GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) System Transformation Implementation Program

Working Group Pre-Reading Pack

Cultural Safety and Social & Emotional Wellbeing Principles; Aboriginal Mental Health Workforce Model

Thank you

We would like to thank you for generously sharing your time, experience and expertise and providing critical advice on the way forward for the mental health system for infants, children and adolescents, their families and carers, and the WA community.

In particular, we would like to recognise the valuable contributions from people with living or lived experience of mental health issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective in creating a better future.

Together, this work provides us with the opportunity to deliver a future mental health system for children that is innovative and responsive to needs – a system in which young people, families and carers are treated with dignity, compassion and empathy.

Thank you.

About this document

This is a pre-reading pack to support you in understanding your role as a Working Group participant in co-designing the 'Cultural Safety and SEWB Principles' and 'AMHW Model' documents that will underpin future Models of Care for the ICA mental health system.

The ICA System Transformation Implementation Program requires the development of 12 Models of Care (MoC) and three related documents.

In 2021, a Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years (the ICA Taskforce) was convened to identify the reforms needed in ICA mental health in Western Australia (WA) to better meet the needs of children, their families and/or carers. As part of this work, the ICA Taskforce developed a series of immediate, short, medium, and long-term recommendations to transform the ICA mental health system. This ranged from investment in workforce capacity building in the current system as an immediate priority, to transitioning to a new statewide MoC in the longer-term.

In 2022, the Mental Health Commission (MHC) launched the ICA System Transformation Implementation Program (the Implementation Program) to drive the implementation of all immediate and short-term recommendations, and coordinate the actions of health service providers in transitioning to the future system. The Implementation Program will especially focus on co-designing a range of components that will form part of the future ICA mental health system, including 12 contemporary MoC and three system principles and solutions (outlined in Figure 1[1]).

[1] Please note, Figure 1 summarises how the MoC and other deliverables fit within the future ICA mental health system. It is not intended to accurately or comprehensively describe the future system.

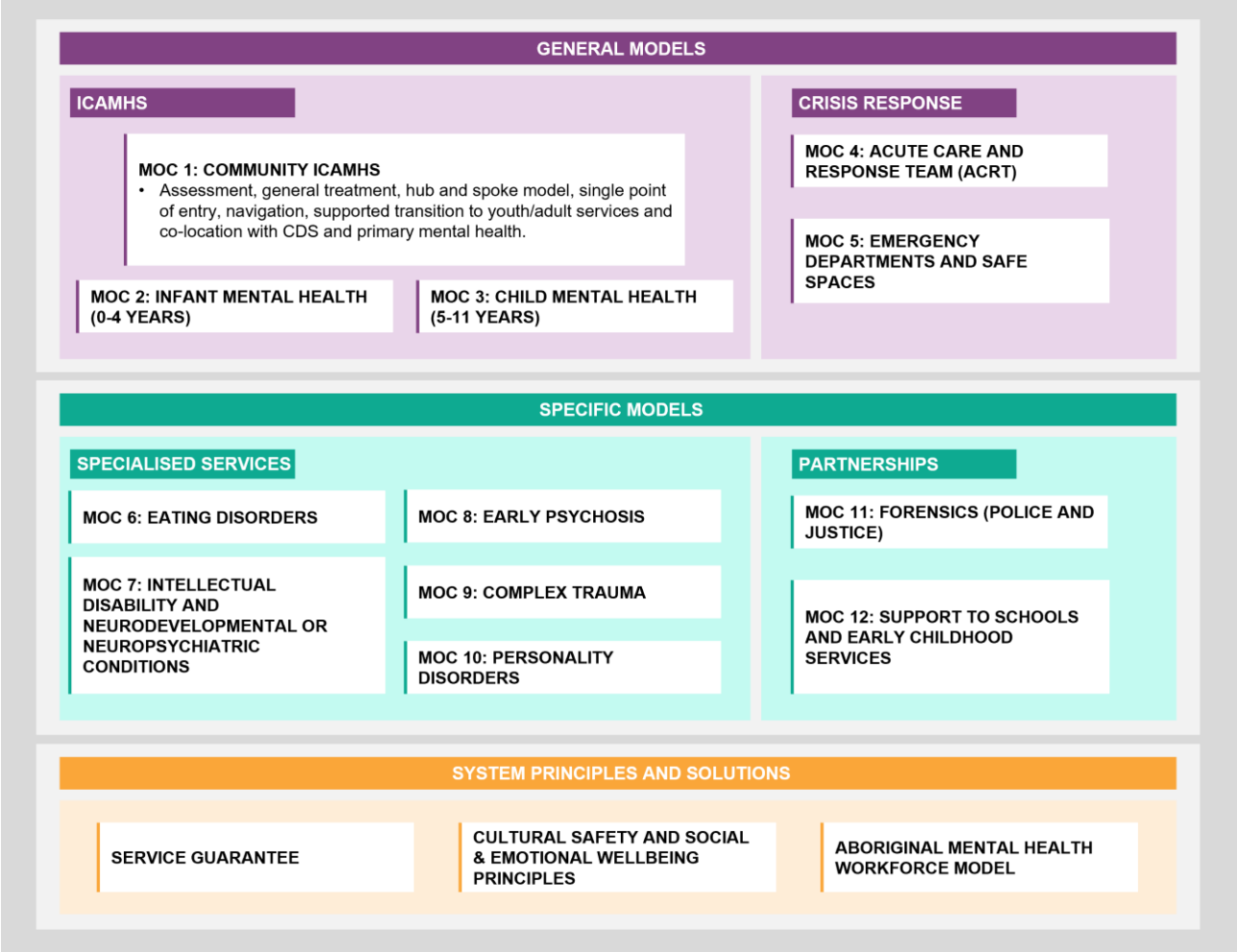

Figure 1 | The Models of Care and related system principles and solutions

Working Groups have been established to support co-design of these components.

A Ministerial Oversight Committee has been established to provide oversight over decisions and implementation regarding the Implementation Program, with an Implementation Working Group responsible for providing direction on the 12 MoC and three system principles and solutions documents.

To co-design each component, the Implementation Working Group has established multiple Working Groups to provide a forum for people with knowledge and experiences of ICA mental health services to share their expertise to define the key features of each component and identify any barriers and/or enablers to its implementation. MoC Working Groups will comprise 20-25 members, with representation from those with lived experience, clinical and non-clinical representatives from Health Service Providers (HSPs), and other stakeholders.

Your Working Group is focused on developing the Cultural Safety and Social and Emotional Wellbeing (SEWB) Principles, and the Aboriginal Mental Health Workforce (AMHW) Model

You have been nominated as part of the Working Group responsible for establishing:

- **Cultural Safety and SEWB Principles.** A set of principles intended to guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander peoples across the ICA mental health system.
- **The AMHW Model.** A contemporary workforce model that will inform the roles, responsibilities, and career pathways of AMHWs in the ICA mental health system, and be embedded across all MoC.

There are four sessions to support the co-design of the key features of these documents (Figure 2). The three workshops will cover the same material but will be adapted for each cohort. Input will be gathered from sector stakeholders, ACCHOs and stakeholders with lived experience. You are expected to abide by conduct principles and Rules of Engagement developed during ICA Taskforce (outlined in Appendix A) to ensure the safety of those participating; especially of those with lived experience.

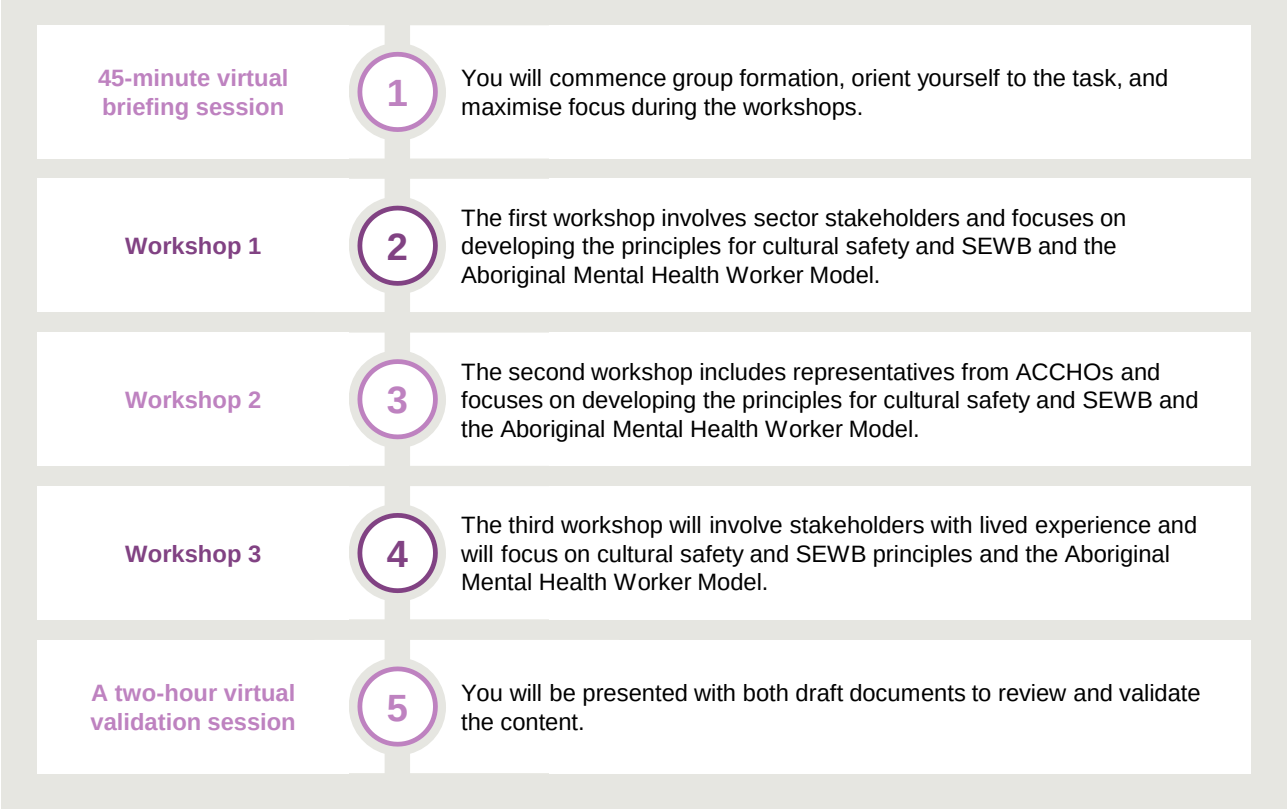

Figure 2 | Your Working Group process

Please read the following sections of this document to support your preparation:

- **Section 1 | Background and context.** Outlines relevant findings from the ICA Taskforce, and articulates what the future ICA mental health service system needs to look like.
- **Section 2 | Scope of a MoC**. Provides guidance on what a MoC is, so that you know how what your documents will need to integrate into in terms of services being delivered.
- **Section 3 | Cultural Safety and SEWB Principles.** An overview of what we know so far, with case studies to support your understanding.
- **Section 4 | AMHW Model.** An overview of what we know so far, with case studies to support your understanding.
- **Section 5 | Links for further reading.** We encourage you to take the time to undertake further background reading to inform your contributions throughout the process.

Section 1 | Background and context

The section below provides an overview of the ICA Taskforce's relevant findings, the intent of the future ICA mental health system, and the scope of the Working Groups.

ICA Taskforce findings and recommendations.

The ICA Taskforce delivered their Final Report to Government on 30 November 2021, building on extensive consultation to present a clear vision, purpose and underlying principles for the future ICA public mental health system.

The Final Report defined eight key actions, which step out what needs to happen, and when, to reform the ICA mental health system, in order to realise the vision, purpose and principles. To deliver the eight key actions, ICA Taskforce made 32 recommendations to the WA Government, all of which were accepted by Government and split across four timeframes for implementation.

The scope of the Implementation Program is only on the immediate and short-term steps (shown in Figure 3 below).

Figure 3 | The four phases of implementation for the ICA Taskforce recommendations

The logic of the future ICA mental health system

The purpose of the future ICA mental health system is to ensure that all children, families and carers in WA have timely, enduring and equal access to holistic, integrated and high-quality public mental health care. The new ICA mental health system is based on five pillars, as outlined in Figure 4, and then discussed in more detail below.

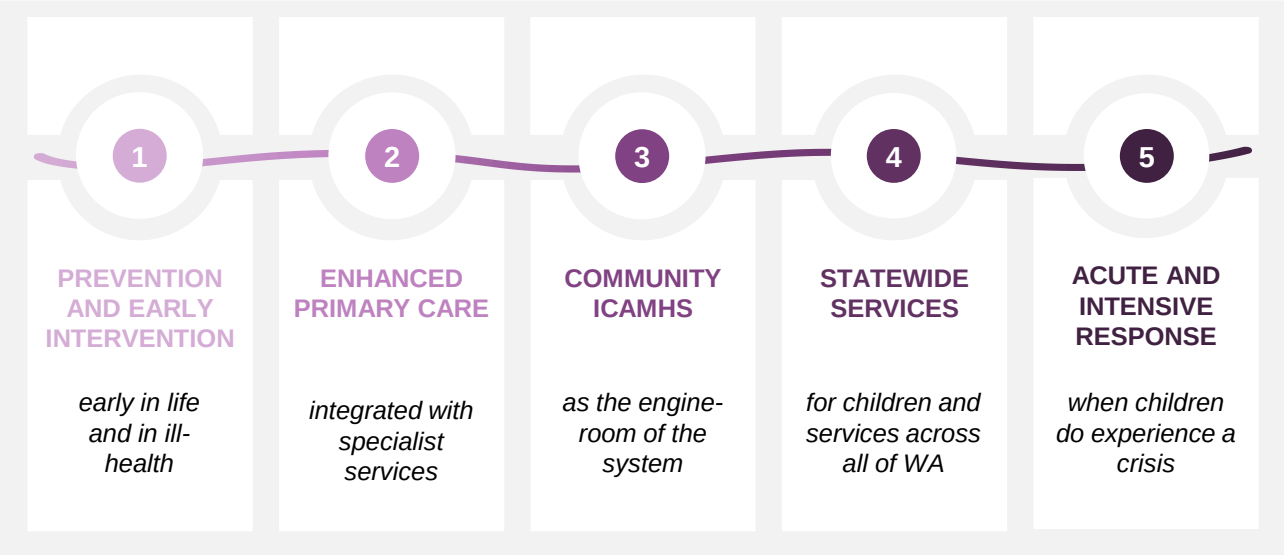

Figure 4 | The five pillars of the future ICA mental health system

1. Prevention and early intervention

Prevention and early intervention will be elevated as a priority of the future system. Across schools, early childhood services, and the broader community, the future system needs to be consistently able to identify signs of mental ill-health earlier in life, and provide targeted and immediate support.

The system needs a considerable boost to the provision of education and support to assist parents with supporting their child's mental health, and fostering family wellbeing. It will also need to work with children from a young age to build life skills and resilience, significantly expanding the role of early childhood services and schools in supporting the mental health and wellbeing of children in their care.

2. Enhanced primary care

In the future system, primary mental health services need to be partners in care with specialist ICA mental health services and will be enhanced to do more with children, families and carers. Head-to-Health Kids centres and headspace centres will be safe and welcoming 'front-doors' to the ICA mental health system for children and will work in partnership with local GPs, who themselves will be trained to provide more support, coordination and treatment for children, families and carers.

The system needs to have a stronger community-managed and Aboriginal-controlled sector, one that is equipped with the capacity and partnerships to provide culturally safe and responsive care to children and families in their communities.

3. Community ICAMHS

Community ICAMHS are a re-imagined and fully-resourced evolution of the current Community CAMHS services – delivered by the Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS) to provide local, consistent, and integrated care across the state. The Community ICAMHS are the 'engine-room' of the future ICA mental health system. Each Community ICAMHS needs to have a 'hub' located in a regional centre, linked to existing and new local clinics working across each region. Each hub will have:

- A single-entry point to support children, families and carers to access and navigate the ICA mental health system in their community; supported by virtual services that can provide a 24/7 response to children, families and carers, such as Crisis Connect.
- Child and family friendly hours and ways of providing services, including partnerships to create all hours support options that can be accessed in a range of ways.
- Co-location with services that support the local population such as GPs, headspace, Head-to-Health Kids, child development services, early childhood services, and child protection.
- Acute Care and Response Teams (see below).
- Clinicians with skills in complex and specialised fields, including for example, cross-cultural mental health workers, dual-skilled mental health and alcohol and other drug (AOD) workers, and specialists in eating disorders, personality disorders, and complex neurodevelopmental or neuropsychiatric conditions.

4. Statewide services

In the future ICA mental health system, statewide services represent the reconfigured and enhanced specialised services that are currently Perth-based. These services will aim to support more children, families and carers across the state using a stepped service model. Statewide services and Community ICAMHS will work in partnership to deliver stepped service models, where children can seamlessly 'step up' or 'step down' along a continuum of care based on their needs. This continuum of care is shown below in Figure 5, from least intensive to most intensive care. The least intensive care (level one) is delivered by Community ICAMHS, and the most intensive care (level four) is delivered by statewide services. At level two, Community ICAMHS are supported by consultation liaisons from statewide services. At level three, care is jointly delivered (shared) between Community ICAMHS and statewide services. Many MoC will need to consider the stepped care model and use it to inform the design of services, specifically the roles of Community ICAMHS and statewide services.

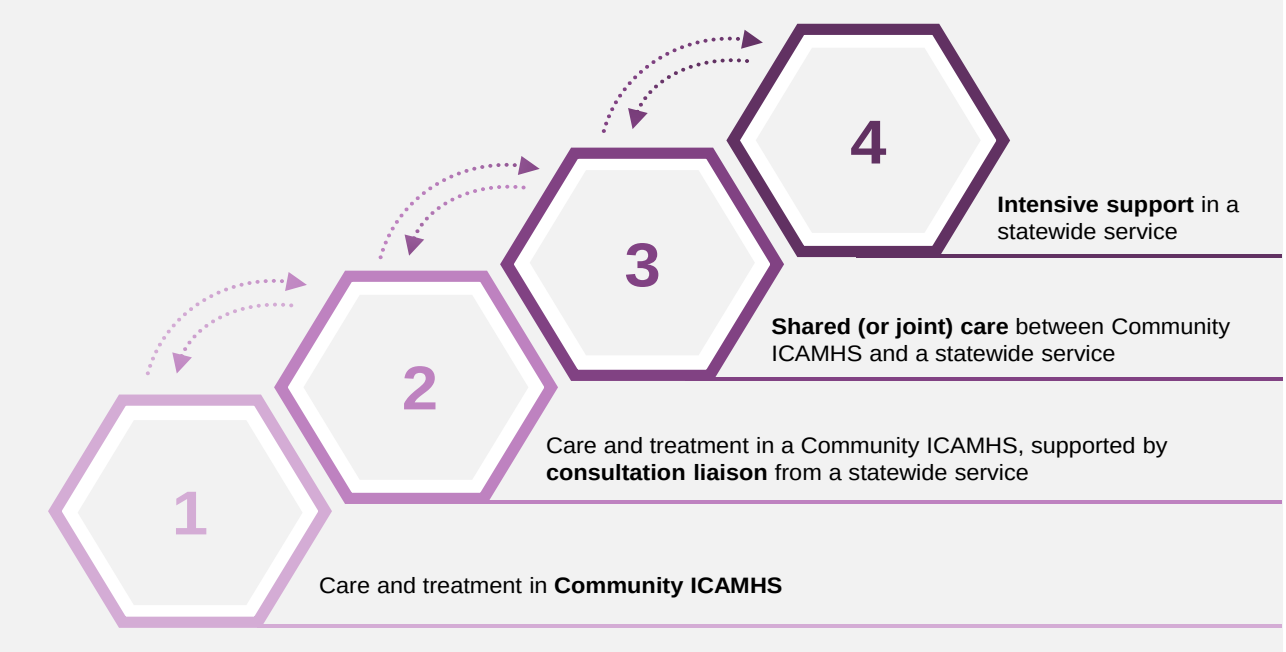

Figure 5 | The Stepped Care Model

5. Acute and intensive response

In addition to the strong focus on community interventions, the future ICA mental health system needs to still have the capability to provide safe and intensive responses to children in crisis. Acute Care and Response Teams will respond to children in a mental ill-health crisis, or who require highly-intensive support and provide mobile, highly-intensive, and timely care.

Acute and intensive responses in the future system need to be very different to emergency departments. The focus will be on providing children with care that is immediate, delivered in safer, calmer, and in a more child-friendly environment. These 'child safe places' may be new environments, located near emergency departments, that provide an option for respite, assessment, low-intensity treatment, therapeutic counselling, and follow-up support for children who do not need an emergency department, but who need a 'safe haven' to go to.

MoC and system principles and solutions

As mentioned above, the Implementation Program requires the development of 12 MoC, which will form a significant part of the future ICA mental health system. In some cases these relate to existing services which will be refined and/or extended, in other cases they may be new services, and in others they may relate to capabilities or processes, rather than discrete services.

In addition to these, **three system principles and solutions documents** are being developed: including Cultural Safety and SEWB Principles; an AMHW Model; and a Service Guarantee. These will be developed early, so they can inform and support the development of each of the MoC, and embedded into the design of the future ICA mental health system. As a baseline, these three system principles and solutions act as a guide for how services should be delivered or configured across all areas of the system, and will therefore be critical inputs into all service delivery components.

As part of the Implementation Program the components in Table 1 will be developed, with an overview of each provided for baseline context.

Models of Care		
1	**Community ICAMHS**	Community ICAMHS will provide local, consistent, and integrated mental health care for children of all ages who have moderate and/or severe needs through a hub-and-spoke model that ensures access across WA. Community ICAMHS will also work with and complement local services to deliver care to children within the community, and collaborate with specialist services, when required.
2	**Infant mental health (0-4 years)**	A new statewide service which is able to work intensively with infants and young children aged 0-4, whose social, emotional, or developmental wellbeing is at risk and support the work of others, including Community ICAMHS, in meeting the needs of this population.
3	**Child mental health (5-11 years)**	This new MoC will improve the quality of mental health services delivered to children aged 5-11. It is intended to operate within the ICAMHS hub-and-spoke model, with capability embedded within the

		ICAMHS hub, in addition to providing statewide consultation and liaison capabilities.
4	**Acute Care and Response Team (ACRT)**	A statewide mobile, intensive and timely service to support children and adolescents that are in a mental ill-health crisis or who require intensive support.
5	**Emergency Departments and Child Safe Spaces**	A MoC for ICA-specific mental health emergency department presentations, and child safe places in the community.
6	**Eating disorders**	This MoC will extend the existing Eating Disorders Service (EDS) through the development of a statewide, stepped care MoC to support children with eating disorders across WA.
7	**Intellectual Disability and Neurodevelopmental or Neuropsychiatric conditions**	A MoC for a new statewide service for children with a primary condition of an intellectual disability and/or neurodevelopmental or neuropsychiatric condition who also experience co-occurring mental health issues.
8	**Early psychosis**	This MoC is for a statewide stepped care model for children and adolescents presenting with symptoms of early psychosis and at risk of future psychiatric conditions.
9	**Complex trauma**	This MoC will be a statewide, stepped care MoC to support children and adolescents with complex trauma.
10	**Personality disorders**	This MoC will extend the existing Touchstone service through the development of a statewide, stepped care MoC to support adolescents with personality disorders.
11	**Forensics (Police and Justice)**	A new forensic child and adolescent mental health service for vulnerable and at-risk children, families and carers who are in contact with the police and justice system.
12	**Support to schools and early childhood services**	A MoC for schools and early childhood services that increases their capability to address mental health and wellbeing.
System principles and solutions		
13	**Service guarantee**	A document that outlines what all children, families and carers should expect to experience in all interactions with the ICA mental health system.
14	**Cultural safety and SEWB principles**	A set of principles intended to guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander peoples across the ICA mental health system.
15	**Aboriginal Mental Health Workforce Model**	A contemporary workforce model that will inform the roles, responsibilities, and career pathways of AMHWs in the ICA mental health system.

Table 1 | An overview of the MoC and related documents being developed

Your Working Group's components will be an input into the work of the Implementation Program, including supporting the development of business cases and detailed workforce planning. They are intended to support system planning, and are therefore high-level blueprints for the mental health service system, rather than providing clinical direction.

Section 2 | An introduction to Models of Care

The section below articulates what a Model of Care is, so that you can better understand the relationship between the system principles and solutions that you are developing and the Models of Care that govern service delivery in the future ICA mental health system.

What is a Model of Care?

A 'Model of Care' broadly defines the way a specific health service is delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition or event. The following definition of a Model of Care can be used:

> *An overarching design for the provision of a particular type of health service that is shaped by a theoretical basis, evidence-based practice and defined standards.*[2]

What are the objectives of a MoC?

Within the context of the Implementation Program, **each MoC has three key objectives**:

1. Articulate the **principles and elements** that should apply to the provision of mental health care.
2. Outline the **future care pathway** and the capabilities required to deliver on these.
3. As a document, **inform and guide decision-making** in the development of future plans.

What will these MoC include?

As you know, Working Groups have been established to support the co-design of each of the 12 MoC listed in Figure 1. To develop a MoC, these Working Groups will be responsible for addressing a series of questions that will explain how the model will be applied in practice. This includes understanding:

- **The parameters of the service** – what type of Model it is, and who it is intended for.
- **What will be delivered** – the care pathway and systems of care.
- **How services will be** delivered – including workforce capabilities, infrastructure and technology.
- Other considerations including **principles of care, system integration and outcomes**.

[2] NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney, 2013.

How will this guide your efforts in developing the Cultural Safety and SEWB Principles and AMHW Model?

Given the scope of these MoC and their intended impact, your Working Group will be required to address not only ***what*** the Cultural Safety and SEWB Principles and AMHW Model should look like and include, but ***how*** they can best integrate with the MoC and the broader ICA mental health system. For example, some questions your Working Group will need to address might include:

- **How do we embed Cultural Safety and SEWB Principles?** Your Working Group will look to not only develop the list of cultural safety and SEWB Principles, but also identify opportunities for these principles to be expressed within each of the 12 MoC to ensure it impacts service delivery.
- **How will the AMHW Model guide culturally safe, appropriate and trustworthy care?** When building out the components of the AMHW Model, you will need to also consider how the document should be embedded across the ICA mental health system.

Section 3 | Cultural Safety and SEWB Principles

The section below provides an overview of what Cultural Safety and SEWB Principles are, their importance in the ICA mental health system, and an indicative scope of contents for the document that will be delivered as a result of this design process. This is intended to provide you with an introductory or 'baseline' understanding of what the document will need to look like in practice. Please refer to the case studies throughout this section for ideas as to what this could look like in practice, and feel free to seek out other models and ideas as part of your personal workshop preparation.

What are you developing?

A set of principles intended to guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander peoples across the ICA mental health system.

Why is this important?

Social and emotional wellbeing are at the heart of Indigenous cultures

Aboriginal definitions of health extend beyond the physical wellbeing of an individual, to include the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities.[3] The SEWB of Aboriginal children, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality.

Mental health services must embed these principles to ensure culturally safe and responsive care

It is widely recognised that being culturally responsive is key to ensuring access and outcomes for Aboriginal children, families and carers, and ensuring that they feel safe and included, and stay engaged in their care. Practitioners working in Aboriginal and Torres Strait Islander communities are often confronted with extremely complicated client presentations. It is not unusual to work with help seeking community members who simultaneously experience mental health issues, historical loss and cultural disconnection issues, multiple stressors in the form of poverty, child removal, or housing and other issues, as well as social and emotional difficulties such as trauma, abuse and loss. This level of complexity requires new approaches, different models of engagement, and new ways of thinking about working with Aboriginal and Torres Strait Islander mental health and SEWB.

[3] National Aboriginal Health Strategic Working Party (NAHSWP). In: A National Aboriginal Health Strategy. 1989.

Currently, many ICA mental health services are not safe or culturally responsive, impacting their accessibility to Aboriginal children, families and communities

Access to care is not the same for Aboriginal children, families and communities. Aboriginal peoples face disproportionately high levels of vulnerability to mental ill-health, however, have lower access to care and have limited access to culturally-safe services. The ICA Taskforce found that Aboriginal clients have faced challenges when interacting with public health system staff - the first interaction that an Aboriginal family has with mental health services can 'make or break'. Furthermore, community-managed and Aboriginal community-controlled services face increased demand, are under supported and are not at the scale required to reach enough children with culturally safe and responsive care.

The future ICA mental health system must be underpinned by a suite of principles that drive culturally safe, responsive care to Aboriginal children, families, and communities

In order to create an integrated and child-centred ICA mental health system, Recommendation 6 from the ICA Taskforce Final Report calls to integrate the ICA mental health system with services that support Aboriginal children, families, and communities. This is not to be achieved through a discrete new service, rather, through a suite of principles which will underpin the delivery of quality, culturally safe, responsive health care, and be explicitly embedded into all aspects of the system. Therefore, all MoC will need to demonstrate alignment with these principles during the design phase in order to meaningfully contribute towards the future ICA mental health system.

What will it look like?

While the ICA Taskforce did not develop a draft set of Cultural Safety and SEWB Principles, Table 2 below sets out the indicative scope of the document that you will be responsible for co-designing.

Section	Key questions
Why?	▪ Why are Cultural Safety and SEWB Principles important, particularly in the ICA mental health system context? ▪ Why does this document (list of principles) exist?
What?	▪ What does culturally safe and responsive care look like for infant, children, adolescents and their families? ▪ What are Cultural Safety and SEWB Principles specifically for infants, children and adolescents? ▪ What is the function of the principles? How can they be used and practiced within the system? ▪ How do Cultural Safety and SEWB Principles integrate with the models of care and the broader ICA mental health system? Why should they integrate?
How?	▪ How will these principles look in practice (actions and outcomes)? ▪ How can these principles be embedded and expressed within the MoC and broader ICA mental health system? ▪ How can we monitor, measure and evaluate outcomes? (e.g. what processes / mechanisms are needed to ensure these principles are embedded in MoC and the ICA mental health system and being upheld?

Table 2 | A framework to develop the Cultural Safety and SEWB Principles

Where can you find inspiration?

SEWB for Aboriginal peoples and communities are not new in dialogue on mental health. More recently, Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice articulates the history and evidence base for SEWB. Below outlines a number of content and good practice case studies that may help inform your answers to the questions in Table 2 above, with links available in Section 5.

GUIDING PRINCIPLES OF HOLISTIC HEALTH

Description

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009 contains nine guiding principles that further emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander people. The framework was endorsed by the Australian and state/territory governments and represented agreement among a wide range of stakeholders on the broad strategies that needed to be pursued. The nine principles enunciated in the framework guided the development of Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. The nine principles are:

- Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.
- Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
- Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular.
- It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.
- The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health).Human rights relevant to mental illness must be specifically addressed.
- Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
- The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
- There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
- It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

JOURNEY OF WELLBEING - A PRELIMINARY ABORIGINAL MODEL OF CARE

Description

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

The Journey is based on the understanding that a model of care addressing Aboriginal SEWB should be holistic, person-centric and strength focused. The model emphasises the following **key themes** throughout the journey:

- story telling
- empowerment
- choice.

The journey is a fundamentally holistic model based on connection. Five broad **categories of connection** were identified to explore the essential components of holistic care through, including:

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

Each of these categories is considered in terms of why and how they build connections to improve the outcomes for Aboriginal people. The journey aims to better establish how health service providers can help people feel connected within the context of a SEWB model of care. It explores how strong connections can support an individual at the core of a strengths-based healing plan and demonstrates how health service providers can embed strong connections into the way a service works.

STRONG SPIRIT STRONG MIND MODEL

Description

Strong Spirit Strong Mind is based on, and inspired by, the Aboriginal Inner Spirit (Ngarlu) Assessment Model. The Ngarlu model is based on cultural beliefs and customs and concepts of emotional, spiritual, and social wellbeing that have sustained Aboriginal and Torres Strait Islander peoples for centuries.

The concept of Strong Spirit Strong Mind is one that recognises the importance of a sense of connectedness to the Inner Spirit to Aboriginal peoples' health. The Inner Spirit is the centre of Aboriginal peoples' being and emotions and when it is strong, the mind feels strong. When Aboriginal peoples' spirit is strong their mind feels strong and they make good decisions. Strong Inner Spirit is what keeps people healthy and connects them together. Strong Inner Spirit keeps the community strong and country alive. Strengthening the Inner Spirit is a step towards a healed future. The Aboriginal Inner Spirit Model is shown in Figure 6 overleaf.

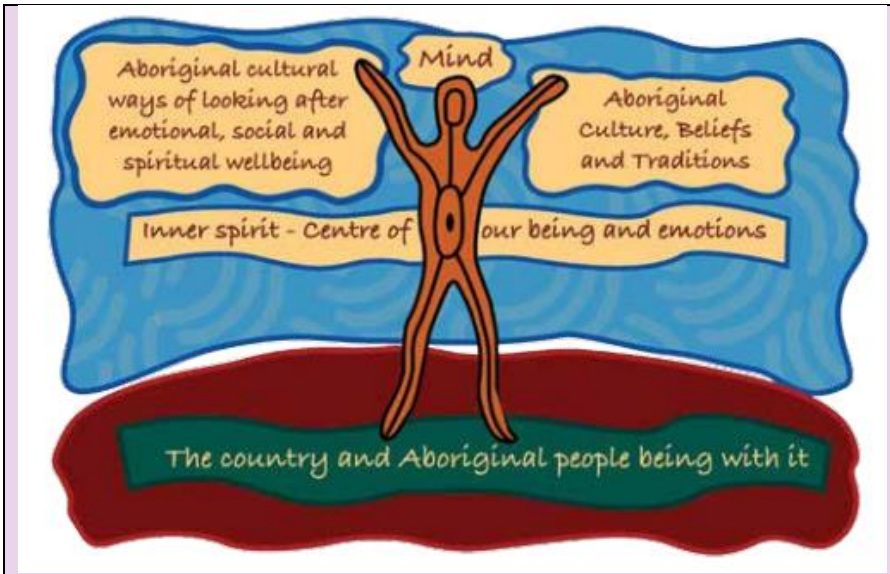

Figure 6 | Aboriginal Inner Spirit Model

WACHS CULTURAL GOVERNANCE FRAMEWORK

Description

The WACHS Cultural Governance Framework aims to activate and support practice that is embedded in the lived culture of Aboriginal people, families and communities. Importantly, it brings together all forms of governance, embedding culture and cultural legitimacy across all organisational aspects of power, authority and decision-making. It validates cultural ways of working within all roles; building a system that values and aligns mutual accountability across the organisation to meet the cultural needs and expectations of Aboriginal people in a place-based and person-centred way. Key elements of culturally appropriate practice include:

- **Aboriginal workforce.** There will be an adequate and adequately trained and remunerated Aboriginal workforce at all levels in our organisation.
- **Aboriginal authority.** Aboriginal employees will be recognised and utilised as lead partners in achieving positive health outcomes.
- **Creating cultural competence.** All practitioners will be culturally, as well as clinically competent, or will be working in partnership with people who are. Importantly, much of this cultural competence will be locality specific.
- **Adequate resources.** Adequate resources will be committed to optimising access to care.
- **Person-focused approaches.** Practitioners will use genuine person-focused approaches, engaging with and drawing appropriately on the person's family and community networks.
- **Building family and community capacity.** Local workers will focus on enhancing the capacity of rural and remote communities to support positive health.
- **Collaboration between agencies and other service providers.** Services will be striving together to create a network of support.
- **'Welcoming' entry points to services and facilities.** Collaboration between services will ensure that there is 'no wrong door'. The physical space of all services will be designed in a way that makes all Aboriginal people feel especially welcome.
- **Culturally informed and validated assessment protocols and referral pathways.** A cultural lens is placed across all aspects of policy and practice in a systemic way.
- **Culturally appropriate health practices.** Services and workers will give attention to culturally specific approaches.

Section 4 | AMHW Model

The section below provides a high-level overview of what the AMHW Model is intended to be, relevant findings from ICA Taskforce, and some case studies for inspiration. This is intended to provide you with an introductory or 'baseline' understanding of what the AMHW should look like or include.

What are you developing?

A contemporary workforce model that will inform the roles, responsibilities, and career pathways of AMHWs in the ICA mental health system.

Why is this important?

AMHWs perform a crucial role 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 develop the capability and cultural competency in working with Aboriginal children, families, and communities, and helping those children, families and carers feel culturally safe and secure, providing direct support to those families and assisting in navigation. However, compared with other mental health professionals, there is a poor understanding of the role and capabilities of AMHWs; they are provided with more limited career opportunities and experience more professional isolation than other members of multi-disciplinary teams.

There is also an inconsistent deployment of AMHWs across the ICA mental health system. Although WACHS is drafting an Aboriginal mental health model of care (see case study below), there are currently some WACHS CAMHS teams and CAHS Community CAMHS teams that do not include any AMHWs; despite serving a local population that includes a significant Aboriginal population.

The future ICA system needs a significantly expanded, supported, and empowered Aboriginal mental health workforce. This needs significant investment to develop a more accessible pathway for Aboriginal people to become mental health workers, and clarity of roles and responsibilities to ensure that all members of the ICA mental health workforce understand the remit, and value that AMHWs bring to multidisciplinary teams. Additionally, AMHWs need to be supported to 'specialise' in medical, nursing and allied health fields, rather encouraging their own professional development.

AMHWs should not have sole responsibility for ensuring that ICA mental health services are culturally safe. This is the responsibility of the entire ICA mental health workforce, who require ongoing professional development in culturally responsive practice.

What will it look like?

The AMHW Model will inform the roles, responsibilities, and career pathways of AMHWs in the ICA mental health system and allow them to effectively fulfil their scope of practice. The model will need to address a series of questions, outlined in Table 3 below.

Section	Key questions
Why?	▪ What is the role/importance of AMHWs in the ICA system? ▪ What are the needs within the ICA mental health system, in the context of AMHWs? ▪ What is an Aboriginal mental health workforce model? And why is it needed?
What?	▪ What are the roles and responsibilities of AMHWs, including in the context of different services and functions? ▪ What activities / functions do AMHWs undertake? ▪ What are the capabilities, skills, knowledge and experience required? ▪ What career pathways exist? ▪ What education, training, supervision and support is required?
How?	▪ How does an Aboriginal mental health workforce model need to be integrated within the system? ▪ What are the variations / considerations for regional, remote, metropolitan areas?

Table 3 | A framework to develop the AMHW Model

Where can you find inspiration?

WACHS ABORIGINAL MENTAL HEALTH MODEL OF CARE

Description

The Aboriginal Mental Health Model of Care provides high-quality mental health services for Aboriginal people in regional and remote WA through combining cultural and clinical expertise to deliver services supporting social and emotional wellbeing concepts. It aims to foster responsive and culturally sensitive service delivery, free from racial discrimination and ultimately empowering Aboriginal people with lived experiences of mental health illness.

The model is built upon key themes of culture, people and respect with dignity. It is guided by the following set of principles:

- Build strength and resilience into the mental health workforce through an inclusive multidisciplinary approach to specialist patient care for Aboriginal people.
- Enhance knowledge and health literacy within regional and remote communities.
- Consult with communities and respond appropriately to local need and cultural nuances. Engage in internal and inter-agency partnerships and shared care arrangements that foster high-quality mental health care for Aboriginal people.
- Co-locate, collaborate and communicate effectively with community-controlled organisations and established health services to deliver mental health care to Aboriginal people.

AMHWs play a fundamental role in the implementation of the model, acting as a bridge to join the values, knowledge and practices of Aboriginal communities, mental health services and primary care and support services together to provide a client-centric integrated service.

ABORIGINAL HEALTH WORKER GUIDELINES

Description

The NSW Aboriginal Health Worker Guidelines provide a framework for defining, implementing and supporting Aboriginal Health Worker roles in NSW Health. The guidelines provide a definition and scope of practice for Aboriginal Health Workers, and outline relevant training and education pathways, responsibilities and support arrangements in the NSW health system.

The guidelines aim to:

- Assist Aboriginal Health Workers and their managers to understand Aboriginal Health Worker roles, responsibilities and career pathways.
- Increase the capacity of health services and managers to support and strengthen Aboriginal Health Worker roles.
- Promote appropriate education and training pathways for Aboriginal Health Workers to ensure workers are skilled and competent to perform their duties.
- Assist health services and managers to make decisions relating to the scopes of practice, delegation of activities and supervision requirements for Aboriginal Health Workers.
- Provide guidance on the consistent implementation of Aboriginal Health Worker roles in NSW Health.

Section 5 | Links for further reading

This section provides links to relevant ICA Taskforce reports, and examples of relevant case studies. We encourage you to explore this content prior to the design workshop to inform your contributions.

- ICA Taskforce Final Report
- Emerging Directions Report
- Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice
- Case Study 1 – Guiding principles of holistic health
- Case Study 2 – Journey of Wellbeing
- Case Study 3 – Strong Spirit Strong Mind Model
- Case Study 4 – WACHS Cultural Governance Framework
- Case Study 5 – WACHS Aboriginal Mental Health Model of Care
- Case Study 6 – NSW Aboriginal Health Worker Guidelines

Appendix A | Working Group conduct

Members will abide by conduct principles outlined below and the Rules of Engagement developed by ICA Taskforce (outlined in Figure 7) to ensure the safety of those participating; especially of those with lived experience.

1. All members are equal and will work towards consensus wherever possible, treat each other with respect and maintain confidentiality.
2. All members will operate in a trauma informed manner, that is where one's conduct reflects an understanding that trustworthiness and transparency, peer support, collaboration and mutuality, empowerment of voice and choice, and cultural, historical and gender issues are essential to facilitate participation and collaboration and that members behaviours reflect and demonstrate this understanding in their conduct and behaviour in each interaction.
3. Members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register. Report conflicts of interest to ICAImplementation@mhc.wa.gov.au.
4. Information shared and information generated in the sessions is not to be shared, distributed or used external to the purposes in which it was generated. It is therefore expected that members or persons attending the session do not share content, do not use content or duplicate content for reasons outside of the intended purpose outlined in item 2, for the Implementation Program.

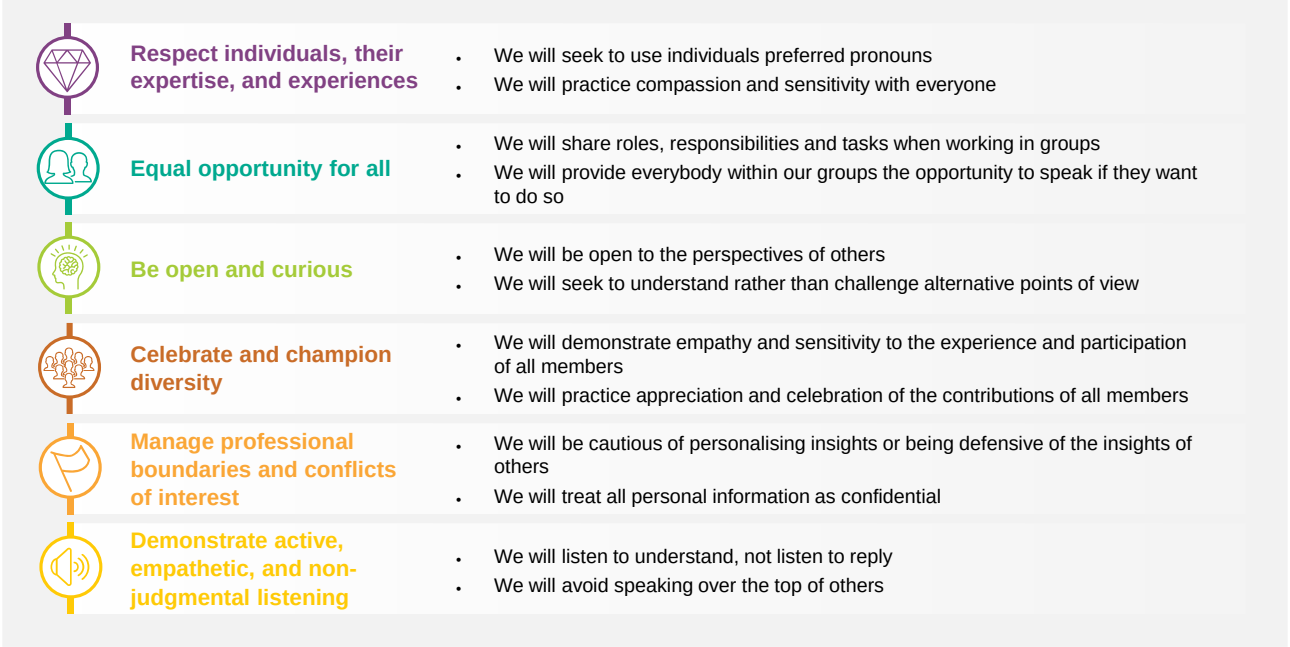

Figure 7 | Rules of Engagement for Working Group members

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