- Counselling, case management and advocacy
- Supports SEWB Workers
- Promotes SEWB awareness in the community

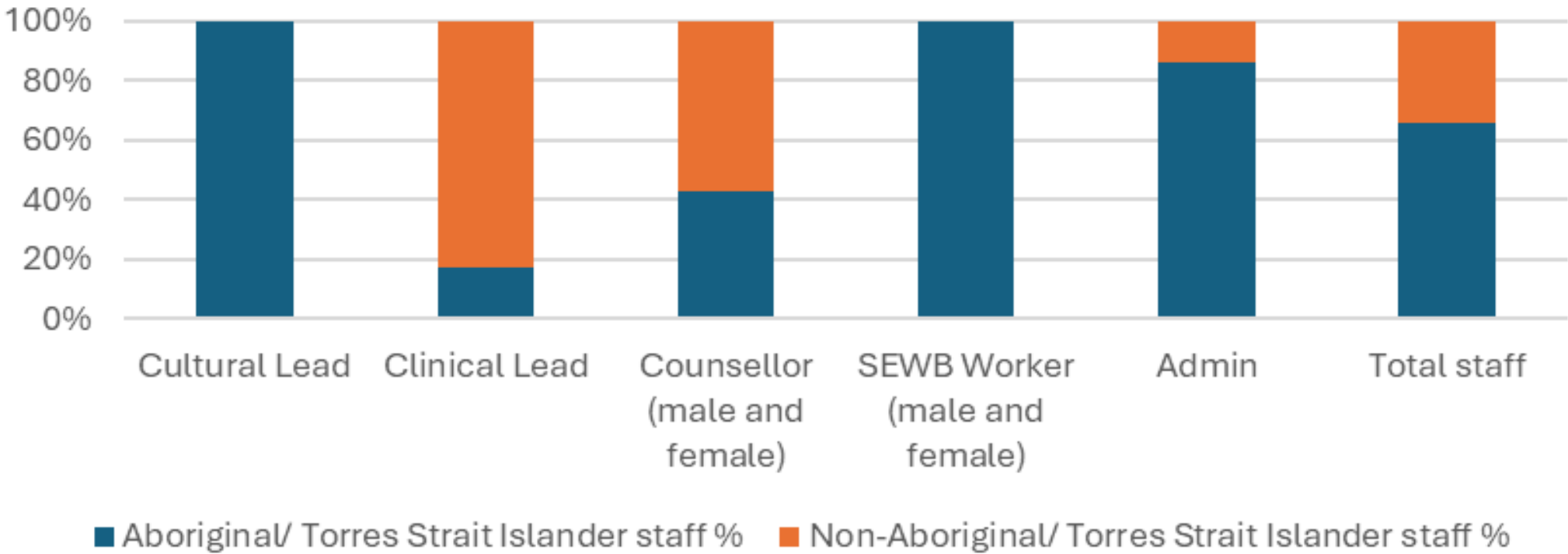
### **Administration**

- Administrative support
- Care coordination
- Record management, appointment coordination

“ I know they understand. I know they understand the culture. I know they understand Aboriginal people. Aboriginal people may not go to a professional counsellor, but they will come and talk to someone here. It's trust. They come in here, and if they feel they trust someone, they'll talk to them. Because you've got to trust them. You can't [as an Aboriginal person] just go talk to anyone. **(Client)**

”

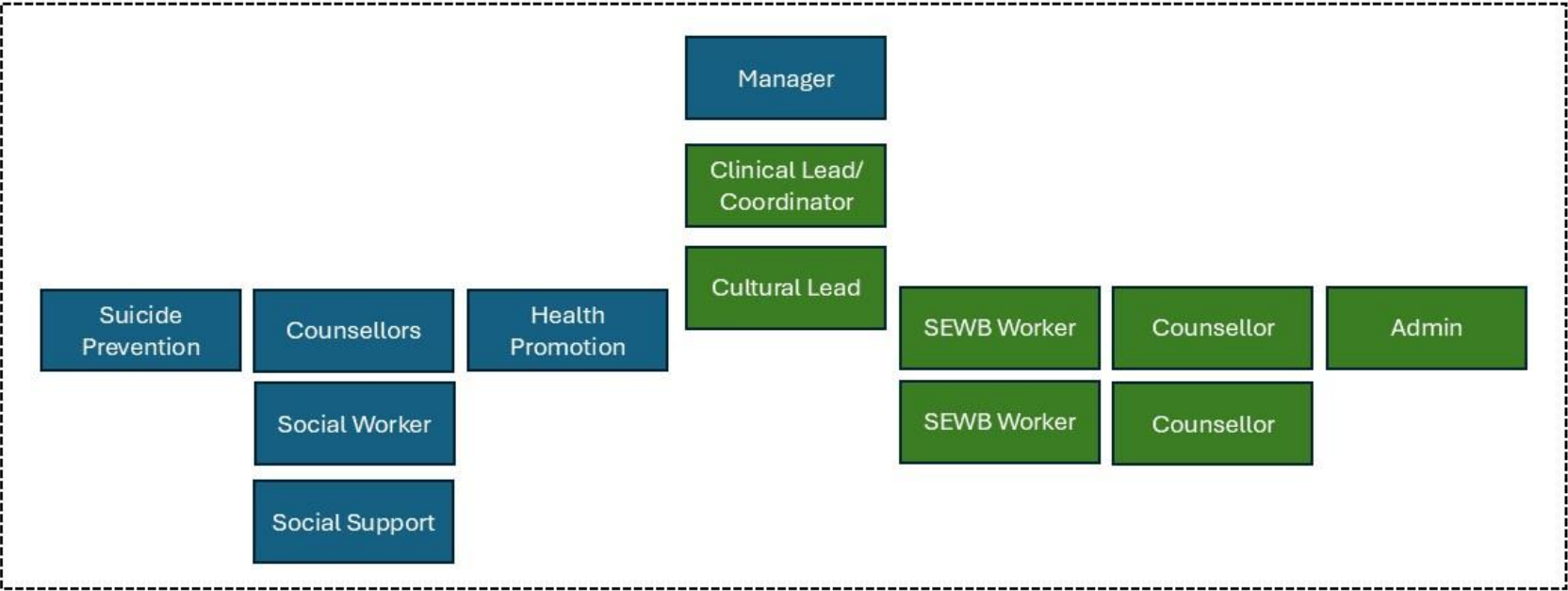
## Percentage of Aboriginal and Torres Strait Islander Staff Across Roles





# Interdisciplinary Workforce

Example of Consolidated Team



- Pilot funding
- Other contracts through NIAA, MHC, WAPHA, Lotterywest
- - Boundaries between roles/teams/programs

- All SEWB roles co-located (building and offices)
- Shared processes including referral systems, resources
- Shared meetings and communications systems
- Shared administrative staff

# Findings

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# The embedded role of culture

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## Activities and Support

- On Country trips
- Yarning groups
- Art making
- Connecting to Traditional Healers
- Learning about bush medicine
- Celebrating cultural events
- Fishing and camping
- Karaoke
- Cooking and sharing food

## Practices and Knowledge

- Yarning
- Relational ways of working
- Understanding local protocols
- Understanding cultural and community connections
- Sharing cultural knowledge and practices
- Shared lived experience
- Connections to community
- Speaking language
- Code switching

## Structural components

- Assessing for cultural needs and cultural context
- Person centred planning tools within SEWB framework
- Pathways to engage Traditional Healing
- Cultural Lead role

# Cultural Lead Role

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Worked alongside Clinical Leads and SEWB teams to ensure service approaches reflected community values and SEWB principles.

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Supported staff to embed cultural ways of working and relational care into day-to-day practice.

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Strengthened connections between service delivery staff, community members, and organisational leadership.





## Importance of the Cultural Lead

- Brought Aboriginal authority and lived experience to guide SEWB service design and delivery.
- Ensured that SEWB practice was grounded in culture, language, and local priorities.
- Helped balance clinical systems with community-led, strengths-based approaches.
- Fostered trust, engagement, and shared understanding across the workforce.

# Challenges to embedding culture

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- Inequity to how cultural knowledge and professional knowledge are valued
  - Different remuneration = different levels of leadership
  - Tension in multi-disciplinary collaboration
  - Cultural Lead and SEWB Workers as “support roles”
- Others see SEWB as just another way of talking about “mental health”
- Barriers for pathways to connect with Traditional Healers
  - Clinical risk aversion
  - Conflict with Christian belief systems
  - Appropriateness of accessing through a health service setting
  - Limitations of Western systems and processes to support



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# SEWB-SAT

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Culturally grounded systems tool reflecting Aboriginal concepts of SEWB

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Tailored to Aboriginal Community Controlled Health Service contexts

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Integrates cultural and clinical dimensions

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Focuses on whole-of-service systems

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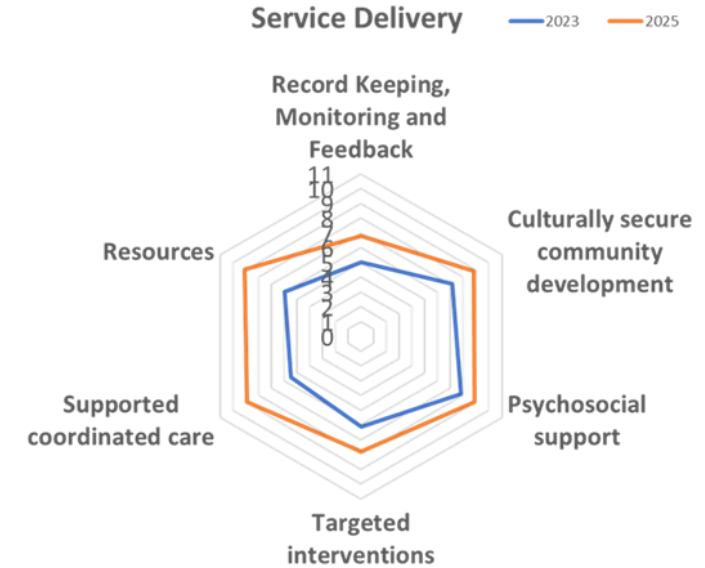
Generates practical, continuous quality improvement actions

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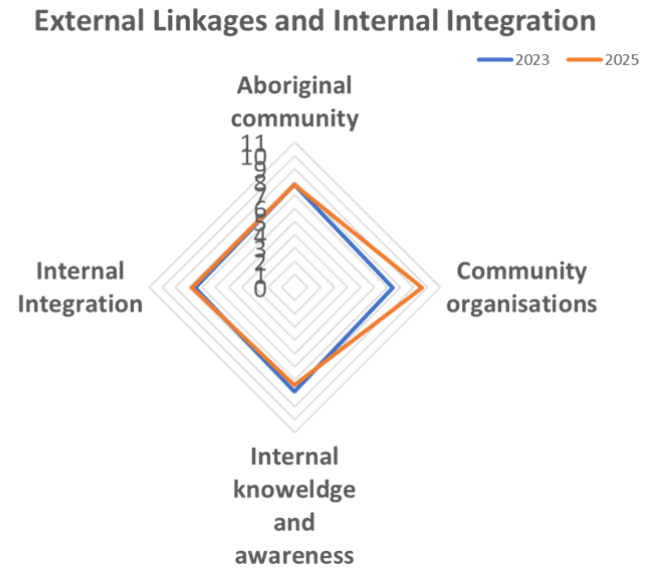
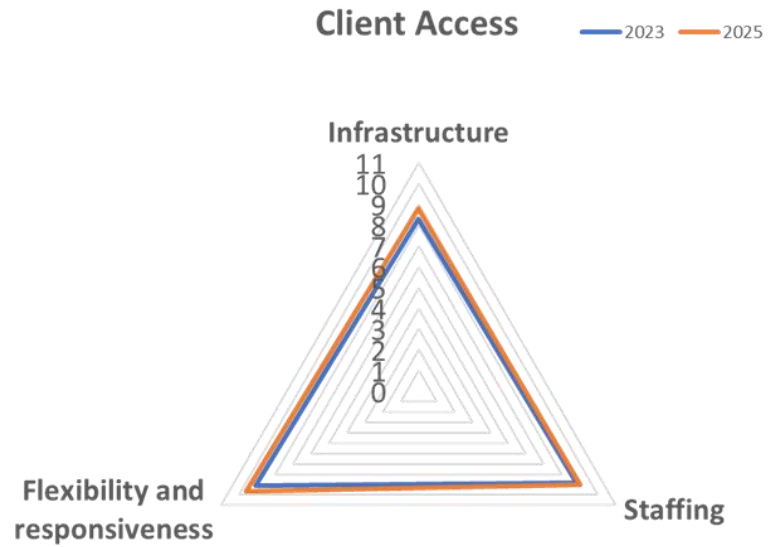
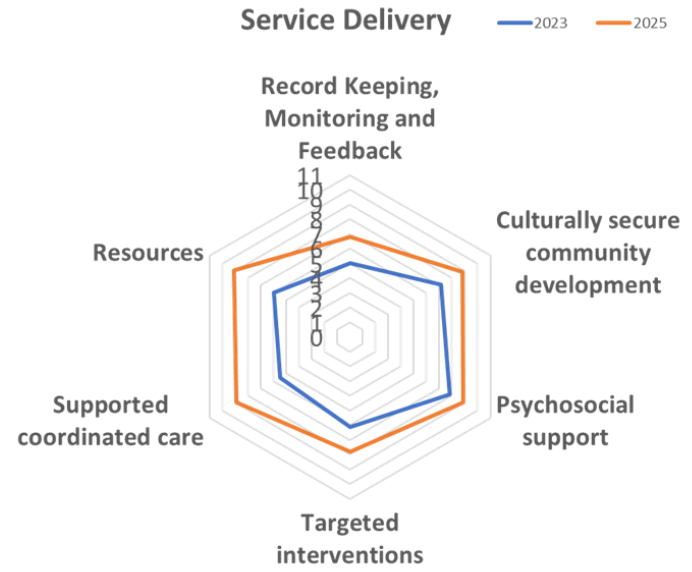
Strengths-based and reflective, not compliance-driven

# Systems and Processes

Social and Emotional Wellbeing Systems Assessment Tool	
System Components	Items for Each Component
Workforce	<ul style="list-style-type: none"> <li>• Team structure and function</li> <li>• Team development</li> <li>• Leadership</li> <li>• Cultural security: workforce</li> <li>• OHS</li> <li>• Sustainability</li> </ul>
Service Delivery	<ul style="list-style-type: none"> <li>• Record keeping, monitoring and feedback</li> <li>• Resources</li> <li>• Culturally secure community development</li> <li>• Psychosocial support</li> <li>• Targeted interventions</li> <li>• Supported coordinated care</li> </ul>
Client Access	<ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Staffing</li> <li>• Flexibility and responsiveness</li> </ul>
Linkages	<ul style="list-style-type: none"> <li>• Aboriginal community</li> <li>• Community organisations</li> </ul>
Organisational Influence and Integration	<ul style="list-style-type: none"> <li>• Knowledge and recognition</li> <li>• Integration</li> </ul>



Rating: 0–2	Rating: 3–5	Rating: 6–8	Rating: 9–11
Systems, processes and activities not evident or minimal	Systems, processes and activities inconsistent, ad hoc or present but not clear	Systems, processes and activities emerging, becoming established or in development	Systems, processes and activities established, regular or routine practice



# Findings

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# Challenges with SEWB data

- Limited valid instruments
- Cultural and conceptual fit
- Useability
- Focus on deficits
- Workforce and capacity constraints
- Data sovereignty
- Limited feedback loops



# SEWB Pilot: Foundations for System Change



The pilot demonstrated that:

- Aboriginal-led, place-based SEWB service models are feasible, effective, and valued by community and workforce.
- Cultural and clinical integration improved early engagement, care coordination, and continuity of support.
- Cultural Lead role strengthened cultural safety across sites.
- Opportunities to strengthen and grow

- Full Report Available Here:



- Boorn Centre:

