



**Mental Health  
Commission**



# Aboriginal Mental Health Worker Guidelines



# Acknowledgement of Country

We acknowledge the Traditional Custodians of the land and waters across Western Australia, where our project working group members and all Aboriginal workforces of Western Australia live, work, and gather. We recognise the deep and ongoing connection that Aboriginal and Torres Strait Islander peoples have to Country, providing continuous care for the land, the waterways, and the skies for thousands of generations.

This acknowledgment has been written on Whadjuk Noongar Boodja, and we pay our respects to the Whadjuk Noongar people, whose lands we are on today. We also extend our respects to all Elders – past and present – across Western Australia, and acknowledge the strength, resilience, and cultural wisdom of Aboriginal and Torres Strait Islander communities.

We recognise and honour the diversity of Aboriginal and Torres Strait Islander peoples and their invaluable contributions to the past, present, and future.

This acknowledgement aligns to the Welcome to Country and Acknowledgement of Traditional Ownership – Guidelines and Protocols for WA Health<sup>1</sup>.

## Disclaimer

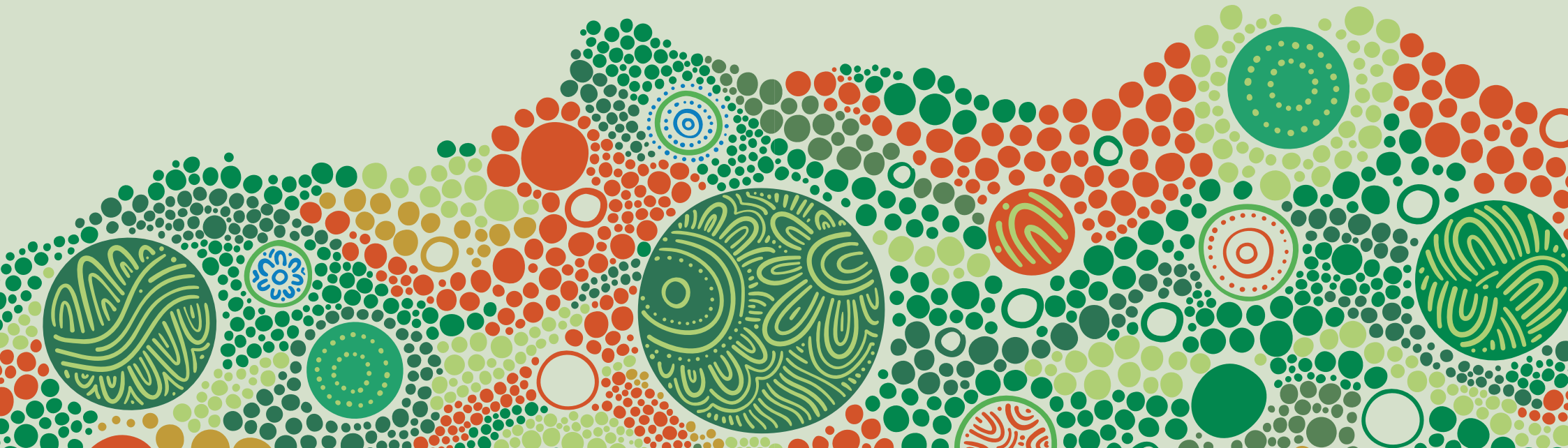
The Aboriginal Mental Health Worker (AMHW) Guidelines contain images and the names of AMHWs who have sadly passed away during the consultation and writing of this document. We acknowledge that viewing these images and reading their names may be distressing for some individuals, families, and communities.

## Recognition of Lived Experience

We acknowledge and honour the voices, stories, and wisdom of those with lived experience – individuals, families, and communities – who have navigated challenges and continue to advocate for change. Your strength, resilience, and lived knowledge shape the way we understand and improve services, ensuring they are responsive, inclusive, and culturally safe for all.

We particularly recognise the lived experiences of Aboriginal and Torres Strait Islander peoples, whose histories, cultural knowledge, and deep connections to Country are central to healing, wellbeing, and community strength. Your contributions guide us in fostering systems that are not only effective but also grounded in respect, self-determination, and cultural safety.

To all who share their lived experience, we thank you for your courage and commitment to making a difference. Your voice matters, your journey is valued, and your advocacy is a powerful force for change.



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## **Feedback**

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## Foreword



**Supportive, culturally safe mental health and wellbeing services, that respect Indigenous people and recognise our strengths, are needed now more urgently than ever.**

The latest report on the outcomes and targets in the National Agreement on Closing the Gap shows that, once again, we are going backwards in this domain, with increases in psychological distress and suicide among Aboriginal and Torres Strait Islander people.

These outcomes are inseparable from the circumstances of Aboriginal people's lives. Racism – both systemic and directed at individuals – is everpresent. Incarceration continues to climb and removals of children from their families are at record levels. These are modern-day forms of colonisation, which show no signs of going away, and they have a profound effect on our mental health.

To be effective, clinical services that support the mental health and social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander people must acknowledge the role of these historical, political and social determinants in our present lives. At the same time they should recognise and celebrate the interconnectedness of Indigenous experience – in which individuals are deeply and irreversibly linked to their family, community, Country and culture. For Indigenous people the notion of health, and mental health, includes all these elements, and is a holistic, empowering way to understand our lives.

Aboriginal Mental Health Workers are uniquely equipped to deliver SEWB services because they have first-hand understanding of the strength that is present in community, and of the disadvantage and injustices that can undermine this resilience.

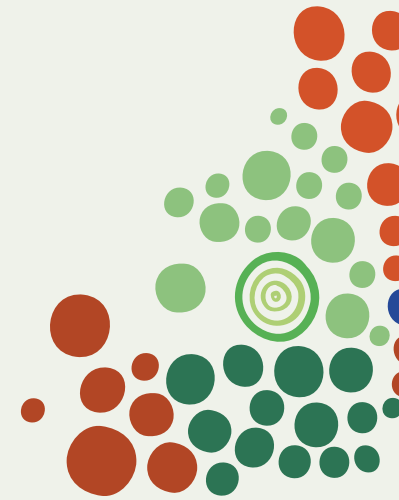
But their skill, goodwill and energy alone are not enough. The agencies that employ them must value and enable their unique contributions and give them the scope to extend their skills and develop careers as leaders as well as practitioners. This is the way to ensure SEWB approaches become fully embedded in all services where Aboriginal and Torres Strait Islander people seek support, which in turn is essential to improving outcomes. These excellent Guidelines show a positive path towards achieving this within the WA public mental health system.

Aboriginal people who take on these dedicated roles need to arrive into a system that welcomes them and makes space for their ways of working, valuing their training and professional development even when this looks very different from mainstream qualifications. Cultural governance must be placed at the heart of all service planning and decision-making so that Aboriginal people – both staff and clients – can feel safe.

I recognise the commitment of the Aboriginal and non-Aboriginal people whose advice informed this work and look forward to seeing the Guidelines implemented across WA. I hope too that they will positively influence policy and practice in other Australian jurisdictions.

**Professor Pat Dudgeon**

Director, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia



# Memorial

We pay a special tribute to Ricky Pickett, whose dedication, wisdom, and unwavering commitment to the true nature of the AMHW role have left a lasting impact on this work. Ricky's contributions continue to shape and strengthen the path for current and future AMHWs, ensuring their voices, knowledge, and cultural ways of healing remain central to mental health care.

We also honour the memories of Raylene Cooper and Colleen Councillor, whose tireless efforts in supporting, empowering, and advocating for Aboriginal communities—particularly those affected by mental health challenges and co-occurring alcohol and other drug-related illnesses—will never be forgotten. Their legacy of care, strength, and cultural leadership continues to inspire and guide us.

We acknowledge their invaluable contributions, mourn their passing, and celebrate the profound impact they have had on Aboriginal and Torres Strait Islander communities.

## A note on language and terminology

The Commission recognises the diversity in language used by Aboriginal and Torres Strait Islander people. The term 'Aboriginal' has been used throughout this document and is intended to refer to all Aboriginal and Torres Strait Islander people.

Cultural load is a term that refers to additional burden and expectation placed on Aboriginal workers to provide cultural education or representation outside of their work role and responsibilities. It is important to understand that cultural load does not refer to the cultural responsibilities Aboriginal workers have to their families and communities. Weenthunga Health Network provide a distinct reframing of 'cultural load' distinguishing a clear difference between 'cultural responsibility' and 'colonial load'<sup>2</sup>. Aboriginal Mental Health Workers often find themselves in dual roles – one as a worker and the other as a community/family member, therefore it is important that there are clearly defined limitations on what the worker's actual role is and what is expected of them. Clearly distinguishing the difference and using the preferred differentiating terms 'Cultural Responsibility' and 'Colonial Load' is important.

Cultural responsibilities are sometimes referred to as 'cultural obligations' which helps convey their significance in Aboriginal culture. However, it is acknowledged that for those without strong understanding of Aboriginal culture this wording may convey these responsibilities as a burden rather than the empowering privilege of upholding culture. For this reason, these Guidelines have elected to use the term 'cultural responsibilities' when describing this.

## Project working group

**The development of the AMHW Guidelines (Guidelines) would not have been possible without the dedication, wisdom, and lived experience of our Project Working Group - a collective of professionals from across WA public Health Service Providers (HSPs) who have shared their knowledge, insight, and commitment to Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB).**

This working group is made up of predominantly Aboriginal and Torres Strait Islander professionals, many of whom have dedicated their lives to supporting their communities, walking alongside individuals and families in times of great hardship, and advocating for change in a system that has not always heard or valued their voices. Their contributions have been invaluable in shaping the AMHW Guidelines into a meaningful and culturally responsive guide that upholds the true spirit of the AMHW role.

We further acknowledge the contributions of non-indigenous professionals who have exhibited genuine solidarity through attentive listening, continuous learning, and collaborative partnership. Their efforts have been pivotal in ensuring that the AMHW Guidelines extend beyond a mere document to embody a substantive advancement towards reconciliation, accountability, and systemic transformation. True reconciliation is not just about acknowledgment; it is about action, about commitment, and about walking together in a way that respects and centres the voices of Aboriginal and Torres Strait Islander peoples.

The AMHW Guidelines represent a commitment to ensuring that Aboriginal and Torres Strait Islander people have access to culturally safe, effective, and community-driven support in suicide prevention and mental health. A commitment to honouring the expertise and lived experience of Aboriginal and Torres Strait Islander professionals, and a commitment to breaking down barriers so that future generations can thrive.

To every member of the working group, your contributions, your passion, and your unwavering belief in the power of cultural ways of healing will leave a lasting impact. The AMHW Guidelines stand as a testament to your work, and more importantly, as a step forward in ensuring that Aboriginal and Torres Strait Islander communities receive the respect, care, and support they deserve.

### Project Working Group Members

|                |                   |
|----------------|-------------------|
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# Contributors

**Beyond the working group, additional contributors attended workshops, reviewed drafts, challenged assumptions and overall contributed to making the AMHW Guidelines more robust, complete and usable.**



## Content developers

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# Acknowledgement of expertise

**The development of these AMHW Guidelines has been informed by the wisdom, expertise, and lived experience of those who have dedicated their lives to Aboriginal and Torres Strait Islander mental health and suicide prevention.**

We extend our deepest respect and gratitude to Professor Helen Milroy and Professor Pat Dudgeon, whose pioneering work in the suicide prevention and trauma informed approach space continues to shape best practice today. Their unwavering commitment to advocating for culturally safe and community-led approaches has set the foundation for how we understand and respond to Aboriginal and Torres Strait Islander SEWB. Their research, leadership, and advocacy remain instrumental in driving change, ensuring that Aboriginal voices and knowledge systems are not only recognised but prioritised in mental health care.

We also acknowledge the expertise within the Mental Health Commission, particularly Laura Darch, Sally Gamble-Councillor, Danikka Calyon and Elizabeth Tyndall, whose tireless efforts in bringing together collective wisdom, insights, and years of hard work have been invaluable in shaping these guidelines. Their dedication to ensuring that the voices of Aboriginal and Torres Strait Islander peoples, and the lived experience of AMHW, remain central to this work has been crucial.

To all who have contributed, consulted, and shared their expertise – your impact will be felt for generations to come.



# Focus Areas

**The AMHW Guidelines provide guidance for WA Health mental health services to strengthen the role and impact of AMHWs in improving the health and wellbeing of Aboriginal people across Western Australia.**

The AMHW Guidelines promote a coordinated, culturally responsive, and practical approach to workforce development and service delivery, emphasising evidence-based practice, the re-empowerment of Aboriginal people, and a shared commitment to making the mental health and wellbeing of Aboriginal communities a collective responsibility.



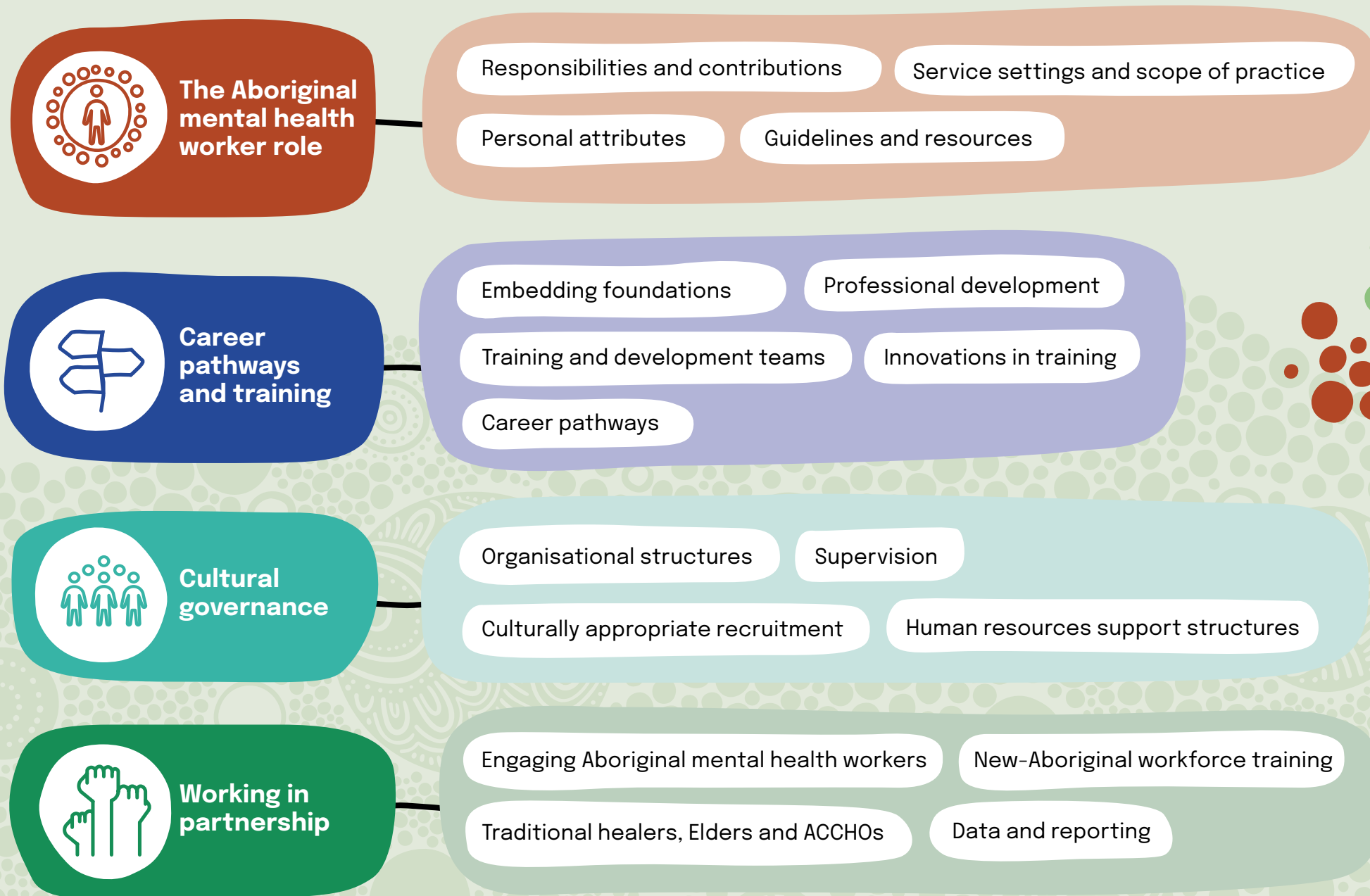
## Vision

**Improved wellbeing and service outcomes for Aboriginal communities resulting from an expansion of Aboriginal Mental Health Workers (AMHWs) across public mental health services and settings in Western Australia.**



## Aim

**Strengthened, culturally-informed support and development mechanisms and identified career pathways for Aboriginal Mental Health Workers in public mental health service settings in Western Australia.**



# Purpose

**The Aboriginal Mental Health Worker (AMHW) Guidelines (Guidelines) offer structured guidance, practical insights, and evidence-informed recommendations to support HSPs in effectively engaging, developing, and sustaining a culturally safe AMHW workforce. Developed through Aboriginal leadership and grounded in lived experience, the Guidelines places Aboriginal perspectives at the centre of its design, implementation, and intended outcomes.**

The overarching purpose of the Guidelines is to strengthen service responses to the distinct needs of Aboriginal and Torres Strait Islander individuals, families, and communities by embedding culturally safe, trauma-informed, and community-led approaches across all levels of mental health care. By establishing a culturally informed foundation, the AMHW Guidelines contribute to improved SEWB outcomes and support suicide prevention efforts across Western Australia<sup>3</sup>.

This need is underscored by persistent and disparities in mental health outcomes. Between 2018 and 2022, the suicide rate for First Nations people in Western Australia was 38.1 per 100,000, the highest in the country, with rates among young adults aged 25–34 years reaching 87.0 per 100,000<sup>4</sup>. In regions such as the Kimberley, Aboriginal people accounted for 81% of emergency department presentations for self-harm<sup>5</sup>, and Kununurra has the highest rate of suicide, reaching 64.3 per 100,000 between 2013 and 2022<sup>6</sup>. Emerging concerns, including the rising prevalence of eating disorders among Aboriginal adolescents, further compound these risks, with rates significantly higher than among non-Indigenous peers<sup>7</sup>.

Despite this urgent need, Aboriginal and Torres Strait Islander professionals represent less than 3.1% of the total health workforce nationally<sup>8</sup>. Sector-wide workforce shortages are widely recognised as a barrier to reform, and the limited availability of Aboriginal mental health professionals directly affects service accessibility, cultural safety, and quality of care<sup>9,10</sup>. Evidence shows that Aboriginal people are more likely to engage with services where they feel culturally safe and understood<sup>11</sup>, making the expansion and support of the AMHW workforce essential to improving access, trust, and outcomes.

Designed for broad application across Western Australian public sector services, the AMHW Guidelines support consistent, culturally responsive practices while allowing for locally tailored solutions that reflect the diversity of Aboriginal communities. Aligned with Closing the Gap Target 14, it reinforces a long-term commitment to equity, access, and culturally secure care through strategic investment and shared responsibility.



# Strategic alignment

**Across all settings, MDTs can deliver holistic, person-centred care that addresses the mental, physical, social and cultural needs of the consumer. By meeting these expectations, MDTs uphold the principles of high-quality mental health care.**

## Mental Health Commission vision

Western Australians lead healthy and fulfilling lives.

## Mental Health Commission vision for conciliation

To create a culturally safe and responsive service through genuine partnerships and collaboration that supports the SEWB of Aboriginal people. The *Innovate Conciliation Action Plan* is a commitment to build together a meaningful, concise and well measured plan that results in true impact and a cultural and behavioural change.

## Mental Health Alcohol and Other Drugs Strategy 2025-2030

The Guidelines support delivery of the Commission's Mental Health and Alcohol and Other Drugs Strategy 2025-2030, especially in progressing the Strategy's Strategic Pillar 5: Foundations for contemporary, person-centred systems, and with particular relevance to Focus Area 18: Culture that values lived and living experience, diversity and equity; and Focus Area 22: Skilled, diverse and supported workforces.

## Mental Health Alcohol and Other Drugs Outcomes Measurement Framework

The Commission's Western Australian Mental Health, Alcohol and Other Drugs Outcomes Measurement Framework (OMF) provides a consistent, transparent approach for measuring person-centred outcomes related to mental health and alcohol and other drug use in Western Australia. It will also help assess whether Western Australia's public mental health and alcohol and other drug services are delivering positive impacts for people, families, and communities.

The Commission's Outcome Measurements Framework (OMF) domains represent distinct categories, areas or aspects of life for measurement. The AMHW Guidelines support the enhancement of outcomes across all the domains, and in particular providing services that have increased diversity workforce, are culturally responsive and safe that provide holistic care and consider social and emotional wellbeing models for Aboriginal people.



## National and State mental health commitments

Recognising the urgent need to address mental health disparities, key national and state strategies consistently identify the Aboriginal mental health workforce as a priority for investment and reform. These emphasise culturally safe, community-led approaches and reinforce the importance of Aboriginal leadership in service design and delivery. **These include:**

- **National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035<sup>12</sup>**

The first national suicide prevention plan led by Aboriginal people. It highlights the vital role of a culturally responsive workforce in reducing suicide rates.

- **WA Suicide Prevention Framework 2021-2025<sup>17</sup>**

Supports Aboriginal-led, community-driven suicide prevention initiatives.

- **National Mental Health Workforce Strategy 2022-2032<sup>13</sup>**

Projects a 37% shortfall in Indigenous mental health workers by 2030, signalling the need for urgent expansion.

- **Infant Child and Adolescent (ICA) Taskforce Final Report<sup>18</sup>**

Highlights workforce expansion to improve child and adolescent mental health outcomes.

- **National Mental Health and Suicide Prevention Agreement<sup>9</sup>**

Commits to growing the Aboriginal mental health workforce and embedding culturally safe practices.

- **National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing<sup>19</sup>**

Dedicated focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health.

- **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031<sup>14</sup>**

Provides a national plan to recruit, support, and retain Aboriginal health professionals.

- **Aboriginal Workforce Policy<sup>20</sup>**

To increase representation of Aboriginal people at all levels of the workforce to improve Aboriginal health outcomes.

- **WA Mental Health Act 2014 and Amendments<sup>15</sup>**

Section 50, 81, 189 and Principle 7 which identify Aboriginal and Torres Strait Islander Mental Health Workers as key roles to ensure consumer Right to Culturally Appropriate Care.

- **WA Health Workforce Strategy 2034<sup>21</sup>**

Identifies growing the Aboriginal workforce as a priority to improve health outcomes and provide culturally safe services.

- **Aboriginal Empowerment Strategy - Western Australia 2021-2029<sup>16</sup>**

Emphasises that 'Culture is at the heart' of a secure foundation for life, providing the landscape in which futures are imagined, chosen and pursued, and identifies 'Supporting and promoting culture', 'Building the public sector workforce's cultural responsiveness' and 'Reshaping Government services and systems to work with culture' as key elements of this.

- **Passing the Message Stick<sup>22</sup>**

Signifies shared responsibility and collaboration in decision-making through promoting culturally respectful practices that embed Aboriginal voices and leadership in mental health care.

## National Agreement on Closing the Gap

Effective implementation of the AMHW Guidelines will also support Western Australia's commitment to delivering against initiatives of the National Agreement on Closing the Gap (CTG)<sup>23</sup>.

Key deliverables under the National Agreement include building workforce capacity, providing training and awareness of social and emotional wellbeing (SEWB), improving referral pathways between and across services, improving data collection and measurement and provision of targeted education and training materials which are all outlined in these guidelines.

### Relevant CTG Outcomes Include:

- 1** Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
- 3** Aboriginal and Torres Strait Islander people are empowered to share decision-making authority.
- 6** Aboriginal and Torres Strait Islander people achieve their full potential through education.
- 7** Aboriginal and Torres Strait Islander people have access to appropriate and high-quality education services.
- 8** Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities.
- 12** Aboriginal and Torres Strait Islander people are supported by culturally responsive institutions.
- 13** Aboriginal and Torres Strait Islander people have access to secure employment.
- 14** Aboriginal and Torres Strait Islander people enjoy high levels of SEWB.
- 17** Aboriginal and Torres Strait Islander people have access to information and services enabling participation in informed decision.

Broader frameworks and commitments such as **The Uluru Statement from the Heart**<sup>24</sup>, **The National Anti-Racism Framework**<sup>25</sup>, **The Gayaa Dhuwi (Proud Spirit) Declaration**<sup>26</sup>, **the WA Aboriginal Health and Wellbeing Framework 2015-2030**<sup>27</sup>, and the **WA Sustainable Health Review**<sup>28</sup> also reinforce the need for Aboriginal-led, culturally competent, community-based care.

The AMHW Guidelines operationalises these commitments across Western Australia.

# Aboriginal worldview

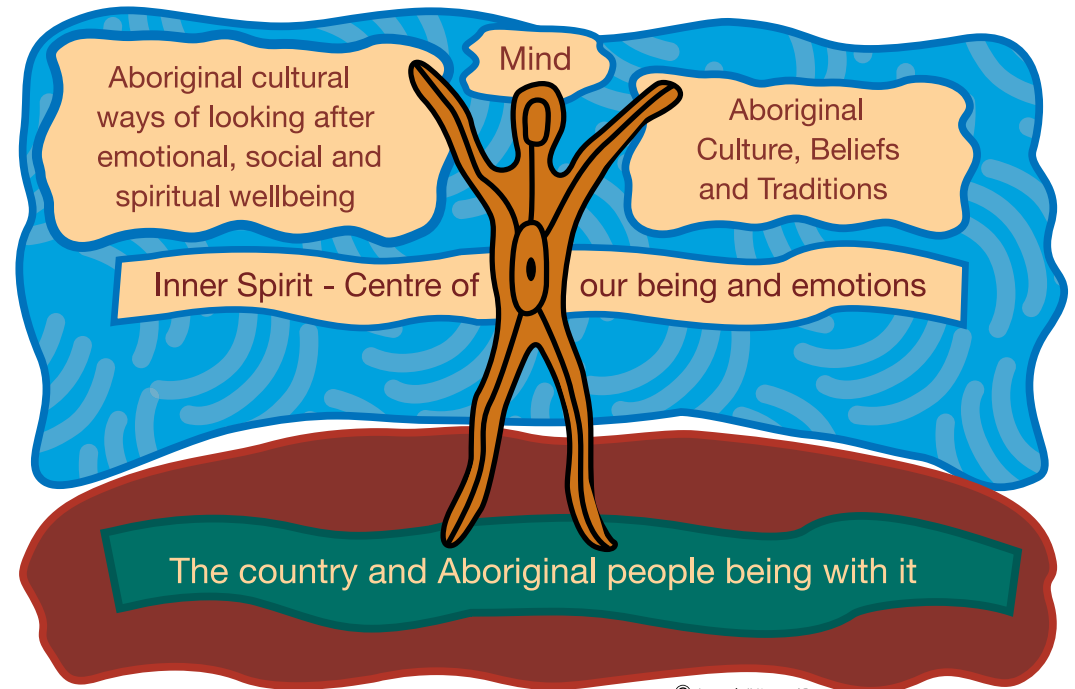
**Foundational to recognising the value of Aboriginal workforces is the understanding that Aboriginal culture comes with unique conceptualisations of wellbeing that differs from Western culture.**

Traditional Aboriginal cultural systems are founded in connections to each other, Country and law – these are intertwined, cannot be separated and are a central part of Aboriginal spirituality.

There is a word in many different Aboriginal language groups that describes inner spirit, and many Aboriginal people share this belief. The idea of the inner spirit promotes a holistic all-encompassing view of Aboriginal health. The late Joseph 'Nipper' Roe of the Yawuru and Karajarri people in Northwestern Australia depicted the 'Inner spirit model' (Figure 2) and words (below) to describe this holistic understanding of wellness based on traditional concept.



**The conceptualisation of wellbeing for Aboriginal people is deep-rooted, more collective and more holistic than in Western cultures.**



© Joseph 'Nipper' Roe

**Figure 2**

Aboriginal Inner Spirit Model



**Our inner spirit is the centre of our being and emotions. When our spirit feels strong our minds feel strong. When our spirit feels tangled our mind feels tangled. Strong inner spirit is what keeps people healthy and keeps them connected together. Strong inner spirit keeps our family strong, our community strong and our country alive.**

## Healing from colonisation and oppression

It is acknowledged by governments at state and national level that colonisation and the systematic historical oppression of Aboriginal people and culture and contemporary racism that continues today has led, and continues to lead to, inequitable health outcomes, and higher rates of alcohol and other drug issues, mental health issues and deaths by suicide.

Some Aboriginal people may experience disconnect from their culture due to past government policies and initiatives, such as the Stolen Generations and forced assimilation, which separated Aboriginal people from their families, Country (land), and culture. While many Aboriginal people remain deeply connected to their culture and draw on this as a strength for themselves, their families and their communities, others have limited understanding of their own histories. This can perpetuate feelings of disconnection and shame and result in high levels of mental health distress, impacting overall wellbeing.

Culture is both a strength and a protective factor. Understanding the past and recognising the resilience and strengths Aboriginal people have carried through colonisation and into the present can empower individuals and communities. By reconnecting to culture, including spirit, families, and communities, identity is strengthened, and pathways begin to heal.

The stories of the past are the pathways to healing. The Dance of Life Framework, developed by Professor Helen Milroy<sup>29</sup> describes five dimensions, physical, psychological, social, spiritual, and cultural,

which when considered together, offer guidance for mental health practitioners when providing assessment and treatment. The Dance of Life Framework emphasises the importance of knowing where we have come from, as well as where we are headed to support holistic and culturally responsive care.

## Social and emotional wellbeing

The model of SEWB recognises that wellbeing is influenced by physical health, mental health, spiritual and cultural wellbeing, as well as other social determinants of health including education, employment, economic engagement and cultural wellbeing.

The impacts, risk factors and protective factors of SEWB vary for each individual, based on their circumstances and collective experiences. Within the model, the concept of 'self' is inseparable from and embedded within family/kinship, community and ancestors and reflects collectivists perspectives<sup>30</sup>.

The SEWB model (**Figure 3**) was collaboratively developed and endorsed by Aboriginal people from across Australia through consultation. The seven domains within the model depict sources of wellbeing and connection that contribute to and support positive strengthened cultural identity which is critical to positive SEWB for Aboriginal people.

A 2025 Lowitja Institute review of the SEWB model<sup>30</sup> found that approaches that consider the interconnectedness of SEWB domains and determinants of health, contribute most to strengthening SEWB for Aboriginal people and communities.



**Figure 3**  
The Social, Emotional and Wellbeing (SEWB) model





## Focus area 1

# The Aboriginal mental health worker role

An AMHW is an Aboriginal or Torres Strait Islander person working within a mental health service or setting to provide culturally appropriate support and improve access to care for their community.

### Skill areas:

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**At its core, the AMHW role is grounded in cultural connection. AMHWs help support the SEWB of the communities in which they live and work, promote healing, and serve as a bridge between Aboriginal cultural perspectives and the Western mental health system.**

AMHWs are deeply embedded and connected with their communities and their people – family kinships, Elders and young ones. Depending on the service setting and the AMHW's particular community connections, experience, skills and qualifications, AMHWs will provide cultural support through times of sorry business and funerals, sit and yarn with families in times of grief and collectively celebrate milestones of healing, and provide a familiar and cultural support for those who feel they have no one else.

Due to a combination of complex socio and historic factors, including intergenerational trauma, systemic racism and past negative experiences, Aboriginal people can often feel unsafe and misunderstood when navigating Western mental health system. AMHWs help mitigate these feelings and reduce the occurrence of negative experiences by creating safe spaces where people feel seen, heard and respected, assisting individuals and families navigate the health system and use of holistic healing models grounded in culture, land, family and spirituality. They can advocate for services that support Aboriginal people to receive care that takes their complex histories, unique strengths and place in society into account.



## Responsibilities and contributions

AMHWs play a fundamental role in the delivery of culturally safe and responsive mental health services. Their expertise ensures that services are not only clinically effective but also culturally responsive, leading to better outcomes through creating healthier relationships between community and clinics.

### Key functions

**Aboriginal mental health workers provide culturally safe, trauma-informed, and community-led support to Aboriginal people experiencing mental health challenges.**

- Assist in the assessment, proactive referral, treatment, transfer, and discharge of Aboriginal mental health consumers, including care coordination to ensure holistic support across mental health, primary health, and social services.
- Work in partnership with other mental health professionals as part of a multidisciplinary mental health team, ensuring that care is delivered in a collaborative and culturally informed way.
- Provide support as a cultural resource for non-Aboriginal mental health staff and management, providing cultural context and insights to improve service engagement.
- Ensure continuity of care by building strong relationships with other service providers, in particular Aboriginal Community-Controlled Health Organisations (ACCHOs), to support culturally appropriate support and pathways.
- Advocate for individual needs of Aboriginal mental health consumers, ensuring their voices are heard in service delivery.
- Support health promotion, SEWB, and community development activities that Aboriginal people value and can actively participate in.
- Participate in community networks, fostering relationships that strengthen trust between mental health services and Aboriginal communities.
- Contribute to the care coordination of Aboriginal consumers, ensuring holistic support across mental health, primary health, and social services.

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## Personal attributes

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**Mental health qualifications are not mandatory for entry-level Aboriginal mental health workers, their value is the intrinsic, cultural insights they bring that enable them to function as essential 'cultural connectors'.**

Imposing regimented training requirements create barriers to workforce entry, limiting opportunity for upskilling and professional development growth within this vital workforce. It risks excluding capable individuals, particularly in regional and remote areas where access to training is limited. It can also minimise the significance of the cultural connection which is the central value of this workforce and which cannot be taught, rather comes from their deep experience of culture and Aboriginal ways of understanding SEWB. AMHWs are embedded within their communities, carrying deep understanding of kinship, cultural responsibilities, and healing practices.

While formal qualifications are not required at entry, there are personal attributes required to be effective in this role. In addition, where AMHWs come without training, foundational on-the-job training is essential for the safety of the Aboriginal consumers and the AMHWs themselves, to provide baseline awareness of mental health presentations and risks. This is discussed further in Focus Area 2, Career Pathways and Training.

Mental health remains a complex and sometimes contested concept within Aboriginal communities, particularly in cases where Aboriginal people have become isolated from their culture and lack essential connection to support their SEWB. The personal attributes of a AMHW that will contribute to their role within mental health teams are:

- **Cultural knowledge and sharing:** Supported by tools like the Aboriginal Lived Experience Guide, which outlines safe ways to integrate cultural insight into practice.
- **Attending to others:** Measured via consumer feedback, peer observation, and relational engagement.
- **Communication and curiosity:** Evaluated through mentoring, role-play, and community-based assessments.
- **Written expression and report writing:** Foundational literacy skills are important to support the level of communications required in the health system.
- **Initiative:** Evident in proactive community engagement and responsiveness to emerging needs.
- **Self-reflection and receptive to feedback:** Assessed through supervision and reflective practice tools such as the SEWB Reflection Guide.

Managers, regardless of cultural background, play a vital role in supporting early-career AMHWs. Their responsibilities include identifying support needs, providing structured line management, and ensuring workers are not overwhelmed by community expectations. While cultural mentoring and supervision should be provided by Aboriginal mentors, managers can implement workplace strategies and create environments that sustain wellbeing and prevent burnout.

Prioritising personal attributes and lived experience, while offering pathways to formal training, will help embed a resilient, culturally secure workforce that remains deeply connected and responsive to community needs.

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## Service settings and scope of practice

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**AMHWs operate across a variety of service settings, and with a diverse range of Aboriginal consumers, each shaping the nature of the AMHW role, responsibilities, and daily practice.**

Recognising this diversity is essential to appropriately defining, supporting, and integrating the AMHW role within mental health service delivery.

### Inpatient settings

In hospital-based mental health wards, AMHWs provide intensive, one-on-one support to consumers during acute episodes and contribute to culturally responsive care. Their responsibilities include facilitating, culturally safe communication, supporting assessment, discharge planning, and building relationships with both Aboriginal and non-Aboriginal staff. Two-way learning opportunities for AMHWs to experience clinical workplace learning while offering cultural perspective and guidance to non-Aboriginal colleagues with respect to the perceptions and experience of Aboriginal consumers.

### Community in-reach and outreach

In community settings, AMHWs deliver support through in-reach (clinic-based) and outreach (home, school, or public space) services. Their work involves engaging with individuals and families in familiar environments, attending cultural and community events, and liaising with schools and youth services. This approach strengthens early intervention, visibility, and trust within communities.

## Rural and remote contexts

In rural and remote regions, AMHWs often travel long distances between appointments and operate with limited access to clinical infrastructure. Their role requires flexibility, autonomy, and strong community presence. AMHWs in these settings are central to maintaining continuity of care, building trust, and ensuring culturally secure support in isolated communities.

## Diverse consumer cohorts

AMHWs support a wide range of consumer groups, including children, youth, adults, older people, families, and individuals with co-occurring mental health and alcohol and other drug (AOD) issues. Their practice should be tailored to meet the unique cultural and clinical needs of each cohort, ensuring culturally appropriate engagement and support.

## Intersectionality

As with all community groups, Aboriginal people are not homogenous, and Aboriginal individuals may identify with multiple cultural, linguistic, and national affiliations. These identities may also intersect with unique gender identities, disabilities, neurodiversities and comorbidities. As for all health workforces, AMHWs need ongoing support and education to help understand the unique needs and experiences for people who have intersecting identities<sup>31, 32</sup>.

## Cultural responsibility and colonial load

Given their role and their intersection between services and communities, AMHW are often called upon by communities, family and friends to provide support outside their normal work hours. They typically experience cultural responsibility to provide this support, which involves absorbing colonial load to address systemic barriers to service access to ensure ongoing support for their communities.

It is important that workplaces are aware of and work to minimise this to protect AMHWs and avoid their burnout. Discussion in Focus Areas 3 and 4 regarding cultural mentorship and support, training for both Aboriginal and non-Aboriginal staff, ensuring appropriate scope of practice is applied and the role of good cultural governance of services to reduce system barriers are all important factors to helping mitigate this experience for AMHW.

### Case study

## Cross-cultural connection

Josie, an AMHW from South Metropolitan Health Service (SMHS), encouraged a non-Aboriginal colleague to visit the home of a community member who was struggling to support their young family member experiencing significant mental health issues.

Josie and her colleague visited the family's home multiple times where they yarned and shared cups of tea and stories. At each of these visits, the young family member hovered just out of sight, declining to participate directly in the yarnning sessions, or accept a referral for assessment.

Eventually Josie and her colleague reluctantly stopped visiting, advising the family how they could reach out for help in future if they needed.

Months later, the young family member appeared unannounced at the clinic, asking specifically for the psychiatrist who she had never spoken to but who had visited her home and shared tea with her grandmother.

The outreach visits had demonstrated cultural respect and a willingness to connect to this young Aboriginal person and built sufficient trust for them to reach out and engage with the service to get the help she needed.

Josie's role was integral to this Aboriginal young person's experience as she supported her non-Aboriginal colleague to recognise the value of a relational approach and how culturally sensitive outreach can strengthen engagement and bring lasting benefits to clinical care.

## Rostering

To support access to AMHWs and ensure the delivery of culturally safe and responsive care to Aboriginal people, effective rostering practices are critical, particularly in high-risk environments such as emergency departments and inpatient mental health wards.

In acute care settings, for example, timely access to AMHWs during periods of crisis is essential especially after hours and on weekends which often coincide with increased episodes of mental health distress, suicidal ideation, and acute psychiatric symptoms among Aboriginal consumers. Without adequate AMHW coverage, individuals may be assessed and treated without cultural input, which compromises cultural safety and increases the risk of disengagement, misdiagnosis and poor outcomes.

To address this gap, hospitals across the Perth metropolitan area and other key regions have begun implementing targeted rostering strategies to ensure AMHWs are available during critical periods. This includes:

- Allocating AMHW shifts across weekdays, evenings, weekends, and public holidays.
- Embedding AMHWs within emergency departments and inpatient wards.
- Coordinating coverage to align with peak presentation times and high-risk cohorts.
- Ensuring AMHWs are accessible across multiple wards and units within hospital settings.

Despite progress, gaps in rostering remain. Many services continue to experience limited AMHW availability outside standard business hours. This is a result of ongoing challenges with recruitment and retention caused by a range of factors including lack of housing, Westernised recruitment practices and processes that aren't sufficiently inclusive for Aboriginal people and lack of training and pathways that can encourage Aboriginal people to participate in the workforce in their local areas. This leaves Aboriginal consumers without access to culturally appropriate support during critical moments. Expanding rostering capacity and formalising coverage expectations, as well as supporting innovative recruitment and training practices across HSPs is necessary to ensure equitable access to AMHWs across all service settings.

Strategic investment in rostering infrastructure, workforce planning, and service coordination will strengthen the integration of AMHWs into acute care environments and support the broader goals of culturally secure, trauma-informed mental health care.

## Other Aboriginal roles within mental health settings

The Aboriginal workforce in the public mental health sector in Western Australia consists of various occupational groups (Table 1). In addition to undertaking mental health specific roles, Aboriginal people work across the allied health professions including allied health assistants, occupational therapists, physiotherapists, psychologists and social workers. Common to each of these workforces is the cultural connection they bring to support improved engagement by Aboriginal consumers with services, which is foundational to provision of care.

The *Mental Health Act 2014* (the MH Act)<sup>15</sup> requires that assessment, examination and treatment of Aboriginal or Torres Strait Islander patients be undertaken in collaboration with Aboriginal mental health workers and significant members of the patient's community, including elders and healers.

This is intended to include all Aboriginal workers in mental health settings. Ideally a person with mental health experience and training would perform this function, but in the current context of limited staff availability, including across multiple services and times of day, Aboriginal workers including Aboriginal health practitioners (AHPs) and Aboriginal health liaison officers (AHLOs) are also well positioned to provide this support to Aboriginal patients.

AMHWs often interact and have overlap with the following Aboriginal identified roles in the mental health sector.

### Aboriginal health practitioner

Aboriginal health practitioners (AHPs) are Australian Health Practitioner Regulation Agency (Ahpra) registered healthcare practitioners who provide primary health care including clinical services and consumer care with a focus on culturally safe practice for Aboriginal people. AHPs work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal people and communities and play a key role in facilitating relationships between Aboriginal consumers and other health practitioners. AHPs work across the health sector, including in some mental health settings.

## Case study

# The Aboriginal Health Practitioner Project, South Metropolitan Health Service (SHMS)

Department of Health Senior Policy Officer and Aboriginal human resources specialist, Bec, and Fiona Stanley Hospital (FSH) Nurse Educator, Lucy, co-led a project to implement the Aboriginal Health Practitioner model at FSH.

The pair identified potential barriers and opportunities for this new workforce, and developed a program that would successfully embed these primary care professionals and who brought essential cultural connection to patients.

While ongoing quality assessments are planned to identify improvement opportunities for the program, early results from the project have demonstrated reductions in:

- 'discharge against medical advice' (DAMA)
- Code Blacks when AHPs on shift

The model included:

- Tailored inductions, conducted over 6-10 weeks grounded in shadowing-style instruction, that supported:
  - Workforce readiness
  - Relationships building
  - Setting familiarisation
  - Learning skills in action
  - Development of independent learning.
  - Competency development and advancement framework:
    - Essential skills, 6-12 months
    - Area-specific skills 12-24 months
    - Enhances skills 24 months+

With consolidation of skills and experience comes ability to educate others and other leadership opportunities.

Recommendations for non-Aboriginal staff, such as:

- Staff orientations to include awareness upskilling in cultural awareness
- Online resources

## Aboriginal health liaison officer

Aboriginal health practitioners (AHPs) are Australian Health Practitioner Regulation Agency (Ahpra)<sup>1</sup> registered healthcare practitioners who provide primary health care including clinical services and consumer care with a focus on culturally safe practice for Aboriginal people. AHPs work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal people and communities and play a key role in facilitating relationships between Aboriginal consumers and other health practitioners. AHPs work across the health sector, including in some mental health settings.

Aboriginal health liaison officers (AHLs) provide culturally appropriate care and support through the consumer's journey. The aim of the role is to:

- Offer cultural support and advocacy throughout a consumer's hospital journey.
- Connect consumers with appropriate community services.
- Provide continuous liaison between staff, consumers and families, and between the healthcare providers and Patient Assisted Travel Scheme (PATS) for country consumers.
- Ensure the facilitation of effective and culturally appropriate discharge plans.

This workforce also includes Aboriginal mental health liaison officers (AMHLOs), noting that across the system there are inconsistencies in how this role is titled. Over time, the AMHLO role has evolved into the Aboriginal Mental Health Worker (AMHW) roles in many locations; however, both roles continue to operate within the system. AMHLOs and AMHWs play a crucial role in supporting Aboriginal people when accessing mental health services, particularly in helping determine whether a client is experiencing mental health concerns or cultural related phenomenology.

## Aboriginal Lived Experience (Peer) worker

The Western Australia Lived Experience (Peer) Workforces Framework<sup>33</sup> distinguishes between lived experience (lower case 'l', lower case 'e'; referring to an individual's lived experience) and Lived Experience (capital 'L', capital 'E'; referring to a 'designated' Lived Experience role) where an individual has training and professional development in the discipline.

Positions titled Aboriginal Lived Experience (Peer) are professional roles where a person has had explicit training to use their experience of mental health issues, suicidal crisis or alcohol and other drug challenges in a professional role<sup>34</sup>. This includes training in the historical, social, political and economic contexts of mental health systems, including the impacts of these on consumers and carers. These impacts can be significantly different for Aboriginal people and must take into consideration Aboriginal people ways of SEWB. These roles may also have a focus on service review, evaluation and improvement to improve outcomes for Aboriginal people.



Aboriginal identified roles in the mental health sector.

| Role                                             | Primary focus                                              | Key functions                                                                                                                                                                                                                                                                                                                                                   | Qualifications/ Experience                                                                                                                          | Work setting                                                          |
|--------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Aboriginal mental health worker (AMHW)</b>    | Mental health support with cultural safety                 | <ul style="list-style-type: none"> <li>• Provide culturally safe, trauma-informed care.</li> <li>• Support SEWB and suicide prevention.</li> <li>• Bridge cultural gaps in mental health services.</li> <li>• Complete documentation (clinical notes) and access electronic systems for data and reporting.</li> </ul>                                          | May include formal training in mental health or community services; includes lived experience of culture and Aboriginal ways of understanding SEWB. | Mental health services, community health, hospitals                   |
| <b>Aboriginal Health Liaison Officer (AHLO)</b>  | Patient advocacy and cultural support in clinical settings | <ul style="list-style-type: none"> <li>• Support Aboriginal patients during hospital stays.</li> <li>• Facilitate communication between patients and staff.</li> <li>• Promote cultural safety in care.</li> </ul>                                                                                                                                              | Typically requires experience in Aboriginal health or community engagement; may include certificate-level training.                                 | Hospitals, health services, emergency departments                     |
| <b>Aboriginal health practitioner (AHP)</b>      | Clinical care and health education with cultural safety    | <ul style="list-style-type: none"> <li>• Deliver primary health care.</li> <li>• Conduct health assessments and treatments.</li> <li>• Provide health education and promotion.</li> </ul>                                                                                                                                                                       | Must be registered with Ahpra; formal qualifications required.                                                                                      | Primary health care, Aboriginal Medical Services                      |
| <b>Aboriginal Lived Experience (Peer) worker</b> | Peer support and advocacy based on lived experience        | <ul style="list-style-type: none"> <li>• Provide advocacy, support and promote empowerment and healing.</li> <li>• Meaningfully and purposefully share parts of their own personal recovery journey.</li> <li>• Support others navigating mental health challenges</li> <li>• Advocacy for service review, evaluation and improvement opportunities.</li> </ul> | Lived experience of mental health or suicide recovery; with training in applying their experience to their work.                                    | Mental health services, hospitals, peer support services and programs |

**Table 1** Other Aboriginal roles within the mental health system

## Non-designated positions

In addition to designated 50(d) positions, Aboriginal people are recruited into nursing, medical and allied health programs, including psychology pathways and psychiatry training pathways across the WA health system.

In addition, Aboriginal people are increasingly represented in leadership positions such as team leaders, managers, executive, directors, consultants and academics.

Embedding Aboriginal people in a range of positions across the health system contributes to effective cultural governance and the authority of Aboriginal people to inform health related policy and practices that will support better outcomes for Aboriginal communities.

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## Guidelines and resources

**Well-documented workplace procedures empower AMHWs, enabling them to focus on their core responsibilities—providing culturally safe, responsive mental health care that meets the needs of Aboriginal people, their families, and communities.**

Clearly articulated work instructions, user manuals, and process guidelines for AMHWs are critical to ensuring consistency, efficiency, and safety in service delivery and help ensure AMHWs are recognised and respected for their unique contributions, rather than being overextended or misused in the workplace.

Each health service and setting should have clear guidelines nuanced for their AMHWs and the services they provide that include:

- Day-to-day responsibilities.
- Triage processes/ processes for taking on new consumers.
- Risk escalation procedures including how to access support when responding to mental health crises.
- Forms required.

When roles, expectations, and procedures are documented, workplace leaders can ensure compliance, consistency, and support for AMHWs, preventing their skills and expertise from being overlooked or undervalued.

## Culturally appropriate tools

Culturally appropriate tools to support effective engagement with Aboriginal consumers in mental health settings help ensure culturally safe, person-centred care that aligns with Aboriginal ways of knowing, being, and healing.

### Cultural information gathering tool

The Western Australian Country Health Service (WACHS) has developed the Cultural Information Gathering Tool (CIGT), a culturally grounded form designed for use by AMHWs to collect relevant cultural and contextual information about consumers, supports culturally safe engagement and enhanced continuity of care.

The CIGT has clinical designated coding which allows workers to access essential AMHW consumer background when consumers travel within and across hospital and community settings. This helps ensure Aboriginal mental health consumers feel supported, safe and welcomed without having to retell their story.

An eLearning module and in-person training are available to WACHS AMHWs to support implementation.

It is essential to note that while non-Aboriginal clinicians may complete the eLearning to build cultural understanding, use of the CIGT in practice is restricted to Aboriginal staff.

Statewide adaptation of the CIGT is anticipated.

### Genograms

Genograms, when developed collaboratively by AMHWs and clinicians, provide insight into family structures, cultural connections, and intergenerational trauma. These can support culturally informed care planning and reconnection with kinship networks. The presence of AMHWs when exploring genograms with clients is important to protect cultural safety. Future innovations may include Aboriginal-specific genogram software and training to support culturally safe use of this tool.

### Case study

## Child and adolescent Cultural Information Gathering Tool

The Western Australian Country Health Service (WACHS) have also developed a consumer information gathering tool (CIGT) specific to children and youth.

At time of publication this CIGT is being piloted at the Kimberley Mental Health and Drug Service after which it will be evaluated for potential adoption and/or modification for systemwide application.

Aboriginal mental health workers play key roles in the multidisciplinary team at the Kimberley Mental Health and Drug Service, which includes Child and Adolescent services as well as services for adults and older adults.

The presence of these workers supports strengthened cultural competence of the mental health services and improved access to services for Aboriginal people and Aboriginal communities.



## Grief toolbox

The Grief toolbox is being explored as a culturally responsive resource to support AMHWs and clinicians in navigating grief, loss, and Sorry Business with Aboriginal individuals and families. This tool aims to strengthen culturally safe responses to complex emotional experiences and support healing in line with community practices.

The integration of these tools into mental health services must be guided by Aboriginal leadership, supported by appropriate training, and embedded within culturally secure models of care. Their use enhances the capacity of AMHWs to deliver meaningful, culturally informed support and strengthens the overall responsiveness of the mental health system to the needs of Aboriginal people.

## Practice tools

A range of culturally safe resources and tools exist to support AMHWs working with consumers. The Australian Institute of Health and Wellbeing provides a list of SEWB measures<sup>35</sup> that may be used in assessing the SEWB of Aboriginal people. These have been classified as culturally derived, culturally informed or culturally adapted – it is important that tools that have been culturally derived are utilised where possible rather than culturally informed or adapted.

The Commission's [Strong Spirit Strong Mind Aboriginal Programs](#)<sup>2</sup> (SSSMAP) website provides culturally secure resources to support Aboriginal workers working in mental health, alcohol or other drugs, SEWB or health promotion. The SSSMAP provide frontline Aboriginal worker training in SEWB, AOD and Working with Youth.

The [Stay Strong app](#)<sup>3</sup>, developed by the Mental Health Research team at the Menzies School of Health Research is one example that has been developed to help service providers provide evidence-based wellbeing interventions to Aboriginal consumers. This tool represents a simple framework that can guide AMHWs through conversations that empower their consumers to 'Stay Strong' in their communities.

The [WellMob website](#)<sup>4</sup> is a rich resource for Aboriginal and non-Aboriginal people working with Aboriginal consumers. Developed by the Commonwealth government in partnership with Aboriginal the Australian Indigenous HealthInfonet, it provides links to recommended websites, apps, podcasts, videos, helplines, social media and online programs all with a focus on SEWB.

The Remote Primary Health Care Manuals provide guidance to practitioners working with Aboriginal consumers to support health professionals to provide culturally-safe, accessible, and responsive healthcare in remote Aboriginal Health Service settings. Links are provided to:

- Printable resources from the Remote Primary Health Care Manuals.
- Training and resources that encourage critical reflection on the concept of cultural safety and support collaborative and respectful work with Aboriginal people and communities.
- Health promotion resources (by topic area) developed specifically for Aboriginal people.
- Training programs that provide further education on remote primary health care.





## Focus area 2

# Career pathways and training

Supporting Aboriginal people to participate in health workforces from entry-level to positions of leadership and organisation and system-level influence is an identified goal for state and national governments, including through the Gayaa Dhuwi (Proud Spirit) Declaration<sup>26</sup>, National Agreement on Closing the Gap<sup>23</sup> and WA Aboriginal Health and Wellbeing Framework 2015–2030<sup>27</sup>.

### Skill areas:

|                                |    |
|--------------------------------|----|
| Embedding foundations          | 30 |
| Professional development       | 33 |
| Training and development teams | 34 |
| Innovations in training        | 35 |
| Career pathways                | 36 |

## In the context of AMHWs, career pathways can extend across clinical, policy, education, research and organisational leadership domains.

AMHWs should be supported to gain experience and qualifications to pursue roles such as team leaders, clinical coordinators, cultural consultants, policy advisors, service managers, and executive directors. Representation at all levels will help enable organisations to develop and embed strong cultural governance, influence strategic decisions, and promote equity across the mental health system, which in turn will contribute to Closing the Gap outcomes related to stronger economic participation of Aboriginal people as well as improved SEWB.

The role, expectations and scope of practice of AMHW will be variable depending on the individual's knowledge, skills, experience and qualifications, and needs to be adjusted accordingly.

Early career AMHWs are often well suited to community-based roles, where they can build foundational skills through direct engagement with consumers. These settings offer valuable opportunities for relationship-building, cultural connection, and practical learning grounded in Aboriginal ways of working.

## Embedding foundations

**To support the effective onboarding of new AMHWs, and mitigate risks to consumers and workers, it is imperative that all new AMHW staff undertake structured, on-the-job foundational induction.**

Formal qualifications are not a mandatory requirement for entry-level AMHWs however, it is recognised that staff who lack formal training or prior experience may pose potential risks to both Aboriginal consumers and themselves in the course of service delivery.

To ensure safe and effective service delivery, AMHWs must be supported from induction through to independent practice. Aboriginal people working in mental health settings risk being triggered by their own experiences of trauma, and part of any induction will cover how to manage personal safety and include reflections about individual support needs. It is envisaged that services develop an induction protocol for new AMHWs, tailored according to their training and experience.



## The foundations

New entrants, without prior experience or skills will require a comprehensive induction that is delivered under the guidance of an identified mentor via a job-shadowing approach across a 12 to 18 month period.

This approach will enable new workers to practice and embed new skills and understandings in a safe and supported way. Mentors will be Aboriginal managers or senior AMHWs.

Inductions will be delivered via a job-shadowing approach, through which AMHWs will gain insights into their work and role, including what is expected of them and how they can contribute to the service at which they are employed. They will gain practical skills by observing their mentor, while mentor feedback on their own work and consumer interactions provides opportunities for practice and reflection in a way that is safe and supported.

There are training modules available via various providers on most of the areas listed below, other modules will be service-specific, for example in systems proficiency requiring internal delivery.

A list of training providers is listed in Appendix A. Given the current lack of Aboriginal training providers, service providers are encouraged to identify partnership opportunities with external providers and work with internal Aboriginal staff to enable a tailored approach.

## Cultural safety and community engagement

Helping AMHWs to build consumer trust, acknowledging the impact of connection to Country, culture, spirituality, family and community on the wellbeing of Aboriginal people.

- SEWB model.
- Advocacy, consultation, and liaison practices.
- Relationship building with consumers and colleagues including facilitating three-way conversations.
- Family-inclusive practice
- Health literacy
- Building culturally safe working environments.
- Linkages to ACCOs, NGOs, and other support networks.

## Safe and effective service delivery

Empower AMHWs through essential skills development to ensure personal and consumer safety.

- Responding to disclosures of suicide and non-fatal self-injury.
- Responding to disclosure of sexual assault.
- Suicide prevention.
- Mandatory reporting responsibilities.

## Communication and systems proficiency

Build confidence by ensuring AMHWs are aware of their responsibilities within relevant policies, processes and guidelines.

- Working in multidisciplinary teams.
- Service processes, jargon and available referral pathways.
- Assertiveness and confidence training.
- Data sovereignty for Aboriginal people.
- The MH Act and AMHW role and function.
- Systems training including Psychiatric Services Online Information System (PSOLIS), digital medical record (DMR), REDCap, etc.
- Organising language interpreters.

## Professional conduct and emotional wellbeing

Support AMHWs in maintaining their own wellbeing while navigating demanding roles, ensuring sustainability and continuity of care.

- Maintaining professional boundaries.
- Emotional regulation: 'holding' vs 'carrying' trauma.
- Strategies for switching off and self-care.
- Accessing peer and cultural supervision.
- Enhancing capacity to respond to racial bias within the workplace.

## Building on the foundations

Further training for AMHWs enables them to strengthen therapeutic relationships, and ensure that treatment plans reflect the lived experiences, values, and needs of Aboriginal individuals, families and communities.

The competencies below can be provided by external training providers, either via in-reach programs or via designated/protected training time at external locations. Existing training providers of further modules described below is available in **Appendix B**.

### Mental health knowledge

Developing mental health competencies empowers AMHWs to contribute meaningfully to assessment, care planning, and early intervention.

- Aboriginal-specific mental health first aid.
- Basic understanding of mental health conditions.
- Medical and mental health terminology.

### Trauma and risk management

Equipping AMHWs with targeted, culturally informed training is essential to improving the quality and relevance of care for Aboriginal consumers.

- Recognising and responding to trauma.
- Identifying and communicating risk.
- Escalation pathways and internal processes.
- Incident prevention and safety planning.

### Consumer complexity and intersectionality

Training in specialist areas enables AMHWs to recognise complex factors affecting consumer wellbeing and advocate for appropriate, culturally safe responses.

- Family and domestic violence.
- Alcohol and Other Drugs (AOD) and Dual Diagnosis.
- Tribunal participation and legal processes.

## Mentoring and shadowing

**A mentoring approach involves partnering new or developing AMHWs are partnered with experienced senior AMHWs to observe, learn, and gradually assume responsibilities in a supported environment.**

To ensure safe, effective, and culturally appropriate service delivery, AMHWs must be supported throughout their professional journey. A critical component of this support is the development of cultural sensitivity and responsiveness capability, including a deep understanding of the cultural protocols that guide respectful engagement within Aboriginal communities. These protocols vary across regions and language groups and must be learned through lived experience, mentorship, and local community guidance.

Mentoring and shadowing fosters confidence, competence, and continuity of culturally safe care, while reinforcing the importance of relational learning, cultural humility, and reflective practice. Mentors provide foundational cultural supervision for AMHWs, helping to ensure they are equipped not only with clinical and engagement skills, but also with the cultural knowledge necessary to navigate complex community dynamics and uphold the values of respect, reciprocity, and responsibility in their work.



### Case study

## Mentoring pathways

Ricky, an experienced AMHW from Western Australian Country Health Service (WACHS) in Northam, recognised the potential of a young Aboriginal receptionist, Yvonne, within his service. Seeing her strong interpersonal skills and connection to community, Ricky encouraged her to apply for a vacant AMHW position and supported her through the application process.

Once appointed, Ricky provided ongoing mentoring through a structured program of learning and shadowing. This included cultural guidance, clinical exposure, and emotional support, allowing the new AMHW to build confidence and capability in a culturally safe environment.

Ricky's approach went beyond technical training as he fostered resilience, cultural identity, and a sense of belonging. The result was a successful transition into the role and long-term retention within the service.

***"Having Ricky as my mentor has been an honour he was not only a guide, but a beacon of hope and resilience for many reminding me of the vital importance of culturally sensitive mental health care of our people." -Yvonne***

## Professional development

**Targeted leadership and professional development programs support workforce capability and retention.**

Professional development is an integral part of retaining the AMHW workforce while also ensuring skills are relevant and remain up to date with new and emerging research and community trends. Ongoing development beyond the foundations will also help ensure Aboriginal perspectives are embedded in service delivery at all levels and contribute to a pipeline of future Aboriginal health workforces.

Senior AMHWs can be encouraged to undertake advanced training, including Root Cause Analysis investigations (RCA) education, to build leadership capacity and clinical governance expertise.

AMHWs can also be included in broad internal clinical skills training, for example in psychometric and psychological interventions. This can enhance clinical understanding and expose workers to potential future career pathways.

Many health services have study leave policies and guidelines; Aboriginal mental health workers should be encouraged to be made aware of and take-up opportunities using guidelines and enabling policies to maximise opportunities to progress aligned with their areas of competence and interest.

## Micro-skills

In recognition of the diverse settings in which AMHWs operate, and the varying interests and needs of individual staff, targeted micro-skills training should be made available to support specialised knowledge and practice. Depending on service context and role focus, AMHWs may benefit from additional skill development in specific areas including:

- Eating disorders.
- Psychosis.
- Depression.
- Personality disorders.
- Co-occurring AOD conditions.
- Emerging substance-use trends, including vaping.

These micro-skills enhance the capacity of AMHWs to respond effectively to complex presentations, contribute to multidisciplinary care planning, and deliver culturally safe interventions tailored to individual consumer needs.

Some micro-skills align with nationally recognised qualifications and may be recognised as prior learning (RPL) credits for workers interested in undertaking further qualifications.

## Tertiary qualifications

Some AMHWs may elect to develop more clinical, or leadership skills through the attainment of Certification IV, Diploma or Bachelor level qualifications.

Supporting AMHWs to pursue additional training and qualifications will contribute to the development of a pipeline of Aboriginal professionals into the health sector and support efforts to build a strong, future-focused Aboriginal workforce.

It is important that organisations support AMHWs to develop their skills on an ongoing basis and attain qualifications by creating organisational structures and cultures that enable study pathways such as flexible working arrangements and study leave.

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## Training and development teams

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**The establishment of Aboriginal learning and development officer roles or dedicated teams will enhance cultural capability across the health workforce.**

Embedding Aboriginal learning and development officers and teams can support consistent and culturally appropriate onboarding and training of both Aboriginal and non-Aboriginal staff.

These teams can provide oversight and guidance for the delivery of foundational training via a mentorship and shadowing model, ensuring mentors and trainee staff are appropriately monitored and supported.

They can also coordinate delivery of Aboriginal cultural safety training to non-Aboriginal staff and provide clear guidance on the roles, responsibilities, and engagement protocols for Aboriginal staff within the organisation.

They can contribute to the orientation of medical registrars during their six-monthly rotations, ensuring that all incoming staff are informed about Aboriginal workforce members and culturally specific programs operating within services.

### Case study

## Learning and development officers at the Child and Adolescent Mental Health Service

Learning and Development Officers were established in the Child and Adolescent Mental Health Service (CAMHS) in 2023 to support the coordination and delivery of training to non-Aboriginal clinical staff. They promote improved understanding of Aboriginal ways of living and being and help alleviate the burden of this ongoing education of non-Aboriginal staff that had previously been borne by AMHWs, taking them away from their core purpose to support Aboriginal consumers.



## Innovations in training

**To enhance the uptake of training and career development opportunities among AMHWs, services may adopt innovative approaches to support qualification attainment and professional growth.**

Establishing structured on-the-job traineeships, and strategic partnerships with registered training organisations (RTOs) and universities can strengthen the workforce pipeline and promote long-term sustainability of the AMHW workforce.

### Case study

## Training partnership agreements

Innovative training partnerships across Western Australia are creating supported pathways into the mental health workforce. A number of Health Service Providers (HSPs) have established Memoranda of Understanding (MOUs) with training organisations to offer student placements and school-based traineeships. Examples include Child and Adolescent Health Service (CAHS) with Marr Mooditj, Western Australian Country Health Service (WACHS) with TAFE Central, and collaborations between HSPs, ACCHOs, and universities such as Curtin University.

Partnerships with Aboriginal Community Controlled Organisations and South Metropolitan Youth Link (SMYL) further extend opportunities into school environments.

These agreements provide culturally safe, real-world learning environments where students can apply knowledge in practice. They also foster early engagement with mental health careers, creating a potential workforce pipeline and supporting long-term retention.

### Case study

## Grow Your Own Model

Western Australian Country Health Service's (WACHS) Grow Your Own Model is a program where students undertaking their Certificate II in Health and Wellbeing complete the required 110 practical hours in a WACHS service close to their home. This provides local workers the opportunity to train locally and supports a locally grown workforce pipeline. The Certificate II in Health and Wellbeing provides recognition of prior learning for further study in Certificate IV Mental Health.



## Career pathways

**Supporting culturally safe education pathways, providing mentorship opportunities, and creating clear career progression within health services are all essential to retaining and developing the AMHW workforce.**

Managers and coordinators of AMHWs play an integral role in supporting AMHWs in developing resilience and providing guidance. It is important that emerging AMHWs are nurtured, encouraged, and provided with opportunities for growth rather than being placed in overwhelming situations that could lead to burnout.

Progressing through structured role pathways, AMHWs can assume responsibilities such as conducting assessments, developing care plans, and leading community-based mental health initiatives. This progression not only enhances their professional growth but also strengthens the cultural responsiveness and competence of mental health services.

## Strengthening Aboriginal leadership

Many AMHWs provide vital and ongoing cultural connection and support throughout their career, offering frontline support for their communities in this capacity.

Increased Aboriginal representation is needed at all levels, from these frontline roles to leadership and policy-making positions, ensuring that Aboriginal voices are embedded in decision-making, service design, and implementation. Without meaningful representation, mainstream systems continue to exclude the cultural knowledge, lived experiences, and healing practices necessary to effectively engage and support Aboriginal communities<sup>12,30</sup>.

This priority speaks to the need for Aboriginal-led solutions, ensuring that Aboriginal people are not just service recipients, but decision-makers, leaders, and cultural authorities in shaping mental health responses<sup>36,37</sup>.

As identified in the ICA Taskforce Implementation Program Aboriginal Mental Health Worker Model<sup>38</sup>, the AMHW role is well placed to act as a conduit to other roles for Aboriginal people. Whether into leadership positions, specialised clinical roles, or functions in community, the skills and experiences of AMHWs provide a strong foundation for development into other opportunities.

### Case study

## Social and Emotional Wellbeing Pilot Program: Cultural Lead Positions

The Aboriginal Health Council of Western Australian (AHCWA) developed the Social and Emotional Wellbeing (SEWB) Service Model [39] for Western Australian Aboriginal Community Controlled Health Services (ACCHS) to guide service delivery. The SEWB Service Model uses the concept and framework of SEWB which is that for Aboriginal people and communities, prevention of mental illness, access to support, treatment and recovery are all enhanced when a person's needs and aspirations are considered holistically, and interventions are culturally safe.

A core feature of AHCWA's SEWB Service Model is the position of Aboriginal Cultural Lead that forms part of an interdisciplinary team also comprising clinical workers, SEWB workers and counsellors.

The Aboriginal Cultural Lead is a key leadership position, responsible for driving, monitoring and enhancing cultural ways of working. They work alongside the clinical leads to coordinate culturally appropriate SEWB and mental health responses and represent services at leadership level in internal and external settings to provide cultural advocacy and ensure appropriate governance.

This role reinforces the imperative of valuing culture when working with Aboriginal people and contributes to enhancing the balance between clinical and cultural focus.

## Case study

# WA Department of Health Aboriginal Leadership Programs

Having identified the need for talent management and succession planning as a core component of continuous Aboriginal leadership development, the WA Department of Health's Aboriginal Health Policy Directorate and Institute for Health Leadership partnered to develop two leadership programs run annually for Aboriginal workers across the WA health system.

The First Step Aboriginal Leaders Program provides mid-tier Aboriginal employees with a development pathway and acts as a talent pipeline for future learning and leadership opportunities. Participants are introduced to concepts of self-leadership and provided with skills and tools to lead effectively within the health context. This program is suitable for Aboriginal workers at HSU level 5 or 6 (PSA 4 or 5) and above.

The Aboriginal Leadership Excellence and Development (LEAD) Program is designed to proactively manage and prepare talented high potential Aboriginal staff for senior management and executive positions across the system. Through the program, current and emerging Aboriginal leaders are provided leadership and learning opportunities that are delivered in a structured and culturally secure way to support the development of a pool of Aboriginal staff capable of providing future corporate and cultural leadership.

Participants reflect on what it means to be an Aboriginal leader from a community and cultural perspective and how this translates at a personal and professional level into the corporate workspace. Leadership strengths are explored and built upon to equip participants with the skills and tools they need to further lead and inspire excellence within the health system. This program is suitable for Aboriginal employees currently working at levels HSU 7 (PSA 6) and above.



# Aboriginal Mental Health Worker – Role pathways

## Entry level G4

### Cultural foundations

#### Skill areas:

- ✓ Cultural
- ✓ Family structures and customs
- ✓ Mental Health knowledge

- 50(d) is essential requirement for AMHW positions and must be quarantined position.
- Understanding of intergenerational trauma and colonisation/racism and connection with Aboriginal mental health experiences.
- Lived cultural experience.
- Knowledge of family structures.
- Good communication skills in being able to engage with Elders and community members.

### Advocacy and support

#### Skill areas:

- ✓ Strong communication skills
- ✓ Care planning
- ✓ Observation & listening
- ✓ Responding with empathy
- ✓ Advocacy
- ✓ Life Skills
- ✓ Safety

- Skills to advocate for Aboriginal consumers' needs, ensuring appropriate resources and support beyond medical treatment.
- Establishes relationships with team members.
- Establishes trusting relationships with Aboriginal consumers.
- Collaborates and communicates with Aboriginal communities to establish meaningful and trusting relationships.
- Uses example, encouragement, and, when appropriate, own life experience to empower families to become socially and emotionally self-sufficient; support the establishment and development of supportive relationships within communities and families; and provide direct care and teaching/developmental activities to Aboriginal consumers to improve their self-management skills.
- Participates in formal and informal mental health assessments of an Aboriginal consumers, contributing pertinent cultural insights.
- Supports the rights of Aboriginal patients and families, including as a requirement of the MH Act.
- 50(d) is essential requirement for AMHW positions and must be quarantined position.
- Essential: Certificate level qualifications in social, health or behavioural science, or demonstrated relevant work experience.

## Social and emotional wellbeing

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Strong communication skills
- ✓ Community enhancement

- Understand the SEWB model of living and being.
- Holistic approach to care ensuring Aboriginal patients' cultural needs are considered in the mental health supports they are provided.
- Acts as a cultural advocate and assist consumers and carers/families in advocating on their own behalf.
- Applying cultural knowledge to understand the social determinants of health that impact consumers' mental health and well-being. This includes recognising factors such as community connections, housing, education, and access to services, and incorporating these considerations into culturally appropriate engagement and support.

## Personal reflection

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Curiosity
- ✓ Professional/Personal development
- ✓ Emotional response

- Regularly examine own thoughts, feelings, strengths, and growth areas.
- Seek ongoing support and guidance of the work supervisor or reflective practice supervisor to ensure that consumer progress and issues are communicated and addressed; determine appropriate actions to take; and maintain appropriate boundaries between self and families.
- Maintain sensitivity to culture by seeking to ensure alignment of self-perception and the way others perceive them.
- Remain open and curious.
- Identifies and participates in appropriate learning activities.
- Use reflective practice throughout work with Aboriginal consumers and families.

## Clinical contributions

### Skill areas:

- ✓ Formulations
- ✓ Risk identification
- ✓ Assessments
- ✓ Triage
- ✓ Treatment plans
- ✓ Therapeutic approaches
- ✓ Care coordination
- ✓ Cultural tools for engagement

- Maintaining adequate records and collates statistical data in accordance with the requirements.
- Attending relevant meetings as directed.
- Participating in cross-case conferences.
- Working with case managers in delivering care packages / plans.
- Enhancing the accessibility of mental health services to Aboriginal people.
- Active involvement in the planning and implementation of individual treatment plans for consumers and active involvement in the care and treatment of consumers this includes formulation.
- Participating in choice appointments alongside clinicians, contributing cultural support to consumers, further developing understanding of mental health assessment and intervention.
- Actively using cultural tools of engagement to build trust and meaningful connections with consumers, supporting their care and treatment through culturally appropriate communication and relationship-building. E.g., CGIT or Genogram.

## Leadership and program development

### Skill areas:

- ✓ AMHW staff leadership
- ✓ Program design contribution

- Contributing to cross cultural training for HSP staff and relevant government and non-government agencies and Aboriginal communities.
- Helping plan important Aboriginal key dates and activities, mental health awareness sessions, or cultural connection programs.
- Supporting the development of programs that connect Aboriginal consumers with Elders, culture, and community.
- Sharing cultural perspectives with clinical teams to enhance their understanding of Aboriginal ways of healing and well-being.
- Attend regular cultural supervision and check-ins with senior AMHWs provide a safe space to reflect, strengthen cultural knowledge, and receive support in your role. This will build confidence, develop skills, and ensure culturally and professional support while working with consumers and the team.

## Mid-level

### Cultural foundations

#### Skill areas:

- ✓ Cultural
- ✓ Family structures and customs
- ✓ Mental Health knowledge

- 50(d) is essential requirement for AMHW positions and must be quarantined position.
- Essential: Certificate level qualifications in social, health or behavioural science, or demonstrated relevant work experience.

### Advocacy and support

#### Skill areas:

- ✓ Strong communication skills
- ✓ Care planning
- ✓ Observation & listening
- ✓ Responding with empathy
- ✓ Advocacy
- ✓ Life Skills
- ✓ Safety

- Establishes strong relationships with team members, to ensure a holistic and connected approach to care.
- Encourages community involvement and utilises existing networks and resources in health program development to promote integration of services and community ownership of health care.
- Promotes public relations between staff/consumers and the community and acts as a resource on issues relating to Aboriginal mental health including advising on culturally appropriate models of care.
- Acts as a cultural advocate, when required.

## Social and emotional wellbeing

#### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Strong communication skills
- ✓ Community enhancement

- Understand the Aboriginal SEWB model of living and being.
- Holistic approach to care ensuring Aboriginal patients' cultural needs are considered in the mental health supports they are provided. Liaises with relevant community service agencies regarding the provision of integrated and coordinated systems of care.
- Actively encourages and supports consumers / families / communities to engage in activities which maximise health gain.
- Provides program activity and outcome reports, as required.

### Personal reflection

#### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Curiosity
- ✓ Professional/Personal development
- ✓ Emotional response

- Actively encourages and supports consumers / families / communities to engage in activities which maximise health gain.
- Contributes to the development of policy, procedures and resourcing in relation to Aboriginal mental health.
- Participates in the development, planning and evaluation of mental health services with special reference to the needs of Aboriginal consumers and their carers/families and communities.
- Fosters the development of Aboriginal consumer/community involvement in local area.

## Clinical contributions

### Skill areas:

- ✓ Formulations
- ✓ Risk identification
- ✓ Assessments
- ✓ Triage
- ✓ Treatment plans
- ✓ Therapeutic approaches
- ✓ Care coordination
- ✓ Cultural tools for engagement

- Works co-operatively with other members of the mental health clinical team to enhance the provision of appropriate mental health assessment, crisis intervention and treatment for Aboriginal consumers and their carers/families throughout the local area including participating in case conferences and the assessment of Aboriginal and other consumers with mental health conditions, within agreed protocols.
- Provides health consultation, chronic disease management and education using self-management, principles, with a community development focus.
- Provides representation on professional and health working parties and committees as required.
- Participates in meetings, conferences and regular cultural awareness activities as required.
- Provides advice to the mental health team on Aboriginal cultural local family issues and cultural nuances.
- Assists in developing and implementing mental health community development programs in consultation with community members and service providers.

## Leadership and program development

### Skill areas:

- ✓ AMHW staff leadership
- ✓ Program design contribution

- Acts as cultural advocate and assists mental health consumers and carers/families in advocating on their own behalf.
- Develops and maintains links with appropriate community-based support organisations and advises and assists the mental health services in liaising and developing partnerships with Aboriginal health and community organisations.
- Contributes to strategic cultural consultation, advocacy, and participates in building capacity across Aboriginal leadership to inform, influence and drive a culturally respectful and responsive service.
- Participates in identifying, influencing, and implementing initiatives that align with the strategic directions outlined in the WA Aboriginal Health and Wellbeing Framework.<sup>27</sup>

## Cultural foundations

### Skill areas:

- ✓ Cultural
- ✓ Family structures and customs
- ✓ Mental Health knowledge

- 50(d) is essential requirement for AMHW positions and must be quarantined position.
- Essential: Tertiary (university) qualification in Aboriginal Mental Health (or equivalent health or social sciences), or significant progress towards or significant relevant experience.

## Advocacy and support

### Skill areas:

- ✓ Strong communication skills
- ✓ Care planning
- ✓ Observation & listening
- ✓ Responding with empathy
- ✓ Advocacy
- ✓ Life Skills
- ✓ Safety

- Liaises with other AMHWs, and statewide mental health services as required.
- Enhances the accessibility of mental health services for Aboriginal consumers.
- Supports and advocates for consumers in their contacts with Mental Health Services.
- Provides support to consumers admitted to hospital.
- Promotes public relations between staff/consumers and the community and acts as a resource on issues relating to Aboriginal Health including advising on models of care.
- Acts as a cultural advocate, when required.

## Social and emotional wellbeing

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Strong communication skills
- ✓ Community enhancement

- Encourages community involvement and utilises existing networks and resources in health program development to promote integration of services and community ownership of health care.
- Provides representation on professional and health working parties and committees as required. Participates in meetings, conferences and regular cultural awareness activities as required.

## Personal reflection

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Curiosity
- ✓ Professional/Personal development
- ✓ Emotional response

- Implements culturally appropriate models of mental health practice and counselling.
- Provides specialised consultation regarding cultural and mental health issues to mental health service staff and the community.
- Utilising cultural expertise to assess and address the social determinants of health influencing Aboriginal mental health outcomes. This includes advocating for culturally responsive services, embedding holistic and community-led approaches in care planning, and ensuring systemic barriers are recognised and addressed to promote equitable access and continuity of care.

## Clinical contributions

### Skill areas:

- ✓ Formulations
- ✓ Risk identification
- ✓ Assessments
- ✓ Triage
- ✓ Treatment plans
- ✓ Therapeutic approaches
- ✓ Care coordination
- ✓ Cultural tools for engagement

- Works in collaboration with mental health service triage, inpatient and community staff members to enhance the provision of timely, culturally appropriate mental health assessments and treatment for consumers.
- Provides clinical and cultural consultation to the multi-disciplinary team to work effectively with consumers and their families/carers and participates in peer support.
- Ensure continuous improvement of community engagement practice across services.
- Active integration of cultural tools for engagement in the planning and implementation of individual treatment plans, ensuring culturally informed approaches shape consumer care, treatment, and formulation processes. This includes fostering continuity of care through culturally responsive practices that support ongoing engagement and trust-building.
- Liaises with relevant community service agencies regarding the provision of integrated and coordinated systems of care.

## Leadership and program development

### Skill areas:

- ✓ AMHW staff leadership
- ✓ Program design contribution

- Identifies Aboriginal mental health needs and participates in the development and review of Aboriginal mental health programs.
- Provides representation on professional and health working parties and committees as required.
- Provides cross-cultural training for staff, relevant government and non-government agencies and Aboriginal communities as required.
- Contributes to the development of policy and procedures in relation to the promotion of health and management of health issues in Aboriginal health.
- Leading the co-design of Aboriginal-led mental health service frameworks that ensure continuity of care.

## Team leader/Coordinator G7

### Cultural foundations

#### Skill areas:

- ✓ Cultural
- ✓ Family structures and customs
- ✓ Mental Health knowledge

- 50(d) is essential requirement for AMHW positions and must be quarantined position.
- Essential: Tertiary (university) qualification in Aboriginal Mental Health (or equivalent health or social sciences), significant progress towards or significant relevant experience.
- Essential: Demonstrated leadership skills and aptitude via professional development training or relevant experience.

### Advocacy and support

#### Skill areas:

- ✓ Strong communication skills
- ✓ Care planning
- ✓ Observation & listening
- ✓ Responding with empathy
- ✓ Advocacy
- ✓ Life Skills
- ✓ Safety

- Implements culturally appropriate models of mental health practice and counselling for Aboriginal people.
- Liaises with support services as required.
- Provides support and advocacy for Aboriginal children, consumers, young people and their families in their contacts with mental health and other health services.
- Provide culturally appropriate training and development leadership and consultancy in the design and develop of contemporary mental health training programs/resources, utilising effective adult learning strategies internally and externally to mental health services to achieve an integrated strategy in the delivery of inter-agency training and community education services.

## Social and emotional wellbeing

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Strong communication skills
- ✓ Community enhancement

- Builds effective partnerships with relevant community service providers, Aboriginal elders, traditional healers and communities.
- Establishes and maintains an interagency approach, to the delivery of training initiatives, through consulting and liaising with non-government and other government organisations, developing, formalising and maintaining strategic partnerships.
- Assist with developing strong working relationship with Aboriginal agencies, communities and individuals.

## Personal reflection

### Skill areas:

- ✓ Contemplation
- ✓ Self-awareness
- ✓ Curiosity
- ✓ Professional/Personal development
- ✓ Emotional response

- Participates in own professional development including professional supervision, performance management, further education and training and keeping up to date with new developments.

## Clinical contributions

### Skill areas:

- ✓ Formulations
- ✓ Risk identification
- ✓ Assessments
- ✓ Triage
- ✓ Treatment plans
- ✓ Therapeutic approaches
- ✓ Care coordination
- ✓ Cultural tools for engagement

- Provides consultation and advice in relation to the development, implementation and coordination of the Aboriginal mental health service.
- Oversees quality and safety of staff working in Aboriginal mental health positions.
- Provides/ facilitates line management and supervision and mentoring to staff working in Aboriginal mental health positions, including professional development planning.
- Leads the development and implementation of relevant policies and guidelines working with the management teams to meet reporting requirements.
- Works with Senior Officers to lead Aboriginal staff training and education and participation in the statewide Aboriginal mental health network.
- Championing culturally secure practices within mental health services, ensuring Aboriginal perspectives are embedded in policies and procedures.
- Facilitating regular cultural supervision and structured check-ins for AMHWs to ensure a culturally safe space for reflection, knowledge-sharing, and professional growth.

## Leadership and program development

### Skill areas:

✓ AMHW staff leadership

✓ Program design contribution

- Coordinates and represents on internal /external committees and advisory groups.
- Participates in regional leadership, team planning days and training.
- Contributes to cultural awareness training and onboarding processes for non-Aboriginal staff.
- Leads the development and implementation of relevant policies and guidelines working with the management teams to meet reporting requirements.
- Facilitates education and training in culturally respectful ways of working with Aboriginal people for all mental health staff.
- At a local and statewide basis, coordinate, develop and deliver training and information sessions on mental health issues relevant to health care professionals including, medical, nursing and allied health professionals, as well as other key stakeholders.
- Lead, and collaborate with, education stakeholders within mental health services and in other relevant agencies to conduct training needs analysis and identify staff training and development needs.
- Assist with the research and analysis of emerging training and development trends, implementation and evaluation of best practice initiatives that supports the delivery of appropriate training and development services.





### Focus area 3

## Cultural governance

Cultural safety – Means that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights.<sup>40</sup>

### Skill areas:

|                                    |    |
|------------------------------------|----|
| Organisational structures          | 49 |
| Supervision                        | 51 |
| Culturally appropriate recruitment | 52 |
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## Organisational structures

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Cultural safety refers to an environment that is safe for Aboriginal people where there is no assault, challenge, or denial of their identity, and where their cultural values and practices are respected. Part of this process requires health professionals to examine their own realities, beliefs and attitudes.

WA Health aligns with the National Safety and Quality Health Service (NSQHS) Standards<sup>41</sup> and Ahpra guidelines,<sup>42</sup> which prioritise cultural safety over outdated terms such as cultural security. This approach positions cultural safety as an operational principle integrated into routine practice, rather than a standalone policy.

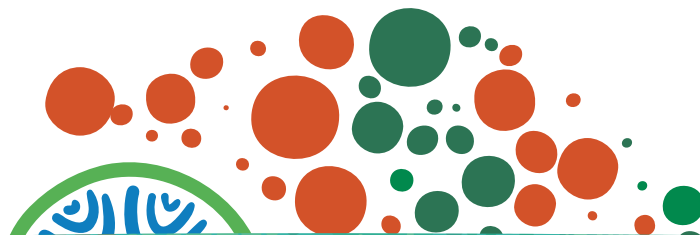
Cultural governance embeds Aboriginal cultural knowledge and beliefs and experiences into governing policies and mechanisms<sup>43</sup>. It encompasses cultural awareness, respect, competency, responsiveness, capability, safety and security. Effective governance ensures that Aboriginal voices influence systems, structures, and leadership, creating authentic cultural safety across all levels of the health system.

For AMHWs, cultural safety is critical in the workplace. It provides an environment where they can work confidently and effectively, knowing their identity and cultural values are respected. Aboriginal leadership within governance structures supports AMHWs by ensuring their perspectives shape service design, workforce development, and organisational priorities. This leadership also facilitates mechanisms for Aboriginal oversight and accountability, which empower AMHWs to advocate for culturally appropriate care.

AMHWs play a vital role in connecting services to Elders and community, ensuring that mental health care reflects cultural priorities and strengthen community resilience. Their relationships with Elders provide cultural guidance and support, reinforcing the importance of cultural safety in both clinical practice and organisation culture. Public mental health services across Western Australia have developed guidelines to embed cultural safety and establish robust cultural governance frameworks<sup>43</sup>. Ongoing implementation, monitoring, and evaluation of these frameworks are essential to uphold culturally safe practice, improve service outcomes, and support the wellbeing and resilience of Aboriginal staff, including AMHWs, and communities they serve.

## Aboriginal leadership

Embedding Aboriginal leadership is an integral part of effective cultural governance. Roles such as Directors of Aboriginal Health, Aboriginal Mental Health Coordinators and other senior AMHWs must be empowered to guide service delivery, supervise staff, and shape policy. Their leadership ensures that cultural safety is not only a principle but a lived practice across clinical and organisational settings.



## Elders and community

Maintaining strong and respectful connections with local Elders and Aboriginal communities supports authentic cultural governance. Local Aboriginal reference groups can enhance service design, strengthen community engagement, and ensure that Aboriginal voices are meaningfully represented. These groups play a vital role in guiding services to build relationships, fostering trust and accountability with grassroots communities and providing HSPs cultural knowledge and expertise to improve service provision. Many services and areas have existing Aboriginal reference groups established.

It is generally not appropriate for non-Aboriginal clinicians to engage directly with community cultural Elders without guidance and adherence to appropriate cultural protocols. To support both Aboriginal and non-Aboriginal workforce in navigating these relationships, services should implement flowcharts and procedural documents that outline locally appropriate engagement practices. These guidelines must confirm protocols for engaging with:

- AMHWs within and across services.
- Community Elders.
- Traditional Healers.
- ACCHOs.

## Safe spaces

To uphold cultural safety for both Aboriginal staff and consumers, workplaces must be culturally safe and supportive. This includes attention to the physical, emotional, and relational aspects of the work environment. Creating spaces where Aboriginal staff feel respected, valued, and free from discrimination is essential for their wellbeing and effectiveness in supporting consumers, as well as helping to ensure Aboriginal consumers feel safe, valued, and supported throughout their engagement with mental health services.



### Case study

## New regional infrastructure

As part of major renovations at Broome, Kalgoorlie, and Bunbury health sites, senior staff from the Western Australian Country Health Service (WACHS) actively engaged AMHWs in the planning process. AMHWs were invited to contribute insights on culturally appropriate clinical environments.

This approach ensures infrastructure reflects Aboriginal cultural values, creating safe, welcoming spaces. Consulting AMHWs embeds lived experience into design, supporting healing and inclusion.

Planning the spaces in which Aboriginal people live and work must prioritise cultural integrity alongside clinical function for truly responsive, community-informed environments.



# Environmental barriers to access

Environmental factors significantly impact AMHWs ability to work safely and confidently. Co-location of mental health services with agencies such as Police or Child Protection (CPFS) can create psychosocial hazards for AMHWs, as these settings are often associated with historical and ongoing trauma for Aboriginal communities. Working in such environments may expose AMHWs to heightened stress, vicarious trauma, and community mistrust, which can undermine their role and wellbeing.

These risks are linked to systemic racism, forced removals, and over-policing, and may lead to re-traumatisation for both AMHWs and consumers. To mitigate these hazards, mental health services should prioritise culturally safe, community-friendly locations that foster trust and safety for staff and clients alike.

# Strategies for safer workplaces

- Ensure AMHWs have access to culturally safe spaces for debriefing and peer support.
- Implement organisational policies that recognise and address psychosocial risks, including exposure to trauma and cultural load.
- Provide mechanisms for Aboriginal leadership and oversight to guide workplace design and safety measures.

Consideration may also be given to establishing standalone mental health hubs or partnering within Aboriginal-led organisations to deliver services.

Creating culturally safe environments for AMHWs not only supports their wellbeing but also strengthens their capacity to maintain vital connections with Elders and communities, ensuring culturally responsive care.

# Supervision

Supervision is a critical component of professional practice, encompassing clinical, peer, and cultural forms with each serving distinct purposes.

A comparative overview of the distinct forms of supervision is provided in **Table 2** to clarify their respective purposes and applications within the health workforce.

| Supervision type                | Purpose                                                                         | Facilitator                                       | Focus areas                                                                              |
|---------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------|
| Cultural support and mentorship | Ensures culturally safe practice and supports cultural identity and wellbeing   | Senior Aboriginal leader or cultural authority    | Cultural protocols, community expectations, cultural safety, identity, healing practices |
| Clinical supervision            | Enhances clinical competence, ethical practice, and professional accountability | Qualified clinician or mental health professional | Case management, therapeutic techniques, risk assessment, clinical decision-making       |
| Co-worker supervision           | Provides mutual support, reflection, and shared learning among colleagues       | Fellow AMHWs or team members                      | Emotional support, shared experiences, practical strategies, informal mentoring          |

Table 2 Types of supervision

For AMHWs, cultural supervision is essential to ensure their practice remains culturally safe, responsive, and grounded in Aboriginal ways of knowing, being, and doing. Much like clinical supervision for other health professionals, cultural supervision provides AMHWs with a dedicated space to reflect on complex cases, navigate systemic and interpersonal challenges, and explore culturally appropriate approaches to care. Some services have embedded cultural supervision into AMHW roles.

It is strongly recommended that HSPs provide opportunities for AMHWs to receive cultural supervision, acknowledging that services each operate within unique regional and service-specific contexts, and acknowledging that this may have additional budget implications.

Line managers are not usually best placed to provide cultural supervision, as supervision may involve sensitive matters that either concern the manager, or that the AMHW may prefer not to disclose to their direct manager. Alternative culturally safe supervision arrangements should be considered to maintain trust and psychological safety.

Formal service-specific cultural supervision policies provide a framework for the establishment of cultural supervision practices. This may include, for example all or some of:

- Reserving protected time for cultural supervision for AMHWs.
- Reserving protected time for cultural immersion practices to support supervisors and supervisees.
- Designating senior 50(d) positions with cultural supervision responsibilities formally included in their Job Description Forms (JDFs) to provide appropriate and culturally informed supervision to AMHWs, ALOs, AHPs and Aboriginal Lived Experience Workers raising awareness of cultural supervision via cultural awareness training for non-Aboriginal teams.

## Culturally appropriate recruitment

**Culturally appropriate recruitment practices are essential to building a strong, safe, and effective AMHW workforce.**

### AMHW recruitment and onboarding

Recruitment and onboarding processes must be designed to reflect Aboriginal ways of knowing, being, and doing, and should actively foster welcoming environments that support cultural safety from the outset. Commissioner's instruction 39 includes provisions for recruitment of Aboriginal positions, to minimise barriers to workforce participation for Aboriginal people<sup>44</sup>.

Services can incorporate a range of strategies such as:

- Developing culturally safe, accessible and jargon-free JDFs.
- Offering yarning-style interviews that allow candidates to share their experiences and values in a culturally respectful and conversational manner, rather than relying solely on conventional interview formats.
- Implementing culturally safe onboarding programs to ensure new AMHWs feel supported, connected, and confident as they transition into their roles.
- Establishing recurring recruitment pools enabling services to fill vacancies more seamlessly and enable recruitment processes to be conducted over longer timeframes allowing time to build rapport and trust with potential candidates.

Aboriginal employees must be included on all recruitment panels for AMHW positions. Their presence provides critical cultural insight, promotes accountability, and strengthens the relevance of selection decisions.



## Exceptions to Discrimination under the Equal Opportunity Act 1984 (WA)

The *Equal Opportunity Act 1984 (WA)*<sup>45</sup> is the primary legislation supporting the principles of equal opportunity in Western Australia. It prohibits discrimination in areas such as employment, accommodation, education, and the provision of goods, services, facilities, and activities.

Sections 50(d) and 51<sup>46</sup> of the *Equal Opportunity Act 1984 (WA)* provide exceptions to requirements enabling the employment of specific racial groups under specific circumstances. Under section 50(d), it may be specified that certain services be provided to members of a racial group by individuals of the same race, for example, AMHWs. In such cases, Aboriginality is considered a genuine occupational qualification, and non-Aboriginal people are not eligible to apply.

Section 51, on the other hand, allows agencies to promote workforce diversity through targeted recruitment initiatives aimed at racial groups that are under-represented in their workforce, such as programs designed to recruit Aboriginal employees into mainstream roles. Unlike section 50(d), non-Aboriginal applicants remain eligible to apply for these positions.

## Non-Aboriginal worker recruitment and onboarding

Equally important is that recruitment and onboarding processes for non-Aboriginal workforces support the expectation that non-Aboriginal staff demonstrate cultural competence when working with Aboriginal colleagues and consumers.

To reinforce the commitment to cultural safety and equity and help build a workforce that is responsive to the needs of Aboriginal consumers and communities, it is recommended that:

- all recruitment panels, regardless of the position, should endeavour where possible to include an Aboriginal workforce representative; this promotes the importance and value that health services place in culturally safe workplaces and service delivery amongst candidates and new recruits;
- cultural competence is included as a core requirement in recruitment, including an understanding of historical and contemporary contexts, respectful communication, and a commitment to ongoing learning; and

- localised cultural awareness training is made mandatory at onboarding and through professional development to ensure understanding of Aboriginal cultural values, reduce risks of cultural misunderstanding, and support a culturally safe and inclusive workplace. Cultural awareness training is the first step toward a culturally safe workplace. This must be reinforced through ongoing reflective practice, skill application, mentorship, and accountability. The approach moves beyond compliance to foster continuous learning and a genuinely safe, respectful mental health work environment.

Together, these measures support the creation of inclusive, respectful, and empowering environments where AMHWs can thrive, and Aboriginal consumers receive care that honours their identity and lived experience.

### Case study

## Recurring recruitment pools

To reduce vacancy time and support culturally appropriate recruitment, some Health Service Providers (HSPs), including Wungen Kartup at East Metropolitan Health Services (EMHS) and Child and Adolescent Mental Health Service (CAMHS) have implemented recurring recruitment pools for AMHW roles.

These pools consist of pre-screened, suitable candidates who can be approached immediately when positions become available. This strategy ensures continuity of care, minimises service disruption, and supports timely onboarding. It also allows services to build relationships with potential candidates in advance, fostering trust and readiness. By embedding cultural responsiveness into recruitment planning, both services demonstrate how proactive workforce strategies can strengthen Aboriginal representation, improve retention, and uphold culturally secure mental health care delivery.

## Case study

# Maximising recruitment of Aboriginal workers

Western Australian country health service (WACHS) has implemented a targeted program to increase Aboriginal representation through the application of Section 50(d) and 51 during recruitment. By partnering with workforce business partners, WACHS raised awareness of these provisions across their services and streamlined recruitment processes to attract culturally suitable candidates.

This approach ensures roles are appropriately designated and filled by Aboriginal staff, supporting culturally secure service delivery. The initiative has led to improved engagement, stronger community connections, and enhanced workforce diversity. WACHS's strategy demonstrates how proactive, culturally responsive recruitment can strengthen health services and create meaningful career pathways for Aboriginal people.



### Case study

## Recruitment training

At the Child and Adolescent Health Service (CAHS), a non-Aboriginal Learning and Development team member delivers “Apply for That Job” training to students, graduates, and staff. This initiative boosts confidence in navigating government recruitment, selection, and criteria processes.

The training is tailored to meet the needs of Aboriginal students and registered training organisations (RTOs), ensuring cultural relevance and accessibility. By demystifying application procedures and building interview skills, CAHS supports culturally appropriate recruitment and empowers Aboriginal candidates to pursue careers in health. This approach strengthens workforce diversity and promotes equitable access to government employment opportunities.

## Human resources support structures

**Increasing Aboriginal representation in HR strengthens organisational capacity to embed Aboriginal perspectives across recruitment, retention, training, and policy development.**

To enhance culturally safe and responsive workforce practices, mental health services are encouraged to prioritise the recruitment of Aboriginal staff within human resources (HR) teams. Aboriginal HR professionals bring lived experience, cultural knowledge, and community insight that are essential for shaping inclusive HR practices and supporting the wellbeing of Aboriginal employees.

HR practices must also respond to the operational realities faced by AMHWs, who often carry significant cultural and clinical responsibilities. AMHWs often experience increased community and family obligations in their capacity in this role that also comes with an expectation of availability outside working hours. Balancing cultural responsibility and personal wellbeing is a challenge that must be acknowledged and addressed.

Aboriginal HR staff can play a pivotal role in partnering with management and with learning and development teams to support AMHWs by:

- Ensuring culturally safe interview processes, including the design of relevant questions.
- Strengthening recruitment strategies by recognising the diverse contexts in which AMHWs operate, whether in remote or metropolitan settings.
- Contributing to the development of culturally responsive workplace policies, including advocating for leave entitlements that reflect the cultural and community obligations of Aboriginal employees such as cultural leave, compassionate leave, bereavement leave, and study leave with flexible block options.
- Helping to ensure teams are supported when AMHWs do take leave, ensuring continuity of culturally safe care and reducing the burden on individual workers.
- Supporting the appropriate allocation of Section 50(d) and Section 51 positions.
- Prioritising AMHW access to clinical skills training that builds confidence and capability in service delivery.
- Contributing to orientation programs for non-Aboriginal clinical staff, fostering cultural awareness and respectful engagement with Aboriginal consumers and colleagues; and
- Supporting initiatives such as informal learning sessions, particularly those focused on the AMHW role, to promote cross-cultural understanding and highlight the unique contributions of Aboriginal staff within multidisciplinary teams.





## Focus area 4

# Working in partnership

Fostering a collaborative approach to the mental health care of Aboriginal consumers, their families and communities will set a strong foundation for improved care delivery and better outcomes.

### Skill areas:

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| Engaging Aboriginal mental health workers   | 57 |
| Non-Aboriginal workforce training           | 59 |
| Referral pathways and shared care protocols | 61 |
| Traditional Healers and Elders              | 62 |
| Data and reporting                          | 63 |

## **The Aboriginal Patient Take Own Leave report<sup>47</sup> shows that Aboriginal patients frequently leave hospitals before receiving adequate care for a broad range of factors including feelings of dismissal, systemic racism, and a lack of cultural understanding within health services.**

AMHWs play a key role in counteracting these barriers and supporting improved long-term engagement with services.

Mental health services must have clear and structured processes to ensure that AMHWs are allocated appropriately and engaged at the right level of involvement for each Aboriginal consumer.

Currently, many non-Aboriginal clinicians are unaware that AMHWs should be involved in every Aboriginal consumer's care. When AMHWs are not involved from the outset in consumer interactions it can lead to inconsistent engagement, reduced cultural input, and a lack of connection and trust from amongst Aboriginal consumers and their families. AMHWs are often engaged at the discretion of individual clinicians rather than through a structured referral and notification system, which results in missed opportunities for culturally safe and effective care.

## **Engaging Aboriginal mental health workers**

**Given their deep community knowledge and ability to build trust, AMHWs should be involved as early as possible, ensuring that Aboriginal consumers are supported from the first point of contact with services.**

AMHW expertise is essential at every stage of mental health service delivery—from initial engagement and assessment through to treatment, care coordination, and ongoing support. Embedding the AMHW workforce into all levels of mental health services is necessary to ensure effective, culturally responsive mental health care for Aboriginal communities now and into the future.

To maximise AMHW involvement from the earliest stages of mental health care, services must provide clarity regarding when and how AMHWs are engaged during pre-referral, referral, and triage processes.

Services need to develop process guides that clearly outline required mechanisms to engage AMHWs and the input they provide at each point from:

- Referral.
- Assessment.
- Treatment (as part of multidisciplinary teams).
- Discharge.
- Post-discharge.

## **AMHWs and clinical formulation: essential cultural input**

AMHWs play a critical role in contributing cultural insights at the formulation stage, ensuring that diagnosis and treatment plans are developed with a culturally informed perspective. Their contributions are essential in identifying elements that may otherwise be overlooked or misinterpreted by non-Aboriginal clinicians.

AMHWs follow Aboriginal consumers throughout their journey of mental health system support and can ensure their views are adequately conveyed during multidisciplinary team (MDT) meetings and ensure that consumers are kept informed about recommended treatments and options. AMHWs also ensure that the most culturally appropriate and effective treatment strategies are maintained.

### Case study

## Multi-disciplinary team

The Child and Adolescent Mental Health Services (CAMHS) has enhanced the ISOBAR clinical reviews by meaningfully integrating AMHWs into multidisciplinary team (MDT) planning.

This addition prompts staff to record the cultural roles and responsibilities AMHWs hold with patients, and to share vital cultural information during MDT meetings, e.g., noting if a patient is away for Sorry Business or requires gender-specific or spiritual support or review.

This innovation ensures culturally safe care planning, promotes respect for cultural responsibilities, and highlights the critical role of AMHWs in bridging clinical and cultural understanding.



### Case study

## Aboriginal multi-disciplinary team meetings

The service manager at the Armadale Child and Adolescent Mental Health Service (ACAMHS), initiated dedicated mini meetings outside of standard multidisciplinary team reviews to focus specifically on Aboriginal consumers.

These meetings, held at referral, choice and partnership, and activation stages, consistently included the service manager, head of service, triage officer, and AMHWs. This structure ensured culturally informed care planning and early identification of key concerns, such as mental health deterioration, disclosures of sexual abuse, or significant anniversary dates.

Engaging AMHWs in these targeted reviews strengthened cultural safety, improved responsiveness, and ensured Aboriginal consumers received holistic, respectful, and timely support.

## Non-Aboriginal workforce training

### **Community engagement and cultural safety is not just responsibility of AMHWs but of all staff.**

It is vital that all staff working with Aboriginal consumers actively engage in cultural education as part of their professional development, recognising it as a lifelong journey.

Learning with humility and without preconceptions about Aboriginal culture is central to building a culturally responsive workplace and service. This includes building positive relationships and trust with Aboriginal colleagues, Aboriginal community leaders and Aboriginal community organisations.

Non-Aboriginal staff should be encouraged to engage meaningfully with Aboriginal consumers, carers, communities, Elders, Aboriginal corporations, ACCHOs, and other Aboriginal service providers to deepen their understanding and strengthen culturally safe practice.

The WA health system requires staff to undertake mandatory online cultural awareness training upon commencement of employment. This is foundation training that staff should build upon throughout their employment in the health system. All staff, particularly those who work with Aboriginal consumers should continue to participate in cultural immersion experiences and learning opportunities.

While AMHWs may offer guidance on individual cultural needs, they should not be relied upon to provide training in cultural awareness. Overreliance on AMHWs to provide cultural awareness training and education to staff can contribute to feelings burn out and role drift.

## Onboarding

All non-Aboriginal employees commencing employment within public mental health services must receive structured cultural orientation to ensure culturally safe and responsive care for Aboriginal consumers. This orientation must include, but is not limited to, the following key areas:

- Cultural awareness including education on socio, historic factors that contribute to contemporary Aboriginal health outcomes.
- Data sovereignty for Aboriginal people.
- The role, responsibilities, and scope of AMHWs.
- The importance of accurately capturing AMHW contributions and time within service data systems.
- Guidance on appropriate engagement with AMHWs, including when and how to involve them in consumer care.
- Legislative obligations under the *MH Act*, including the requirement to involve AMHWs in the care of Aboriginal consumers.
- Service-specific language and terminology.
- Region specific cultural protocols such as Sorry Business.
- Principles of SEWB as they relate to Aboriginal mental health.
- The significance of Sorry Business and its impact on both consumers and colleagues.
- Importance of documenting cultural contributions to care, including within RCA processes.

In order to ensure integrity, protect consumer wellbeing, and uphold the principles of culturally safe care it is important for non-Aboriginal clinicians to work in partnership with AMHWs. For example, incorporating cultural elements into therapeutic practice through negotiation and partnership with AMHWs. When cultural elements are adopted without AMHW guidance non-Aboriginal clinicians risk offending Aboriginal consumers which may result in reduced trust.



## Mental health-specific cultural training for non-Aboriginal workforce

**Given the magnitude of the historical legacy combined with the contemporary complexities of working within a cross-cultural context in mental health, it is essential to be able to understand what influences behaviour, symptom formation and response to treatment.**

**Clinicians need to be able to tease out the impact of disadvantage and discrimination, be able to recognise illness in the midst of cultural and spiritual complexity and ambiguity and attempt to address the many factors impacting on wellbeing.**

**Incorporating historical and cultural perspectives and adopting flexible approaches will enhance the clinician's skills and knowledge and provide a platform for meaningful and respectful cross-cultural exchange<sup>29</sup>.**

To ensure culturally safe and effective care for Aboriginal consumers, non-Aboriginal staff working in mental health services should be supported to undertake mental health-specific cultural training. Understanding Aboriginal worldviews is essential to delivering care that is respectful, relevant, and responsive to the lived experiences of Aboriginal individuals, families, and communities.

Training should include comparative insights between Aboriginal worldviews and Western biomedical models, with practical examples such as differing understandings of family dynamic and therapies. For instance, while Western models emphasise the need for bonding between infants and one or two primary caregivers, Aboriginal cultural perspectives recognise the role of extended family members and kinship carers, this includes aunts, grandmothers, or multiple caregivers in forming secure attachments. These distinctions have direct implications for therapeutic engagement and family-inclusive practice.

Training in this area may be limited, but is growing. The following is a non-exhaustive list:

- Aboriginal spirituality, and potential cultural interpretations of psychosis.
- Transgenerational trauma and physical health.
- Chronic illness and mental health.
- Complementary healing practices and Aboriginal therapies. The presence of spirits in therapeutic spaces, particularly in family therapy.
- The spectrum of Aboriginal child identity.
- Narrative therapy approaches.
- Adaptations of therapies such as CBT and DBT.
- Eye movement desensitization reprocessing (EMDR) therapy from an Aboriginal perspective.
- Use of genograms as culturally appropriate gathering tools.
- Aboriginal grief responses, including Sorry Business, Sorry Cuts, and the concept of “feeling slack”.
- Clinical Yarning

A list of training providers is listed in **Appendix C**. This training must be embedded into ongoing professional development and supported by AMHWs and cultural advisors to ensure integrity, relevance, and cultural safety in clinical practice.



### Case study

## Aboriginal ways of delivering therapy

Sal, an AMHW from Wungen Kartup, supported a young patient who had become withdrawn and disengaged after being relocated off Country. Traditional therapy approaches were ineffective, as the patient's spiritual wellbeing was deeply impacted by disconnection from her cultural identity.

Upon learning her totem was a whale or stingray, Sal took her patient to the ocean – a place of spiritual significance for her. As the patient stood barefoot in the water, she smiled for the first time in weeks. Her engagement improved, and she began sharing her trauma.

From that point forward, therapy sessions were held by the beach. This culturally grounded approach, rooted in spiritual connection and respect for totemic identity, was key to the patient's healing. This case highlights the importance of mental health-specific cultural training for non-Aboriginal staff to understand Aboriginal ways of delivering therapy, including the role of Country, totems, and spiritual identity in supporting emotional and psychological wellbeing.



## Referral pathways and shared care protocols

Establishing clear and culturally safe referral pathways is essential to delivering integrated, respectful, and less intimidating experiences for Aboriginal consumers. All services must document and communicate their processes and protocols for working with external providers to ensure consistency, transparency, and cultural appropriateness in care coordination.

To strengthen engagement at the point of access, services are encouraged to establish designated intake and triage positions for Aboriginal staff. These roles serve as the first point of contact for Aboriginal consumers, enabling culturally safe engagement from the outset. Through these positions, staff can begin using the cultural tool to gather relevant cultural information, ensuring that care planning is informed by the consumer's cultural identity, community connections, and lived experience.

AMHWs play a critical role in liaising with community outreach positions such as Community Liaison Officers, facilitating culturally safe transitions into and out of health services. These relationships enable shared care models that improve continuity, reduce duplication, and ensure that consumers receive coordinated support across multiple touchpoints. The benefits of these models are particularly evident in complex care environments, where collaboration between services is essential to maintaining cultural safety and clinical effectiveness.

In some contexts, shared care arrangements may be necessary and beneficial, for example, Child and Adolescent Mental Health Services (CAMHS) operating within forensic settings, or WACHS teams providing in-reach to ACCHOs services. In such cases, it is imperative that services establish clear guidelines and parameters for workforce collaboration and consumer engagement to ensure culturally safe, coordinated, and effective care delivery.

### Case study

## Child and Adolescent Mental Health Service / Youth internal shared care protocols

The Child and Adolescent Mental Health Service (CAMHS) has implemented internal shared care protocols to support culturally safe referral pathways for Aboriginal youth.

These protocols clearly define responsibilities between services such as CAHS and Gender Diversity Service (GDS), and CAMHS and the Inpatient Unit (IPU), ensuring smooth transitions and continuity of care.

A shared care and notification guideline developed with input from AMHWs enables staff to raise cultural or clinical concerns early, before transitions occur. This includes disclosures, changes in mental health presentation, or cultural responsibilities. The process supports collaborative planning, reduces service gaps, and ensures culturally responsive care is maintained across settings.

By embedding cultural safety into referral and transition pathways, CAMHS demonstrates how structured, inclusive protocols can improve outcomes for Aboriginal young people and strengthen trust between services, staff, and communities.



## Traditional Healers and Elders

The right to access Traditional Healers is recognised under the *MH Act* and remains a highly valued and frequently requested component of care by Aboriginal families across Western Australia. Despite this, services continue to face significant barriers in supporting the delivery of traditional healing, including ambiguity around funding responsibilities, appropriate remuneration, clarity of service scope, provider availability, and sourcing culturally appropriate practitioners.

AMHWs are well placed to facilitate connections and partnerships with Traditional Healers and Elders, however there is a need for services to develop organisational policy and guidelines that describe agreed approaches to engaging these providers, including guidelines regarding payment and cultural protocols.

It is important to acknowledge that cultural healing practices do not look the same across all Aboriginal communities. Flexibility and localised approaches are essential to ensure that healing is culturally relevant and respectful of diverse traditions.

Additionally, pastoral care – routinely provided and funded for non-Aboriginal patients<sup>48,49,50</sup> – should be considered in parallel with access to Traditional Healers. For some Aboriginal consumers, pastoral care may be preferred, while others may seek support from Traditional Healers, and others don't request either. Traditional healing and pastoral care should both be recognised as legitimate and supported through equitable funding and service planning.

Additional considerations are required when facilitating access for children and young people under the age of 18, as permissions and processes differ from those applicable to adults. Furthermore, the medical and legal responsibilities of Traditional Healers, Elders, and health services must be clearly defined, understood, and appropriately managed. One potential model to mitigate risk and liability is the engagement of Traditional Healers and Elders through ACCHOs, which may offer culturally safe and community-led pathways for service delivery.

In addition to consumer access, the safety and wellbeing of Traditional Healers and Elders engaged in therapeutic roles must be prioritised. Key considerations include confidentiality, availability, and the location and conditions under which services are delivered. These factors must be addressed through robust cultural and clinical governance frameworks.

Further work is required to identify and implement suitable service models that uphold cultural integrity and clinical safety. This includes investment in research and the development of an evidence base to support the integration of traditional therapies within mainstream mental health services. Ensuring parity between traditional healing and other recognised forms of spiritual care, such as pastoral support, is a critical step toward achieving culturally secure and equitable mental health care for Aboriginal people.



### Case study

## Jalngangurru Healing Service Trial – Derby Hospital

The Jalngangurru Healing Service Trial at Derby Hospital, led by the Kimberley Aboriginal Law and Cultural Centre (KALACC), integrates Traditional Healers into care providing hospital in-reach services every fortnight

As part of the trial, non-Aboriginal staff receive education on cultural healing practices, enhancing understanding and respect.

This initiative promotes culturally safe care and strengthens collaboration between traditional and clinical approaches to support Aboriginal patient social and emotional wellbeing.

including the role of Country, totems, and spiritual identity in supporting emotional and psychological wellbeing.

## Data and reporting

**Data related to AMHW service provision is inconsistently recorded across services, making it difficult to quantify time investment and measure associated outcomes.**

Services must implement improved data collection mechanisms to ensure that cultural insights and contributions are documented and retained throughout the consumer's care journey. Accurate data supports continuity of care, informs clinical decision-making, and demonstrates the value of culturally informed practice<sup>51</sup>. Data collection and reporting processes should be tailored to the setting in which AMHWs work, such as inpatient or community environments.

- In inpatient settings, AMHWs are often required to engage with multiple consumers within a single day. This high-frequency interaction limits opportunities for sustained relationship-building and trust—core elements of the AMHW role that are critical to therapeutic success. To address this, services must allocate sufficient time for AMHWs to work meaningfully with each consumer and to capture data accurately. Recording hours and input is essential to demonstrate workload demands and ensure caseloads remain sustainable and manageable.
- In community settings, AMHWs frequently participate in cultural and community events, which are time-intensive and produce outcomes that may not be easily captured through conventional data systems. Without robust data, it is difficult to account for the time required to deliver effective care and maintain appropriate consumer loads.

Other health professions, such as nursing, use established client-to-staff ratios and caseload quotas to safeguard quality care and prevent workforce burnout<sup>52,53,54</sup>. Similar principles should apply to AMHW roles, with data-driven approaches informing workforce planning, resource allocation, and service design to ensure culturally safe and effective care.

Currently, data related to AMHW input is scarce, making it difficult to accurately account for time needed to provide effective care and appropriate consumer loads in various settings. This gap is significant given that Aboriginal Australians experience disproportionately high rates of psychological distress. Recent national reporting shows that Aboriginal primary health care organisations employed 551 full-time equivalent SEWB staff to support 229,968 clients in 2020–21<sup>55,56</sup>; this highlights the scale of demand and the need for structured workload monitoring.

## Data system limitations and implications

The current data management system, Psychiatric Services Online Information System (PSOLIS), has been identified as a significant barrier to the accurate and consistent capture of AMHW service delivery. A range of systemic issues have been reported, including:

- AMHW reports being overridden or cancelled when multiple clinicians enter data simultaneously for the same consumer.
- post-meeting data entries by clinicians that retrospectively attach AMHWs to reports, resulting in underrepresentation of AMHW service occasions.
- inability to scan and attach culturally specific tools, such as the Cultural Gathering Tool, to consumer records.
- non-Aboriginal staff selecting “cultural occasions of service” within PSOLIS, despite not being present or appropriately qualified to deliver culturally informed care.

The system’s design currently allows only one staff member to record time per consumer session, which often results in the clinician’s time being prioritised over that of the AMHW. This creates a skewed representation of workforce contributions and places undue pressure on AMHWs to assert their role in data entry processes, which often requiring them to challenge senior clinical staff to ensure their time is appropriately recorded.

Cultural occasions of service must be delivered in genuine partnership with AMHWs and accurately reflected in the data. Misrepresentation of these services undermines cultural integrity and distorts service delivery metrics. There is an urgent need to raise awareness and increase education for all staff regarding the importance of accurate data capture and the implications for workforce recognition, service planning, and consumer outcomes.

Improved integration of data systems is also critical. In some regions, AMHWs are required to navigate and input data across five or more separate platforms, contributing to unsustainable workloads and administrative burden. A streamlined, culturally responsive data infrastructure is essential to support effective service delivery and workforce sustainability.



### Case study

## Data program officer program

Western Australian Country Health Service (WACHS) recently established Kimberley region senior program officers, who train and monitor input of cultural service events on Psychiatric Services Online Information System (PSOLIS).

Lynette and Gaye run reports, watch trends and support the training and onboarding of AMHWs and education of non-Aboriginal staff in the importance of working collaboratively with AMHWs when using PSOLIS, negotiating a fair split between non-Aboriginal and Aboriginal clinicians.

## Data sovereignty for Aboriginal people

Data sovereignty for Aboriginal people refers to the rights of Aboriginal people to govern the collection, ownership and use of data about their people and communities.

When data is collected, interpretations often reflect the cultural values and norms of those collecting and drawing conclusions from that data. Historically, Aboriginal data has been collected, used, and disclosed in a way that has negatively impacted the health and wellbeing of Aboriginal people. Unfortunately, some practices relating to the collection and interpretation of data about Aboriginal people and communities, continue to impact the ways Aboriginal people are understood. There is also a current effort to reframe data collections which are often deficit based and ignore strengths<sup>57</sup>.

AMHWs play a critical role in reframing the narrative around Aboriginal health by documenting the breadth and impact of their work. Systematic data collection by AMHWs ensures that cultural contributions, advocacy, and engagement activities are visible within service reporting frameworks. This approach moves away from deficit-based interpretations and promotes a strengths-based outlook that recognises resilience, cultural knowledge, and community leadership as integral to mental health care. Capturing these contributions in data systems not only validates the unique role of AMHWs but also informs evidence-based planning, resource allocation, and culturally secure service design.

The Aboriginal Data Governance Policy<sup>58</sup>, developed by the WA Department of Health, is mandated for all WA health entities. An associated Aboriginal Data Governance Model<sup>59</sup> supports the application of this policy including a requirement for mandatory training for all staff who work with Aboriginal people and/or who are involved with the collection, management and/or use of Aboriginal data held within the WA health system. This training must also include Aboriginal staff, recognising their critical role in culturally secure care and ensuring they are equipped with the same governance knowledge and data management principles.

### Case study

## WA health Aboriginal Health Impact Statement and Declaration Policy

All WA health entities are required to follow the Aboriginal Health Impact Statement and Declaration Policy<sup>60</sup> that is designed to ensure WA health services are responsive to the needs of Aboriginal people through their policies, programs and strategies. It mandates cultural governance for policy, program and strategy decisions that may impact Aboriginal people.

Implementation of this policy<sup>61</sup> includes the completion of an Aboriginal Health Impact Statement and Declaration form (ISD) which is an online form that prompts users to consider the impacts of policies, health programs or strategies on Aboriginal people.



## Root cause analysis

The WA Health Clinical Incident Management Policy<sup>62</sup> mandates that all clinical incidents classified as Severity Assessment Code 1 (SAC1) be investigated using Root Cause Analysis (RCA) or similar methodologies. SAC 1 clinical incidents are clinical incidents that have or could have (near miss) caused serious harm or death that is attributable to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

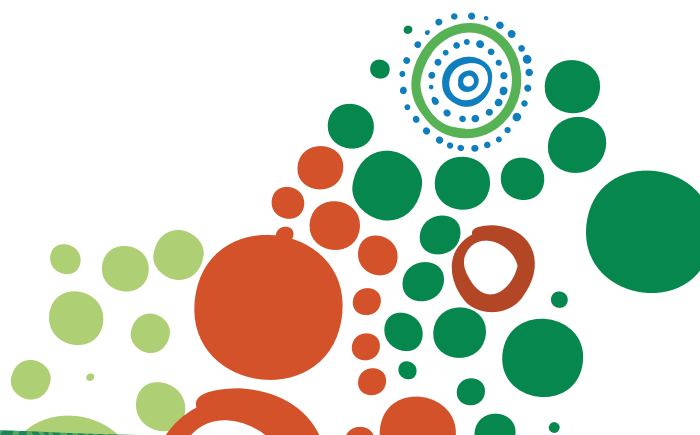
The goal of an RCA is to understand what happened, why it happened, and how to prevent it from happening again.

When an Aboriginal person is the subject of a RCA process, it is imperative that an Aboriginal worker is involved in the investigation.

It is necessary for all Aboriginal consumers to have an appropriate opportunity to convey cultural views and needs, and that this is considered through the assessment and treatment process. It is essential that evidence of this opportunity is captured through data. Where 'things go wrong', this prompts the RCA process, the question of whether cultural needs were explored and identified, and whether they were appropriately reflected in their treatment, should form part of the investigation.

The importance of capturing these cultural views and needs should be embedded in training for all clinical staff, as well as the value of including Aboriginal panel members in the investigation process.

The Cultural Gathering Tool developed by the WACHS may be a suitable mechanism for hosting this evidence within PSOLIS, providing a consistent prompt for cultural views and needs, and ensuring that this information remains with the consumer throughout their services journey.



# Implementation and monitoring

**The AMHW Guidelines provide a clear outline of the foundations needed to expand, embed and sustain the AMHW workforce across public mental health settings in Western Australia.**



Implementation of the AMHW Guidelines is a shared responsibility across the system leads, HSPs and local service settings. Organisations must reflect and review existing cultural governance protocols and policies, systems for working with AMHWs per service, career development opportunities, and partnerships with and cultural development needs of non-Aboriginal workforces.

The Guidelines provide clear but flexible directions for services. This reflects that there are shared, systemwide needs, while recognising each service will need to implement the Guidelines to suit their unique workforce and consumer mix.

The Commission intends to prepare a system-level implementation plan for the Guidelines to support HSPs.

Furthermore, through the Mental Health and Alcohol and Other Drugs Outcomes Measurement Framework, the Commission has identified indicators against which to measure progress against 12 identified domains that represent distinct categories, areas or aspects of life.

The AMHW Guidelines support the enhancement of outcomes across all 12 domains, and in particular 'workforce diversity', 'culturally responsive and safe(ty)', and 'holistic and social and emotional wellbeing'.

Through the Framework, indicators related to workforce representation of diverse population groups, career development and organisational strategies such as policies and protocols to support staff cultural responsiveness have been identified.

Measuring these indicators will provide meaningful insights into how the mental health and alcohol and other drugs systems are improving outcomes for people, families, and communities, as well as identify areas that need to be strengthened further. These indicators will also help provide evidence of change these Guidelines strive to effect.



# Appendices – Training providers

## Appendix A

### Aboriginal Mental Health Workers – Foundational training

|                                                                              |                                                                |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| <a href="#">Aboriginal Health Council of Western Australia</a>               | <a href="#">Saltbush Social Enterprises</a>                    |
| <a href="#">Kimberley Aboriginal Medical Services</a>                        | <a href="#">LivingWorks</a>                                    |
| <a href="#">National Aboriginal Community Controlled Health Organisation</a> | <a href="#">Gamarada</a>                                       |
| <a href="#">Strong Spirit Strong Mind</a>                                    | <a href="#">Mental Health Association of Central Australia</a> |
| <a href="#">WellMob</a>                                                      | <a href="#">Wesley Mission</a>                                 |
| <a href="#">The Seedling Group</a>                                           | <a href="#">We Al-li</a>                                       |

## Appendix B

### Aboriginal Mental Health Workers – Further training

|                                                                |
|----------------------------------------------------------------|
| <a href="#">Aboriginal Health Council of Western Australia</a> |
| <a href="#">Kimberley Aboriginal Medical Services</a>          |
| <a href="#">Marr Mooditj Training Aboriginal Corporation</a>   |

## Appendix C

### Non-Aboriginal staff training

|                                                                                 |                                                   |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| <a href="#">Strong Spirit Strong Mind</a>                                       | <a href="#">MindSpot</a>                          |
| <a href="#">Evolve Communities</a>                                              | <a href="#">WA Centre for Rural Health</a>        |
| <a href="#">Royal Australian College of General Practitioners</a>               | <a href="#">Australian Psychological Society</a>  |
| <a href="#">The Royal Australian &amp; New Zealand College of Psychiatrists</a> | <a href="#">Mental Health First Aid Australia</a> |
| <a href="#">Carbal Medical Services</a>                                         | <a href="#">We Al-li</a>                          |

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