



GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Aboriginal Mental Health Worker Model

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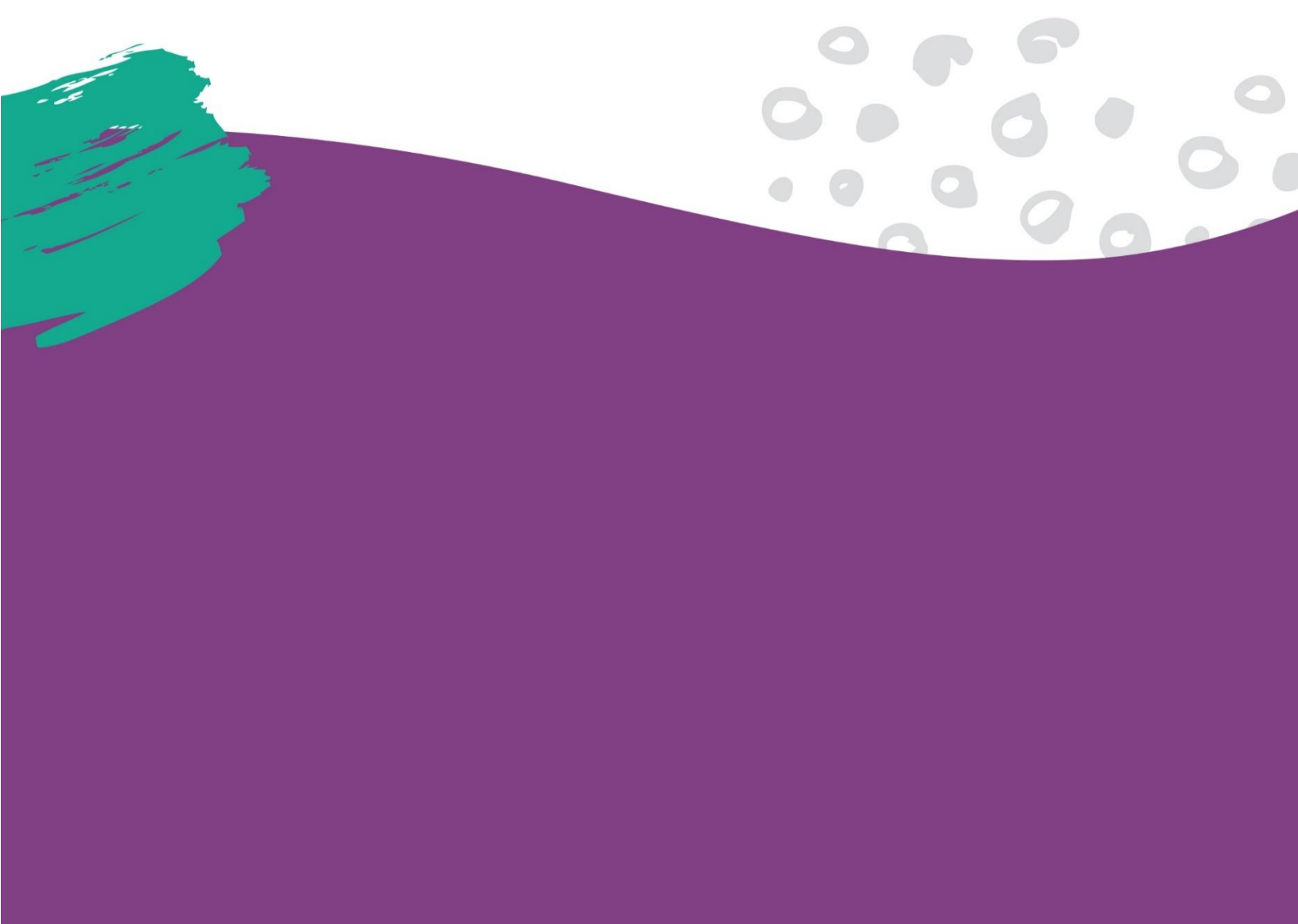




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1 Introduction

This document describes the Aboriginal Mental Health Worker (AMHW) Model which has been developed to support service design and workforce planning

The AMHW Model will inform the roles, responsibilities, and career pathways of current and future AMHWs, including Senior AMHWs in the infant, child and adolescent (ICA) mental health system. Successfully implemented, the model will enable AMHWs to effectively fulfil their scope of practice and continue to improve the social, emotional, and cultural wellbeing of children with moderate to severe mental health needs. AMHWs perform a crucial role within public mental health services in ensuring that services are, and are perceived as being, culturally safe, appropriate, and trustworthy. Increasingly, AMHWs are relied upon, both formally and informally, to help children, families and carers feel culturally safe and secure. Currently, compared with other mental health professionals, there is a poor understanding of the role and capabilities of AMHWs; they experience limited career opportunities and experience more professional isolation than other members of multi-disciplinary teams. This model maximises the scope, voice, and impact of AMHWs within the ICA mental health system.

The development of this document has been Aboriginal led in partnership with other clinicians and system leaders

This document was developed through the establishment of a Working Group that was responsible for designing the AMHW Model. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design and development of this document, with a broad range of voices, including Aboriginal and non-Aboriginal clinicians, health professionals from Aboriginal Medical Services, Aboriginal Mental Health Workers and Aboriginal people with living and/or lived experience of mental health issues. A structured review process was followed to ensure this document could be reviewed and iterated based on feedback from both the Working Group and other advisory groups. The AMHW Model remains subject to further iterations during a future implementation phase, supported by communications and lived experience expertise, to support its roll-out.

Purpose of this document

The Aboriginal Mental Health Workforce Model is a contemporary workforce model that will inform the roles, responsibilities, career pathways and supports for AMHWs and Senior AMHWs. The model is needed to empower AMHWs in their role, including defining and guiding the care they will provide to Aboriginal children, their family and carers. AMHWs will be instrumental in championing the Infant, Child and Adolescent Culturally Safe Care Principles at the frontline and ensuring they are applied in practice. It is essential that the roles and

responsibility are defined and aligned to the work that they perform. Learnings from current AMHWs have shown that in order to perform their roles effectively and best support Aboriginal children, their families, and the community, AMHWs must have confidence that they are valued for the expertise they bring and are respected by their peers and leaders within the sector. This model intends to support this and promote respect and partnership across the ICA mental health system.

Note: the document does not provide a model for all Aboriginal people working in the ICA mental health system such as psychiatrists, nurses, allied health, peer workers and others.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with infant, child and adolescent mental health. For this document:

- The term children, family, and carers has been used and is inclusive of all children, family, carers, supporters, and community members.
- The term 'Aboriginal peoples' has been used throughout the document and is intended to refer to all Aboriginal and Torres Strait Islander peoples.
- The term 'Aboriginal Mental Health Worker' is inclusive of all AMHW's, including Senior AMHW's, unless otherwise specified.

Section 5 of this document contains a list of the key terminology used within this document.

2 Background

2.1 Overview of AMHWs in the future ICA mental health system

The Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years (the ICA Taskforce) articulated the need for an AMHW Model that better defines the scope and role of Aboriginal Mental Health Workers in the ICA mental health system. An Aboriginal Mental Health Worker is a term which refers to Aboriginal and Torres Strait Islanders peoples working within the mental health sector that enhance the provision of psychiatric and mental health practices for other Aboriginal and Torres Strait Islander peoples. AMHWs predominantly work within government and community-controlled organisations in areas related to mental health and social and emotional wellbeing¹. The future ICA mental health system envisions AMHWs being a consistent feature of all models of care and their associated multi-disciplinary teams (MDT).

AMHWs will be critical to future ICA generalist and specialist services, including all Community ICAMHS Hubs. In addition to providing direct care, AMHWs are a conduit between other clinicians and Aboriginal clients, providing culturally safe care and specialist cultural consultation to Aboriginal children, their carers' and to other staff. Currently, AMHWs act as an 'enabler' for Aboriginal clients, families, and the broader community to access social and emotional supports and clinical treatment methods. Future AMHWs will have a broad remit which includes working with other MDT team members in all services. Without their contribution to the ICA mental health system, many Aboriginal children, their family, and carers would not access or receive the appropriate care needed.

2.2 Why are AMHWs important to the provision of culturally safe mental health care?

Public services are not currently designed to meet the needs of Aboriginal children and families

Aboriginal children and families experience challenges which increase their risk of mental ill-health, including intergenerational trauma, racism, and socioeconomic disadvantage. As a result, Aboriginal children and families are disproportionately impacted by mental health issues. The prevalence of mental health issues is higher among Aboriginal children and adolescents, with studies indicating that approximately 33 per cent of Aboriginal children and adolescents experience high to very high levels of psychological distress². Emergency department

¹ The Royal Australian and New Zealand College of Psychiatrists. Aboriginal and Torres Strait Islander mental health workers 2016

² Australian Institute of Health and Welfare (2018) Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing

attendances by Aboriginal children for a mental health reason have nearly tripled between 2010 and 2020, and Aboriginal children are presenting to emergency departments in a substantially greater proportion than non-Aboriginal children, particularly in regional communities. Tragically, there is research to show that they are also at significantly higher risk of suicide (see below).

Aboriginal children and families can face specific challenges and have unique needs which are not being consistently met by 'general' services. There are no dedicated public mental health services for Aboriginal 0-to-17-year-olds and access to 'mainstream' ICA services is often more restrictive for Aboriginal children and families, particularly in regional and remote areas. Barriers to access include service availability; workforce challenges; distance to services; financial and time costs; concerns about confidentiality and privacy; cultural competence and security; stigma; racism and discrimination.

Aboriginal suicide risks in WA

WA has the highest Aboriginal suicide rate in Australia, with Aboriginal people living in WA dying by suicide at a rate that is 3.3 times higher than non-Aboriginal people. In WA, Aboriginal children and adolescents are 8.5 times more likely to die by suicide than their non-Aboriginal peers. There have been more than 700 recommendations arising from 40 inquiries into Aboriginal youth suicide and related factors since the early 2000s. Most recently, these have included the [State Coroner's Inquest](#) into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia, and the 2016 Parliamentary Inquiry, Learnings from the [Message Stick: the report of the Inquiry into Aboriginal youth suicide in remote areas](#). Themes from these reviews include:

- A need to focus on addressing *immediate* and *underlying issues*. Clinical interventions are necessary but must be addressed concurrent to cultural, emotional, and social factors.
- Programs should be *culturally-based*, designed to help Aboriginal people to develop a strong sense of cultural identity and connection to place.
- Programs should be *culturally-appropriate*, applying knowledge and capabilities of local Aboriginal culture, customs and resources to service delivery.
- Policymakers should *empower Aboriginal communities*, by involving Aboriginal communities in the design of programs, supporting community-run programs; and developing the capacity of community members.
- *Coordination of service delivery* to Aboriginal people should be improved to address the lack of inter-agency collaboration and coordination, which restricts effectiveness.
- Policymakers and service providers should work to address and be sensitive to *intergenerational, community and individual traumas*.

AMHWs have shown to improve service access for Aboriginal children and families

Young people consulted for the Young People's Priorities for Action 2020-2025 suggested that they prefer "services where they can see the diversity of the client group represented"³. Staff from similar backgrounds to the children and adolescents they serve can relate more closely to them and play an important role in providing a safe environment and experience⁴. If children and adolescents are not able to see themselves reflected in the staff, they are less likely to access the service. The National Children's Mental Health and Wellbeing Strategy highlighted that a "lack of Indigenous health workers in services leads to underuse"⁵. Similarly, the Child and Adolescent Health Service reported that embedding Specialised AMHWs in Community Child and Adolescent Mental Health Service clinics led to increases in referrals for Aboriginal children and adolescents⁶.

2.3 What does the system need to support the safety, impact, and sustainability of AMHWs?

Currently, the public ICA mental health system does not adequately leverage AMHWs within clear and defined roles and responsibilities. The ICA mental health system needs to better support AMHWs in the workplace and enable them to contribute and provide high-quality, culturally safe and tailored care to children, families, and carers. There are five key system requirements to support the success of AMHWs which are outlined below and described in Section 4.1:

- Create a workplace environment for Aboriginal people which is culturally safe, free of racism and discrimination.
- Ensure the recruitment and onboarding process for AMHWs is clear, flexible and streamlined.
- Define the scope, roles and responsibilities of AMHWs and ensure they are consistently understood across the system.
- Support AMHWs to deliver mental health care to Aboriginal infants, children and adolescents
- Provide AMHWs with appropriate supports that set them up for success, including career development opportunities.

Create a workplace environment for Aboriginal people which is culturally safe, free of racism and discrimination

ICA mental health services need to ensure that AMHWs feel valued, respected, and have the opportunity to shape the care that children, families and carers receive. Some AMHWs

³ Youth Affairs Council of Western Australia (2020) Youth Engagement Report (Prepared for Mental Health Commission Young People Priority Framework), Western Australia, p.20

⁴ Nous Group (2020) Service models for young people with alcohol and other drugs and/or co-occurring issue: Literature review, Prepared for the Mental Health Commission WA, Western Australia

⁵ National Mental Health Commission (2020) The National Children's Mental Health and Wellbeing Strategy (Draft), Australian Capital Territory, p.49

⁶ Child and Adolescent Health Service (2019) The Social and Economic Benefits of Improving Mental Health Productivity Commission Issues Paper: Submission, Western Australia

consulted in the development of this document reported that they have experienced direct racism within the workplace from their peers and supervisors and/or have witnessed racism and discrimination directed towards Aboriginal children and families engaging in mental health services. It is a priority that the ICA mental health system creates a culturally safe environment that is free from racism and discrimination for Aboriginal workers and clients.

Ensure the recruitment and onboarding process for AMHWs is clear, flexible, and streamlined

There is a need for recruitment of AMHWs to be more accessible and flexible. Currently, there are barriers for Aboriginal people seeking to become AMHWs. Some AMHWs consulted in the development of this document reported that the selection criteria and application processes can be unclear, challenging and require guidance. As a result, potential candidates are reluctant to apply and are worried they may not meet the essential requirements, despite having significant experience, cultural knowledge and skills that would make them successful in the role. Further, onboarding times are lengthy and delayed, which increases the likelihood that strong candidates will accept other jobs before they are offered an employment contract.

Define the scope, roles, and responsibilities of AMHWs and ensure they are consistently understood across the system

The roles and responsibilities of AMHWs across existing ICA services vary significantly. In many cases, the activities, and services that AMHWs provide exceed their defined scope of practice; in some cases, AMHWs are restricted from delivering their full scope of practice. Currently, the roles and responsibilities of AMHWs are not clearly understood by AMHWs themselves or their colleagues around them. For example, it is not and should not be perceived that it is the sole role of AMHWs to ensure that ICA mental health services are culturally safe. This is the responsibility of the entire ICA mental health workforce and executive leaders. The ICA mental health system needs to ensure that AMHWs have choice in how their scope of practice is defined. They should be encouraged to utilise their strengths to perform the work they do and be provided a degree of autonomy.

Support AMHWs to lead the delivery of mental healthcare to Aboriginal infants, children and adolescents

AMHWs have the experience, knowledge, and skills to contribute to care for Aboriginal infants, children and adolescents; however, do not have consistent opportunities to provide input and deliver care. Further, when they do provide input, sometimes it is not valued and disregarded on the basis that it is not 'clinical'. This can disempower AMHWs and deny children, families and carers valuable care. AMHWs need to have input into service design at a strategic level as well as be involved in decisions relating to the care of children, families and carers.

Provide AMHWs with appropriate supports that set them up for success, including career development opportunities

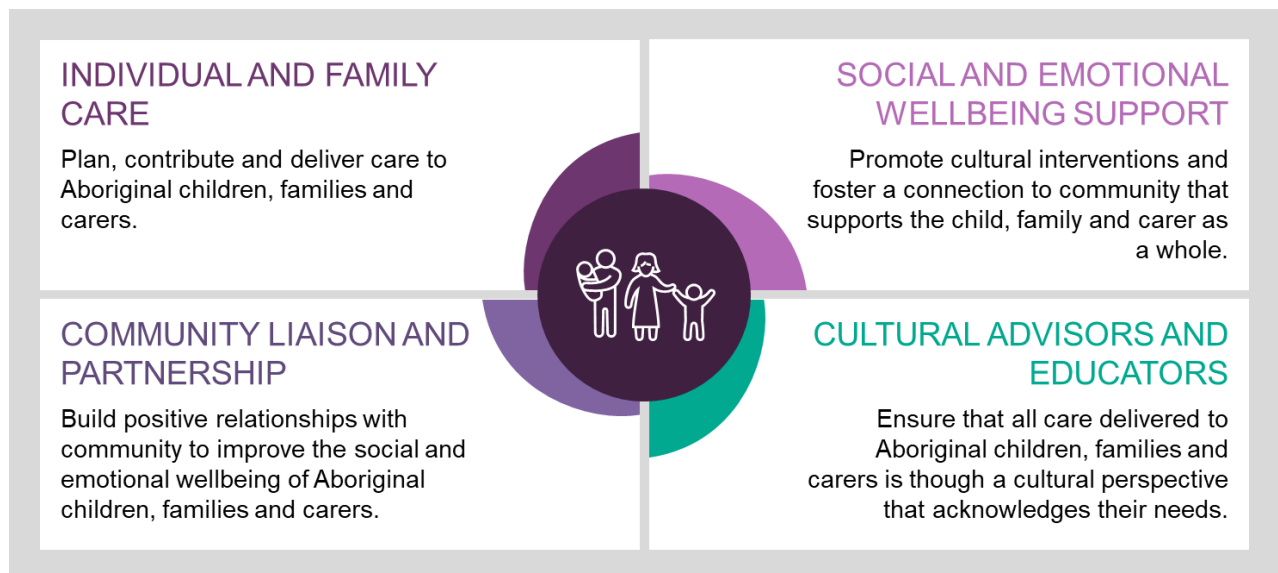
While some AMHWs have leaders that are supportive and encouraging of career development, this is unfortunately not consistent for all people employed as AMHWs. There are a number of challenges that AMHWs face, including a lack of support and development opportunities. For example, AMHWs have reported: insufficient support navigating the system; unclear roles and expectations of the AMHW role; minimal supervision and guidance from senior staff; remaining idle within their role without current and up-to-date training; and limited opportunities for career development and exposure to speciality areas. Together these experiences can contribute to staff burn out, low confidence and impact on staff mental health and wellbeing. There is a need for consistent supports, training, and opportunities for AMHWs.

3 Roles and responsibilities

3.1 Roles and responsibilities of an AMHW and a Senior AMHW

The role of an AMHW and a Senior AMHW in the ICA mental health system has four domains, including individual and family care, social and emotional wellbeing, community liaison and partnership, and cultural advisors and educators. Within each role are high-level responsibilities that exist. Figure 1 outlines the broad AMHW and Senior AMHW roles. It is important to note that these roles are surplus to family, community and cultural roles and responsibilities that all AMHWs may have within their respective communities. Further detail is provided below and indicates the core responsibilities for all AMHWs and the additional responsibilities for Senior AMHWs.

Figure 1 | AMHW roles



3.1.1 Individual and family care

Core responsibilities of AMHWs include the following:

- Work with generalist and specialist service clinicians in the **planning and provision** of mental health services.
- Act as the **first point of contact** for Aboriginal children, their families and carers as requested.
- Contribute and **participate in multi-disciplinary team activities and meetings**, including assessment, treatment planning, reviews, and transition planning.

- Assist children, families and carers to **engage with Community ICAMHS and all ICA services**.
- **Support parents and carers to navigate** the system and work with the family to apply a holistic and inclusive approach to care provision and planning.
- **Liaise with Community ICAMHS and other organisations** to provide wrap-around and holistic support.
- **Work co-operatively with other staff** to enhance the provision of appropriate assessment, crisis intervention and treatment for individuals, families, and carers – including communicating with staff from other regions and services.
- Support Aboriginal children, their families and carers to **raise any concerns** they have with the ICA mental health system or services.
- Facilitate access for Aboriginal children, their families and carers to **traditional healers**⁷ as is requested and appropriate.

Additional responsibilities for Senior AMHWs include the following:

- Provide **therapeutic care**, through the provision of individual, family and group **evidence-based and/or cultural interventions**.

3.1.2 Social and emotional wellbeing support

Core responsibilities of AMHWs include the following:

- Support the **assessment of social and emotional wellbeing**, including cultural connection, and contribute to associated treatment plans.
- **Maintain shared care arrangements** with Aboriginal specific services and/or programs which are beneficial to the holistic mental health recovery of Aboriginal consumers.
- Educate Aboriginal people in the **benefits of involving themselves** in their own ongoing care.
- **Link Aboriginal children, their family and carers** with mental health and Social and Emotional Wellbeing programs specifically designed for Aboriginal people.
- Run cultural groups and activities, which **foster connection to culture**, including language and country.

Additional responsibilities for Senior AMHWs include the following:

- Assist with the **research, development and design** of appropriate social and emotional wellbeing assessment tools and cultural treatment approaches.

3.1.3 Community liaison and partnership

Core responsibilities of AMHWs include the following:

- Promote mental health **awareness in the community**, including promoting the availability of services, and reducing the stigma associated with seeking mental health support.

⁷ Traditional healers have extensive knowledge and are able to interpret symptoms and provide traditional healing treatments including bush rubs and medicines. Their knowledge is passed from generation to generation. Traditional healers are not provided within the ICA mental health system.

- **Foster a positive relationship and reputation** between the community and ICA mental health services.
- **Remain knowledgeable of key current events** and issues within the community that may impact Aboriginal children, families and carers.
- **Participate in community events** and cultural activities, even if those activities do not appear core to service provision.
- Receive and **help facilitate feedback** from children, families and communities about services and support the resolution of the feedback.

Additional responsibilities for Senior AMHWs include the following:

- Proactively **support early identification** and service access, through liaison with community members and organisations.
- Contribute to the development and delivery of appropriate **prevention and early intervention programs** and supports.

3.1.4 Cultural advisors and educators

Core responsibilities of AMHWs include the following:

- Support a **culturally informed therapeutic relationship** between the child, family, carer, clinician, community, and AMHW.
- Inform Community ICAMHS staff on issues of **cultural relevance, including localised considerations**.
- Assist Aboriginal children, family and carers to **identify appropriate cultural supports**, including engaging elders, traditional healers and/or interpreters.
- **Advocate** on behalf of Aboriginal children, family and carers with respect to their cultural obligations.
- Provide advice to Community ICAMHS staff on **Aboriginal cultural and local family issues**.
- **Contribute to the co-design** of culturally appropriate and safe infrastructure and services.

Optional responsibilities for AMHWs include the following:

- **Assist with language interpretation** during appointments, including co-provision of therapeutic supports.
- Provide **cultural education, training, professional development**, and system leadership/oversight within services.

Additional responsibilities for Senior AMHWs include the following:

- Provide **cultural-safe supervision** to other AMHWs and Aboriginal staff, peer workers and others.

3.2 The role of AMHWs in Community ICAMHS

3.2.1 AMHWs and Senior AMHWs will be involved at all stages of care

AMHWs will support Aboriginal children, their family and carers at every stage in their journey with Community ICAMHS, from access to transition. AMHWs will promote mental health awareness in the community and provide early intervention and prevention activities. This will reduce the barriers to accessing Community ICAMHS care and encourage help-seeking behaviours. AMHWs will be the first point of contact for all Aboriginal children, their families and carers as requested and, in doing so, will make them feel safe, comfortable, and respected. Once within Community ICAMHS, AMHWs may be present and contribute in the child's initial assessment, with a particular focus on understanding the child's social and emotional wellbeing and cultural connection. Additionally, parents and carers will be supported by the AMHW to navigate the system and participate in their child's care. The specific role of the AMHW in each child's care will vary. They may act as a member of a multi-disciplinary team and in doing so, contribute to team activities and meetings, including treatment planning, reviews, and transition planning. During care, AMHWs will promote culturally safe and appropriate care, which may include providing advice to other Community ICAMHS staff or delivering care themselves. AMHWs will support the child, family and carer to transition from Community ICAMHS to other services, whether they are more or less intensive.

3.2.2 AMHWs and Senior AMHWs may provide some care coordination activities

All children, families and carers who access Community ICAMHS will have a care coordinator that supports the child, family and carer navigate care within Community ICAMHS and across services. The role of a care coordinator can be understood in two functions:

- **Coordination and support (non-clinical) function** – including navigating and coordinating the care that children, families and carers receive from Community ICAMHS, and other services and organisations; advocating for the family and their needs; and act as a consistent point of contact for when the child, their family and carers need support.
- **Clinical function** – including, where appropriate and required, providing assessments; developing care and treatment plans; and providing clinical care. These activities must be performed by someone who is clinically trained.

To allow AMHWs to provide culturally safe, appropriate and responsive care to Aboriginal infants, children and adolescents, both AMHWs and Senior AMHWs may perform the non-clinical functions of a care coordinator, and at times may work with the care coordinator to provide input to support an assessment and the development of care plan⁸. That is, for Aboriginal children, families and carers accessing Community ICAMHS, they may have their care coordinated by two people; one clinically trained staff member who performs clinical duties,

⁸ For AMHWs that have clinical training and/or appropriate qualifications, they may act as care coordinators and provide both functions. This would result in the Aboriginal child, family and carer only having one care coordinator.

and an AMHW who can perform non-clinical duties. This recognises the value of AMHWs in care delivery, while maintaining appropriate clinical responsibilities and governance.

3.3 Capability profile

3.3.1 AMHWs

To support the recruitment of capable and experienced staff, Table 1 below outlines a high-level framework of the knowledge and skills that are essential and desirable for AMHWs to have. The intention is to deliberately minimise the essential requirements for AMHWs and instead recognise that there is a range of different skills that AMHWs can and will have.

Table 1 | Essential and desirable requirements, knowledge and skills for AMHWs

Knowledge area	Essential requirements and skills	Desirable requirements and skills
Formal qualifications	<ul style="list-style-type: none"> ▪ Cert IV in mental health or alcohol and other drugs ▪ Experiences that are commensurate with the above, including previous roles with similar responsibilities 	<ul style="list-style-type: none"> ▪ Tertiary qualifications in the health, social or other relevant fields ▪ Diploma in Aboriginal and Torres Strait Islander Primary Health Care ▪ A lived experience of social and emotional wellbeing challenges
Mental Health knowledge	<ul style="list-style-type: none"> ▪ Understand the practical and emotional impact of mental health on individuals and their families ▪ A working understanding of mental health disorders ▪ Ability to support people with psychosocial needs ▪ Experience providing mental health psychoeducation 	<ul style="list-style-type: none"> ▪ Understanding of psychosocial assessments ▪ Ability to conduct suicide risk assessments and develop risk plans ▪ Understanding of therapeutic approaches relevant to children ▪ Experience designing and delivering programs ▪ Ability to work in a trauma responsive way
Social and Emotional Wellbeing knowledge	<ul style="list-style-type: none"> ▪ Knowledge of Aboriginal culture, customs, and history ▪ Knowledge of Aboriginal family structures ▪ Knowledge of Aboriginal spirituality and healing 	<ul style="list-style-type: none"> ▪ Ability to understand and/or speak an Aboriginal language or languages ▪ Experience running cultural-connection groups ▪ Experience supporting cultural healing
Community knowledge	<ul style="list-style-type: none"> ▪ Knowledge of existing community relationships and networks 	<ul style="list-style-type: none"> ▪ Experience working with community Elders

Knowledge area	Essential requirements and skills	Desirable requirements and skills
	<ul style="list-style-type: none"> ▪ Knowledge of Aboriginal culture, customs, and history 	<ul style="list-style-type: none"> ▪ Ability to conduct community needs assessment and analysis
Cultural knowledge	<ul style="list-style-type: none"> ▪ Awareness of Aboriginal cultural beliefs and practices ▪ Ability to work across Aboriginal and non-Aboriginal cultures 	<ul style="list-style-type: none"> ▪ Ability to communicate in an Aboriginal language ▪ Experience providing advice and training regarding Aboriginal culture
Other	<ul style="list-style-type: none"> ▪ Be of Aboriginal and/or Torres Strait Islander Descent ▪ Able to build productive and trusting relationships ▪ Able to communicate effectively and in a non-judgemental manner 	<ul style="list-style-type: none"> ▪ Possess a Drivers Licence. ▪ Confident in relevant computer and telehealth technologies ▪ Understand the relevant legislation including the Mental Health Act.

3.3.2 Senior AMHWs

Senior AMHWs will have greater capability than AMHWs. It is expected that they will have the above essential requirements and skills and many of the listed desirable requirements and skills. They are expected to have more knowledge and experience working in Aboriginal health or Mental Health Programs with people with mental health needs. It is likely that Senior AMHWs will be able to:

- provide supervision, leadership, and advice to AMHWs
- contribute to the design of programs, services, and interventions
- confidently use relevant computer and telehealth technologies
- understand psychosocial assessments
- understand therapeutic approaches relevant to children
- understand the relevant legislation including the Mental Health Act.

4 Supports for AMHWs

4.1 Key components

The aim of the AMHW workforce model is to outline the function of the AMHW role within the ICA mental health system. Additionally, the AMHW model outlines the features that are needed to support AMHWs. The model will act as a guide for supervisors and team leaders to effectively support AMHWs as they respond to the mental health care needs of Aboriginal children, their families and carers. Section 2.1 outlined the current issues and barriers which exist for AMHWs. The tables below outline the supports for AMHWs that seek to address the issues with a focus on developing and retaining a strong workforce of AMHWs now and into the future.

4.1.1 Create a workplace environment for Aboriginal people which is culturally safe, free of racism and discrimination

Aspirations	What the ICA mental health system needs to do to achieve this?
<p>Aboriginal people feel safe, welcomed, and supported in their working environment</p> <p>All ICA mental health services have a strong reputation across WA and in Aboriginal communities and is an employer of choice</p> <p>Non-Aboriginal staff understand Aboriginal culture and feel equipped to deliver culturally safe care</p>	<ul style="list-style-type: none"> ▪ Deliver frequent and in-depth cultural competency training to all ICA mental health staff. ▪ Ensure AMHWs provide input into the design of services to ensure they are culturally appropriate for all staff. ▪ Develop clear escalation processes for staff that witness or experience racism and/or discrimination. ▪ Build positive relationships between services and Aboriginal communities. ▪ Appoint Aboriginal health and other professionals to senior positions within ICA services. ▪ Establish cultural advisory groups for each Community ICAMHS Hub.

4.1.2 Ensure the recruitment and onboarding process for AMHWs is clear, flexible, and streamlined

Aspirations	What the ICA mental health system needs to do to achieve this?
<p>There is a large workforce of AMHWs that are continually replenished with a pipeline of new capable Aboriginal people</p> <p>AMHWs enter the mental health sector with a strong knowledge and clear understanding of mental health practices and how to deliver care that is culturally safe and responsive</p> <p>Recruitment and selection processes before, during and after applying are simple, easy to complete and efficient</p>	<ul style="list-style-type: none"> ▪ Develop formal partnerships with Aboriginal Registered Training Organisations and Universities to help identify and train future AMHWs, with wrap around support. ▪ Develop a training program which provides a pathway, from study to employment as an AMHW for Aboriginal students studying mental health or other applicable courses. ▪ Develop AMHW specific training programs which can be provided on-the-job and promote peer to peer professional development and supervision. ▪ Ensure that where possible, Aboriginal people review and are on the interview panel for AMHW applications and can mentor candidates through the process. ▪ Promote the employee benefits that AMHWs are entitled to, including training, career progression and opportunities to connect with Aboriginal people and culture. ▪ Ensure that application processes are culturally appropriate and accessible. This may include having applications that are: <ul style="list-style-type: none"> ○ easily accessible across multiple mediums (i.e. physically and digitally) ○ written in plain English and/or use the local Aboriginal language ○ short, direct and do not require lengthy answers or extensive background documentation initially. ▪ Provide support for Aboriginal people applying to become AMHWs, including helping them to complete and lodge their application. ▪ Pair all AMHWs with a ‘buddy’ during their first year to support onboarding, ideally this is a Senior AMHW, senior clinician or service leader.

4.1.3 Define the scope, roles and responsibilities of AMHWs and ensure they are consistently understood across the system

Aspirations	What the ICA mental health system needs to do to achieve this?
<p>AMHWs understand their role and what is expected of them</p> <p>All staff understand the scope of practice for AMHWs and what supports are reasonable to ask for</p> <p>AMHWs feel that their workload is sustainable and flexible</p>	<ul style="list-style-type: none"> ▪ Develop and share a clear one-page that summarises the role and responsibilities of AMHWs. Involvement of AMHWs in the development of this document is critical. The document could be written from their perspective and include the possible headings: <ul style="list-style-type: none"> ○ ‘my role and responsibilities’ ○ ‘how I can help you in practice’ ○ ‘things you can do to support me’ ○ ‘things that are not within my scope of practice’. ▪ Encourage that when a multi-disciplinary team is established, or a new member is included, the team spends some time sharing their strengths, development goals, ways of working and hard to move commitments. ▪ Embed monitoring and reporting on multi-disciplinary team activities and caseloads to ensure that AMHWs have an equitable voice and role, and that AMHWs have sustainable workloads and do not feel burnt out.

4.1.4 Support AMHWs to deliver mental health care to Aboriginal infants, children and adolescents

Aspirations	What the ICA mental health system needs to do to achieve this?
<p>AMHWs are supported during their first six months and are set up for success</p> <p>AMHWs have high job satisfaction and job security</p> <p>AMHWs feel confident, valued, respected, and empowered within their role</p>	<ul style="list-style-type: none"> ▪ Develop an induction and onboarding program that focuses on supporting AMHWs. Key features of the program should be: <ul style="list-style-type: none"> ○ assignment of a workplace buddy or mentor ○ resources, materials, and background reading ○ frequent meetings with a Senior AMHW, supervisor or team leader during the first six months ○ opportunities for self-reviews and peer feedback. ▪ Participation in on-the-job training opportunities, both formal and informal, including exposure to clinical skills. ▪ Support AMHWs to develop appropriate care coordination skills such as contributing to assessments, planning, multi-disciplinary team meetings; seeking advice from others;

Aspirations	What the ICA mental health system needs to do to achieve this?
	delivering mental health care and support to children, their families and carers.

4.1.5 Provide AMHWs with appropriate supports that set them up for success, including career development opportunities

Aspirations	What the ICA mental health system needs to do to achieve this?
<p>AMHWs have feel that they are consistently learning and developing</p> <p>Aboriginal people remain employed within the sector over a long term, retaining the acquired knowledge, skills and experience they offer</p> <p>AMHWs feel they are part of a larger network</p>	<ul style="list-style-type: none"> ▪ Develop individualised AMHW personal development plans. Each AMHW will have an individual personal development plan that is used collaboratively between the individual, their supervisors, and staff from human resources/learning and development teams. These plans should include: <ul style="list-style-type: none"> ○ short-term goals ○ future ambitions ○ areas of focus and improvement ○ additional support that is required ○ training and growth opportunities. ▪ Promote further options for study which align to the mental health profession, including allowing people to work part-time as an AMHW while they study. Advertising this arrangement may attract potential candidates to the sector, who might not have previously considered working as an AMHW. ▪ Support AMHWs in their studies by granting appropriate study leave and financial sponsorship. ▪ Ensure that AMHWs have adequate supervision and guidance from Senior AMHWs, supervisors and other leaders. ▪ Create formal and informal opportunities for AMHWs in different areas to connect and share their experience. This may include making space for AMHWs to meet virtually or in person. ▪ Create opportunities for AMHWs to receive feedback from children, families, carers and the community. ▪ Advertise the AMHW role as a career development opportunity with an appropriate provision of study leave and financial support to gain a Cert IV in Mental Health.

4.2 Career pathways

4.2.1 Why this matters

AMHWs are critical in ensuring that Aboriginal children, families and carers receive culturally safe and appropriate care that improves their mental health and social and emotional wellbeing. Aboriginal children, families and carers accessing mental health services benefit from receiving care from Aboriginal staff. This is because⁹:

- Aboriginal children, family and carers respond better to health care when it is delivered in a culturally safe and appropriate way.
- Aboriginal health professionals have the capability to deliver culturally responsive care.
- An Aboriginal workforce helps to strengthen the cultural capability of broader health teams and organisations in which they work.

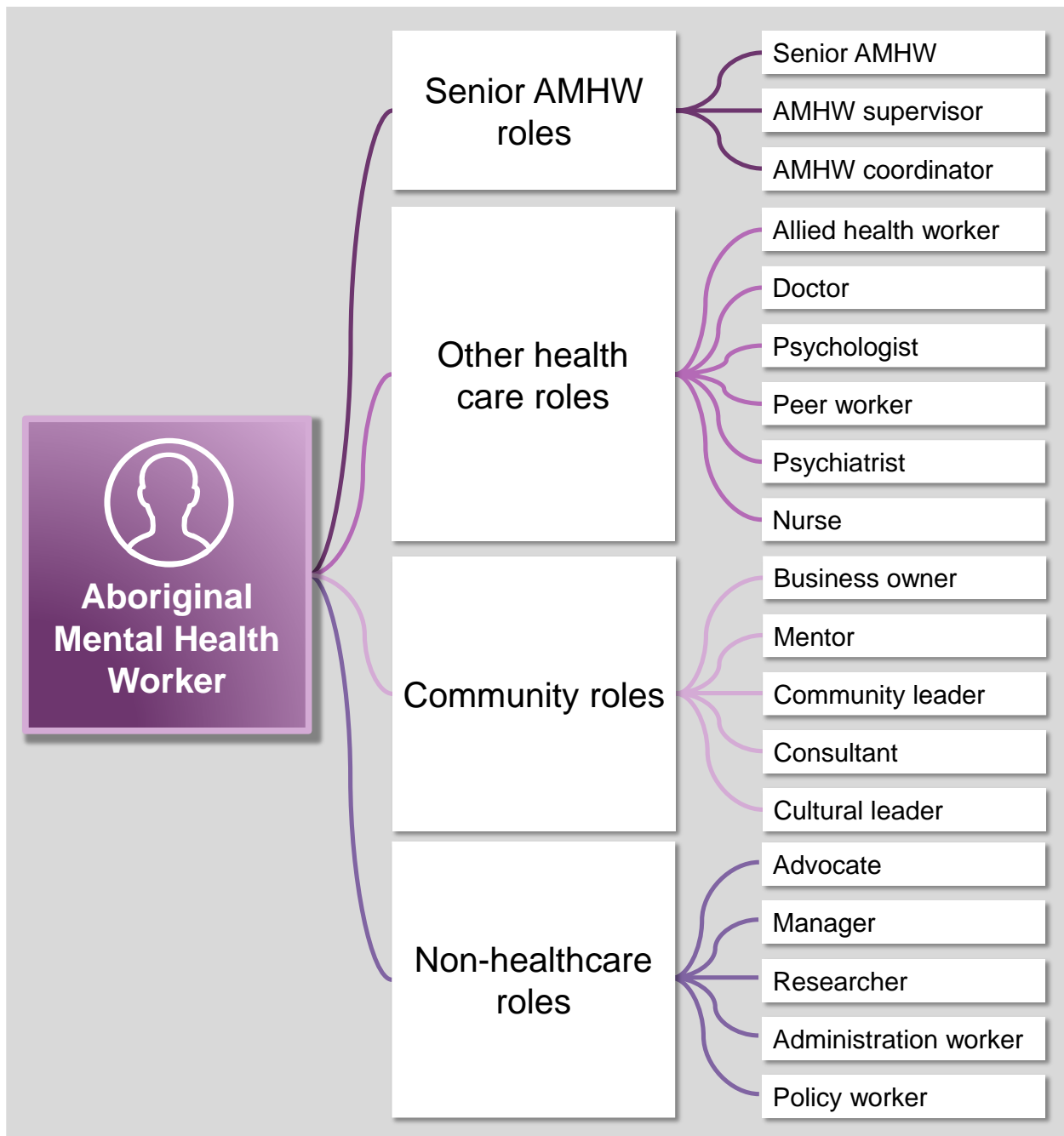
Despite this, Aboriginal people are under-represented in the broader health workforce and there are limited formalised and communicated career pathways for AMHWs. There is an opportunity to better advertise and communicate the potential career pathways in the health and mental health system for Aboriginal people. The AMHW position is well placed to act as a conduit to other roles for Aboriginal people. The skills learnt while being an AMHW are foundational to many other roles and are easily transferable. Available career pathways need to be well understood and advertised to support the attraction and recruitment of AMHWs into the workforce. This will ultimately influence the outcomes and experiences of Aboriginal children, families and carers engaging in the ICA mental health system.

4.2.2 Potential pathways

AMHWs have knowledge, skills and experience that are applicable to a range of other careers, including their technical knowledge and interpersonal skills. They form the foundational skills for professions such as nurses, psychologists, and doctors. Figure 2 below highlights some of the possible career opportunities for AMHWs summarised into the following four categories: senior AMHW roles, community roles, other health care roles and non-health care roles.

⁹ Taylor KP, Thompson SC, Wood MM, Ali M & Dimer L 2009. Exploring the impact of an Aboriginal Health Worker on hospitalised Aboriginal experiences: lessons from cardiology. *Australian Health Review* 33:549-57.

Figure 2 | AMHW career pathways



4.2.3 How AMHWS can be supported to take different paths

The ICA mental health system and services within it can support AMHWs to develop professionally and explore other careers. The system can support at a cohort level by promoting and educating AMHWs about the career pathways available to them. Further, the system can support individuals to identify and navigate to the career pathways they are interested in. For example, this may include:

- **Developing individualised career pathway plans** – which are developed individually when an AMHW begins work. They should be monitored consistently and revised annually and include input from the AMHWs supervisor or other relevant people with expertise.
- **Conducting career planning events** – which are WA wide and provide information about different roles and responsibilities. These events may also have people in different roles share their experiences and journeys.
- **Facilitating secondments and exchanges with other services** – that is, individuals would be supported to spend time in the same or similar roles in different services. Secondments and exchanges are a common way to build new skills and experiences within a familiar context.
- **Pairing AMHWs with external health career mentors** – which can provide inspiration and advice, including sharing their journey and experience. Mentors are a proven way to support professional and personal development. Where possible and on request, AMHWs should be paired with other Aboriginal people.
- **Developing materials and tools to support career planning** – these tools should be made available to all AMHWs and be available online. The materials should include information about possible career pathways; the required (and desirable) skills and experience needed; and links to services and organisations that provide the training and/or formal education for the role.

4.3 Considerations for regional and remote delivery

AMHWs will be working across WA, including in regional and remote areas. The delivery of ICA mental health services will vary in these areas, as too will the role of AMHWs. There are key features that need to be considered when working in regional and remote areas – these features are outlined below.

Privacy and confidentiality

Regional and remote communities have smaller populations and intricate relationships between family groups. It is highly likely that many people in the community are known and familiar with one another and their families. People in these communities may be reluctant to engage with AMHWs and mental health services for worry of others finding out. There is still a significant stigma surrounding mental health in regional communities in comparison to metropolitan communities. Care needs to be delivered privately and remain confidential. Children should be asked if they would like their family or others to be informed and/or involved in their care before staff take any action.

Community dynamics and language barriers

Aboriginal communities in regional and remote areas will have children, families and carers who are linguistically diverse. In some communities, English is not people's preferred language. This can act as a barrier to receiving high-quality and culturally safe care. It is desirable for AMHWs in these areas to be able to translate and communicate in local languages.

Accommodation

In regional and remote areas, the lack of accommodation for staff can be a significant barrier to service provision. These areas often rely on visiting AMHWs that do not currently live in the community. Adequate accommodation and living supports need to be factored into the remuneration package for AMHWs.

Outreach services

Remote services are reliant on specialised visiting services, with services scheduling monthly or bi-monthly visits. AMHWs will provide a crucial role in supporting these communities, physically and virtually, during the period between visits. AMHWs will also liaise with the visiting services and support them to provide culturally safe and tailored care to the community.

Geographical area

Regional catchment areas in WA can span significant distances. The AMHWs that serve these locations can be required to travel large distances to support everyone in the region. For AMHWs in these areas, access to travel is a critical enabler to service delivery.

Non-clinical support

AMHWs in regional and remote communities are heavily relied upon to provide client support holistically. In practice, AMHWs can find themselves taking children, their family and carers to appointments, addressing their social needs and performing duties outside the scope of their roles. Despite these activities being very important and individually not time-consuming, the sum of this extra work can have adverse impacts on the work-life balance and wellbeing of AMHWs.

Demand for Aboriginal workers

Across WA, there is a high demand for Aboriginal workers, including AMHWs. The labour market for candidates is competitive across the Aboriginal Community Controlled Health Organisation, government, and mental health sector. Regional and remote communities struggle to compete with other services that are able to offer higher salaries and better working conditions. As such it is difficult for services to attract and retain high-performing and capable AMHWs.

5 Terminology

Table 2 below contains a list of the key terminology used within this document.

Table 2 | Key terms used within this document

Term	Its intended meaning and use
AMHW	Aboriginal Mental Health Worker
Care coordinator	A Community ICAMHS staff member that is responsible for supporting the child, family and carer navigate care within Community ICAMHS and across services.
Carer	A person who provides care to another person, such as a child who is living with mental ill-health. They may have statutory responsibility for a child, be a family member who supports a child in their family or be another peer or community supporter.
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Community ICAMHS Hub	A central 'hub' in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers.
Community ICAMHS clinic	A local clinic or spoke that can deliver care close to home for children, families and carers. The Community ICAMHS Hubs will coordinate and support these clinics.
ICA Culturally Safe Care Principles	ICA Culturally Safe Care Principles are intended to guide the delivery of culturally safe, responsive and quality health care to Aboriginal and Torres Strait Islander peoples.
Family	A child's family of origin and/or their family of choice. It may include but not be limited to a child's immediate family, extended family, adoptive family, peers, and others that share an emotional bond and caregiving responsibilities.
ICA	Infant, child and adolescent
ICAMHS	Infant, Child and Adolescent Mental Health Service
ICA mental health system	The public specialist infant, child and adolescent mental health services. This relates to services funded and provided by the WA Government.
MDT	Multi-disciplinary team

Term	Its intended meaning and use
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.
Model of Care	A Model of Care broadly defines the way health care is delivered, informed by evidence-based practice. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.
People with lived experience	A child or young person who is or has lived with the impacts of mental ill-health and a person who is or has provided care to a child who is living with mental ill-health.
SEWB	Social and emotional wellbeing
Shared care	Shared care involves two or more services working together to deliver coordinated care to children, families and carers.
Staff	People who work within the ICA mental health system.



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