



NUKAL MURRA SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK

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Nukal Murra acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respects to them, their cultures, and to Elders past, present and future.

Nukul Murra, meaning ‘plenty hands’ in local language, reflects our joint aspirations to create greater service alignment, integration and consumer engagement to improve the health outcomes of Aboriginal and Torres Strait Islander peoples in Western Queensland.

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Western Queensland Primary Health Network (WQPHN) is committed to improving the social and emotional wellbeing and mental health outcomes for Aboriginal and Torres Strait Islander people and we are pleased to present the Nukal Murra Social and Emotional Wellbeing (SEWB) Framework.

The Nukal Murra Social and Emotional Wellbeing (SEWB) Framework is a strengths-based approach tailored to the unique characteristics of rural and remote Western Queensland. It has been designed in close collaboration with our Aboriginal Community Controlled Health Organisations and Alliance partners and draws on the intelligence and knowledge of these institutions, but importantly also harnesses the cultural resilience within our Aboriginal and Torres Strait Islander communities and individuals.

In recognition of the universal role primary health care plays in an individual's health and wellbeing, this framework places SEWB at the heart of primary health care practice. In line with the principles and objectives of the National Aboriginal and Torres Strait Islander Health Plan (2013 – 2023), the WQPHN considers that Aboriginal and Islander Community Controlled Health Services (AICCHS) are best placed to deliver comprehensive SEWB services that are culturally safe, clinically integrated and designed to ensure better access to services.

The SEWB framework has adopted the two priority areas of “increasing the foundations” and “partnerships” as identified in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017 - 2023 to guide and measure our commissioning activities and reporting framework.

This is a framework to guide WQPHN commissioning of better services for Aboriginal and Torres Strait Islander people. On behalf of our Nukal Murra Alliance, we encourage our government and non-government partners to use this framework to inform their service planning, investment and reporting requirements and work with us to improve the social and emotional wellbeing of Western Queensland Aboriginal and Torres Strait Islander people.

Stuart Gordon

Chief Executive Officer - WQPHN

IMPROVING SOCIAL AND EMOTIONAL WELLBEING IN WESTERN QUEENSLAND

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‘Improving our social and emotional wellbeing is complicated and will take time. But every step, taken together with Aboriginal and Torres Strait Islander Queenslanders, towards addressing the social determinants of health and social and emotional wellbeing as well as removing barriers such as social exclusion is important’.

Dr Mark Wenitong

Queensland Mental Health, Drug and Alcohol Advisory Council

Why a focus on social and emotional wellbeing is important

Social and emotional wellbeing (SEWB) is a holistic and multifaceted concept that has particular resonance for Aboriginal and Torres Strait Islander Australians.^{1 2}

*Aboriginal and Torres Strait Islander Queenslanders describe social and emotional wellbeing as 'being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life.'*¹

SEWB is not limited to physical or mental health, but includes broader concepts of wellbeing. It recognises that for thousands of years Aboriginal and Torres Strait Islander peoples have connected their health and wellbeing to a strong sense of identity and self-determination; to participation in their cultures, language, families and communities; their relationship with their lands, seas and ancestors; and to a spiritual dimension of existence.

Holistic and sustained SEWB includes the ability to recognise warning signs, draw on strengths and access support to prevent problems from developing or worsening.

No less important to achieving and maintaining SEWB is addressing what are often complex or inter-connected 'upstream' issues (the social determinants of health and wellbeing). For example, promoting cultural connections and building resilience among children and young people can be highly predictive and protective of their future health and wellbeing.

Conversely, low levels of SEWB amongst Aboriginal and Torres Strait Islander people are

intrinsically linked to underlying factors, such as discrimination; racism; grief and loss; child removals and unresolved trauma; life stress; social exclusion; economic and social disadvantage; disproportionate rates of incarceration, child removal by care and protection orders; abuse and violence including family violence; substance use issues; physical and mental health problems; family breakdown; and, cultural dislocation.⁴

A focus on SEWB recognises and harnesses the significant cultural strengths that optimise health outcomes for Aboriginal people and Torres Strait Islanders including connection to country; spirituality and ancestral ties; kinship; and self-determination, community governance and cultural continuity.⁵

Understanding wellness as a cultural construct enhances the capacity of services to deliver culturally responsive, strengths based approaches to managing emerging or existing issues for individuals and communities.⁶ This is critical as SEWB issues may be further exacerbated by a lack of culturally competent and safe services within the broader health system.

Achieving balance between clinically effective responses with culturally informed solutions, including access to psychosocial support and cultural healing, remains a significant problem in closing the gap, requiring targeted responses that are unique to the regional and cultural context.⁷

Why we need a regional and cultural focus

Western Queensland Snapshot

Suicide

Suicide and self-inflicted injury rates are twice as high in Western Queensland than in Australia as a whole. Suicide is the leading cause of death in men aged 15 to 34 years, and substantially higher among Aboriginal and Torres Strait Islanders than other Western Queenslanders.

Emergencies

The rate of presentations to hospital emergency departments for mental health concerns in Western Queensland is 60 per cent higher than for the State overall, however, the hospitalisation admission rate is 35 per cent lower. This means people are less likely to receive intensive support when they seek or require it.

Alcohol

Compared with the Queensland average, the rate of risky lifetime alcohol consumption for adults is 40 per cent higher in Western Queensland and the mortality rate linked to excess alcohol consumption is 49 per cent higher.

Aboriginal and Torres Strait Islander Queenslanders are resilient. Connection to culture, customs, language, land and waterways are a continuing source of strength and pride. This is the foundation for good social and emotional wellbeing.

However, in contemporary Australia there is still a recognised, significant gap in health and wellbeing outcomes, with Aboriginal people and Torres Strait Islanders more likely to experience: psychological distress⁸; hospitalisation for mental health conditions; chronic disease; death by suicide; and, problematic alcohol and other drug use issues. They are also, perhaps unsurprisingly, more likely to report lower levels of satisfaction with their lives than non-Indigenous Australians.⁹

All of these factors must be addressed as part of a comprehensive and holistic response to SEWB.

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey¹⁰ found that:

- *The prevalence of high or very high psychological distress for Indigenous Australians was on average about two-and-a-half times that experienced by the general population in 2011–12*
- *For both females and males, the highest prevalence of high or very high psychological distress was in the 45–54 age group*

This disparity is more pronounced in Western Queensland, with data compiled by the Australian Institute of Health and Welfare suggesting that Indigenous people in our region were significantly more likely than Aboriginal and Torres Strait Islander people living in other areas to experience mental illness and, as such, treatment access and participation rates should be significantly higher than those currently recorded.¹¹

These numbers are likely to be much higher for people living in our region because of higher levels of socio-economic disadvantage with evidence suggesting that people living in the lowest socioeconomic areas are 1.4 times more

likely to experience mental health issues than those living in the highest socioeconomic areas.¹²

It is also important to note that people with a mental health problem are twice as likely to be diagnosed with cardiovascular disease and more likely to experience other long-term health problems, such as cancer or diabetes, and are more likely to consume alcohol at risky levels and smoke tobacco daily. They are also less likely to undertake physical activity which, when combined with other factors such as the effects of medication, increases the risk of chronic and life threatening physical health conditions.¹³

A regional focus on these issues is important as it will address barriers and challenges experienced more broadly with service accessibility and availability in Western Queensland.

Our region is characterised by a small population spread across widely dispersed communities, and a health workforce that is predominantly generalist in nature, which creates unique challenges for delivering effective, good quality services to a highly dispersed and mobile population.

Targeted strategies that respond to the holistic needs of Aboriginal and Torres Strait Islander people living in Western Queensland that address service availability and delivery barriers, are required.

We must consider and harness unique cultural strengths and overcome challenges by working at a local level to develop and deliver effective solutions for our people.

What works to improve SEWB

Social and emotional wellbeing is effective when culturally appropriate, multi-dimensional solutions are provided which build on existing community strengths and capacity, including counselling, family, social and cultural support.

There is a growing body of literature conceptualising and communicating ‘what works’ in the implementation of SEWB services designed to support Aboriginal and Torres Strait Islander health and wellbeing.¹⁴

Renowned Indigenous health advocate and expert, Professor Pat Dudgeon, states that “there’s a fallacy in thinking that all suicides, Aboriginal and non-Aboriginal are the same... there is a vast difference between them”.¹⁵

The same can be said of the underlying social, economic and health related issues that serve to promote or diminish SEWB.

Aboriginal and Torres Strait Islander people are more likely to have experienced significant trauma, and be coping with a greater degree or complexity of day-to-day life stresses or events than non-Indigenous people, including the impact of suicide, chronic disease and/or grief and loss.

Better outcomes across these key domains will not be achieved through more ‘business as usual’ service commissioning and provision.

Genuine, systemic change is needed to affect positive change and improve outcomes for Aboriginal and Torres Strait Islander peoples living in Western Queensland.

The evidence and expert consensus demonstrates that there is a need to adapt and deliver health and wellbeing services in a different way if they are to be effective for Aboriginal and Torres Strait Islander peoples.

Situating physical, emotional and mental health within a SEWB framework is more consistent with Aboriginal and Torres Strait Islander concepts of health and wellbeing that prioritise and emphasise wellness, harmony and balance rather than illness treatment and symptom reduction.¹⁶

While a range of healing responses can be provided, strengthening and responding to issues, including mental illness and problematic substance use, is the core business of the health sector, including both primary care and mental health services. However, Aboriginal and Torres Strait Islander people experience reduced access to community based mental and other health care, particularly care that is sensitive to their specific needs.¹⁷

The responsibility for improving outcomes does not rest with one sector alone and issues can not be treated in isolation.

To ensure efficacy, it is therefore necessary to ensure any service providing SEWB support is also well positioned to connect the diverse range of services that can otherwise operate in singularly focused silos.

Supporting a range of health, social, cultural, community, police and criminal justice sector services to join up and work together to provide the right help at the right time and in the right place will be essential to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in Western Queensland.

Through its emphasis on the 'joining up' of multiple services, the Framework will strengthen and scale responses to a broad range of issues and enhance the protective factors determining good mental health and social and emotional wellbeing in Western Queensland.

'If all we focus on is our deficits, if all our systems and data focus on just the deficits, all of our indicators, our stories about what's wrong with us, then how will we ever know what's right with us? How do we ever know as a people when we achieve a sense of wellness'.

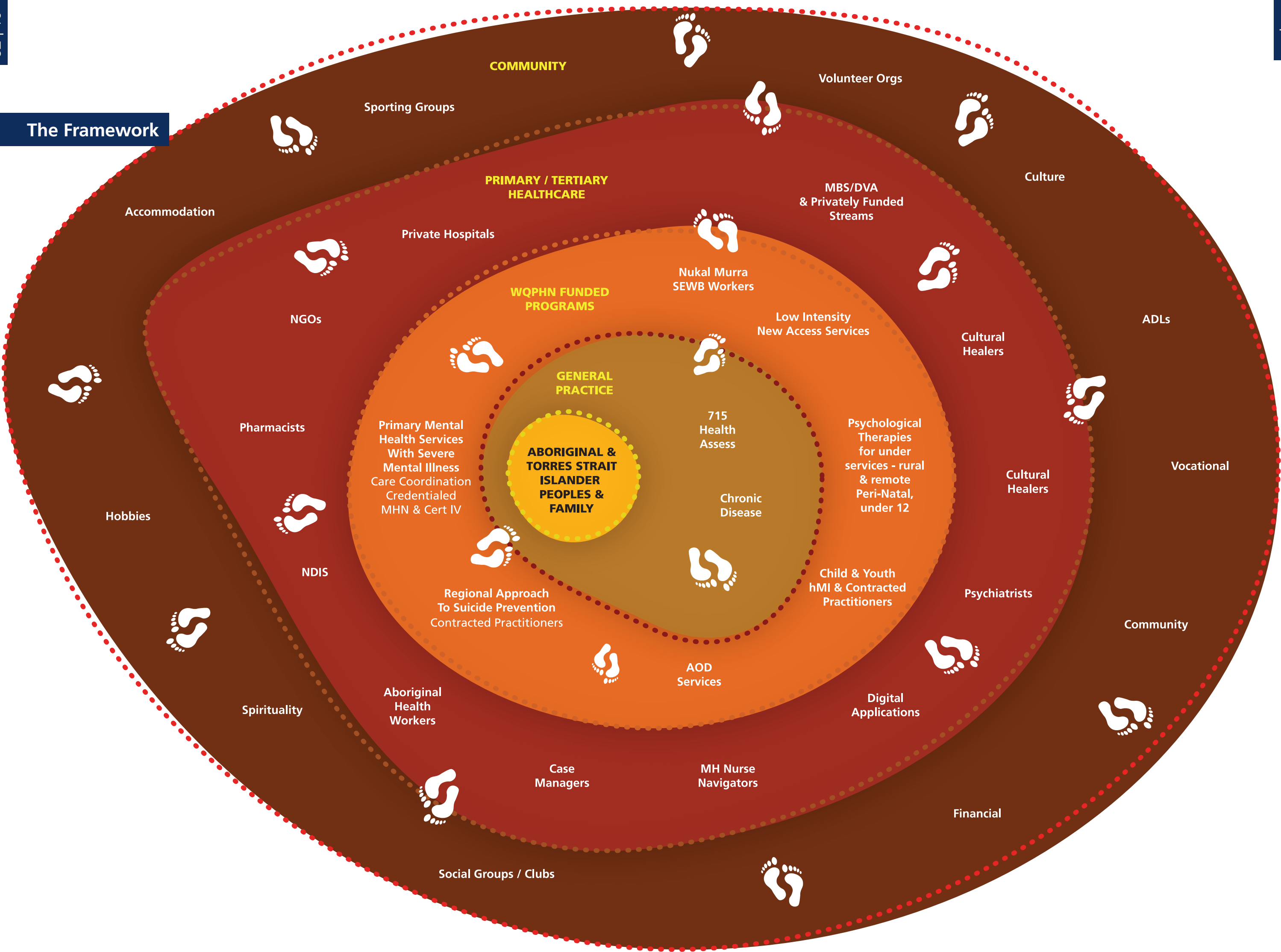
Carol Hopkins

Lenape Nation, Ontario Canada
World Congress on Public Health, Melbourne, April 2017.

THE NUKAL MURRA SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK 2



The Framework



About the Framework

The Framework is a strengths based solution tailored to meet the unique challenges in rural and remote Western Queensland. It promotes and enables Aboriginal and Torres Strait Islander led, culturally competent and evidence informed solutions to improving SEWB, mental health and wellbeing with, and by, Aboriginal and Torres Strait Islander communities across the region.

The Nukal Murra Social and Emotional Wellbeing Framework ('the Framework') has been specifically designed to sustainably promote quality service provision in rural and remote Western Queensland (WQ).

The Framework accepts and adopts contemporary approaches to SEWB¹⁸ by placing the person, family and community at the centre of the solution and acknowledging the client and the communities' resilience and strengths as a vital asset.

The Framework recognises and promotes Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) across the region by:



The Framework is culturally informed and as such is designed to:

- equally support Aboriginal and Torres Strait Islander peoples in Western Queensland to stay well or return to wellness as soon as possible
- reduce the incidence, severity and duration of mental illness
- reduce suicide and its impact
- prevent and reduce the adverse impact of alcohol and other drugs at individual, family and community levels.

The Framework aims to:

- wrap relevant services around the client through the funding, training and promotion of SEWB Workers
- integrate specialist and cultural services or practices with 'main stream' service delivery options in recognition that no one worker or service can independently meet a client's holistic needs.

To achieve these objectives, the Framework:

- outlines a culturally appropriate, evidence informed and strengths based model, and
- will be supported by a referral pathway for SEWB services specifically for Western Queensland that accounts for its unique regional and sub-regional challenges, population needs and infrastructure.

Acknowledging and harnessing the considerable resilience of Aboriginal people and Torres Strait Islanders throughout each step of their journey, while also responding to the unique and diverse

social, cultural, health and economic needs, risk and diversity of Indigenous communities, is vital to the success of the Framework, its implementation and in achieving better health and wellbeing outcomes.

Considering the unique features and realities of life in Western Queensland, it is envisaged that this Framework will support the provision of services to better meet the unique needs of our Aboriginal and Torres Strait Islander communities; and provide wider benefits beyond the realm of 'health' including in education, social inclusion and economic participation/employment.

The Framework outlines a region-wide comprehensive, sustainable, culturally and clinically effective SEWB stepped approach to care.

The Framework is consistent with Aboriginal and Torres Strait Islander concepts of SEWB including the connection of mental health to strong Indigenous identities; self-determination; participation with culture(s), families and communities; relationships to lands, seas and ancestors; and the spiritual dimension of existence.¹⁹

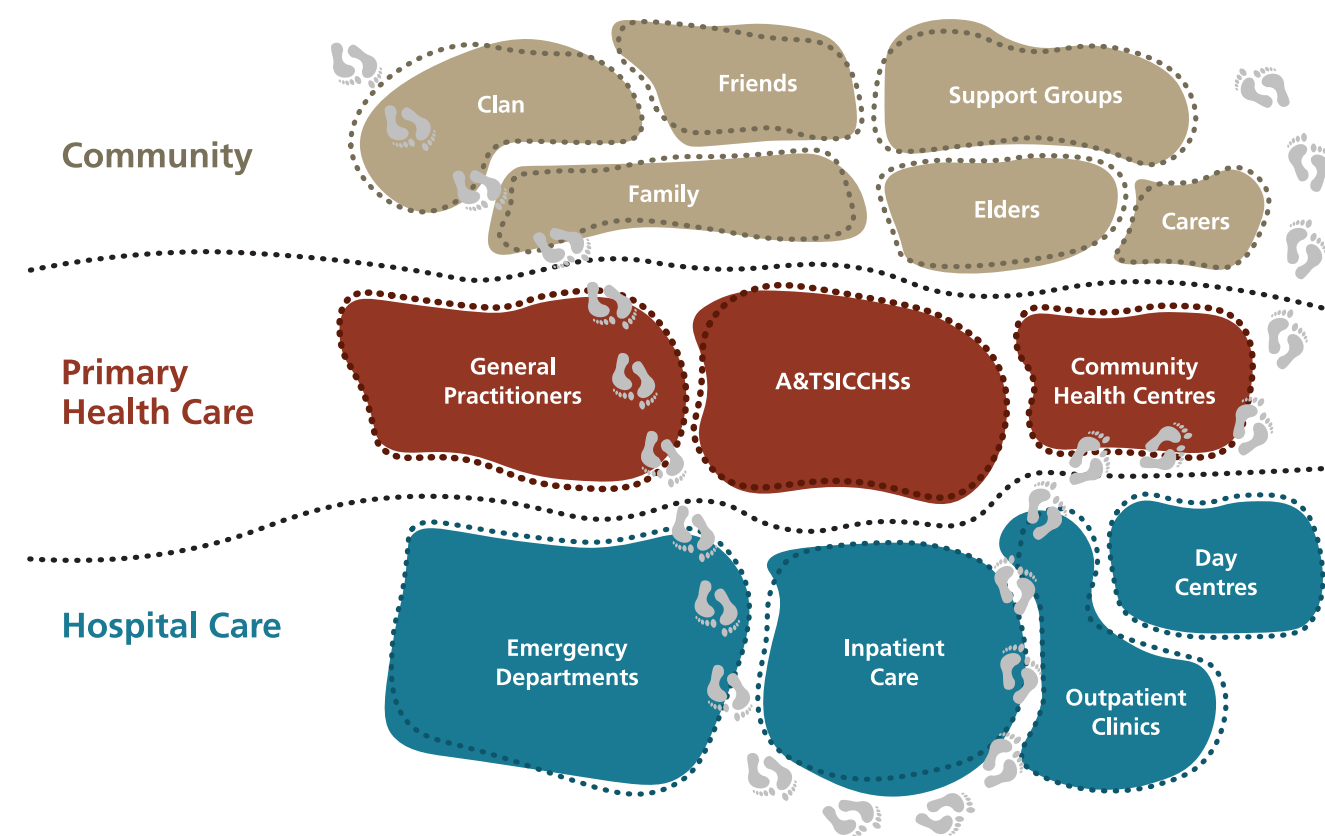
Central to the success of the Framework will be harnessing the significant cultural and organisational intelligence and capacity of the Western Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations (AICCHO).

The collective knowledge and experience of the Aboriginal Community Controlled Health Service networks will enhance the capacity and cultural responsiveness of services for Aboriginal and Torres Strait Islander people and the cultural competency and clinical integration of the wider care system.

The Framework is based on:

- a stepped care approach to mental health treatment that offers flexible options at every step of an individual's recovery journey. It allows clients to 'step through' different levels of care as their needs fluctuate and change.

A stepped care approach involves the community as well as the whole health and mental health system, including social care; acute care; Hospital and Health Services; general practice; private hospitals; mental health; allied health; and digital mental health services.



The recovery support system and the Indigenous patient journey

Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021

The anticipated benefits of this Framework will include:

- Improved access to the right care at the right time along an individual's recovery journey, delivered by the right person in the right place
- recognition, promotion and harnessing of protective behaviours, cultural strengths and resilience
- early identification of clients with potentially diagnosable or emerging mental health or alcohol and other drug problems
- early intervention by service specialists for Aboriginal and Torres Strait Islander people at risk of developing a mental illness
- connection with culturally appropriate, safe and specialist services in a coordinated and seamless fashion.



Where the Framework fits

The Framework outlines a model for the provision of a region wide comprehensive and sustainable, culturally competent and clinically integrated SEWB stepped approach to care.

The Framework is grounded in the aims and five themes of the Gayaa Dhuwi (Proud Spirit) Declaration²⁰ and is aligned with the *WQPHN Strategic Plan 2016–2020*, the *Western Queensland (WQ) Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan*,²¹ and the *WQPHN Commissioning for Better Health 2017* guidelines.²²

The Framework addresses the diverse factors associated with improving SEWB with a focus on joining up multiple primary, tertiary, community, mental health, social and other services in a coordinated way - rather than duplicating existing efforts.

In that sense, the Framework complements and supports the current WQPHN mental health investment in both GP and mental health specific programs.

This currently extends to include close collaboration with low intensity, severe and persistent acute services; mental health, alcohol and other drug services; suicide prevention; child and maternal health; and chronic disease management services.

It is also acknowledged that there is an existing Aboriginal and Torres Strait Islander SEWB workforce funded by the Department of Prime Minister and Cabinet. It is envisaged that this

Framework will provide more structure to better support those SEWB workers and to join up new or existing SEWB services with culturally safe mental health, alcohol and other drug clinicians.

It is also expected that the Framework will stimulate further regional interest and understanding in SEWB generally, and more specifically, guide and support the development, scope and reach of existing or any new regional SEWB services commissioned by the WQPHN.

The Framework is a key instrument in driving the strategic direction of the WQPHN, as outlined in the *WQPHN Strategic Plan 2016–2020* and will be guided by the principles and guidelines articulated in *Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland 2017*.

Gayaa Dhuwi (Proud Spirit) Declaration

The Nukal Murra Social and Emotional Wellbeing Framework is committed to the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration which was launched on 27 August 2015.

'Gayaa' means happy, pleased and proud, and 'Dhuwi' means spirit in the Yuwaalaraay and Gamilaraay languages of northwest New South Wales.

WQPHN acknowledges the Dharriwaa Elders Group and the late Mr George Rose OAM, the founding Chairperson of the Dharriwaa Elders Group, for helping to preserve the Yuwaalaraay and Gamilaraay languages to the present day.

In the development of the SEWB Framework we commit to the adoption of the key themes of the Declaration throughout the implementation, review and evaluation of the Nukal Murra SEWB Framework. The following key themes will be embedded into the model of care and be central to commissioning activities moving forward:

- Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances, support specialised areas of practice.
- Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander values based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and to be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes.
- Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

WQPHN Strategic Plan 2016–2020



The WQPHN Strategic Plan provides the lens through which the organisation views the future, and guides all organisational activity. It presents a carefully considered response to the region’s health needs and current services.

The Strategic Plan has five key strategies and:

- asserts our commitment to working alongside our partners to integrate the Western Queensland health system
- breaks down silos of care, and firmly focuses on outcomes for consumers
- emphasises the need to collaborate, and to co-design solutions with service providers, clinicians and consumers to deliver integrated models of care
- reinforces an undertaking to improve access to culturally safe services for Aboriginal and Torres Strait Islander residents
- identifies chronic and complex conditions and child and maternal health as its two biggest priorities.

Mental Health, Suicide Prevention, Alcohol And Other Drug Services - Regional Plan 2017–2020



In developing this framework, we have drawn on and taken guidance from the *WQPHN Mental Health, Suicide Prevention, Alcohol and Other Drugs Services Regional Plan 2017–2020*.

Western Queensland’s population and geography mean that a well coordinated, culturally competent and effective system of primary health care is of critical importance for timely access to health services and improved health outcomes.

In recognition of the pivotal role primary health care plays, this Framework places SEWB at the heart of primary health care practice. In addition, the use of the *Stay Strong* application in various settings such as community events, within a practice setting, clinical environment or in the home make this program accessible, responsive and culturally acceptable to Aboriginal and Torres Strait Islander Western Queenslanders.

Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland 2017



WQPHN’s *Commissioning for Better Health* is a ten point plan about how it intends to commission services in the future.

Traditional commissioning in Australia has tended to focus on funding individual organisations based on activity. Experience tells us that in Western Queensland this approach has inadvertently contributed to fragmentation in the way that care is delivered, and created barriers to the development of integrated services and patient centred models of care. Furthermore, our findings demonstrate a fragile service environment and highlight the need for a cautious, but sustained, reshaping of the primary care market with an emphasis on partnerships, service provider engagement, capability development and joint accountability.

The new commissioning approach aims to support an easy-to-navigate, well connected system of care, with closer-to-home services as part of a wider supportive regional and State-wide network of providers. It pictures more digitally enabled services hard-wired into an enhanced General Practice service environment.

Commissioning for Better Health identified seven health localities – based on services, funding, demographic and cultural considerations – as a practical means to plan and develop new services. These health localities will be the basis for the commissioning of new child and family health services as part of this Framework.

How the Framework was developed

Improving access to culturally competent primary health care for Aboriginal and Torres Strait Islanders is one of the five strategic priorities for WQPHN.

Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) are an enduring feature of the Western Queensland primary health care landscape and WQPHN is committed to building a strong, resilient AICCHS sector to secure comprehensive, culturally appropriate local services throughout Western Queensland.

The integral role that AICCHS played in the co-design of the SEWB framework reflects the knowledge, experience and pivotal role primary health care plays in an individual’s health and wellbeing. Accordingly, this Framework places SEWB at the heart of primary health care practice and in line with the principles and objectives of the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.²⁵

The WQPHN considers that AICCHS are best placed to provide comprehensive SEWB services in a sustainable and culturally safe way.

WQPHN and AICCHS of Western Queensland have established the Nukal Murra Alliance, which is a collaboration between the WQPHN and the four Aboriginal and Islander Community Controlled Health Services across our region.

Nukul Murra, meaning ‘plenty hands’ in local language, reflects our joint aspirations to create greater service alignment, integration and consumer engagement to improve the health outcomes of Aboriginal and Torres Strait Islander peoples in Western Queensland.

The Nukal Murra SEWB Framework has been developed through a co-design process undertaken over the past 12 months between our Nukal Murra Alliance members and representation from a range of key stakeholders, including Professor Pat Dudgeon, University of Western Australia (UWA); Associate Professor Tricia Nagel, Menzies School of Research (Menzies); the Queensland Aboriginal and Islander Health Council (QAIHC); and the Gurriny Yealamucka Health Service, Yarrabah.

The Framework is also informed by consultation findings underpinning the Queensland Mental Health Commission’s SEWB Action Plan.²³

How the Framework will be implemented

*Addressing SEWB is essential to closing the gap in responding to outcomes for Aboriginal peoples and Torres Strait Islanders, and the complexity of need requires an approach which addresses co-occurring issues in a coordinated and integrated way.*²⁴

To achieve the latter and in line with the principles and objectives of the *National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023*²⁵, the WQPHN considers that AICCHS are best placed to provide comprehensive SEWB services in a sustainable and culturally safe way.

The fostering of closer, joined-up relationships amongst the various, related services and the workforces concerned directly and indirectly with SEWB is a key aspect of the Framework, including

closer operational linkages with the Department of Prime Minister and Cabinet funded SEWB Program. The Framework acknowledges that it will take time and is a considerable challenge in joining up services provided by multiple providers often operating independently of each other and funded from varied sources.

Where they do not exist, culturally appropriate mainstream or non-community controlled alternatives are necessary in those locations.

Over the term of the WQ SEWB Program, AICCHS (and other identified providers where AICCHS do not exist) will develop a culturally and clinically integrated social and emotional wellbeing service, that:

- appropriately supports people with or at risk of mild mental illness through **low intensity mental health services**
- supports **children and young people** with, or at risk of, mental illness, including those with severe mental illness through a cross-sectoral approach
- addresses service gaps in the provision of psychological therapy for people in Western Queensland that are **low or no cost to consumers**, including digital mental health services
- provides culturally and clinically integrated social and emotional wellbeing services to people with **severe and complex mental illness** so they are managed appropriately in primary care settings as well as through clinical care coordination
- promotes and delivers either a **local or regional approach to suicide prevention**
- addresses the **alcohol and other drug** needs of clients within a stepped care approach that recognises the **co-morbidity** needs of clients (such as co-occurring needs related to mental illness, accommodation or employment).

A program model and referral pathway tailored to meet the region’s considerable and diverse needs and resource constraints will be developed as part of the Framework, complemented by a range of other flexible practice, performance and workforce tools to guide implementation.

How the Framework will be funded

WQPHN is charged by the Commonwealth Government with improving the efficiency and effectiveness of primary care services for patients, particularly those at risk of poor health outcomes.

It achieves this through planning and funding primary health care services and building effective partnerships with key agencies to foster an integrated system of comprehensive primary health care, which will provide the foundation on which efforts to improve mental health and AOD services will be built.

The SEWB Framework is funded through the Department of Health Aboriginal and Torres Strait Islander Mental Health Program. In line with principles under the Nukal Murra Alliance, WQPHN has provided direct investment to the Western Queensland AICCHS sector and will promote co-commissioning to expand and better link their services, general practice and specialist providers in the delivery of culturally competent primary mental health care.

Investment within the Framework will be directed towards:

- strengthening mental health multidisciplinary teams within and operated by AICCHS;
- establishing, strengthening and supporting Aboriginal and Torres Strait Islander mental health and SEWB teams connected to the primary mental health care model outlined in the *WQPHN Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan 2017–2020* to provide culturally competent clinical care
- facilitating collaboration with service providers to improve referral pathways between general practitioners, AICCHS, SEWB, disability, alcohol and other drug and mental health services, including by improving opportunities for screening of mental and physical wellbeing at all points
- training service providers who deliver mental health services to Aboriginal and Torres Strait Islander people in evidence-based programs such as the Menzies Stay Strong App, cognitive behavioural therapy and Beyond Blue New Access program.
- identifying current capacity and future workforce needs in SEWB, mental health, alcohol and other drugs and suicide prevention
- reviewing population health surveys to explore opportunities for improved data collection on the mental health and wellbeing and the prevalence of mental illness amongst Aboriginal and Torres Strait Islander people
- harnessing and enhancing available health service data sets to strengthen the focus on services delivered to Aboriginal and Torres Strait Islander people and better customise responses in accordance with a stepped care approach

- operating within a single system of clinical governance across the Western Queensland primary mental health care sector (Building Block 7 - *WQPHN Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan 2017–2020*)
- planning for the development and extension of services to include communities currently beyond the reach of AICCHS
- adopting consumer informed data to measure what matters to patients.



Governance of the Framework

In line with the Nukal Murra Alliance, the governance of the WQ SEWB program will be overseen by the Nukal Murra Executive Committee. This will include collective responsibility for:

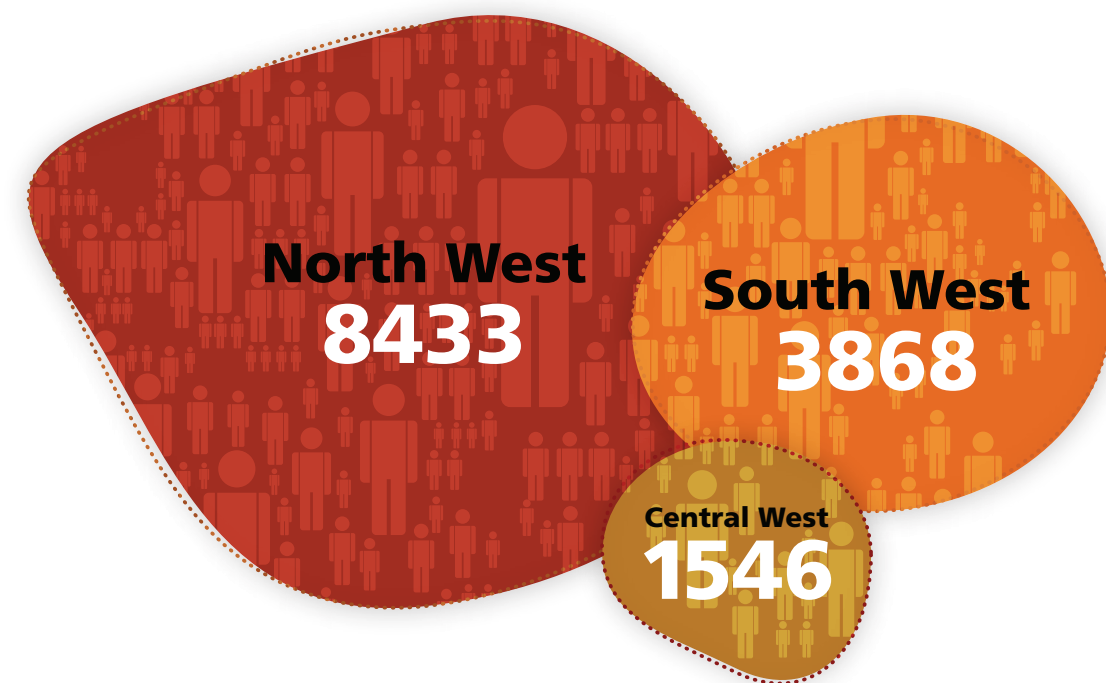
- providing strategic oversight to ensure the aims and objectives of the Framework are delivered
- setting up roles and accountabilities, linkages and partnerships both within and beyond the Nukal Murra Alliance
- ensuring data collection arrangements are in place for monitoring and reporting
- appointing the project management team responsible for detailed program planning and implementation
- working closely with the Mental Health, Suicide Prevention and Alcohol and Other Drugs planning consortium to develop a system wide, patient centred clinical framework to support the implementation of the Nukal Murra SEWB Framework within the stepped care model
- approving key project plans, including:
 - a. project implementation plan covering the first 12 months
 - b. detailed design and description of the WQ SEWB program to deliver aims and objectives
 - c. workforce plan covering job specifications, training and development, mentorship and supervision
 - d. an evaluation plan for collecting baseline information and ongoing monitoring of the progress against WQ SEWB aims and objectives and clinical and social and emotional wellbeing outcomes
 - e. a clinical governance plan for managing WQ SEWB activities within the WQPHN clinical governance framework as articulated in the *WQPHN Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan 2017–2020*.



Where the Framework will be used

The Western Queensland Primary Health Network (WQPHN) oversees three sub-regions which make up a significant proportion of Queensland:

WQPHN Aboriginal and Torres Strait Islander population



Within Western Queensland, four AICCHS operate and deliver primary health and SEWB services in two of the sub-regions, including:

- Gidgee Healing Aboriginal Medical Services (Gidgee) – North West region
- Cunnamulla Aboriginal Corporation for Health (CACH) – South West region
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH) – South West region
- Goondir Health Services (Goondir) – South West region.

The WQPHN will work with the Nukul Murra Alliance to identify appropriate commissioning approaches in the Central West to ensure coverage and accessible SEWB support is available.

How we will know the Framework is being embedded and making a difference

Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander Western Queenslanders, and achieving this through the implementation of the Nukal Murra SEWB Framework, will take time.

Although long-term health outcomes and improvements to the SEWB of our community is the ultimate goal, and collectively measured through a range of initiatives and evaluation frameworks at a State and National level, it is equally important to measure outputs and activity under the Framework to determine if it is being embedded and achieving its intended objectives.

To achieve this balance, we will focus on ensuring that the following priorities and key outcomes as identified in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* are prioritised within the SEWB Framework by adopting the following priority areas:

- Increase the Foundations
- Partnerships

Increase the Foundations

- Develop and increase knowledge of social and emotional wellbeing concepts and improve the cultural competence and capability of mainstream providers.
- Recognise the importance of Aboriginal and Torres Strait Islander leadership and support implementation of the Gayaa Dhuwi (Proud Spirit) Declaration and reflect its intent in practice.
- Train all staff delivering mental health services to Aboriginal and Torres Strait Islander people, particularly those in forensic settings, in trauma informed care.
- Western Queensland Primary Health Network will collaborate with Nukal Murra Alliance members to identify current capacity and future workforce needs.
- Establish, strengthen and support Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing teams.
- Review population health surveys to explore opportunities for improved data collection on the mental health and wellbeing and the prevalence of mental illness in Aboriginal and Torres Strait Islander people.
- Better harness available health services data and enhance those collections to strengthen the focus on services delivered to Aboriginal and Torres Strait Islander people.

Partnerships

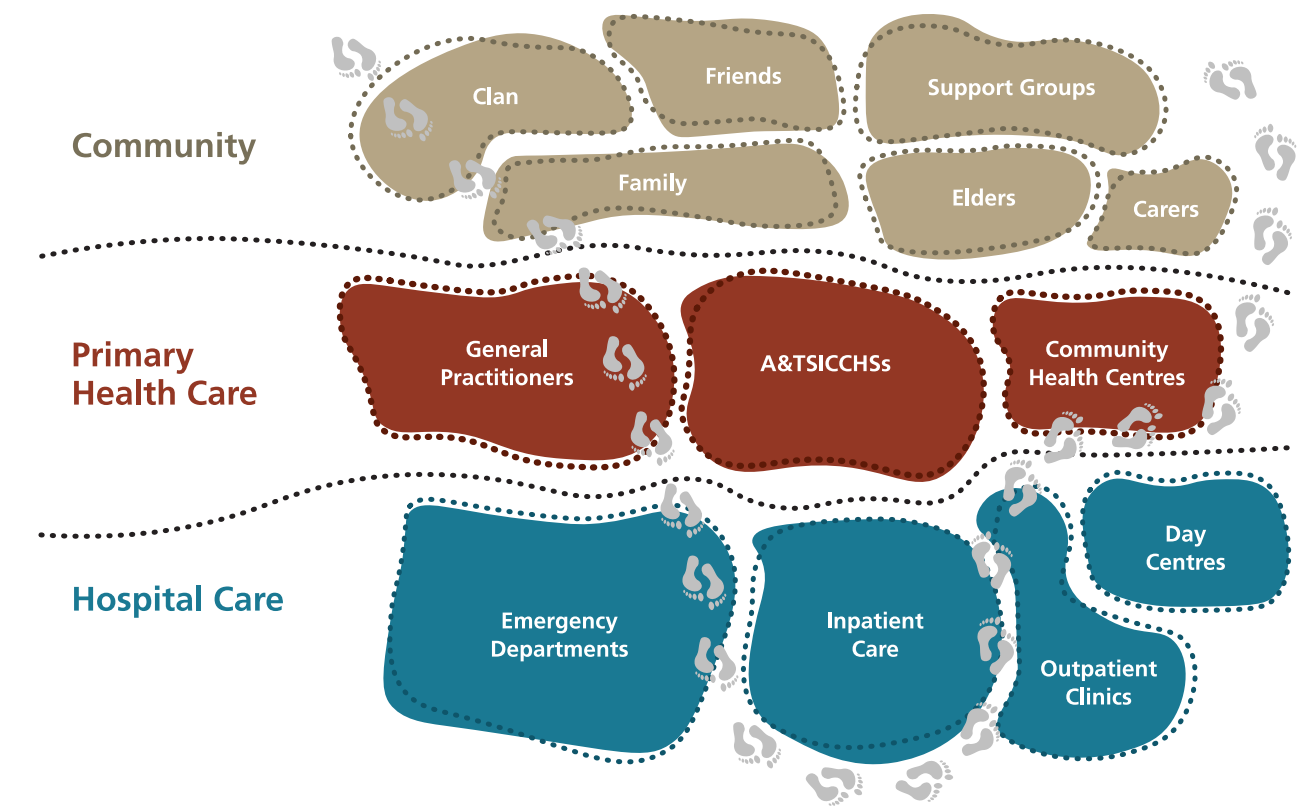
- Western Queensland Primary Health Network, in collaboration with Hospital and Health Services, Nukal Murra Alliance members and other health service providers will develop regional mental health plans based on needs assessment, service mapping, identifying gaps and identifying opportunities for better use of services in order to reduce duplication and remove inefficiencies; and commission services when appropriate.
- Western Queensland Primary Health Network will work with Nukal Murra Alliance members in building their capacity to provide mental health and social and emotional wellbeing services as part of an integrated primary health care model.
- Engage Aboriginal and Torres Strait Islander communities through their institutions in the co-design of all aspects of regional planning and service delivery.
- Use the National Mental Health Service Planning Framework to better meet the needs of Aboriginal and Torres Strait Islander populations and incorporate Aboriginal Community Controlled Health Services in care packages.
- Collaborate with service providers regionally to improve referral pathways between general practitioners, Aboriginal Community Controlled Health Services, social and emotional wellbeing, disability, alcohol and other drug and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points.
- Primary Health Networks will report at the regional and National levels with as much data as possible disaggregated for Aboriginal and Torres Strait Islander peoples.



3 NUKAL MURRA SOCIAL AND EMOTIONAL WELLBEING IMPLEMENTATION PROGRAM

The Nukal Murra SEWB Program

The Nukal Murra SEWB Program is focused on improving the social and emotional wellbeing outcomes of Aboriginal and Torres Strait Islander people living in Western Queensland through a focus on:



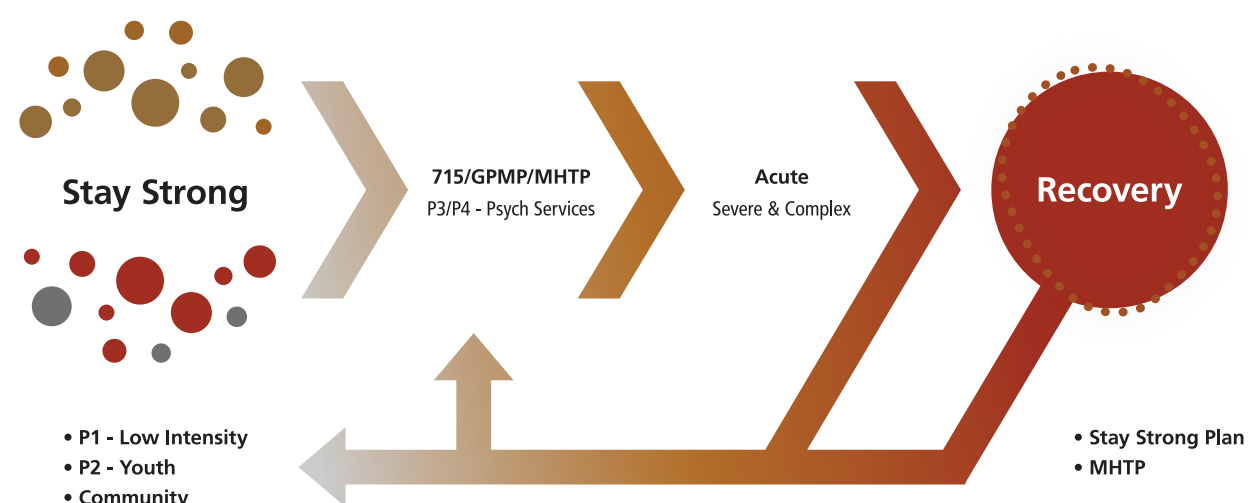
The aims and objectives of the SEWB Program, funded by the WQPHN and implemented across the AICCHS, are to:

- Develop and provide culturally and clinically integrated social and emotional wellbeing services that respond to the needs of the individual by providing the right services at the right time
- Ensure that cultural knowledge influences and informs service delivery and guides the assessment, care and management of people within both the AICCHS and broader health care system
- Provide services which are accessible, affordable, culturally responsive and provided as close as possible to where people live and work
- Promote the need for Aboriginal and Torres Strait Islander people to exercise self-determination and self-management of their mental health and wellbeing
- Embed person-centred, strengths-based and evidence based treatment, rehabilitation and support options that improve the chance of recovery.

The Nukal Murra SEWB Model of Care

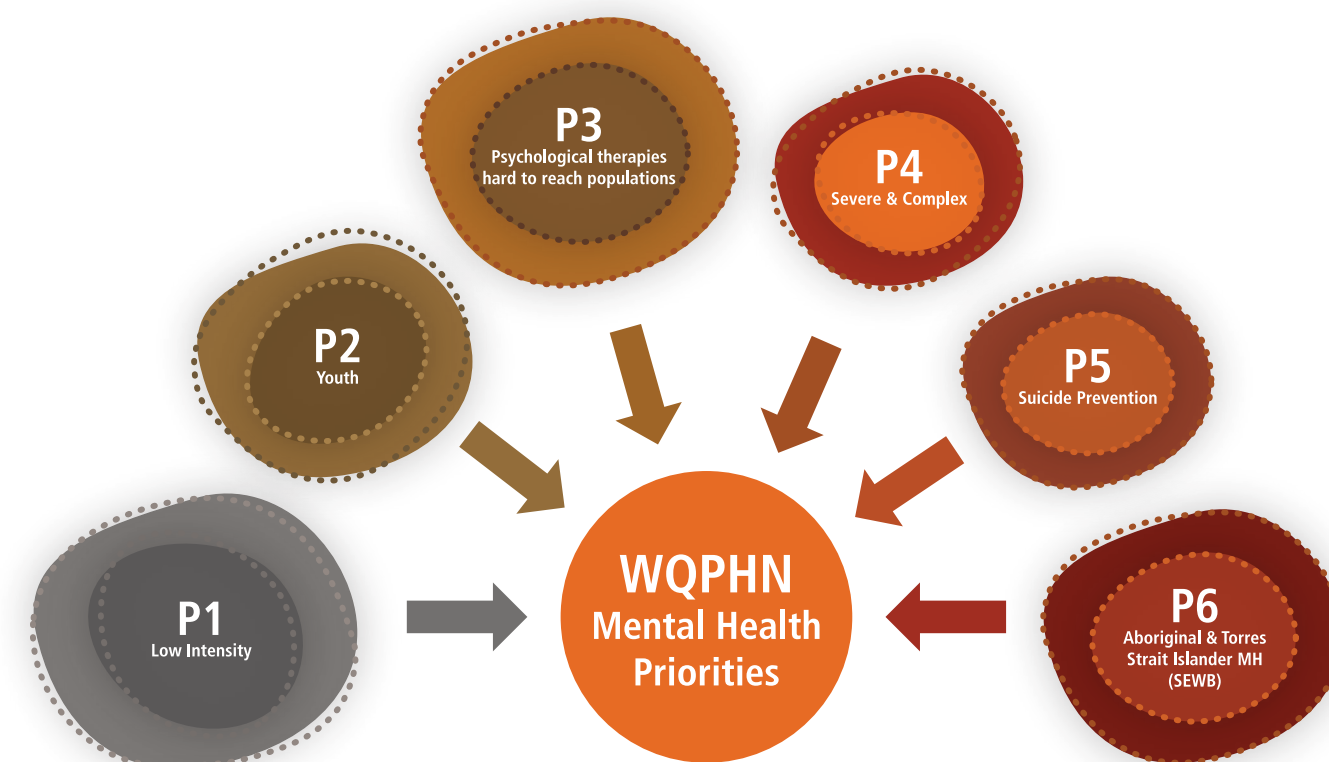
The Nukal Murra Social and Emotional Wellbeing model of care provides a clear and coordinated pathway, placing an emphasis on the need to strengthen the social and emotional wellbeing of a client whilst also focusing on chronic disease management.

It focuses on the recovery of clients experiencing acute mental illness through a strength-based approach that connects individuals with family, community and culture.



This model is the mechanism to providing a culturally appropriate and holistic solution that builds on existing community strengths and capacity.

The model is integrated within a primary health care environment which increases the opportunistic screening of clients across primary health, mental health and other settings.



This approach aligns with the objectives established under Department of Health mental health, alcohol and drugs funding priorities at a national level. Through the application of the Stay Strong Application, other priority areas such as youth, low intensity, suicide prevention and hard to reach population groups can be reached.

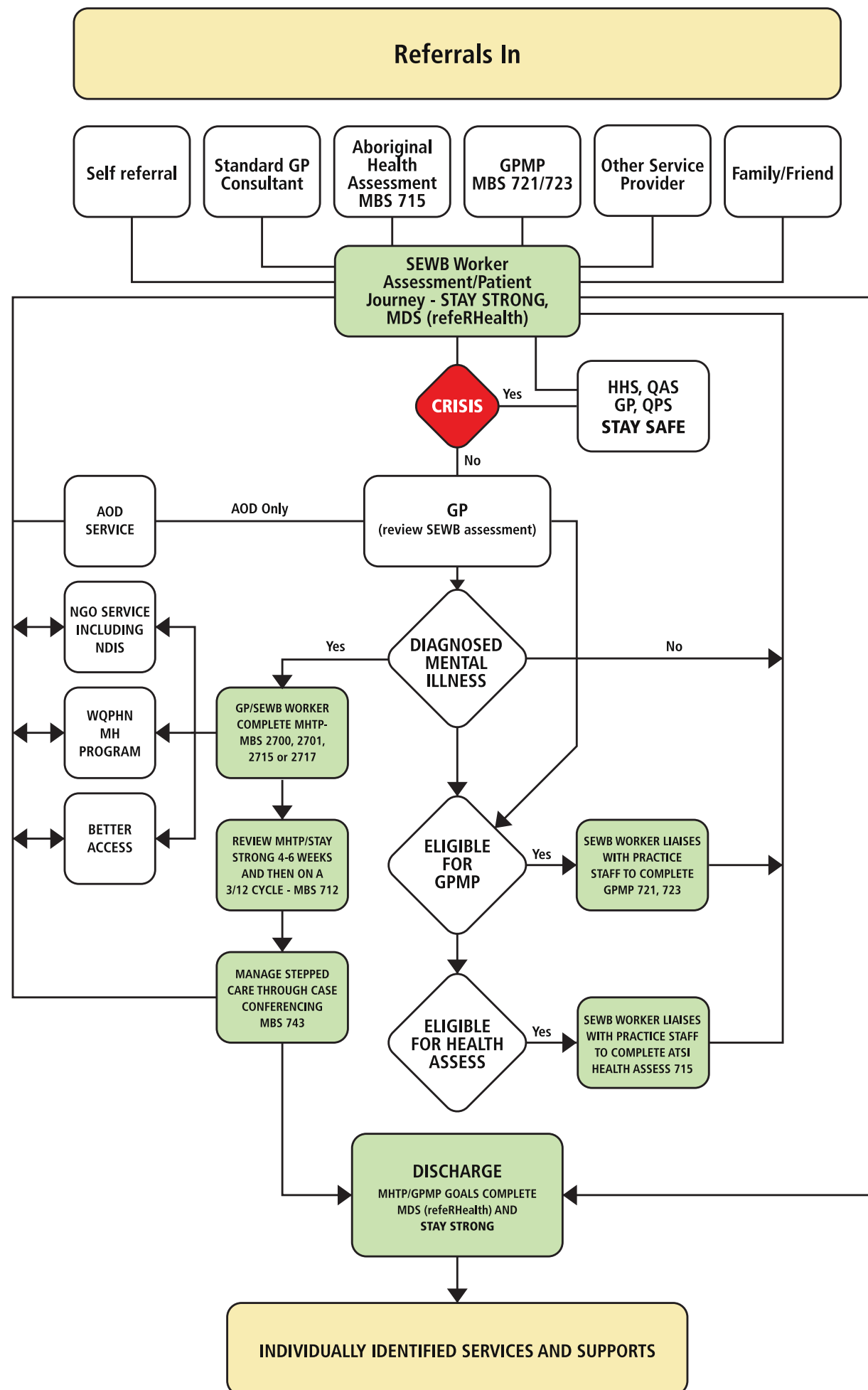
The SEWB model of care will directly contribute to the achievement of the following Action Areas within the Nukal Murra Social and Emotional Wellbeing Implementation Plan:

Foundations

- Action Area 1 – Culturally Informed Clinical Practice
- Action Area 2 – Evidence Based
- Action Area 3 – Clinical Governance

Partnerships

- Action Area 4 – Active Stakeholder Engagement
- Action Area 5 – Integration



Referral Pathways

The Nukal Murra SEWB model includes referral pathways with multiple number of entry points which are responsive to the individual needs of the client.

The referral pathway allows organisations to map relevant Medicare items against the types of care required by the clients at various stages of the stepped care model. The referral pathways will be adapted by each Nukal Murra Alliance member organisation dependent of their size and capacity.

Nukal Murra SEWB Staffing Profile and Training Requirements

The Nukal Murra SEWB model of care recognises the critical role of all individuals and the need to develop a workforce from local communities to successfully implement the model. Clinical and non-clinical services, cultural healers, community representatives, peer workers and individuals with a lived experience of mental illness, as well as other human service workers are required.

Clinical Staff : AHPRA Registered

AIHW
AMHW
Allied Health
Nursing Staff
e.g. Psych; Social Worker OT;
MHRN; AMHW & AIHW

Clinical Staff : Non-AHPRA Registered

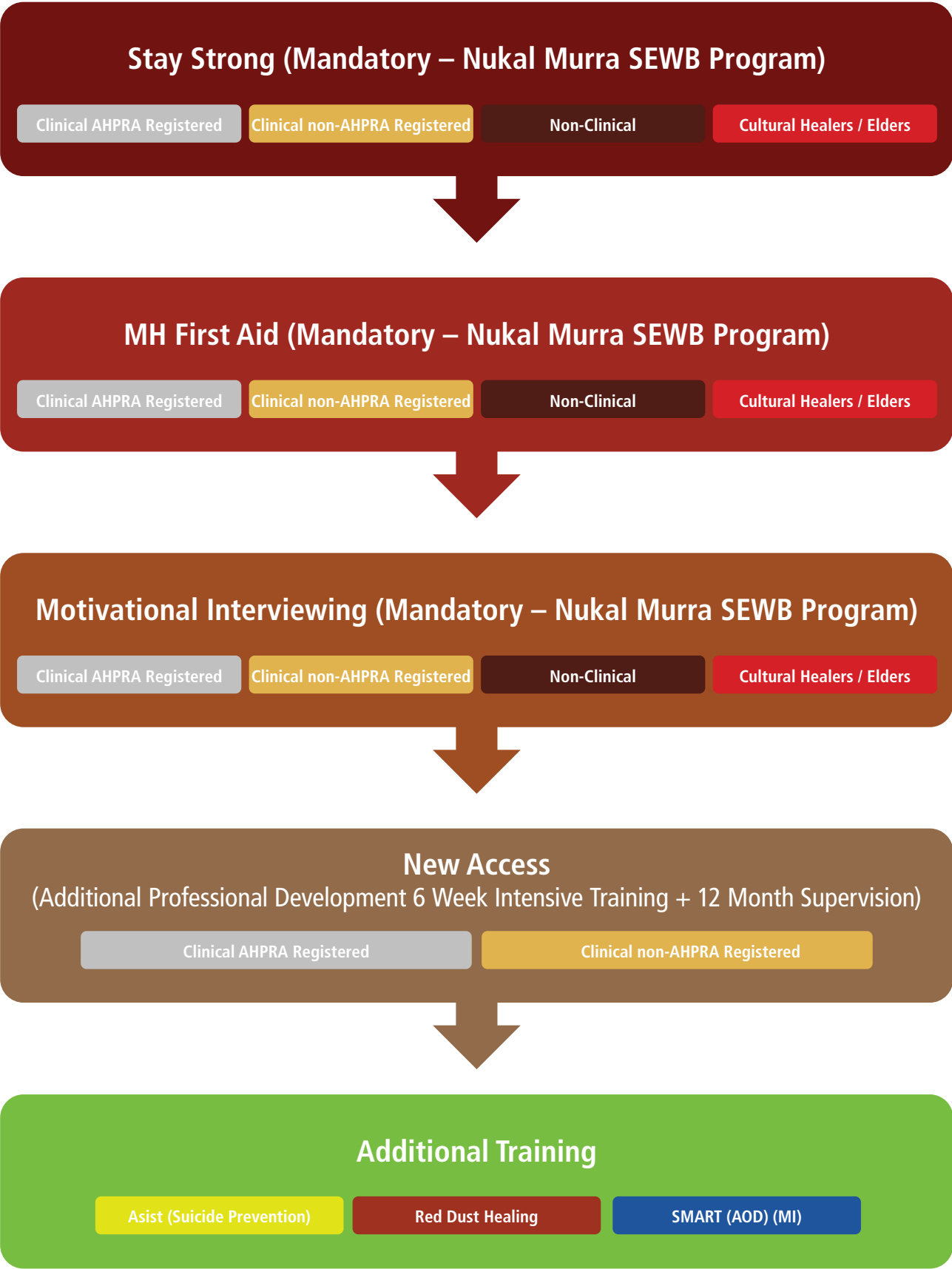
Cert III AIHW
General Contractors

Non-Clinical

Trainee staff
Individuals with lived experience
Youth worker
Peer workers
Domestic Violence Workers
Child Protection Workers
School Liaison Workers

Cultural Staff / Healers

Elders
Recognised & endorsed
Male & Female community
leaders/cultural knowledge
holders
Support workers
Red Dust Facilitators



Training Matrix

In order to operate within the SEWB Model of Care, the Nukal Murra Alliance has identified mandatory training for all staff employed by the relevant Aboriginal and Torres Strait Islander Community Controlled Health Services.

This training matrix includes the following mandatory requirements:

- Stay Strong
- Aboriginal and Torres Strait Islander Mental Health First Aid Facilitator Training
- Motivational Interviewing

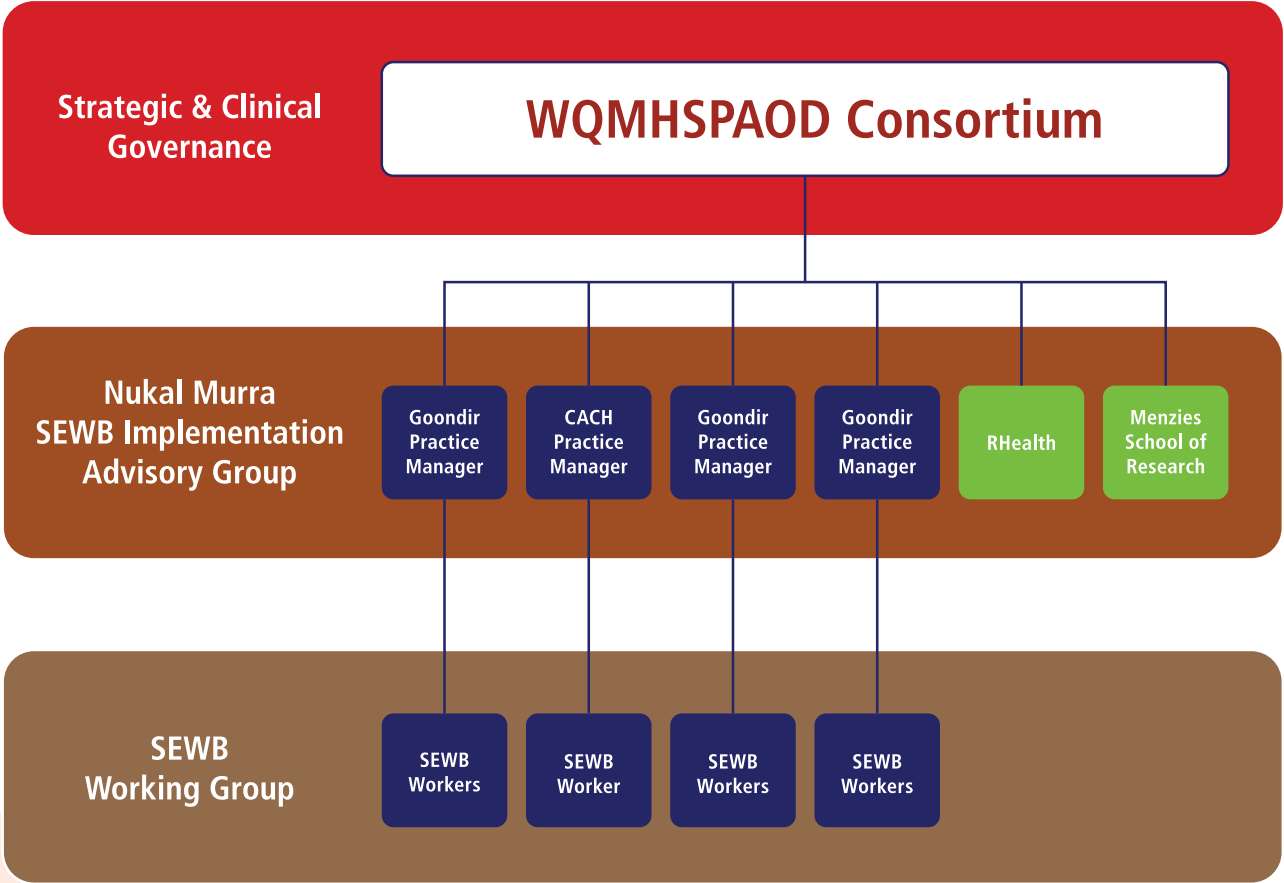
Additional training opportunities in the New Access program is also available to both AHPRA and non-AHPRA health professionals.



Governance

The Nukal Murra SEWB Model of Care will be supported both by strategic and clinical governance mechanisms which currently exist within the WQPHN.

The establishment of a regional SEWB Working Group will be instrumental in identifying strengths and opportunities for program enhancements and program improvements.



Reporting

The monitoring and performance of the implementation of the Nukal Murra SEWB Model of Care will be reported against the Department of Health (DoH) Minimum Data Set (MDS) mandatory key performance indicators:

- Number of Indigenous people who received mental health services in the PHN region through this funding
- Types of mental health services that have been provided to those patients
- Average length of each episode of care
- Average number of services that patients received
- Number of patients referred to complementary services.

Additionally the WQPHN will collect additional information as the model evolves to include outcome measures specific to Nukal Murra SEWB Program such as:

- Consumer perceptions of care and cultural competency of service providers
- Stay Strong App – change in wellbeing post stay strong plan
- K5/K10 ratings pre/post service utilisation.

All referrals will be managed through the refeRhealth system. This will meet the DoH Minimum Data Set and AOD data collection process as well as being the enabler for the SEWB team to step clients up or down in accordance with their patient journey requirements



Number of Indigenous people who have received mental health services in your region through this funding



Types of mental health services that have been provided to those patients



Average length of each episode of care



Average number of services that patients received



Number of patients referred to other complementary services



4 APPENDICES

Glossary

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|--------------------------------------|--|
| ACUTE | A condition that is often brief, intense and severe, requiring immediate medical attention. |
| CHRONIC DISEASE | Term applied to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the general term chronic diseases is usually confined to non-communicable diseases. |
| CO-MORBID CONDITIONS OR CO-MORBIDITY | The presence of one or more conditions existing simultaneously with and generally independently of another medical condition. Co-morbidity may compound negative health, social and economic outcomes for individuals. |
| EARLY INTERVENTION | Interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder/illness. A process used to recognise warning signs for mental health problems and to take early action against factors that put individuals at risk. Early intervention can help people get better in less time and can prevent problems from becoming worse. |
| HOLISTIC CARE | Care and support that treats the individual as a whole person and considers their unique and whole needs at the same time including physical, psychological, social and spiritual needs. |
| INTERVENTION | Any action taken by society or an individual which steps in (intervenes) to improve health, such as medical treatment and preventive campaigns. For example, counselling, intensive support, referral or prescribing medication. |
| MENTAL HEALTH | Describes the capacity of an individual to interact with other people and with the person's environment in ways that promote the person's sense of well-being, enhance their personal development and allow the person to achieve their life goals. |

Glossary

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|-------------------------|---|
| MENTAL ILLNESS | A person is described as having a mental illness when their thoughts, feelings and behaviour cause them or others distress, and are not in keeping with their cultural background. Examples are schizophrenia, depression and anxiety disorders. |
| PREVENTION | Action to reduce or eliminate the onset, causes, complications or recurrence of disease. |
| PROMOTION | Mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health. |
| PSYCHOLOGICAL DISTRESS | Psychological distress is a commonly used measure of mental health that measures self-reported or clinically assessed levels of negative and often acute emotional disturbances experienced by people with or without a diagnosable mental illness. |
| RECOVERY | Mental health recovery is a personal and unique journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. |
| STEPPED CARE APPROACH | “Having the right service in the right place, at the right time delivered by the right person.” Stepped care is a system of delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first; only ‘stepping through’ to intensive/specialist services as clinically required. |
| SUBSTANCE USE DISORDERS | Harmful use and/or dependence on illicit or licit drugs, including alcohol, tobacco and other prescription drugs. |

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|----|---|
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An Australian Government Initiative



Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community.

We pay our respect to them and their cultures and to elders past and present.