

Spotlight on WellMob

Connecting digital mental health to culturally responsive healthcare

Tania McMahon

Welcome to digital mental health musings, a podcast series from the e-mental health in practice Initiative providing health practitioners with the latest news and developments in digital mental health services and resources. eMHPrac acknowledges the Turrbul and Yuggera people the traditional custodians of the land on which we bring you this conversation, we acknowledge elders past and present, and honour their continuing connection to land, culture and community, and that it's these connections that are intertwined in indigenous mental health and social and emotional wellbeing. We acknowledge the strength and resilience of all First Nations people and communities since colonisation of their unceded lands.

Hello and welcome to Digital Mental Health Musings. I'm your host Dr Tania McMahon, and in today's episode we are joined by Project Officer Angela Sheridan, from our partners at the WellMob team who've created the amazing WellMob website. And we are also joined by social worker Rebecca Pevitt.

So, Ange, Bec, welcome to the podcast. We're so pleased, so pleased to have you on here today. Today's episodes being recorded just after NAIDOC week, which every year is a time to celebrate and recognise the history, culture and achievements of Aboriginal and Torres Strait Islander Peoples and we thought it would be a really great opportunity to talk about the work that WellMob is doing and also what Indigenous knowledge and culture can teach us about mental health and digital mental health.

So to start, Ange, Bec, can you tell us about yourselves? Who you are and where you're from?

Angela Sheridan

Yeah. Sure. Thanks, Tania.

So I'm Ange Sheridan. I'm a Wiradjuri woman. I am born and raised here in Widjabul Wyabul country, which is Lismore on the far North Coast of NSW. And I work in the WellMob project, which is a website of digital resources for our mob.

Tania McMahon

Welcome, Ange.

Rebecca Pevitt

Hi, I'm Rebecca Pevitt. I'm a social worker by trade. Currently I work at NSW Health in a counselling role with the drug and alcohol team. Before that, we're, we're, a free and

confidential service that provides counselling to community, person-centered trauma informed counseling around substance misuse issues and what people can do around meeting their drug and alcohol treatment goals.

Before that I worked in non government organisations and worked with drug and alcohol, so I've been in drug and alcohol about nine years. I've worked in Community Day-hab programs, so providing rehab in the community that fits in with sort of daytime hours, like not having to stay overnight, which helps a lot with mums and dads and people are looking after elderly people. Or they just can't afford, you know, to give up their rental and go to long term rehab. I've also worked in gambling counselling, which is I think the only non substance related addiction in the DSM5 now. So it's very similar beasts, but also comes with a whole range of different issues. Yeah. So that's my background, yeah.

Tania McMahon

Oh wow, thanks for joining us Bec. It's a pleasure to have you both here to talk about mental health from an Indigenous perspective. One particular area of Indigenous culture that is woven throughout all of WellMob's, resources is this concept of social, social and emotional wellbeing as the foundation for physical and mental health, and I'd, I'd like to start by exploring this more.

So Ange, can you tell us about that framework, the social and emotional wellbeing framework and how it's different from the mainstream concept of mental health?

Angela Sheridan

Yeah, sure.

So social and emotional wellbeing is a term that's used to describe our Indigenous overall wellbeing. It's more than just mental health in the way that it accounts for our connection with the world around us, and we're all interconnected. So self, community, country culture and our kinship systems aren't separate to self. We're all intertwined and interconnected, and there's been a model developed which is the framework for social and emotional wellbeing and the domains and determinants that affect those. So the things that I mentioned just before that make up an individual social and emotional wellbeing like culture, country and kin, they're all protective factors of our well-being. And then there's social, political and historical determinants that can affect that either by weakening or disrupting those connections.

So I guess the main difference between SEWB, which is I guess our abbreviated term that we call social and emotional wellbeing and mainstream mental health is that it is a holistic concept and it isn't just issue or symptom focused and understanding the difference of this concept helps to address the complex and interrelated determinants of health. And this difference highlights the need for Indigenous specific sub content for our mob, because that holistic concept underpins our entire ways of doing knowing and being, which is reflected in the resources that are made for mob and by mob.

Tania McMahon

Yeah, because it, you know, people walking into the western health system that we, you know, mental health system that we have, you're viewed as, you know, your, your, your issues are viewed as you know, pathology problem, symptoms. You know, depression, anxiety, things like that. So it sounds like the really big difference here is this big bird's eye holistic view of or what actually makes us healthy and well. And it's not just it's not just a collection of symptoms and you know how we might typically look at at, you know, mental health.

Angela Sheridan

Yeah. And I think it comes more into like the treatment side of stuff or the healing side of things. So with a mainstream mental health service, it might be just, you know, looking at the square that fits those symptoms and issues, and treating that. But then for our mob it's also then taking into account everything else that's in that holistic concept of social and emotional wellbeing and how those things can either negatively affect or strengthen a person's wellbeing. And that's sort of how we, I guess, aim towards, you know, that goal of healing.

Tania McMahon

It gives you a road map for what's what's helping, what's hindering, and what what needs to be addressed.

Angela Sheridan

Yeah. There's a, a really great video on the WellMob website. So as I mentioned earlier in my intro, it's a website that's collated of online resources specific for Indigenous, social and emotional wellbeing. There's a really great 10 minute video on there that explains this concept of social emotional wellbeing. And it is aimed at our health and community workforce that explains it in like a healthcare setting and the things that can impact a an Indigenous person's SEWB, our social and emotional wellbeing.

Tania McMahon

Amazing. So, there's the really accessible resource on there that actually helps unpack, unpack it for health practitioners. Especially if you're from, if you're not Indigenous and you want to know more about what the what, what it is, what it means. Yeah.

Angela Sheridan

Yeah! Probably explains it a lot better than what I did.

Tania McMahon

No, that's really clear! It's a, yeah. No, but that's, you know, that's, but it's really great to know that there's a really easy, you know, there's these really accessible, you know, digestible resources on there because you know, we're all time poor and when there's, you know, big knowledge to get knowledge gaps like that where you go, well, I need to know more about this, where do? You know I'm just gonna punch it into Google and see what comes up. It's great to know that there's these really, you know, targeted. This is what you need to know in this, you know, tiny 5 minute clip or 10 minute clip.

Angela Sheridan

Yep, punch it into the WellMob website.

Tania McMahon

Yeah, punch it into the WellMob website. Say goodbye to Google. Fabulous!

And so with that framework, how has that? How does that translate to the digital mental health space? So what kind of advances have kind of been made over the last decade here, you know, in the in the digital mental health space? And how has that actually changed the treatment landscape and what's available for Indigenous people?

Angela Sheridan

Yeah, I think it's definitely broadened like access to this knowledge that you know generally or traditionally would be really tightly held within communities. So nowadays you know being able to record our elders and being able to record our stories of traditional practice and why we do the things that we do, especially when it comes to culture and country. You know, they're parts of us that keep us feeling really well and strong. And now in this digital digital age where we're able to capture and record all of this information, it makes it more easily accessible for Aboriginal and Torres Strait Islander people to access to. Especially, you know, if we're living away from our community and family, we're living off country, which is, you know, living away from our homes and that cultural and physical connection that we have to the place that we're from. You know, we're able to kind of tap into that in a digital way that we get that same benefit of maintaining those connections and feeling that strength that we get from that. And it also allows, I guess access for non-Indigenous people to hear these stories and gain these insights that more typically, you know they wouldn't have access to that knowledge.

Tania McMahon

Wow, so it's really extending the reach of this knowledge. So to Indigenous people who may not have access to it or easy access to it because of where they live or, you know, other, other factors or barriers. Digital tools and resources are now making it available and accessible and reachable. And then it's also, yeah, like you said, because it's been tightly held within Indigenous communities now. It's also been extended to non-Indigenous people as well who, who could benefit from knowing and benefit from this knowledge and knowing these things as well. It's that's amazing.

And So what, what, what kinds of things have kind of emerged on, you know, how has that changed the landscape online? What kinds of things are popping up?

Angela Sheridan

I guess in terms of the WellMob website, so a year ago we had 250 online resources, to now we've got over 300 resources that are Indigenous, specific, social and emotional, wellbeing online resources. I guess that you know continual growth over such a short amount of time has shown that there's definitely the need for it on the consumer end.

So, the consumer end would be on the ground, that's our community, our Aboriginal Torres

Strait Islander mob. But then also in the space that we're in of social, emotional wellbeing, it's for workers to be able to use these resources with their clients as well. So there's also, I think that need is reflected as well in the growth of the number of resources that have been, you know created and developed by mob for our mob. It just keeps growing and growing and there's amazing resources that you know just keep coming out of community.

Tania McMahon

Hmm, that sounds like huge growth and was that was just a few months really, if you, you said it was sort of from last year to this year? Yeah, that's that's incredible.

So it's definitely meeting a huge need and and responding strongly to it. And that brings us to the the WellMob website itself. We haven't really talked too much about about it and what it does. Yeah, and I'd love to to go there now. Just to give us some insight into the history of WellMob like why it was initially developed, who it's for, and how it's evolved into what we see today.

Angela Sheridan

Yeah. So, I guess initially that need that I just spoke about, it was highlighted by the Aboriginal Community Workforce, Health and Community workforce probably about eight years ago now where there was workshops teaching our frontline community workers to be able to search the Internet and save online resources to then be able to use with their you know, patients and clients. And that was a really, really tricky and lengthy process because these amazing resources were hidden and tucked away through pages and pages of website content. Very text heavy content. It wasn't user friendly. It was really hard to find and the idea came from, you know, this reference group and this workforce group. Why don't you put it all in one spot? And that's essentially what we did. So, we were able to collate, you know, these already existing resources all over the Internet into this one space where it makes it easier for our workforce to be able to find these resources to use with their clients. But also for our mob at the end of the day.

You know there's a saying and it's called the Kurri Grapevine. I'm Kurri, so I'm from NSW, but the Kurri Grapevine spreads that fast. You can find out something from the North and NSW to the border of Victoria like this. Before the news cycle honestly! So we we know that you know, that word of mouth and that information sharing is done across our mob as well, And we've developed the website to be really easy to use. Within 3 clicks once entering the website you will find a really great social and emotional wellbeing resource.

Tania McMahon

Wow. So it's it's, you listen to the needs of the workforce who are already kind of make shifting their own solutions and you created what they needed and it and it sounds like it work, it works really well, yeah.

Angela Sheridan

Yeah, yeah. We, we always receive really positive feedback about WellMob. It's still growing in awareness amongst the workforce, non-Indigenous and Indigenous workforce, but also amongst our own community as well. That awareness is still growing, but as soon

as someone hears about it, you know they think it's amazing and then they start using it in their work. And one of those people was Bec.

I met Bec when we presented to her counselling team end of last year. And there was a couple of people within that group that had heard of it, a couple of people that hadn't. And I don't, were you one of those? Had you heard of it there?

Rebecca Pevitt

No, I hadn't heard of it. But then you did and you started using it!

Angela Sheridan

No, straight onto it. Straight onto it. Yeah, yeah.

Tania McMahon

And that that's the thing. Once you have that, that great experience of using it, you've really become a champion of it because it's a, an amazing resource hub.

Rebecca Pevitt

Ohh, so user friendly too, like I just couldn't, it's just that the click of the fingertips. You know when something's intuitive and you're used to sort of diving through these like getting you know pages deep into stuff and not finding what you're looking for. With WellMob website it really is, every click takes you to where you're wanting to go. It's incredible. It's amazing.

Tania McMahon

And I think as a non-Indigenous worker too, knowing that those, all those resources have been culturally vetted, they're they're deemed culturally safe and appropriate. You just have full confidence knowing that any you you find in there is is going to be okay to use or consult.

Yeah. And we're talking a bit before about the, some of the knowledge, you know, the knowledge that is being I guess has been captured by some of these digital resources is really, you know, important knowledge that that being translated into the online format and and you know, put on WellMob to reach more people. I, I wanted to talk a bit about, you know, about that knowledge and some of the knowledge gaps that we have, we as health practitioners have in this area.

So we know that to deliver effective and culturally safe care, we have to have a skilled and knowledgeable mental health work workforce that actually empowers Aboriginal communities. So I, I wanted to ask you both what you have come to understand, you know through your work and through your own lived experience. What kinds of topics do health professionals need to find out more about when it comes to informing mental healthcare and and cultural responsiveness?

Angela Sheridan

It's a big question and I think definitely from my perspective of lived experience as an

Aboriginal woman and also working in this space on the WellMob website. I'm sure Bec could probably answer similarly, but slightly differently as well. But I guess for me it's as a worker, being able to really understand some of those outside determinants of health and social and emotional well-being, and how that affects a person's. You know, those things that keep us feeling strong.

So with the WellMob website, not only is it being, you know, are you able to use it directly with your clients to show them videos that unpacks topics or issues in a way that they're able to relate to and feel safe viewing. But you can also, there's a whole bunch of training resources on there for practitioners and clinicians and health workers to, I guess, not only support the implementation of using digital tools in practice, but also helping to build cultural and historical understanding that can support how you can make your practice more culturally responsive and trauma informed. Those two things are really important, especially when working with Aboriginal and Torres Strait Islander clients and patients.

And WellMobs actually got resources on there that sort of help unpack some of the impacts of colonization. Like I mentioned about the social and emotional wellbeing videos, there's other videos on there as well, or documents and you know, practicing trauma, informed care. And it is important to, to understand the ongoing impacts of colonization and the former policies of, you know, segregation, assimilation, and the forced removal of children from families when working with Aboriginal Torres Strait Islander people. That intergenerational or transgenerational trauma describes the impact of traumatic events experienced by our, my elders. You know these, these are people my dad and my grandparents age. It's not that long ago and it does impact my generation and the one after me as well.

So racism is another enduring consequence of colonisation. It can contribute or add to current experiences of trauma and racism may be individual, but it can also be systemic. And many formal mental health diagnosis don't reflect or name those impacts that are often underlying or contributing causes to many conditions.

So WellMob features many online resources that enhance that understanding and support the health workforce, awareness of how transgenerational trauma and healing. That needs to be considered when working with today's, you know, First Nations people.

Tania McMahon

Absolutely. I think that I've watched, you know, quite a few of those videos like they're, you know, some of them are really not long at all. 10 minutes. They're really emotive and they really tell strong stories about, about the impacts of trauma, the impacts of colonisation, how trauma is passed down through generations. And I think it's so important for, for health workers to have a really strong grasp of how that works, because there's, you know, you hear the terms you go okay, yeah, I I should be aware of that but going to those resources, you know, watching a video, hearing, hearing an indigenous person tell a story and describe how that affects generation after generation. How it's transferred down, you know, how something that happened, you know, 40 years ago or 100 years ago has, has kind of rippled throughout the generations coming after that and we'll continue to.

I think it's absolutely critical for us as health workers to understand and I think that's a that's a great benefit of of the the WellMob website and in having those resources there. And Bec, in terms of that historical context, how does that translate for you in practice? What kinds of things do you see and how do you act, you know, as a non-Indigenous health worker? How do you think differently about your Indigenous clients wellbeing compared to your non-Indigenous clients? You know, how does that come out in your work?

Rebecca Pevitt

Look, I think firstly just, just hearing Ange and yourself talk, it just really highlights my role as a learner. You know my role as, and we've talked about, I know Ange and I were having a yarn the other day about cultural humility. You know, really understanding that my role as a non-Indigenous health worker is to seek to understand and to find out more. And knowing that Indigenous specific services and Indigenous people, workers and websites such as, WellMob can go a long way to to informing my practice and and about the historical context.

When I first came into health we had the opportunity, we did some cultural training and you know what we heard Indigenous elders speak around their experience of the health system that I was working in. And, you know, not that long ago, like Ange was saying, Indigenous people were put in separate wards, like at the back, you know. And they walk down that had, that branded or labeled them as Indigenous, you know. And obviously their experience of racism and segregation and discrimination within the health system.

They also spoke about , you know, this distrust of the the hospital system and that ancestors or relatives went in and didn't come out, you know, and so that that access to the health system and distrust is is 100% based on that historical context and experiences in that in the past. And so it's acknowledging that to start with and and finding out more and and people's experiences around that. And that informs my practice because you know, access to healthcare is a big deal in general, you know, across the board. People don't access the healthcare and then therefore they may not be able to get the help they need.

And so you know, when it comes to indigenous clients, I'm looking at, you know, how difficult it must be to access, you know? To come in for that first appointment into a place where ancestors, relatives have had all these experiences that have caused trauma, you know. And so and, and it's, so it's treading lightly around, you know, having conversations on the phone. Asking if they'd like a specific Indigenous worker. Yeah, you know, and once you know, chatting with someone, having a yarn, taking time. Like it's really important to build that rapport with everyone but I think as well, when there's that cultural, historical context around, you know, the way that Indigenous peoples were treated in the health system and that distrust, that valid, valid distrust that they must have of the service, is spending time, you know, listening. Listening to their experiences. Listening to what their issue is.

You know, also, you know, trauma can often be mistaken for, and I don't use these words in my practice and WellMob my resources and actually have these beautiful resources on

language, and and certain language to use that's culturally safe and appropriate. And it words like not-compliance, and lack of engagement, you know that are not appropriate words to to use, you know, but and they often can be mistaken for trauma, you know.

And so it's understanding like having, like, just having a little, a little knowledge that if someone finds it hard to come in, you know what I mean and not come to the first appointment or the 2nd appointment, rather than going, oh, that's, you know, they're not coming in. They're not. Yeah.

Tania McMahon

Lack of engagement.

Rebecca Pevitt

Yeah exactly. It's having conversations. How, how is it for you to come in? Is it, you know, what can what can help? Like, is there a service maybe that might be more, you know there's Indigenous service? I know life is live well and rekindling the spirit and whatnot provide counselling. Maybe it is talking about that service. Maybe it is that they meet with with one of those workers in our counselling rooms and then maybe that service is more appropriate. It's about if they want to come in with someone or. So it's it's working, it's it's understanding that will lead me to ask those other questions.

Yeah, it's also as well consulting and you know, we have an Aboriginal councillor who may not be at the service much longer, but moving on. But you know, consulting. I'm I'm doing cultural work with supervision, reflection, with, her all the time. Having a yarn about my client, you know, Indigenous clients and what, whether what I'm doing is is safe and culturally appropriate and responsive.

And, and I think that speaks to that, what I spoke about before about being a learner. You know, asking the questions and understanding that people are the you know experts on themselves and that you know every client is individual as well and not not generalizing as well. I think myself included is you can have a tendency to to think ohh you know this suits Indigenous people you know, but indigenous people are individuals like everyone are individuals and certain things are going to be more appropriate for themselves. So if it comes back to that deep listening. You know that deep listening and and and yeah. And hearing and being curious to find out what else is going on for the person as well.

And I think as well just I know I'm speaking quite a long time, but you know, as Angela was talking about SEWB or social emotional wellbeing. It is very important that you know, we recognize that drug and alcohol use is a symptom as well when it comes to misuse. And there's a whole lot of background, you know, going on for a person when they resort to drug and alcohol to cope.

And, you know, it's very important that, that multidimensional assessment. And when I say assessment, I don't mean ticking boxes, asking questions. I mean having a yarn, having a talk, you know, to someone and listening deeply around what, what, what's it like at home, you know? What's it like with your connections with others, your social life? You know, like

what strengths do you have? What do you find hard? Like, things like that. Finding out a bit more of a holistic view of what's going on. And sometimes it's working on those things rather than the drug and alcohol. You know what I mean? That is actually going to take care of a lot of things when we look at the bigger picture that Angela was talking about before, yeah.

Angela Sheridan

100%. I love that Bec.

Tania McMahon

Yeah. Gosh. That, there's, there's so much I want to unpack in that in that, There's, you know, it sounds like, you know, for you there's it's, you know deep, it you know it's it's about this deep respect for those clients and their stories. And and respect for choice you know and self determination. That it's not just you coming along and all, you know, 'ohh you, you're engaging or you're not and you know and you know, here's your treat, here's the treatment.' You know? It's real respect for their choices and and their own expertise in in their lives and and there's really lovely, you know. Yeah. Just sit sitting and listening and connecting with people that you know really captures trauma informed care. You know where you know you switch from the what's wrong with this person to what's this person's story.

Rebecca Pevitt

Yeah, yeah, 100%. 100%. Yeah. And I think as well, you know, sharing knowledge as well. You know, if if if there's if a person's coming in to see me and you know that they are going to share about themselves.

I was speaking about this the other day that Angela, it's important that I share the processes of the health system of what it is today as well. You know, like, and I don't mean share of my myself because that would be inappropriate or some parts of that myself, but not everything but share about the processes. You know, like when I talk about confidentiality, which I do in the first session with with everyone is, you know I talk about you know in the in the medical records, once I have access to their medical records that directly involved in my care, I could also see if they've been to hospital, you know what I mean? Like if if they've gone to hospital with a bung knee or whatever, I can see that and they can also see over there in ED that they're accessing drug and alcohol services. So I let them know that as well.

You know, a lot of clients are shocked to hear that, you know that once they hear that they're okay with it. I didn't know that. You know, that's interesting because if I didn't share that it's, I feel like it's not being transparent. You know what I mean? Like, I can see they've been to hospital, they got a sore knee and then I say, 'ohh, how's you know? Is everything OK? How's your knee?' Like, it's just not transparent.

So, I think if I'm expecting someone to share knowledge with me about themselves, then I need to share knowledge as well about the health system today. And, and I, and I hope that when I do that, that can go a way to creating that safety and and trust and

transparency. All those parts of trauma informed care that they can start to see, you know, the a little bit of the health system that that is informing their treatment and interventions that they're accessing because we are of service. You know it's our service and they need to know about what, what the processes are. I think it's important.

Tania McMahon

It's like creating that true like collaborative kind of relationship rather than I'm the expert and you know you just you know come in and,

Rebecca Pevitt

Yeah, yeah.

Tania McMahon

you know, I'll, I'll take the lead here. It's just real, you know, beautiful illustration of, of real collaboration with someone on their on their healthcare journey.

I'm, I'm interested to hear more about trauma informed care Bec. You know how our, our understanding of the historical contexts can be incorporated into practice, you know, to help maintain and strengthen social and emotional wellbeing. Cause I'd love to hear more examples from your practice if you have any, if you have any of how we as health professionals can start thinking about trauma informed care with Indigenous clients?

Rebecca Pevitt

Sure, and I think you just hit the nail on the head there as well as it thinking about it is very important. You know, like it's so easy to just get swept up in the day-to-day what we do that it's very important to understand that all, you know, community services and health services, there's such a strong correlation with members trauma. Especially with AOD. But it's also when we look at with Indigenous clients and the historical context just understanding that there's trauma. Yeah, there's transgenerational complex trauma. And so from the get go, really starting to workshop, access resources, talk to indigenous workers.

But also from the top down as well, you know? We have started implementing, like we have an intake team. So, before a client comes into the counselling case load, they'll go through an intake process with a separate intake team. They've now got an Aboriginal worker that goes in and sits on those intakes of clients that are Indigenous. And also to inform you know intake on what might be appropriate treatment interventions or culturally appropriate and safe ways of accessing the system. What might be needed. What they can do extra to maybe assist that person in accessing. Things like that. So that's a that's an example I think of from the beginning process because I think that can be lost sometimes in the intake process of the, of the health system, so it's really great that we have that.

Another example I have as well is, you know when we when we talk about historical context and we look at the stolen generation, you know, and when we're looking at drug and alcohol issues, sometimes there is child protection issues you know. And we have mums and dads coming in, they've done the intake process so that it's, the knowledge

is there around what they're using and how much they're using. And so it's understanding as well that Indigenous peoples experience of the forced removal of children is gonna create, you know, is the the distrust of being able to access services, speak openly about their drug and alcohol issues, and having any resemblance of trust that, that someone's not going to swoop in and be like oh sorry, you know, that's that's that's it, you know, the child's removed.

And so that can be a barrier to treatment. And I've had clients, you know, that that come in and. And with like reporting, I'm very open from the beginning about mandatory reporting and what that means and really open up the space for questions around that and unpack that. And clients often have a lot of questions around that, and I do my best to to answer all those questions really honestly and that's hard to answer them really honestly. And I've had clients as well that when they come in I can see that they're using and they're accessing treatment, and they're and they're what they're using is.

We have a we have an MIG. So basically it's a decision tree. A mandatory reporting guide. It's not a report to child, to DCJ or to child protection, but it's just a guide that workers can use to answer some questions around what they're using, is there any significant risk, what's the protective factors. Things like that and it comes out with a decision that that's usually like, oh yes, this needs to be reported or it can be, and just as often, document and monitor. So basically just saying yes, I have done an MIG, and to work together with the family. So that's a really strong outcome. When, when that outcome comes out, and it often does, that's great.

So I have clients that come in and they want to know about the reporting. Does this mean that you're gonna bring child protection? Are you going DOCS? What does that mean? I, I don't, you know. And so the distrust is there and I can see there's discomfort there. There's been times, when appropriate, that I go through that mandatory reporting guide with the client. And that's sometimes been so, like, the times that I've done that, it's been so useful because the client gets to see their protective factors. The fact that they're accessing services, the fact that they want to do something, the issue is the fact that they make space for, you know, uncle, someone to look after their kids while they might be, you know, using. The storage of their, you know, drugs and alcohol when they're using and stuff like that. So when it's appropriate, I can go through that with them. That's another way that they I can share knowledge from the health system and our processes and then I can talk about how it comes out document and monitor. This means we get to work together, you know?

Tania McMahon

That collaborate collaboration again, the transparency.

Angela Sheridan

Yeah. And yeah, and building trust as well.

Rebecca Pevitt

Yeah, yeah. And and that knowledge because they share on what they're, you know, there's an expectation that they're going to share with me about their drug use, about

things that might bring them shame and whatnot. And so I I have to step out of my comfort zone, too. It's easy for me to go back into my office and do the MIG, it comes out document and monitor. That's it. It's all behind the scenes. But to be honest and step out of my comfort zone as well and go and this is this is the process we use and this is what it means and. You know, that's gone a long way with a lot of clients that I that I've used that with.

And I think it speaks to, yeah, as well sharing that knowledge of what the health systems like now so I can, it maybe, hopefully and I don't know whether it has the power to do this, but start some of that healing process around what people have experienced in the past of that swoop in and remove. You know, forcibly remove children. So some some, you know, some different experience around that.

Tania McMahon

Hmm. Hmm. Hmm. And that sounds like a a big part of being culture, you know, culturally responsive in our practice. It's like you said, stepping outside our comfort zones. Like this is how our Western, you know, system is set up and we have to step out of that to to, you know, to make this to make this work and to to step into what's safe and and, you know, what's what's needed for our Indigenous clients. Like, you know, you know, not just 'ohh just I don't I don't normally talk through this bit so we'll just skip.'

Rebecca Pevitt

Yeah, yeah, yeah. It's something that's uncomfortable conversations. And I and I, yeah, I think it goes, it goes a long way. Right.

Tania McMahon

And I was just thinking too, you know, obviously you you you're working in the the the public system and a lot of these examples you're giving you know, can be applied to people working in other contexts as well. This idea of being aware of historical context, I love what you said before about realising that symptoms are often a a coping mechanism, a response to trauma. They're not, you know that, you know, we see them as diagnosis or they're they've got addiction, they've got depression, you know. And, and so many of these, these phenomenon are actually coping mechanisms to trauma and if we're, if we're going to be really trauma informed, we need to see that, you know, in people who come along. You know we need to, you know, sit down and go well, well, what was it that actually led to the development of that coping mechanism or or you know whatever it is? And acknowledging that it might, you know, the trauma might might be something they directly experienced, but it could also be trauma from generations back and just seeing through that lens. Starting to see through that lens.

Rebecca Pevitt

100%, 100%. And I think it's treating it like that as well. It's having, you know, taking extended sessions. You know we work, you know, we have three months where we work with people we can apply for more, more time to work with people and with Indigenous clients I'm always applying for that more time in case reviews, you know it takes time to for that trust to build. You know, for the, with all the background with the health systems and

whatnot. And that deep listening to we had too you know? That, that really taking time to understand what's going on for the person. So it's not gonna be, yeah, straight on to drug and alcohol and you're drinking this much and how can you drink this much, and what are your goals and you know, you know, all that sort of stuff? Yeah. It's it's really important to have that background view of what's going on in the background.

Tania McMahon

So, coming back to the the WellMob website, coming back to you know how we can then start actually implementing this in practice. You know, there's, we know now there's this knowledge there, these incredible resources available to us. But what's the what's the, the bridging of that gap, the next step? How do we go from being more informed and more equipped with resources to actually, you know, making a difference and being more culturally responsive in our practice?

Ange, have you got, have you got some thoughts there?

Angela Sheridan

I think a lot of it is what Bec has spoken to. So, what she does in her practice is, I feel as an Indigenous woman, I feel like it is very culturally responsive. And I I hear what Bec's being able to do is, you know, take her, the understanding that she has of the historical and cultural context, take that into how she considers working with her Indigenous clients. Like she considers, takes all of that into account and that informs how she works with that client.

So I mean, I guess on from that, like Bec said, it's, you know approaching the work with the client with humility and curiosity and acknowledging that you don't have all the answers. And really you know taking time to create that reciprocal and collaborative relationship, you know of knowledge sharing and trust building and rapport building in that process. And you know, being able to build that cultural understanding and capacity to make your practice more culturally responsive, I think when we use the word culturally safe practice, from my perspective, the only people that can deem something culturally safe is, you know, an Aboriginal or Torres Strait Islander person.

So, I think that, you know, coming from that angle then of being culturally responsive and sensitive. And I mean the resources on WellMob, you're able to do that if you're using that in your session with your clients. It sort of takes all that think work out of it for you. As you said Tania, like they've already been vetted to be cultural, and deemed culturally safe and appropriate by our team of Aboriginal, you know, project team here at WellMob. But you know, you're able to sort of take all of that guesswork out. Because I could imagine, you know, for a non-Indigenous clinician, we've got, everyone has this knowledge of the historical context of what's happened in this country and it's sort of like, you know, how do you go from having all of this knowledge and understanding, but like, what does that actually practically mean in your work then with an Aboriginal Torres Strait Islander client? Like what, what does that look like?

And I think, you know, there's some really great practical tips in some of the resources that we have on WellMob. I know that there's a, it's a handbook, it actually it comes out of the Kimberley, but it's and it is specifically for Aboriginal workers, social and emotional wellbeing workers, but when I was reading it, I could totally see that it would be, you know, anyone could apply the principles that are in there. It goes through to unpack more deeply than what I've previously explained today about social emotional wellbeing. The domains. The determinants. But then it even goes further and deeper into, you know, talking about the strengths of those domains and then the risks to those domains. And then what that looks like in, you know, could look like in your work.

So there's really amazing resources out there that can kind of help guide you through that next step from taking this knowledge that we've got as Australians, and knowing what's happened in this country and how that has affected people, Aboriginal people today, but then taking it that next step of how do we implement that into our work to be more culturally responsive in our practice?

Tania McMahon

Hmm hmm.

Rebecca Pevitt

Hmmm. There's some wonderful resources as well, going through the WellMob website, around understanding generational trauma. And their short videos, but they just done, like it's just so succinct and to the point.

And there's also, you know, when I was looking through the WellMob website, trauma informed care as I was training around and the training that I've done so far. Like I saw a video, I think it was like 20, would be less than 20 minutes and it talked about the five Rs. You know, it was like recognising the widespread impact of trauma, responding, you know, by building trauma informed care into policies. And I just thought it was great. It was Indigenous specific and talked about, you know, a completely different way. You know, I never had access to that and I probably wouldn't have had access to that without scrolling through that WellMob website, you know? And I think that's that just goes along way, and I'm thirsty for that knowledge do you know what I mean? It's like until I don't know, I haven't had access to that and it really is.

And I love what you said Ange, about it's deemed safe when mob says it's safe, you know? And then that goes a long way for my confidence to be able to use it. And therefore it frees up that space in the counselling room of that thinking and not, yeah, wondering if I'm getting it right and, you know, and the anxiety that come can, come with being a non-Indigenous worker but and doing my best with the the the knowledge that I have. But also, you know, not having walked in those shoes. You know, so having access to that that content. I mean some of the videos, you know, like the whole the whole brain story. Like it's just, it's it's, you should see me trying to talk about the brain. I'm like, there's a limbic system and it flips.

All

[laughter]

Rebecca Pevitt

And then And that grog brain story, it just says it so simply and made it, great.

Angela Sheridan

Yeah. Goes for about 5 minutes, you think?

Rebecca Pevitt

Yeah, it's short. It's short.

Angela Sheridan

And it's in like, it's also in language. So it's in Warlpiri language as well as Creole. So, you know, we've got resources on there that are in other languages that, other than English. Acknowledging that a lot of our other mobs, you know, English might be their second or third language.

So you know, being able to have information like the grog brain brain story, which is one of my favourite videos. When I first saw it, my mind was blown. I was doing, you know, a health promotion degree and it was like, wow, this is really impactful and meaningful. Like I can see how this is, you know, it's so useful for my my mob. To be able to see and understand. I have high health literacy, this was a few years ago, and even I didn't understand all of that stuff that happens to the brain when you drink. So it really then, I guess, worked on me in health promotions sense.

Rebecca Pevitt

Yeah, yeah, yeah.

Angela Sheridan

Because I could definitely see how that could be translated across different communities in, you know.

Rebecca Pevitt

Yeah, yeah, I think it needs to be. Yeah. Because we all try to talk about the brain as therapists eventually don't we? It's like it always ends up a little bit, yeah, how you're going. So to have that and just go simple, to the point. Yeah. It's a great resource.

Angela Sheridan

You know. Yeah. And having, having a third party resource to look at too. So it's not, it's not you talking to your client and explaining about this. You know you're watching something kind of independently and.

Rebecca Pevitt

Yeah.

Angela Sheridan

And then after the fact, you know, by removing yourself in that yarn about the brain, you're able to then both reflect on it and open up those conversations, and, you know, ask your

client like, what did you think about that? Like, what, what resonated with you? Or what you know, did you pick up on? And you can do the same as well and there's that cross learnings again.

Rebecca Pevitt

Yeah. And I reiterated my role as a learner. It that levels the power balance, doesn't it? As well having, I love how you use the word third party resource. It's like, what do we think of that? And then, and then the tricky topics as well. I know that WellMobs got tricky topics on there as well that as well are difficult to talk about.

Angela Sheridan

And it, yeah, issues that you know are stigmatized and you know, it's got videos on there that really unpack it in a very easy to digest way. It's not shame, you know? And nothing is shame, but there are certain things that have historically carried shame. So I think that by opening up these conversations, you know, through using a third party resource in session it really destigmatize it. And you know you're able to open up more honest conversations, potentially.

Rebecca Pevitt

Yeah. And that's trauma informed care, isn't it? That collaborative? Sort of, no, no ones, you know, I'm not the expert. Let's, let's have a look at something together and see what we think you know?

Tania McMahon

Yeah. So it sounds like there's there's so much on, there's stuff that covers talking about mental health, wellbeing, social emotional wellbeing topics, tricky topics. So to kind of facilitate the conversation with your client. There's also information on there for the workers themselves to to fill the knowledge gaps. Yeah.

Is there anything else we've missed there? Is there anything else in terms of the the types of resources on there that can help?

Angela Sheridan

Yeah. So I guess the WellMob website essentially will match that social and emotional wellbeing framework. So we've got topics on there that are mind, body, culture, our mob, keeping safe and healing, and all of the resources are kind of grouped under those main topic tiles.

As you said, we've we've got a section there for workers to be able to upskill not only in using digital mental health tools and resources in their practice, but then also unpacking some of those, you know, historical and cultural considerations as well. And learning that a bit deeper than just the general cultural awareness training you might get within your work roles or your organizations. And then, yeah, definitely the resources that are I guess aimed at our mob being the direct consumer. So you know health promotion tools and in session work to as we said break down some of the stigmas and to open up conversations. But also to raise you know your clients health literacy and help them understand a little bit

more about what's happening for them. You know, through that deep listening, deep listening you've already done, you're able to sort of get insight from that and then think ohh I actually know this really great resource on the WellMob website. I'm gonna show that to them next time or you know, something like that. So yeah.

Rebecca Pevitt

And it, and it is about tailoring. You know that once we once we, you know, there's some issues identified as well by the client it's suggesting as well like oh you know what do you think of this? And then the feedback portion of that, and I learned that from the WellMob website as well, like it was actually a direct resource on there that showed me how to use WellMob with clients you know? Like, tailor, tailor the, you know, the the content for the client. Ask them what they think about it. You know, give feedback maybe next session. Maybe the client would like to go through it in session depending on their data or their access to technology. Asking the client if that's something they want to do. Sometimes clients like nah got this, I'll go, you know, I'll check that out later. You know.

Angela Sheridan

Yeah, yeah.

Rebecca Pevitt

You know, sometimes in session clients are. You know, I often find, they say I didn't think about it once I walked out the door, you know, what we talked about. So having that access to a resource that they can just scroll through throughout the week and have, you know, get ideas and thoughts around. And then coming back and being able to talk about that is often a really good starting point for reflecting on the last session. Yeah, yeah. And yeah, it's great. It's such a great resource. Yeah.

Tania McMahon

So what's next then for for WellMob? Are there any new tools or resources that we can look out for over the next few?

Angela Sheridan

Yeah. So, we are continually uploading new resources each month. And aside from that, we've actually just launched these new resource sheets, which are for workers. They're essentially a short list, like a shortcut to the best resources that are on the WellMob website.

So as I said before, we've got over 300 and something resources at the moment, and even though we promote within 3 clicks, you'll find a culturally appropriate resource, the list is getting long, and we know that our workers, you know we're not time poor, but like we're under the pump. So to be able to make it even more accessible for workers to be able to use either for themselves in their PD, like with the cultural, building cultural capacity or in session with their clients. We've created new resource sheets for workers. They're they're on a range of topics and it's like sleep anxiety, depression, parenting. Cohort specific, so for LGBTQIA+ mob within our mob. That intersectionality, which is a, you know, a different cohort within itself as well as suicide prevention. There's a couple of those because it's

important to not just for the person experiencing suicide ideation, but also for the families and communities that are supporting them. And there's resources that fit both of those groups as well, which is important to recognize and acknowledge.

So these resource sheets, essentially they are shortcuts to the best resources on WellMob for those topics.

Tania McMahon

Ohh, fantastic.

Rebecca Pevitt

The resource sheets I find really helpful as well, and I think what WellMob website does so well is there something for everyone as well. You might have a younger client that might be more into like getting on YouTube video or, you know, scrolling online themselves and then you might have, you know, someone more mature that might want a resource sheet. You know what I mean? I can take that off. It's so handy to print, to print something off and give someone something to take away. You know that they people really welcome that. I've found that when that's on offer, you know, I can print that out for you. Would you like? Yes. It's always like, yes, you know? It's such a handy tool to have.

Angela Sheridan

Yeah. And, you know, we've got, also created resource sheets that are for workers background knowledge. So what we've spoken today about you know, with the historical contexts of either impacts or colonization or understanding social and emotional wellbeing, and understanding trauma and healing. We've got those three resource sheets which has got shortcuts to a series of resources for that topic. So if you're wanting to learn and find out more about what we've spoken about today, you know you can use those resource sheets to be able to do that. And they're found on our website, under the training tab.

Tania McMahon

OK, excellent. And we'll also include them in the show notes as well. I imagine we have lots of people wanting to check those out after after hearing this episode. Fantastic!

Ohh well any final thoughts from either of you guys before we before we wrap things up?

Angela Sheridan

You Bec?

Rebecca Pevitt

Yeah, I'll go first. No, I'm just, I'm grateful. I'm grateful that we're we're we're talking about this stuff. I'm grateful that you know when when you came in Ange, and did that in service for us, there was a lot of stuff in there that I didn't know. I didn't know that Indigenous people were one of the, you know, using technology. I remember that you said that using technology was really a high percentage of Indigenous peoples are onto the technology and then that's something that would work for them. And then well just to have these resources at my fingertips. It, it goes a long way. Like I said, we can't always be, you know,

find an Indigenous worker to talk to and they might not have time because they've got, you know, my colleagues got massive caseload, you know? To ohh do you mind? Like, can we pop out even though she always does, to have this really it also takes the pressure off the workforce as well. You know what I mean? It's such an easy, culturally safe, by mob for mob to access, and it just it gives me confidence in my practice. And I think when I have confidence in my practice as well that leads to better trauma informed care, better practice, better outcomes, you know? And so so I'm grateful and I'm grateful that we're, we're talking about this and I feel privileged to be a part of it.

Angela Sheridan

Thanks Bec! And that's at the end of the day what it's all about is better outcomes for our mob. I think that, you know, regardless of what space you work in. So, me and the project space and you Bec on the frontlines. Like that's essentially it's better outcomes for, for everyone in general, but our mob specifically when we're directly working with them.

Tania McMahon

Yeah, yeah, absolutely. A little, a little bit of learning can go a long way and I think that's, you know, yeah, better for better, for everyone. Better for outcomes, you know, in the long run. So I'm, I'm really glad we've been able to have this conversation too.

Thanks so much both of you for sharing your experience and your knowledge. I hope we've opened up a really interesting dialogue around culturally responsive care and and gotten people excited about accessing evidence-based, culturally safe, vetted resources. They're sitting right there. You guys have made them so easy to access. So yeah, please go and check them out. We encourage everyone to, you know, to head to WellMob and and look at what's available. So thank you. Ohh.

Angela Sheridan

Sorry. Yeah, sorry. I was just gonna add to also follow us on social media. Like Bec was saying, you know, we acknowledge that we've got a high percentage of our Aboriginal and Torres Strait Islander community are a high percentage of Facebook users. So we really tap in to that social media space and we've got quite a a large presence on social and active presence on social media. We do regular posting and a lot of that is, you know, sort of further tips and insights into either how you can use digital tools in your practice or, you know, some of the culturally significant days. Sort of resources and the background context around those days and why they are significant. And we write blogs for eMHPrac as well.

Tania McMahon

Mm-hmm. Yeah, we get we get do a lot of great collaboration with you guys on our social. So yeah, definitely. Yeah. Jump on, like, follow, share things. Anyway, thanks again for for joining us guys. Thanks to our listeners for tuning in and I hope you'll all join us on our next episode.

Angela Sheridan

Thanks, Tania. Thanks.

Rebecca Pevitt

Thanks.