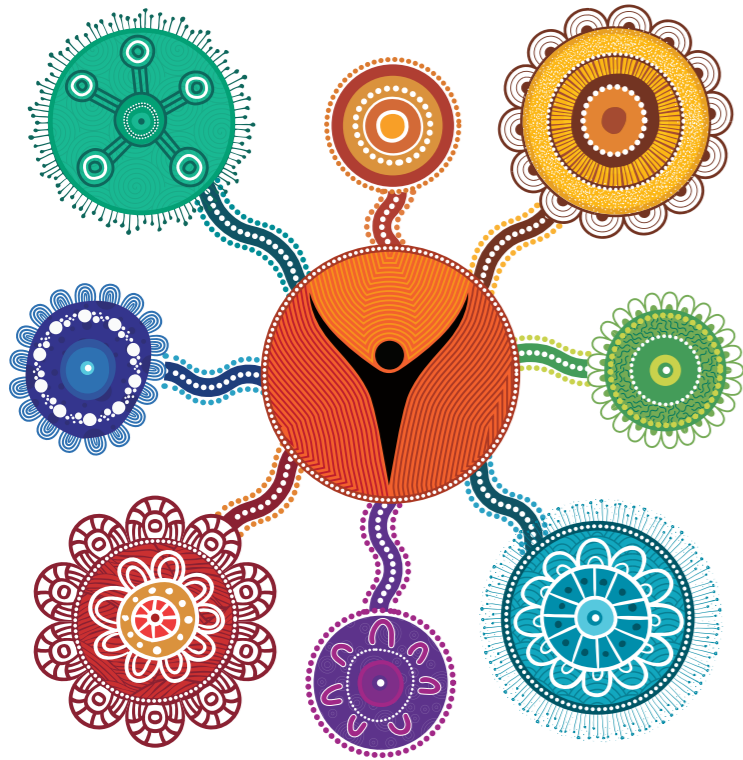


Journey of Wellbeing

A Preliminary Aboriginal Model of Care based on
documented examples of best practice across NSW



Mental Health Commission
of New South Wales



The artwork depicts a visual representation of Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander people and how it impacts on every aspect of life.

At the centre of the artwork is an individual person representing an Aboriginal and Torres Strait Islander community member.

Around the individual are lines to represent their connection to country.

The elements of the design portray the important factors that can impact an Aboriginal and Torres Strait Islander person's wellbeing including:

- Social
- Cultural
- Spiritual
- Emotional

The smaller elements of the design represent how an Aboriginal and Torres Strait Islander person's connections are very important and can impact on their wellbeing including:

- Family
- Community
- Culture
- Spirituality



Individual

Wellbeing Symbols



Social



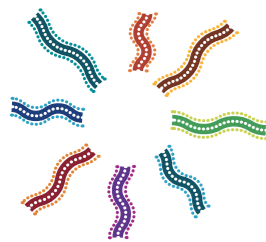
Cultural



Spiritual



Emotional



Country Connections

Connection Symbols



Culture



Spirituality



Family



Community

The artist of the front cover is Rhonda Sampson, an Aboriginal graphic designer at RS Creative Solutions and a proud descendant of the Kamilaroi people.

The Commission would like to thank Thikkabilla Vibrations Aboriginal Dance & Cultural Group, the Tharawal Aboriginal Corporation and Airds community for permission to include photos of them in this document.

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1. Foreword

Aboriginal and Torres Strait Islander people experience significantly higher rates of mental health issues and suicide than any other group in Australia. There are also many Aboriginal people¹ involved in supporting the social and emotional wellbeing of Aboriginal people and Aboriginal Service Providers play a crucial role. Much more must be done to work with Aboriginal communities and organisations to improve outcomes for Aboriginal people.

This document contributes to the ongoing conversation about good practice in supporting Aboriginal social and emotional wellbeing. It lays out an approach that will be familiar to many because it is drawn from what is happening in our communities each day. Rather than presenting old knowledge as new, we aim to draw together the diverse strengths of many organisations across NSW into a coherent principle-based model of care. For those already applying these principles, we hope that it will provide a common reference point and means of communicating to partners the valuable work already being done. For those looking to learn from others with similar challenges, we hope that this document provides the inspiration and practical guidance to clear a path forward.

We too follow in the footsteps of those who have come before and showed us the way. This document draws heavily on the *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report*. Unfortunately, many of the issues outlined in *Ways Forward* remain relevant today. We would like to acknowledge the guidance provided by the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023*, the *Gayaa Dhuwi (Proud Spirit) Declaration, National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023*, and the *National Aboriginal and Torres Strait Islander Drug Strategy 2014 – 2019*.

This document couldn't have been developed without the leadership of our friend Dr Robyn Shields, former Deputy Commissioner at the NSW Mental Health Commission. We are also grateful to the following organisations, staff and communities who shared their knowledge and guided this work:

- Bila Muuji Aboriginal Corporation Health Service Incorporated, Dubbo
- Bowraville residents, Bowraville
- Durri Aboriginal Corporation Medical Service, Kempsey
- Galambila Aboriginal Health Service, Coffs Harbour
- Tharawal Aboriginal Corporation, Airds
- The Aboriginal Health and Medical Research Council (AH&MRC)
- The Healing Foundation
- Waminda South Coast Women's Health and Welfare Aboriginal Corporation, Nowra

Let's continue to work together towards strong social and emotional wellbeing of the oldest living culture on Earth.



Tom Brideson

Deputy Commissioner



Jenna Roberts

Deputy Commissioner

¹ Please note that, although reference to both Aboriginal and Torres Strait Islander peoples may be required at times, the term "Aboriginal" is generally used in preference to "Aboriginal and Torres Strait Islander", in recognition that Aboriginal people are the original inhabitants of NSW. (NSW Ministry for Health, 2004, Communicating positively. A guide to appropriate Aboriginal terminology.) Retrieved from https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_319.pdf



2. Background

The *Journey of Wellbeing* is a social and emotional wellbeing model of care that emphasises the individual at the core of a healing plan. This model consolidates the exemplary elements of practice in the social and emotional wellbeing (SEWB) space that are being used by some Aboriginal Service Providers (ASPs) across NSW.

The *Journey* model is based upon the advice and direction of Aboriginal communities, community leaders, service providers and the Aboriginal Health and Medical Research Council (AH&MRC). This project was co-ordinated by the NSW Mental Health Commission to build an evidence base for non-clinical models of care in social and emotional wellbeing.

Consultations were undertaken across NSW with several highly respected ASPs who are already utilising best practice models of care and who consider how best to address the SEWB of their communities. The purpose of these consultations was to identify the common understandings and practices amongst services working in diverse circumstances that can inform a model of care applicable to ASPs across NSW.

It is hoped that ASPs can benefit from their combined experience and contribute to the further refinement of the model through the documentation and assessment of their own models of care.

The *Journey* is based on the understanding that a model of care addressing Aboriginal SEWB should be holistic, person-centric and strength focused.

The model emphasises the following key themes throughout the *Journey*:

- Story telling
- Empowerment
- Choice

This concept has been developed with the acknowledgement that every individual *journey* is different and may not start from the same place or end at the same destination. Every *journey* has unique paths, successes and setbacks that may be shared with family, kinship groups, communities and practitioners.

The scope of this project was limited to the delivery of SEWB services through ASPs across NSW. It is not intended to illustrate a SEWB model of care in hospitals or other mainstream services, nor for acute mental health crises. However, it is anticipated that more consultation with crisis specialists would be required for a comprehensive acute model of care. Some ASPs within NSW put greater emphasis on early interaction

and intervention in addressing emerging SEWB issues. Similarly, non-government organisations who work with Aboriginal communities are encouraged to draw information from this document in their development of models of care and support in partnership with the Aboriginal community where their service is located.

Similarly, non-government organisations who work with Aboriginal communities are encouraged to draw information from this document in addition to developing models of care and support in partnership with the Aboriginal community in the area the service is located.

2.1 Connection

The *Journey* is a fundamentally holistic model based on connection.

Holistic: characterised by the belief that the parts of something are intimately interconnected and explicable only by reference to the whole.

It is accepted² that a holistic approach to the SEWB of Aboriginal people is essential. A holistic approach must consider physical, mental and emotional health as well as social, spiritual and cultural connection and connection to country.

ASPs already respond to each of these aspects of wellbeing with an invaluable combination of cultural expertise, local community understanding, clinical experience and relevant services, programs and partnerships.

It is less established how ASPs can implement these aspects of SEWB into an effective, replicable and culturally appropriate model of care. A *Journey* identifies the conceptual elements that are at the heart of effective SEWB models already in operation and provides a range of specific examples in which these concepts have been successfully implemented into service delivery.

² 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; National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023

2.2 Categories of connection

Five broad categories of connection were identified to explore the essential components of holistic care through, including:

- with community,
- within the service,
- within the community,
- between agencies, services and organisations and
- social determinants of health and wellbeing.

Each of these categories is considered in terms of why and how they build connections to improve the outcomes for Aboriginal people.



The *Journey* aims to better establish how an ASP can help people feel connected within the context of a SEWB model of care. It explores how strong connections can support an individual at the core of a strengths-based healing plan and demonstrates how an ASP can embed strong connections into the way a service works.

It is anticipated that individual ASPs will develop and implement a model of practice that is appropriate to their own community and circumstance based on the concepts identified in the model of care.

3. With community

A strong relationship between an ASP and the local Aboriginal community is fundamental to any model of care that addresses the social and emotional wellbeing of Aboriginal people. A strong connection is vital in the facilitation of a relationship between the client, the service and the community. The value of this connection in supporting a culturally appropriate model of care has been identified specifically in reference to:

- cultural safety,
- soft-entry options,
- increased SEWB and mental health literacy, and
- involving the whole community in a *Journey*.

3.1 Cultural safety

Cultural safety extends beyond cultural awareness and cultural sensitivity. Cultural safety requires us to ask the client or service recipient whether they felt they were treated with respect, and had their culture, values and preferences taken into account—whether they felt safe³.

In many Aboriginal communities across NSW, help-seeking is still approached with some resistance. Culturally safe engagement is considered an important step to ensure that clients receive support and maintain contact that is appropriate and meaningful to them.

To be able to engage with community about SEWB, ASPs across NSW have highlighted the importance of cultural safety for their clients. In this context, cultural safety goes beyond cultural competency and identity and includes the provision of a respectful, sensitive and empowering environment.

WHY do we focus on cultural safety?

- Clients feel comfortable accessing the service.
- Clients engage with a service early and well before crisis-point.
- Encourages clients to stay on a *Journey* until they have achieved their goals.
- Encourages clients to be honest with staff and clinicians about their concerns and aspirations.
- Encourages clients to be confident in making choices about their *Journey*.

HOW do we focus on cultural safety?

Pay attention to a client's story and respect the decisions they make to suit their unique *Journey*.

Prioritise cultural competency of staff, specialists and partner organisations.

Provide ongoing cultural awareness training for all non-Aboriginal staff.

Guidelines for appropriate language and culturally sensitive communication with clients.

Having regular staff contact and prioritise face to face connection with clients.

3.2 Soft-entry options

Soft-entry options introduce the ASP to clients in informal environments within their own communities, rather than placing the responsibility on clients and/or their families to seek out services and programs.

Soft-entry options are essential as many ASPs have noted that historically, clients do not engage with a service until a mental health crisis. This means that service delivery is focused on crisis management rather than a long-term holistic approach to social and emotional wellbeing.

Soft-entry options, combined with efforts to improve connections between services, are important in providing a range of access points within and between SEWB services and have led to significantly improved outcomes for clients, families, kinship groups and communities.

WHY do we focus on soft-entry options?

- Encourages broad community engagement with the service, not just clients at crisis point.
- Builds a community support framework that can contribute to cultural support of the clients, families and service.
- Supports the ASP to consult with the community about what their specific SEWB needs and aspirations are.
- Ensures that the local community is aware of the range of services and programs that an ASP offers.
- Encourages community to pro-actively participate in monitoring and improving their own health and SEWB.

HOW do we focus on soft-entry options?

Have an open-door policy and welcome engagement from all community members.

Enable self-referral to the ASP, as well as specific services and programs.

Facilitate, co-ordinate or help to deliver community SEWB programs, courses and events.

Deliver community events where individuals are invited to participate in a combination of health monitoring or assessment activities and fun event activities.

3.3 Outreach services

Outreach services are a fundamental part of establishing strong connections between the community and the ASP. While community outreach varies, some degree of outreach into the community is essential. Outreach ensures that the community is aware of the ASP and what it offers, services are accessible to the entire community and clients are well-supported through a care plan outside of the ASP.

The provision of outreach services may also include facilitating mainstream non-Aboriginal services within the ASP facility. This means that more services are available for community members to access in a comfortable and secure environment.

WHY do we focus on outreach services?

- Ensures access to services for members of the community that will not or cannot attend the ASP.
- Builds the SEWB literacy and leadership within a community.
- Ensures appropriate follow up and monitoring of care plans for ASP clients.
- Builds strength and resilience within the community.

HOW can we focus on outreach services?

Running programs and services offsite and at the convenience of the community.

Offering at home individual visits for clients.

Post discharge consultation and monitoring of discharge plan through community visits.

Run educational and preventative courses within the community.

Facilitating mainstream services to connect with clients within the ASP facility.

3.4 Involving the whole community in a Journey

The *Journey* focuses on three areas to facilitate and strengthen connection within the community:

1. Providing opportunity
2. Developing mental health and SEWB literacy
3. Involving the whole community in the *Journey*

When combined, these three areas have a greater impact on how individuals and communities engage.

The centrality of family and kinship is fundamental to any model that addresses SEWB. Families, kinship networks and communities are a source of strength and resilience for individuals as they undertake their *Journey*. However, these relationships can also be a source of stress.

To support an individual and the families, kinship groups and communities that are impacted by their loved one's *Journey*, the model acknowledges the importance of stability within these relationships and seeks to ensure that community connections are not jeopardised by unacknowledged or unrecognised suffering.

Given that a healthy community has direct benefits for everyone involved, there are also circumstances in which a *Journey* might be developed at a community level. Entire communities can suffer from long periods of repeated or sustained trauma. For example: intergenerational trauma of families of the Stolen Generations. There is clear value in a healing model that considers the whole community rather than focusing on the individuals within it.

WHY do we focus on involving the community?

- Acknowledges that a client's mental health and SEWB affects the whole family.
- Acknowledges that mental health and SEWB affects the whole community.
- Allows the community to determine what will work for them.
- Allows people to recognise their strengths and the strengths of Aboriginal culture in overcoming trauma.

HOW do we focus on involving the community?

Offer outreach services within the community to engage with family and community members who would not otherwise come to the ASP.

Offer support and treatment programs to family and community.

Consider how to include family and community in care plans for a client.

Consider alternative models of treatment that address community-wide trauma and loss.

3.5 Conclusion

The '*Journey*' model focuses on cultural safety, soft-entry options and outreach initiatives to build a strong connection between a service and its community.

In building strong relationships within the community and bringing a SEWB lens to those connections, we begin to remove the stigma associated with engaging a service for mental health related matters. There is no shame in talking about problems and it is instead a show of strength to take control of your own SEWB and rebuild the resilience that is, and has always been, an integral part of Aboriginal culture.

Having exposure to community in a relaxed environment outside of the mental health services space and having the opportunity to educate community in SEWB means that clients are more likely to engage with a service to start a holistic SEWB *Journey*. Engaging the family and community in the *journey* encourages individuals to be more fully engaged in the process, provides some accountability and avoids normalisation of the crisis point.

For a *Journey* to be effective, it must consider connections within the community as both a source of and influence in SEWB.

The most critical advantage of a strong connection with community is that it encourages clients to interact with an ASP prior to crisis point. ASPs report that the greatest limitation to effectively improving the SEWB of Aboriginal people is the prevalence of clients who only seek assistance from health services at crisis point. This not only limits the service and program options for an individual client, but also means that ASPs spend proportionally more time and resources treating acute mental health emergencies rather than engaging with individuals and communities earlier in a more holistic manner. This attention means that services can become focused on problems rather than pro-actively focused on prevention and education, restricting the capacity of a service to address the root cause of trauma and distress rather than how it presents.

For a *Journey* to begin in the realm of social and emotional wellbeing rather than at a mental health crisis point, early positive interaction between an ASP and the community is integral to any subsequent model of care.

Connection between ASP and community

Cultural safety

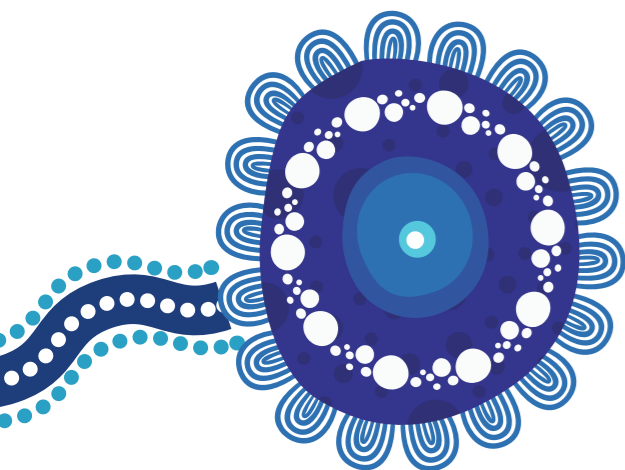
- Cultural competency of staff
- Cultural awareness training for staff
- Language and communication
- Show respect for clients and their decisions
- Face to face contact with known staff
- Environment that is safe for people physically, culturally and emotionally

Soft-entry options

- Open door policy
- Self-referral to ASP and services
- Facilitate, co-ordinate and deliver community services and programs
- Community events
- Regular contact between service and community

SEWB and Mental Health Literacy

- Running services and programs offsite within community
- Home visits for clients
- Post discharge consultation and monitoring
- Educational and preventative courses
- Facilitating culturally familiar delivery of mainstream services





EMPOWERMENT

Having strong relationships with and a powerful reputation within the community empowers individuals to take control of their own social and emotional wellbeing.

Empowerment of Aboriginal people in this space is about control. Reducing stigma, enhancing mental health literacy and encouraging a soft, supported process of engagement better allows individuals to take control of their own lives and make informed, considered, pro-active decisions about their social and emotional wellbeing.

The relationship further empowers the community to set the standard on cultural safety and the services they want and need.

"It can be scary, that first step."
Tharawal Aboriginal Medical Service.



STORYTELLING

The importance of yarning with clients is emphasised at every stage of the engagement, assessment, treatment and transition process.

In order to ensure culturally safe and comfortable access, engagement needs to be a calm, slow process. That process should focus on talking and really getting to know a person and what is happening in their lives.

Clients should never feel that they are just being filtered into programs or services to 'move them on'.

"This is how we create a safe and sacred space for our clients. You focus on yarning to take away some of the pressure."

Waminda South Coast Women's Health and Welfare Aboriginal Corporation.



CHOICES

The importance of choice is at the heart of building strong connections between a service and the community in which they operate.

Ensuring that there are a range of options through which an individual can engage with the community enables community to take an active role in their social and emotional wellbeing in a manner that is safe, comfortable and suitable to their own circumstances and needs.

A focus on this connection also fundamentally ensures that the service remains a viable option for community when they are looking to engage with a health service to address issues regarding their social and emotional wellbeing.

"People need to be able to make that choice for themselves. They have to be able to come in and be able to talk to someone when they need to. If we don't have that then we're just applying band-aids to symptoms and not treating the underlying cause."

Galambila Aboriginal Medical Service.

Examples of Model of Care concepts within existing models of practice.

Having a culturally safe service:

- The provision of cultural mentors for all staff and a cultural mentoring program for anyone acting as a mentor.
- A practice whereby everyone who walks into the ASP is offered tea or coffee and a biscuit.
- A policy that clients are not asked for proof of Aboriginality to access services.
- Have a trained Aboriginal Health Worker as the first point of contact for clients entering the service.
- Language guidelines for use in the community that avoid certain terms such as 'counselling' or 'mental health assessment' with help-resistant clients, try to use less clinical descriptive terms such as 'someone who knows about that' or 'get things back on track'.
- A policy that nobody is ever turned away from the ASP if they walk in asking for support. If a specific service or program is not available, then engagement will be with an Aboriginal Health Worker or an Aboriginal Social Worker to immediately start a relationship with the service and help put short term support structures in place.

Soft-entry options:

- A community based 'Pamper Day', where a women's service encourages community members to participate in a series of health checks and follows up the process with a pampering session that might incorporate facials, manicures and pedicures for example.
- Offering a fitness class or course in the community that targets different population groups such as young mums with bubs, men's fitness groups, women over fifty or school aged youth.

Outreach services:

- Providing a health van that travels with an established organisation providing meals for the homeless and offers physical and emotional health checks on site. People may not want to come into the service, the ASP offers follow up consultations, tests and results in a location to suit the client.
- A suicide prevention program run within the community that requires no referral or formal procedure to be involved. The program works with anybody who has been impacted or feels that someone they know may be at risk of suicide.
- Facilitating community outreach and effective communication between community members and visiting specialists.



4. Within the service

A *Journey* emphasises a broad, holistic approach to social and emotional wellbeing that incorporates a wide range of services and programs including physical health, mental health, cultural, social and spiritual connections. An ASP can respond to each of these aspects to differing degrees and with a variety of in-house services, outreach programs and partnerships. This requires strong, well-maintained connections between the parts of a service. It is suggested that the most effective way to build the necessary connections within a service is to focus on:

- Governance
- Staffing
- Service delivery

4.1 Governance

Good governance is the key to ensuring that the service you build is sustainable and agile enough to respond to funding, operational and community changes. Governance in this context is considered to be more than ensuring legislative, funding and auditing compliance. It also considers operational processes organisational structure and its potential impact on sustainability and the client experience of a service.

ASPs have consistently highlighted that one of the greatest risks in operating in the social and emotional wellbeing space is sustainability of the service they offer. Although this is invariably affected by influences outside the direct control of the ASP, regular communication between the Board, executive and staff is one aspect of governance that a model of care can prioritise. Ensuring that all staff and decision makers at a service have a comprehensive understanding of operational practice, means that whatever resources are available are managed in a more informed and effective manner.

Effective governance has a direct impact on the client experience and allows clients to engage the service from a holistic, social and emotional wellbeing frame. Good communication and decision making ensures effective case co-ordination that incorporates the most appropriate services and support options in the planning process. This collaborative planning assists ASPs in ensuring a client is obtaining the greatest benefit from programs and services and is adequately supported along a *Journey*.

WHY do we focus on governance?

- Everyone within the service understands what is happening with programs and services, any risks associated with clients, service delivery or the operation of services and programs;
- Ensures holistic and comprehensive case co-ordination of clients;
- Ensures that services and programs are sustainable;
- Ensures that the funding model is sound and responds quickly to changing attitudes, needs and environments; and
- Ensures informed decision making by management and Board in a sensitive and dynamic space.

HOW do we focus on governance?

Encourage feedback from clients, staff and partners and regularly review policies, programs and processes.

Have regular meetings between teams, related teams, management teams and all staff.

Minute and report on meetings so that other staff members, the management team and the Board of Directors are aware of the ASPs regular practice and any risks or deviations to regular practice.

Implement clear and open communication channels for staff and management to share information and offer advice.

Regularly audit programs and services to ensure they are sustainable and meeting community needs.



4.2 Staffing

ASP staff are responsible for managing the day to day care, support and interaction with clients and families. Having an appropriate complement of staff and prioritising the safety, wellbeing and development of staff is critical to the stability and effectiveness of the broader service. It is important that management and staff support each other, to better support their clients.

The support and stability of ASP staff is important in alleviating the natural apprehension within Aboriginal communities that people and services come and go with no real commitment to long term objectives. That regular, face to face interaction with people they know and trust encourages clients to pro-actively engage and follow through on a holistic *Journey*, rather than irregularly approaching a service in response to immediate needs.

WHY do we focus on staffing?

- Ensures immediate and consistent case management with familiar staff throughout a client's *Journey*.
- Ensures staff safety in a high-risk environment.
- Ensures the team is culturally appropriate, meets the need of the service and dynamic enough to respond to changing demands.

HOW do we focus on staffing?

Have staff development plans that consider upskilling as well as appropriate training and supervision for current roles.

Encourage two-way knowledge sharing between staff.

Have a balance of staff between:

- Males and females
- Full time and part time
- Clinical and non-clinical; and
- In-house expertise and visiting specialists.

Have clear staff wellbeing and self-care plans, with in-house or external support options as required.

Cross-training of ASP staff so that there is no bottle neck point along the engagement process.

4.3 Service delivery

Establishing strong connections between staff, processes and services within an ASP helps to ensure that there is a clear, shared understanding of goals, operational activities and risk. It is with this consistency that a service can provide clients with the comprehensive, holistic care that is at the core of any *Journey*. To ensure that clients are put on the right path, the service and everybody working within it needs to understand:

- What do our clients need?
- What can we do about it?
- How can we get better outcomes for our clients?
- How do we make sure clients are ready and prepared to engage with a care plan?

WHY do we focus on service delivery?

- Clients engage with the service early and consistently.
- Clients are well supported along a *Journey* and don't feel 'lost in the system'.
- Ensures the ASP is providing appropriate programs and services for the community in which they operate.
- Encourages clients to engage with a holistic range of programs and services.

HOW do we focus on service delivery?

Manage waiting periods for programs and services with clear and comprehensive support and case management as required.

Offer flexibility in treatment options, such as times, location, individual/group engagement.

Support and manage changing engagement and flexible treatment plans at the client's preference.

Have a clear discharge plan and follow up procedures.



4.4 Conclusion

The three fundamental concepts of governance, staffing and service delivery are integral to ensure that an ASP has the structure required to facilitate holistic and culturally appropriate care planning, that the service is responsive to community pressures, needs and aspirations, and is fundamentally sustainable in its operation and practice.

These elements are important in encouraging clients to interact with an ASP beyond crisis intervention and to maintain engagement through a full care plan. Without the necessary focus on protection, empowerment and communication within an organisation, a service is unable to offer the comprehensive, holistic *Journey* that is central to the SEWB of Aboriginal people.



Connection with the ASP

Governance

- Encourage feedback
- Regular meetings
- Minute keeping and reporting
- Clear communication channels
- Regular audits of services and programs

Staffing

- Staff development
- Two way knowledge sharing
- Balance of staff demographics
- Staff wellbeing and self care plans
- Cross training of staff

Service delivery

- Management of waiting periods
- Flexible treatment options
- Flexible treatment plans
- Clear discharge plan and follow up procedures



EMPOWERMENT

In focusing on building strong connections within a service, we empower staff and management with the comprehensive knowledge of process that is required for them to help clients make informed decisions about their *Journey*.

Strong connections built through governance, staffing and service delivery are fundamentally designed to ensure that the service is empowered to deliver a service that is sustainable and fit for purpose; that the staff are empowered to deliver an appropriate model of care without compromising safety, cultural values or community expectations; and that community is empowered to understand and help direct the model of service delivery that is most suitable for them.

“Our case managers have a holistic approach and co-ordinate the mental health team, self-development programs, housing, wraparound services and interaction with elders and Aboriginal staff from the community who set an example. They have to be across all elements to ensure their (client) has access to it.”

Waminda South Coast Women’s Health and Welfare Aboriginal Corporation.



STORYTELLING

Communication is at the heart of developing the necessary strong connections within a service to ensure that it is responsive to community needs and can offer an appropriately holistic and flexible journey of healing.

In order to facilitate the most appropriate governance, staffing and service delivery structure within an organisation, the model emphasises communication at every level.

Storytelling is the essence of:

- ensuring clients have a true understanding of what is happening at every stage of their journey;
- truly listening to and hearing community feedback; and
- open communication between staff members, teams and management to ensure the safety of the service, the staff and clients.

“White or black, this is a good model. Co-ordination, co-operation, communication. That’s the core of having a service focused on what community needs.”

Tharawal Aboriginal Medical Service.



CHOICES

We work on building strong connections within a service to ensure that individuals understand the full range of choices they have when interacting with a service, and that their experience of moving between options is as seamless and supported as possible.

In concentrating on these specific elements, we are fundamentally ensuring that the journey of wellbeing is dynamic and responsive enough that a client understands what their choices are at every step of their *journey*.

“You can have all of these options for people to access when they come in, but you need to make sure the model works in a way that those options are accessible . . .

(It would be good if) people could come in and choose who they want to see, but the service needs to work in a way that allows that.”

Durri Aboriginal Medical Service.

Examples of Model of Care concepts within existing models of practice.

Governance:

- The ASP undertakes a 'No Blame Review' process after every incident or challenge to ensure that everybody involved can be honest about how an incident occurred, what can be learnt from the situation and how to address the problem at hand without getting distracted by assigning blame.
- Every week, there is a meeting of the individual specialty teams and the broader SEWB team. Minutes from those meetings are provided to the CEO and any pertinent issues are raised at the Managers meeting so that the entire Aboriginal Medical Service (AMS) knows what is happening in that space.
- AMS staff have a uniform so that people can always identify who the staff are and where they are from.

Staffing:

- Ensure the ASP has the right staff and don't settle for second best. In a resource poor and demanding field, it is important to have the strongest team possible and that means ensuring all staff are an appropriate fit for the community.
- Clinical supervision for all staff is essential.
- Staff wellbeing is prioritised through regular staff appreciation days, providing training and advice on how to practice self-care, and encouraging staff to practice a healthy work-life balance.
- Upskilling staff so that a greater proportion of ASP staff are trained in narrative therapy to better engage with clients and facilitate more informed individual case management.
- Engaging alternative care planning facilitators such as a nurse practitioner or social worker to alleviate the pressure on critical roles such as the GP or psychiatrist.

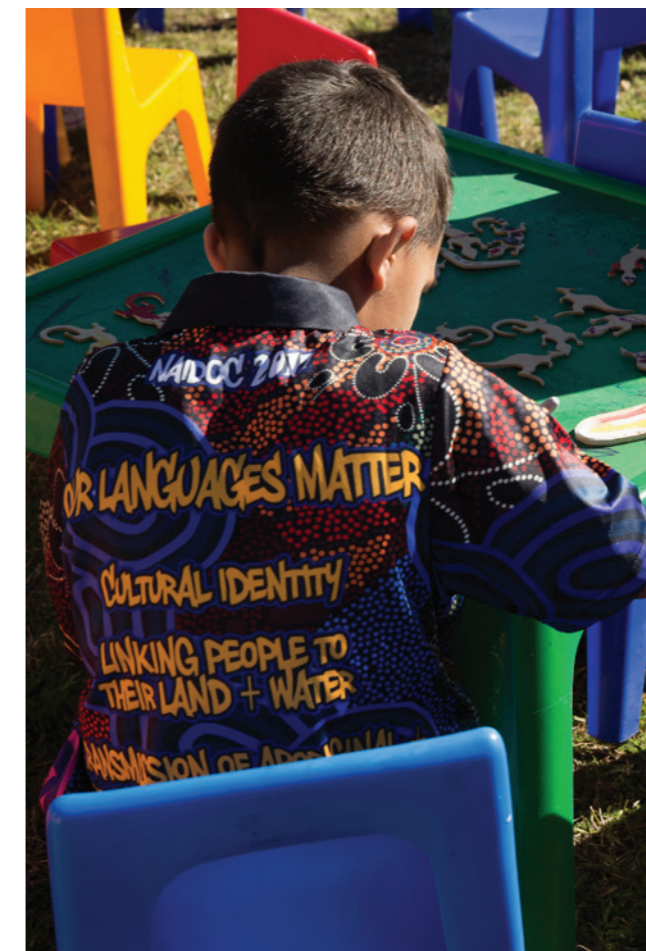
Service delivery:

- Keep ongoing referrals on file at the ASP for clients who historically present to the service in distress and need to see their specialist immediately.
- Complex cases are reviewed by the SEWB team weekly so that at any point of contact between a client and a staff member there is a clear and consistent understanding of the client's current needs, what options are available to them in the interim and what are the next steps to meeting their goals.
- Case managers communicate their clients' needs to the rest of the organisation to make sure that appropriate services and programs are made available. This practice also allows the service to identify any need for services and programs that are not currently offered.

5. Between services, agencies and organisations

Movement between different services, agencies and organisations working in SEWB is very likely to be a part of any *Journey* and transition between services can have a profound impact on a client's experience. The existence of strong connections between services has a significant improvement on the quality of care an ASP can provide and is an important aspect of ensuring that limited regional resources are utilised in the most efficient and effective manner. The *Journey* model seeks to develop strong connections between services by concentrating on:

- Collaboration
- Improving transitions
- Strengthening mainstream services



5.1 Collaboration

Collaboration between services is the most effective way to extend limited resources within a region and ensure that all services are working together to deliver a consistent, holistic and supportive model of care. Key to effective collaboration is moving away from the concept that services should be competing or that any one organisation is exclusively responsible for delivering SEWB services for Aboriginal people. Rather, collaboration appreciates that services and organisations can work together to benefit the community in which they operate.

WHY do we focus on collaboration?

- Makes the most of limited resources within a region.
- Ensures that existing services and programs are culturally appropriate for Aboriginal people.
- Ensures all services and organisations are kept informed about their clients.
- Avoids unnecessary repetition of a client's details, history and treatment plan.
- Assigns accountability for actions in a client's treatment plan.

HOW do we focus on collaboration?

Regular meetings between mental health and SEWB services.

High level meetings between mental health services and agencies that work with complementary factors in complex need clients, such as housing, education, employment.

Shared template for assessment, treatment and follow up between services.

Data linking between services.

Have MOUs or Service Agreements between services, organisations and agencies.

5.2 Improving transitions

Improving the connection and communication between services helps to manage some of the identified risks associated with the transition between services, including:

- availability waiting periods,
- slow response from referred services,
- having to continually repeat information, and
- the possibility that clients will lose commitment to engage with services as a response to a delay in care.

Clear and accountable transition plans between services also ensures that a single service does not end up bearing an unbalanced responsibility of care for the SEWB of all Aboriginal people within the community.

WHY do we focus on improving transitions?

- Clients understand what point they are at along a continuum of care or a continuum of risk.
- Services can better handle waiting periods for specific programs.
- Services understand the total care plan their clients are following and how any single service or program is contributing to a holistic *Journey*.

HOW do we focus on improving transitions?

Having a transition worker or liaison officer stationed at crisis entry points.

Follow up on referrals to make sure that a client's care has been appropriately transferred.

Keep a comprehensive list of regional resources at each service.

Build strong two-way working relationships between services, both ASP and mainstream.

5.3 Strengthening mainstream services

Mainstream services need to be appropriately equipped to manage the care of Aboriginal people who present outside of ASP services. Not only are mainstream services such as local health districts (LHDs) often the only services with 24-hour access, but access to mainstream services should remain an option for Aboriginal people who prefer not to engage with community focused service providers.

WHY do we focus on strengthening mainstream services?

- Avoids ASPs bearing exclusive responsibility for Aboriginal mental health and SEWB.
- Ensures that Aboriginal people have access to the full range of resources allocated to addressing SEWB within the region.
- So that Aboriginal people have a choice of services to access.
- Empowers mainstream services to provide appropriate access and response for Aboriginal people in distress out of ASP hours.

HOW do we focus on strengthening mainstream services?

Assist service with ongoing cultural awareness and cultural competency training.

Embed Aboriginal workers at non-Aboriginal organisations.

Secondment of non-Aboriginal workers to Aboriginal Community Controlled Health Organisations.

Secondment of Aboriginal workers to mainstream services.

5.4 Conclusion

The *Journey* model focuses on collaboration, improving transitions and strengthening mainstream services to build connections between services, organisation and agencies. These concepts are critical in ensuring that clients don't fall through the cracks when they are transferred between services and ensures that clients feel supported and respected at critical decision-making junctures in their *Journey*.

For a *Journey* to offer a full range of holistic care, services need to work collaboratively to ensure that clients have access to all resources available within a region and are fully supported to stay on their *Journey* regardless of where support is accessed.



Connection between services and organisations

Collaboration

- Regular meetings between services
- Regular meetings with mental health services and agencies managing houses, education, etc.
- Shared care plan template
- Data linking
- MOUs between services

Improving transitions

- Transition worker or liaison officer at crisis entry points
- Follow up referrals and transfer of care
- Contact list of regional resources

Strengthen mainstream services

- Share cultural awareness and cultural competency knowledge
- Embed Aboriginal workers in mainstream services
- Secondment of workers between Aboriginal and non Aboriginal services





EMPOWERMENT

An essential consideration to empower Aboriginal people and communities in the social and emotional wellbeing space is to improve their access to mainstream services and structuring mainstream programs to respond to the needs of Aboriginal people as well as non-Aboriginal people.

Across all regions in NSW, it is commonly reported that Aboriginal services are over-burdened by mainstream services for any Aboriginal people requiring support. We need to empower Aboriginal people to be comfortable accessing mainstream services instead of relying on an AMS to be responsible for all things related to Aboriginal social and emotional wellbeing.

“The mainstream services are a vital part of the total service delivery model across the region... good relationships (between services) benefit Aboriginal people in a significant way by adding to the ways people get help and improving the cultural competence of non-Aboriginal health workers.”

Coonamble Aboriginal Medical Service.



STORYTELLING

Sharing information and ensuring that services and organisations make time to come together and talk about what is happening and how they can work together is essential to improving the delivery of social and emotional wellbeing services to the Aboriginal community.

The prioritisation of strong intra-agency connections and incorporating mainstream services into meaningful discussion about Aboriginal social and emotional wellbeing further capitalises on the Aboriginal concept of coming together and yarning to solve complicated problems and issues as a community.

“We need to work together and we need to put aside everything else. You can’t get proprietary about your service because it’s not yours – it’s for the community and we have to keep that community focus. Everyone works together and we have something bigger and better.”

Tharawal Aboriginal Medical Service.



CHOICES

Improving the range of choices an individual has on their *Journey of Healing* is at the heart of building strong intra-service relationships.

By focusing on collaboration, transitions between programs and services and strengthening the cultural competency of mainstream services, an AMS can more reliably add mainstream services and partner organisations to a care plan. There is no justification for an Aboriginal individual to feel that they don’t have access to the same options as non-Aboriginal members of a community.

“There are a lot of reasons that an Aboriginal person may not want to access an ASP. Mainstream services need to be an option for people who don’t want to come to us... It ends up being the responsibility of the ASP to educate the mainstream services.”

Waminda Aboriginal Women’s Health Service.

Examples of Model of Care concepts within existing models of practice.

Collaboration:

- A partnership in which the LHD actively sends the ASP a notification every time a client of the ASP is admitted or discharged from a mainstream service.
- Mental health services and LHD come to the ASP for regular meetings about complex clients, how services can work together and so that there is a clear understanding about what individual services are doing.
- AMS has service agreements with partner organisations, setting out accountabilities and commitment to joint participation in client treatment plans.

Improving transitions:

- A policy in which a case manager is responsible for following up a client referral with the referred organisation. The case manager is responsible for ensuring that an appointment or a reservation is made for the client and that the waiting period is appropriately managed.
- Staff from the ASP attend the hospital to visit Aboriginal clients and ensure that they are aware of the support available once they are discharged from the hospital.
- When a client is going through the hospital process, an AMS staff member will accompany them the whole time to ensure they feel safe and supported.

Strengthening mainstream services:

- On occasions where the mainstream mental health clinic is overwhelmed with clients in distress, the AMS send clinical staff to sit and just yarn with people to keep them calm while they are waiting to be seen.
- When the AMS realised that their members were not accessing an Alcohol and Drug (AOD) program run through the LHD because they were not comfortable going to the hospital or working with non-Aboriginal LHD staff, the program was moved to the AMS. The program continues to be administered by the LHD, but is in a culturally safe and familiar venue and utilises male and female AOD trained workers at the AMS to assess clients and assist them through the LHD program.



6. Social determinants of health and wellbeing

A holistic approach to SEWB must consider the co-morbidity of factors that influence an individual's wellbeing but are not directly health and mental health related such as housing, education, employment status and income, physical environment and social supports.

Considering the social determinants that contribute to SEWB is an essential first step in understanding a client's perspective and assessing what a client needs to successfully engage with SEWB programs and services. Although it is not necessarily within the remit of an ASP to resolve the range of social determinants affecting SEWB, these factors must be acknowledged and addressed within any *Journey*.

The influence of an ASP on social determinants of health and wellbeing can be through:

- Member services
- Wraparound support

6.1 Member services

WHY do we focus on member services?

- Ensures that clients are not distracted by immediate and pressing needs and are able to effectively engage with SEWB services.
- SEWB and mental health distress is strongly correlated with social determinants of health and wellbeing.
- Allows people to focus on their strengths rather than being overwhelmed by immediate problems.

HOW do we focus on member services?

Offer SEWB focused programs such as financial planning, budgeting, household management, healthy eating, parenting classes etc.

Incorporate health and fitness plans into a *Journey*.

Establish good relationships with schools, educational institutes, housing agencies, real estate agents and community services.

6.2 Wraparound support

Wraparound support services have been proven effective in encouraging clients to engage with a service and maintain a care plan by removing the most obvious impediments to access, commitment and concentration. The nature of wraparound support will vary depending on available resources and capabilities within an ASP, but the core of this kind of support is around flexibility and consideration of client concerns.

WHY do we focus on wraparound support?

- Ensures clients are not restricted from accessing service by preventable or manageable limitations.
- Allows clients to engage with the process of Healing without the distraction of immediate discomfort.
- Offers temporary relief of pressure so that a client can better assess their situation and plan solutions.
- Demonstrates genuine concern for and understanding of a client's situation rather than just processing a client into services or programs.

HOW do we focus on wraparound support?

Offer transport to and from services.

Have a social support worker that helps clients with bills, forms, vouchers, budget supports, etc.

Provide a crèche or responsible adult to look after kids during a consultation.

Provide a safe venue with warmth, water, shelter, clothing and food for immediate crisis relief.

6.3 Conclusion

The *Journey* model focuses on member services and wraparound support to address the demonstrated connection between SEWB and social determinants. Both concepts are fundamental to making sure a client is supported to get the most out of their engagement with services and in allowing a redirection from problem focused to solution focused.

For a *Journey* to be genuinely holistic, it must consider the factors that influence SEWB for Aboriginal people. In acknowledging the importance of social determinants of health and wellbeing in contributing to a sense of security, success and stability it can be directly responsive to an individual's circumstances and aspirations.



Connection with social determinants of health and wellbeing

Member services

- SEWB focused programs
- Health and fitness plans part of care plan
- Establish relationships with related services

Wraparound support

- Transport to and from services
- Social support worker
- Crèche or responsible child care worker
- Safe venue for immediate temporary crisis relief





EMPOWERMENT

Prioritising the client perspective regarding how their social and emotional wellbeing sits within the broader framework of immediate needs and pressures is fundamental to empowering a person's meaningful engagement with a *Journey*.

In identifying potential risks and immediate needs, we immediately begin to focus on possible solutions and sources of support that may exist within the service or within the broader remit of the services' influence.

The provision of basic support and assistance with negotiating subsidiary services allows a client to focus more meaningfully on their *Journey* without the distraction of various immediate pressures.

"We should be making it easy for someone to engage with a service. Sometimes that's just providing transport to get clients to the AMS or to referred specialists."

Bowraville Narrative Therapy Centre



STORYTELLING

Storytelling is at the heart of ensuring that a service is providing as much of the holistic support it can in order for an individual to focus on their individual *Journey*.

An open and considered dialogue is the fundamental first step in allowing a client to identify the factors influencing their social and emotional wellbeing and assessing the support that a client anticipates needing in order to successfully engage in a *Journey*.

"A holistic approach has to be based on a real understanding of what connection a client has or doesn't have... we need to know (if) they have food and other basics."

Waminda Aboriginal Women's Health Service.



CHOICES

The provision of member services and wraparound support initially ensures that services and programs become viable choices for individuals that would have been otherwise restricted from access.

However, the concept of wraparound support and facilitating access to subsidiary services also begins to demonstrate to clients the choices that they are able to pursue outside of the immediate purview of the AMS.

"A healing model takes a holistic view of life, not just one problem on its own. People will tell us what they need, so we just need to be open to creativity and not close ourselves off to the options."

Tharawal Aboriginal Medical Service.

Examples of Model of Care concepts within existing models of practice.

Member services:

- Co-ordinating outreach services and programs out of the services and organisations that benefit members such as Centrelink, the Department of Housing, Legal Aid and Brighter Futures all operate out of the AMS facility, or nearby, so that clients can access support from one place.
- Actively pursue education and training opportunities for members, e.g. barista training on site, horticulture, childcare
- Provide aqua classes in the summer and yoga classes in the winter for elders.

Wraparound support:

- Warm welcome, ask clients if there is anything they need and offer a hot or cold drink and a biscuit when they arrive.
- Have a staff member available to help when a parent comes in with their children.
- Have an out of hours phone line so that clients in crisis are always able to talk to someone when they need to and follow up face to face as soon as possible.
- AMS engages a social support worker to help co-ordinate client needs relating to bills, job applications, government services, school enrolment and tax support.
- Transport support is incorporated into treatment plans to facilitate access to the service, participation in treatment and follow up support.



7. Continuing the Journey

A *Journey* is designed to be implemented by a range of ASPs. They will have different funding, resource pressures and varying levels of support from services and specialists within the region.

It is acknowledged that the examples provided will not be suitable for implementation at all ASPs and it is not intended that a single ASP should aim to implement all the case studies provided. Different circumstances will likely demand a different organisational response. However, the conceptual elements remain consistent.

It is acknowledged that the operational examples referenced in this report are brief and simplified descriptions of policies, practices and programs that have many undiscussed complexities. This document does not address the many considerations of governance, funding models, privacy considerations, permissions or variations in community support for ASP involvement initiatives. The replication of any of the existing models would need to be carefully considered by any ASP considering its own circumstances and resource capacity.

This model provides a relatively small sample of the successful programs and operations that were documented as a part of the consultation process. The examples provided are neither comprehensive nor restrictive. In fact, key advice from SEWB for Aboriginal communities has been:

- get creative,
- don't be scared to try new things, and
- change anything that isn't working.

This model should be considered as one step in documenting and disseminating the current standard of best practice for SEWB of Aboriginal people, their families, kinship groups and communities. It acknowledges that ASPs already have a good understanding of what is and is not working for Aboriginal people and are making strides towards improving SEWB of the communities they work with and for.

The *Journey* model does not claim to be perfect or final – there is wonderful work being done and there is wonderful work still to be done. Ideally, it will provide an evidence base from which ASPs can continue to set the standard and support the social and emotional wellbeing of the people in their communities.



References

Commonwealth of Australia. 2017. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Canberra: Department of the Prime Minister and Cabinet.

Davidson, P., E. Halcomb, L. Hickman, J. Phillips & B. Graham. 2006. *Beyond the rhetoric: what do we mean by a 'model of care'?* Australian Journal of Advanced Nursing 23(3): 47-55.

Marriner, A. 1986. 'Introduction to analysis of nursing theory'. IN *Nursing Theorists and their work*, A. Marriner (ed) St Louis: The C.V. Mosby Company.

NATSILMH (National Aboriginal and Torres Strait Islander Leadership in Mental Health). 2015. *Gayaa Dhuwi (Proud Spirit) Declaration*.

Queensland Health. 2000. *Changing models of care framework*. Queensland Government.

WARUSAHMRU (The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute). 2017. *National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health*. Sydney: Australian Commission on Safety and Quality in Health Care.

Swan, P., Raphael, B.. (1995). *Ways forward: National Aboriginal and Torres Strait Islander mental health policy national consultancy report*. Canberra: Department of Health and Ageing, Australia.

Intergovernmental Committee of Drugs, (2017) *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019*, Canberra, Australia

