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# Aboriginal and Torres Strait Islander Wellbeing Assessment Engagement Service (ATSIWAES)

Initiative Type

Model of Care

Status

Deliver

Added

10 December 2018

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/aboriginal-and-torres-strait-islander-wellbeing-assessment-engagement-service>

## Summary

Aboriginal and Torres Strait Islander Wellbeing Assessment Engagement Service (ATSIWAES) is specifically established to ensure the development of culturally and clinically effective models of care.

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ATSIWAES has clinical and operational governance for the Cultural Assessment and Liaison Team (CALT) and Social Emotional Mental Wellbeing Team (SEMWT). The CALT team comprises Aboriginal and / or Torres Strait Islander Health Workers. Whilst they will be based within specific programs and teams, this model provides flexibility for Health Workers to move across programs and teams as required to provide appropriate cultural support and interventions. The CALT team also allows for workforce distribution. The CALT is intended for Aboriginal and Torres Strait Islander consumers across the age spectrum referred to Mental Health clinical teams. SEMWT is collocated with TAIHS an Aboriginal and Torres Strait Islander community controlled health service so that people can receive care encompassing their cultural, social, emotional, physical and mental health needs via a holistic primary health care approach that is culturally safe. This model is characterised by collaborative partnerships, inclusive of the individual, to optimise health outcomes. SEMWT engages in a collaborative partnership with TAIHS to be known as the Social Emotional Mental Wellbeing Service [SEMWS]. This partnership includes the pre-existing TAIHS Social Emotional Wellbeing [SEWB] team which consists of counsellors, social workers and psychologists as well as engaging with TAIHS Indigenous Health Workers, the Family Wellbeing Service and liaising with primary health care service providers. The service is specifically established for those people of Aboriginal and / or Torres Strait Islander heritage who for cultural reasons, either:

- decline to engage with the Community Care Teams (CCTs), or other current community based mental health services, or
- preferentially request to engage with a Community Care mental health service located at TAIHS.

A trauma-informed approach to assessments, treatment planning and interventions is intrinsic to the care provided by SEMWT. The project is a finalist in the Indigenous Leadership Category at the 2018 Queensland Health Awards for Excellence.

#### Key dates

Dec 2018

May 2018

#### Implementation sites

Townsville Hospital and Health Service.

#### Partnerships

Northern Queensland Primary Healthcare Network and Aboriginal and Islanders Health Services.

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## Key Contacts

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## Aim

- Improved cultural capability by embedding cultural perspectives in to clinical practice.
- Enhanced cultural knowledge and understanding for non-indigenous clinicians.
- Enhance Community Engagement capacity.
- Strengthen Aboriginal and Torres Strait Islander leadership in planning, delivering and governance of services being provided.
- Established stronger service partnership with the Townsville Aboriginal & Islander Health Service (TAIHS) to increase access to clinical mental health services for Aboriginal and Torres Strait Islander people.

## Benefits

- Supports early identification and intervention of mental health problems.
  - Improved partnerships at the primary, secondary and acute care interface.
  - Improved partnerships between the clinical and community support services.
  - Strengthen service cultural capability.
  - Promotes recovery not illness.
  - Promotes trauma informed care.
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## Background

Previously, health workers had been assigned to individual teams. Variations in how teams operated between areas at times impacted the ability of a health worker to utilise their expertise in cultural engagement, cultural interpretation and sharing knowledge about culturally appropriate community resources. This model has created a career pathway for health workers with trainers and staff provided with support by senior health workers and senior leadership, all of which identify as Aboriginal or Torres Strait Islander.

## Evaluation and Results

The SEMWT embedded in TAIHS has seen 79 new patients since it began at the beginning of 2018. These are people living with moderate-severe mental illness who have not, and are unlikely to, engage with mainstream mental health services. Aboriginal and Torres Strait Islander people experience high or very high psychological distress at twice the rate of non-Indigenous people with mental illness emerging as the highest contributor (20 per cent) to the Indigenous burden of disease in Queensland. As part of the collaborative intake process for SEMWS, professionals with both Social and Emotional Wellbeing and Mental Health expertise provide input into what care might assist a patient. This process enabled patient referral directly to a Townsville HHS psychiatrist. Since the service has been operating out of TAIHS, SEMWT has provided care to a large cohort of significantly unwell people who were previously challenging for mainstream health services to reach. The Cultural Assessment and Liaison Team integrates 35 mental health service group health workers into one team has improved the consistency of cultural support in clinical practice and provided a career path for health workers. The team now comprises junior health workers with more experienced health workers and identified Aboriginal and Torres Strait Islander team leaders. The ATSIWAES model provides workers with a career pathway, exposure to a larger variety of clinical experience and mentorship from experienced Aboriginal and Torres Strait Islander health workers. The model has provided more flexibility to appropriately allocate staff resources on a patient-by-patient basis matching the health worker with the right set of skills and experience with the patient. It has also ensured that a health worker is assigned to a consumer right through their health care journey, even if their treating team may change. The manager of ATSIWAES sits on the mental health service group executive. ATSIWAES also has a clinical director which helps foster clinical buy-in from medical staff. These senior leads are represented in the membership of the Mental Health Service Group Senior Management Team, supporting strategic capability in the development and delivery of mental health services to the Aboriginal and Torres Strait Islander population.

## Lessons Learnt

ATSIWAES is a unique model of delivering culturally capable mental health care to Aboriginal and

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Torres Strait Islander people that has been developed by the Townsville Hospital and Health Service (HHS) Mental Health Service Group. Across Australia there has been an ongoing challenge to engage Aboriginal and Torres Strait Islanders with mainstream care and this is particularly true for mental health care. In the Townsville HHS catchment about eight per cent of population identify as Aboriginal and Torres Strait Islander people; however, this cohort made up approximately 23 per cent of referrals to the mental health service group. The referral pathway for this cohort is more likely to be through the emergency department or through the justice system rather than self-referral. The typical model for mental health services is to provide in-reach care to organisations such as Aboriginal and Torres Strait Islander Health Services or NGOs. Having a permanent and dedicated in-house service operating out of an Aboriginal and Torres Strait Islander Health Service has opportunistically allowed vulnerable people to be engaged in services immediately. This has already provided a significant improvement in health outcomes for these people who for the first time are receiving mental health care.

## **Further Reading**

[Townsville Aboriginal and Torres Strait Islander Corporation for Health Services \(TAIHS\)](#)

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