

# Evolve Therapeutic Services (Queensland Health)

## Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Cards Guide

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Please note: Aboriginal and Torres Strait Islander people should be aware that this publication and the associated cards may contain images of people who may have passed away.

## Acknowledgement

We gratefully acknowledge the invaluable work of Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart, and Kerrie Kelly (2013) for their creation of a detailed, yet elegant and practical framework to describe Social and Emotional Wellbeing from the perspectives of Aboriginal and Torres Strait Islander people. We are additionally grateful for their generosity in allowing us to utilise their model as the basis for our Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Cards.

We equally would like to thank and acknowledge those who have contributed, while retaining copyright, to the images used for this project. Without their generosity this project would not have been actualised.

We also would like to acknowledge the artwork produced for Queensland Health by Gilimbaa (2012), that can be seen on every page of this guide.

## Project Working Group

This Project would not have been possible without the tenacious energy and enthusiasm of the following:

- Fiona Leo - Mental Health Clinician, Cairns Evolve Therapeutic Services (ETS), Cairns and Hinterland Hospital and Health Services (HHS).
- Elizabeth Tamwoy – Indigenous Program Coordinator (IPC), Cairns ETS, Cairns and Hinterland HHS.
- Craig Heron - IPC, Brisbane North ETS, Childrens Health Queensland HHS.
- Warren Bergh – ETS State-wide Program Coordinator, Childrens Health Queensland HHS.
- Frank Mills – IPC, Ipswich ETS, West Moreton HHS.
- Andrew Cummins – IPC, Logan ETS, Metro South HHS.
- Neena Walker – IPC, Townsville ETS, Townsville HHS.

## Guide Authors

Warren Bergh, Fiona Leo, Craig Heron, and Elizabeth Tamwoy.

IPC's and Warren



## Table of Contents

<b>Acknowledgement</b> .....	4
<b>Project Working Group</b> .....	4
<b>Guide Authors</b> .....	4
<b>Table of Contents</b> .....	5
<b>Background</b> .....	6
<b>Intent</b> .....	7
<b>Social and Emotional Wellbeing Explored</b> .....	8
<b>What are each of the SEWB domains?</b> .....	10
<b>When to use the ETS SEWB Cards</b> .....	12
<b>When not to use the ETS SEWB Cards</b> .....	13
<b>How to use the ETS SEWB Cards</b> .....	14
Mental Health Clinician Options.....	15
1. Random Choice.....	15
2. Tell me a story .....	16
3. Linking stories.....	16
4. Add your own .....	16
5. What is Social Emotional Wellbeing? .....	17
Health Workers Options.....	18
<b>Additional Support</b> .....	20
<b>ETS SEWB Card Image Details</b> .....	21
<b>References</b> .....	30

## Background

The initial concept for the ETS (Evolve Therapeutic Services) Queensland Health Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Cards ('ETS SEWB Cards') was born on Gimuy-Walubarra Yidi Country (the Traditional Owners of Cairns and the surrounding regions). The Yidinji Tribe is made up of eight clans.

The development of the ETS SEWB Cards started out of an attempt to foster a stronger appreciation of the cultural determinants of Aboriginal and Torres Strait



Fiona and Craig

Islander Wellbeing; and to incorporate this into the predominantly Western-informed models of mental health assessment and treatment within ETS, Queensland Health. The conversations between Craig Heron (a Birri Gubba-Juru and South Sea Islander man - then the Indigenous Program Coordinator (IPC) for Cairns ETS, Cairns and Hinterland HHS) and Fiona Leo (a non-Indigenous mental health clinician, Cairns ETS, Cairns and Hinterland HHS) originally focused on ways of working more effectively and meaningfully alongside each other for the greater benefit of Aboriginal and Torres Strait Islander consumers.

Overtime, consultation and collaboration for this project grew to include the valued input of Elizabeth Tamwoy (a Torres Strait Islander woman, Cairns ETS, Cairns and Hinterland HHS), and Warren Bergh (ETS Statewide Program Coordinator, Childrens Health Queensland HHS).



Fiona and Elizabeth

All ETS (Queensland Health) material is the result of extensive collaboration and teamwork. The ETS SEWB Cards are no exception. In addition to those named above (and authors of this Guide), key to the project has been the valuable input from the three other ETS's Indigenous Program Coordinators (Senior Health Workers): Frank Mills (a Torres Strait Islander man for West Moreton HHS), Neena Walker (a Aboriginal woman for Townsville HHS), and Andrew Cummins (an Aboriginal



Warren and Craig  
(a Aboriginal woman for Townsville HHS), and Andrew Cummins (an Aboriginal

man for Metro South HHS). Without each of their contributions, this project would not have occurred.

The ETS SEWB Cards, and this guide, have been shaped by many conversations and yarns over the last 2 years. It has been both a powerful and rewarding journey. We hope that you, the user, gain as much hope and knowledge from the cards as we have in the development and trialling of them.

## **Intent**

The ETS SEWB Cards were designed primarily with young people in mind. However, they can also be agents of conversations, connection and change for anyone of any age.

It was hoped that the development of this clinical ‘tool’ (cards) might assist non-Indigenous mental health clinicians to instigate richer, and more meaningful, conversations with Aboriginal and Torres Strait Islander consumers and their families in order to better appreciate their perspectives of wellbeing. From this, it was hoped that such conversations might better afford Aboriginal and Torres Strait Islander consumers the opportunity to engage in conversations (and interventions) that better fit with their perspectives, needs, and wishes as a part of their healing journey. It was also hoped that the cards might furthermore serve as a useful resource for Aboriginal and Torres Strait Islander practitioners who might wish to use the visual images on the cards to augment their cultural conversations.

For the authors it is enough that people might use the ETS SEWB Cards to find their own meanings and usefulness. If they help people to reflect on the SEWB framework, what it means, what it can look like in reality and lead to conversations of hope, healing and connection, they have served their purpose.

Overall the ETS SEWB Cards are a resource designed to invite people to explore themselves, the SEWB framework, what is SEWB, what is happening for them now and could be explored in the future to enhance their cultural wellbeing. A ‘tool’ to invite reflection and conversations with visual prompts that allow people to get to know themselves and their cultural needs better.

## Social and Emotional Wellbeing Explored

Gee et al., (2014), when outlining their framework for social and emotional wellbeing, noted that in 1979 the National Aboriginal and Islander Health Organisation (now the National Aboriginal Community Controlled Health Organisation) adopted the following definition of health:

*"Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings and must bring about the total wellbeing of their communities" (p.56).*

Calma, Dudgeon and Bray (2017) emphasised the importance of a "best of both worlds" approach to mental health assessment and intervention. Pat Swan (1988) stated that "[the health system] does not recognise or adapt programs to Aboriginal beliefs and law, causing a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed, and untreated."

Calma et al., (2017) outlined nine guiding principles of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Framework 2017-2023 (Commonwealth of Australia, 2017). These include:

- Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. That land is central to wellbeing.
- Self-determination is central to the provision of Aboriginal and Torres Strait Islander Health Services.
- Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems in particular.
- It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.

- Human rights of Aboriginal and Torres Strait Islander people must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (vs mental ill health). Human rights relevant to mental illness must be specifically addressed.
- Racism, stigma, environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander people's mental health and wellbeing.
- The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing.
- There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander people may currently live in urban, rural, or remote settings, in urbanised, traditional, or other lifestyles, and frequently move between these ways of living.
- It must be recognised that Aboriginal and Torres Strait Islander people have great strengths, creativity, and endurance and a deep understanding of the relationships between human beings and their environment.

Calma et al., (2017) further notes "within the Aboriginal and Torres Strait Islander SEWB and mental health landscape, SEWB signifies a relatively distinct set of wellbeing domains and principles, and an increasingly documented set of culturally informed practices that differ in important ways with how the term is understood and used within Western health" (p. 56-57). This has been echoed in Gee, Dudgeon, Schultz, Hart and Kelly (2014) developed Model of Social and Emotional Wellbeing (figure 1). A model that has been adopted as the foundation for the ETS SEWB cards.



Figure 1: Model of Social and Emotional Wellbeing © Gee, Dudgeon, Schultz, Hart and Kelly (2013).

## What are each of the SEWB domains?

Gee et al., (2014) acknowledged the unavoidable artificial nature of their Model of SEWB, and that it is not possible for it to represent all cultures that exist for Aboriginal and Torres Strait Islander people. To address this, however when the Model was initially being developed, Gee et al., (2014) engaged in extensive community consultations and incorporated obtained feedback into the model.

The Model highlights key broad areas (or domains) that encapsulates, being connection to body, mind and emotions, family and kinship, community, culture, land and spirituality. The authors asserted that "...restoring or strengthening connections to these domains will be associated with increased SEWB."

Table 1 (below) outlines a brief description, and possible examples, for each of the SEWB domains outlined within The Model of SEWB. The examples are by no means exhaustive and the examples outlined often fit equally well under several domains of wellbeing.

Table 1: SEWB Domains.

Domain	Description	Example
Connection to physical wellbeing	Includes all elements of a person's life that is linked to their physical body - including the normal biological markers that reflect the physical health of a person.	Sport, body, hunting, tucker / food, watching / doing, skills, activity, traditional gardens, traditional cooking methods, etc.
Connection to mental wellbeing	Refers to cognitive, emotional and psychological human experience, as well as fundamental human needs. For instance, perceived safety and security, a sense of belonging, control or mastery, self-esteem, meaning making, values and motivation.	Responsibility, respect, comedy and humour, mind and emotions, singing, self-determination, empowerment, hopes and dreams, purpose, mastery, rights, two worlds / navigating two

Domain	Description	Example
	Gee et al., (2014) emphasised that, in their opinion, personal safety and freedom from abuse is one of the most fundamental human rights and determinants of SEWB.	worlds, values, belonging, etc.
Connection to family / kinship	Fundamental to the functioning of Aboriginal and Torres Strait Islander societies. These systems are complex and sustain interconnectedness (through reciprocal relationships).  The kinship system provides a very secure attachment system, so that everyone grows up with multiple carers and attachment figures and, in turn, provide care for others.	Elders, mob, customs and protocols, child rearing practices, marriage, caring, women (grandmothers, aunties, sisters, nieces), men (grandfather, uncles, brothers, nephews), cousins, bala and sissy, enduring, relationships of caring, sharing, obligation, reciprocity, etc.
Connection to community	Aspects of wellbeing that are rooted in interpersonal interaction.  Community has been described as essential to identity and concepts of self within Aboriginal cultures. It is a space where sociocultural norms are maintained.	Clan groups, leadership, struggles, heroes, obligations and responsibility, sorry business / sad news, giving / generosity, social relationships, roles and responsibility, children rearing practices / values, cultural obligations, etc.
Connection to culture	Refers to having relationship with aspects of one's Aboriginal and/or Torres Strait Islander heritage.  Hovane, Dalton, and Smith (2014) described Aboriginal culture as	Identity, know / knowledge, celebrations, our colours, storytelling, music, initiations (coming of age), dance, language, re-connection,

Domain	Description	Example
	constituting a body of collectively shared values, principles, practices, customs and traditions.	communication, watching / observing, traditions, etc.
Connection to land	Connection to land or country is closely tied to spirituality and identity. Feeling connected to country has been reported to evoke a positive sense of wellbeing among Aboriginal and Torres Strait Islander people	Sharing, learning, traditional custodians, language groups, sacred sites, sea, land, bush, river / fresh water, rainforest, desert / red earth, etc.
Connection to spirituality / ancestors	Many Aboriginal and Torres Strait Islander peoples' cultural worldviews are grounded in a connection to spirituality. Stories, rituals, ceremonies and cultural knowledge connect person, land and place.  By ceremony life stages are marked through specific rites of passage. moral and ethical practices guide behaviour, and determine personal, family and cultural rights, obligations, and responsibilities.	Art, lore / law, healing, spirit / spirituality, religion, ancestors, deep listening, traditional healers, religious leaders, totem, prayer and blessings, ceremonies, moiety and skin group, journey, men's business, women's business, rituals, etc.

## When to use the ETS SEWB Cards

The ETS SEWB Cards are intended to be a therapeutic conversational 'tool'. They have primarily been designed to assist non-Indigenous mental health clinicians engagement and capacity to instigate wellbeing conversations with Aboriginal and Torres Strait Islander consumers and their carers/families.

The ETS SEWB Cards can be used at any step of the Aboriginal and Torres Strait Islander consumers and their family journey through the service. However, it is

recommended that the Cards are used in the early stages of engagement, if not during the first time meeting the consumer and their family, as a way of building rapport and developing a connection / relationship.

Rapport is highly valued - relationships is one of the key pillars within Aboriginal and Torres Strait Islander Society. Further by incorporating cultural perspectives throughout our yarns with consumers and families, we are respecting the individual, their family and their cultural ways of communicating and doing things.

## **When not to use the ETS SEWB Cards**

Above all, the ETS SEWB Cards need to be used with acute sensitivity. There will be times when they should not be used. If the cards/images are considered too confronting or might become a barrier to the development of healing connections and conversations, do not use them. To do so, or when it becomes clear that the individual is distressed and/or not connecting with you, can be therapeutically counterproductive.

Further, the ETS SEWB Cards are not to replace genuine curiosity and appreciative inquiry. Nor do the cards replace culturally sensitive assessments. In fact, it is NOT intended that the cards be used as a tool of assessment in any form, nor as a substitute to the development of a thorough cultural support plan by government departments and affiliated agencies when required to do so.

Times when the cards are not to be used, include:

- If the consumer is acutely distressed.
- If the consumer is acutely suicidal.
- If the consumer is under the influence of a substance.
- If the consumer does not feel safe.
- If the cards are going to prevent therapeutic conversations occurring that the consumer is wanting to have.

It goes without saying, these cards are not to be used with non-Aboriginal and/or Torres Strait Islander people.

At all times, use your clinical judgement. Work with clear and communicated therapeutic intent in the best interest of the individual.

## How to use the ETS SEWB Cards

The cards are an opportunity for individuals to play with, reflect on, share, be drawn to different aspects of SEWB. As such, the power of the cards lay in the images ability to elicit and encourage individuals to construct their own interpretation and create their own meanings. A personal visual meaning-making and interpretive process; and or a possible bridge between 'what is' and 'what can be'.

It is hoped that, by simply viewing the images on the cards, Aboriginal and Torres Strait Islander consumers will be able to identify with some of the images. By seeing examples of Aboriginal and Torres Strait Islander people, places and activities that might be closely aligned with their experiences, it is anticipated that this might enhance conversations regarding their perceptions, needs and wishes in terms of their SEWB.

General points to keep in mind:

- While primarily designed with young people in mind, the ETS SEWB Cards can also be used with anyone of any age.
- One needs to be careful not to make assumptions or draw conclusions from what cards have or have not been selected. Everyone is different, with differing experiences, values, thoughts etc. Always maintain a stance of curiosity and respect.
- It is important that the individual makes their own choices, sort through the cards themselves and attributes and articulates their own meaning.
- Sit in silence as consumers explore the cards. Be aware of when they may be ready to progress.
- The communication processes differ between Aboriginal and/or Torres Strait Islander consumers, families and communities to Western cultures. The communication style is indirect and meanders in and out of the subject matter. During this process, rapport and relationship is

built and the consumer's narrative is told which can then better inform assessment, formulation, diagnosis and therapy processes.

The level of trust and connection in the therapeutic relationship will guide how 'deep' one can go with 'un-packing' the cards. Keep in mind there is a difference between clinician and health workers capacity to dive deep with safety. To reflect this, below we have provided different options on how to use the ETS SEWB Cards for clinicians and health workers.

### Mental Health Clinician Options

There is no one way to use these cards. They have been designed to be used as a 'tool' to promote engagement and connection. The cards are a collection of unique images that reflect one or more aspect of Aboriginal and Torres Strait Islander SEWB that lend themselves to enhancing the yarn.

The ETS SEWB Cards work best as a set of yarning prompts. Below are some ideas on how to use them.

#### 1. Random Choice:

Consumers/family members are asked to view and choose cards based on:

- What image/s speaks to them.
- What image/s they like.
- What image/s they connect with.
- What image has a message for them.
- What image stands out.

Once chosen, mental health clinicians can then ask questions (in a curious manner), in relation to the cards chosen, for example:

- Tell me a little more about the image you selected.
- What does this image remind you of?
- What drew you to the image?
- What does this image mean to you?
- What made the image stand out for you?

## 2. Tell me a story:

Visual prompts can be helpful and powerful triggers for storytelling. Ask the consumer/family members to view and choose cards that they can use to tell a story, for instance:

- About themselves / other people.
- Where they could be in future.
- What they would like in their lives.
- What resources and strengths they have / can draw on.

It is important to focus on positive narratives during the first few sessions. To focus on trauma/s can be considered rude until a connection / trusting relationship has been established. Once this connection, and a sense of safety, has been established, stories could start to focus a little more on past/current trauma.

## 3. Linking stories:

Any image can have one story or more and can take you on an unexpected journey. Ask the consumer/family members to view and choose a few cards that can help tell a story.

- We strongly recommend that you do not start with a story about the individual. Until a therapeutic connection and rapport is established, focus on telling any story, community, others etc.
- Once a therapeutic connection and rapport has been established, then one can start to explore stories about themselves, trauma etc.

Linking stories can change from day to day, situation to situation. Thus, it is important to curiously unpack them with the individual, for instance using the following promotes:

- Tell me more.
- What is the story?
- What are some of the links between the cards?
- What is something that is not being said in the cards?

## 4. Add your own:

The authors acknowledge that the selected images do not cover the breath of what can be captured in the SEWB framework. These cards are however a way to start a yarn and explore potential SEWB options. Thus, we encourage anyone using these cards, to capture further images.

To personalise and expand potential SEWB options, ask the consumer/family members to take photos, bring in their own images, cut out images from magazines etc. While engaging in this process discuss the images, exploring what they mean to them and how it can fit into the SEWB framework.

## 5. What is Social Emotional Wellbeing?

Gaining an understanding and talking about SEWB is critical. However, not everyone may be aware of what SEWB is and the broader domains outlined within the Gee, et al., (2014) Model.

To assist with this suggested option, users are strongly encouraged to gain an understanding of the SEWB model developed by the Gee, et al., (2013). Within this guidebook, some examples have been provided for each of the SEWB domains suggested. The examples are by no means exhaustive, and a few of them can fit equally well under several of the wellbeing domains. Nevertheless, by being aware of the model and examples, mental health clinicians can suggest some practical examples that might resonate with the consumer and their family; or might equally prompt them to consider other SEWB issues to discuss/explore.

Some ideas to assist are outlined below:

- a) Show the consumer/family members the Model on the back of the cards. Talk about the overall Model and what each Domain means.
- b) Place the SEWB Domain Heading Cards down. Ask the consumer/family members to view all image cards and to then sort them based on what Domain the image might fall under.
- c) Place the SEWB Domain Heading Cards down. Ask the consumer/family members to view all image cards and select ones that, for instance:
  - Relate to them personally under each Domain.
  - Relate to their family.
  - They wish they could do more of.
  - Relate to their family.
  - They miss the most.

If the consumer is finding this challenging, consider the “add your own” option suggested above.

For each of these options, possible follow up questions could be:

- What stood out for you with each image?
- What images could be under another Domain? If so, why?
- Did you know that ... was what you were missing?
- What is one small step you, or others can help you take, that will help? This relates more to what they could do more of and miss the most.

### Health Workers Options

Many Aboriginal and Torres Strait Islander families and communities have experienced extensive cultural loss due to colonisation and its effects. Members of the Stolen Generations and their descendants continue to experience a deep sorrow and yearning to reconnect with their culture and ancestry. With appropriate cultural consultation, it is important for us to be able to provide consumers and families with an opportunity to discuss concerns, such as cultural loss, and to ask about whether support in this area of SEWB is important for their healing process.

“A picture is worth a thousand words”  
(unknown)

There is no set way of using the ETS SEWB Cards. However, each of the images used on the cards hold a level of symbolism and backstory that only an Aboriginal and/or Torres Strait Islander person, because of their lived experiences, will have the knowledge / understanding of. Given this, it is recommended that only an Aboriginal and/or Torres Strait Islander person explore cultural loss and the deeper aspect of the images/cards with consumers. Further, as the ETS SEWB Cards can touch on many thoughts/feelings that might be sensitive and could be painful, such conversations need to be entered into lightly and in some cases might be best entered into with the support of a health worker using a sensitive, curious and Narrative approach.

Externalising conversations regarding situations/challenges/issues may help some consumers/families gain some ‘distance’ from things that might cause distress/shame. Madsen (2007), however, encourages us to also consider that shifting externalising conversations to “strengths and resources” can help

consumers develop a richer appreciation of their capacities that they may be able to access (Madsen, 2007).

As noted, the ETS SEWB Cards work best as a set of yarning prompts. While engaging in the options outlined above for mental health clinicians, it is suggested that health workers also focus on exploring in more detail the consumers/family members sense of:

- Connection to family. This will help to ensure that a consumer maintains and understands their family and cultural connections.
- Belonging to cultural/heritage. Through positive and/or not so positive connections, a consumer develops a sense of belonging/disconnect to their cultural heritage.
- Identify and SEWB. A sense of identity and SEWB is formed from birth. This can, and often does, impact connection to family and culture, and a sense of belonging to their culture and community.

Further, given the lived experience of health workers they are more appropriately placed to weave into therapeutic conversations cultural loss and the symbolism and backstories of the images. By doing so, conversations towards deeper healing and understanding can occur.

Based on a Collective Narrative Practice approach (Denborough, 2008), additional areas of focus questions could include:

- what does **connection** mean to you, your family and community?
- how do **celebrations** affect your social and emotional wellbeing; and that of your family and community?
- if you were to write a story, or a song, a letter/email or paint a picture about you, your family, and/or your community's strengths – **things that help your wellbeing** – what would it include?
- if you were to write a story, song, a letter/email, or paint a picture about things that get in the way of you, your family, or your community's wellbeing – what would it include?

Some additional questions that may provide entry into a rich and meaningful conversation about SEWB, based on Madsen's (2007) concept of externalising conversations to "strengths and resources", could include:

- Can you tell me more about the **Ancestors**?

- Who taught you about ...?
- How did you develop this practice/these practices?
- How would you like to use the idea of **Country** in your life?
- Why is it important for you to use it in that way?
- What values are important here?
- When you think of those values, what hopes or dreams do they reflect?
- What do these hopes and dreams say about what you are committed to or what you stand for in your life?
- As you think back across your life, who do you think might particularly appreciate your pursuit of **traditions** in the face of your experience of.....?
- How have those people contributed to your development of **traditions** in your life and your family?
- If they could witness your practice of **traditions**, what do you think it would tell them about you? And about your family?

## Additional Support

These cards are a way to commence conversations and yarns. However, if you are concerned that someone you know who identifies as Aboriginal or Torres Strait Islander is struggling with their wellbeing, it can be helpful to involve family, carers, or other community members in providing support.

If you feel you are not the best person to support them, discuss this with your Line Manager / Team Leader. They may be able to assist and suggest alternative supports, including HHS health workers, Aboriginal and Torres Strait Islander Family Wellbeing Services, and Community Controlled Health Organisations (CHHO).

## ETS SEWB Card Image Details

Copyright of the original photographs remain unchanged and is retained by the original copyright holder. Permission has been provided by the copyright owners of the images for use of the ETS SEWB Card project, and associated promotional material only. Details pertaining to each of the images used for the ETS SEWB Cards are outlined below, including acknowledgement of the Aboriginal and Torres Strait Islander people on whose land the photos were taken and copyright owner of the image/s.

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	Woorim - Bribie Island, Queensland (Djindubari country).	Lauren O'Meara
	Kings Canyon, Watarrka National Park, Northern Territory (Luritja and Arrente country).	Lauren O'Meara

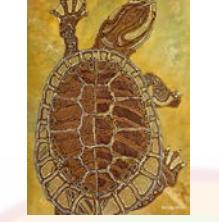
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	North Stradbroke Island, Queensland (Quandamooka country).	Lauren O'Meara
	Everton Park, Queensland (Yuggera and Turrbal country).	Craig Heron
	'Bungaru' (freshwater turtle) by Aicey Zaro (a Birri Gubba-Juru/Meriam Mer man).	Craig Heron
	Local dingy anchoring on beach, Thursday Island (Waiben), Queensland (Kaurareg country).	Frank Mills
	Local crayfish (Kiar) caught on Thursday Island (Waiben), Queensland (Kaurareg country).	Frank Mills

Image	Image details	Copyright owner of Image
	Moreton Bay Region, Queensland (Kabi Kabi country).	Warren Bergh
	Top of the North U12's Basketball Competition (Juru country).	Craig Heron
	Selfie taken (Gimuy Walubarra Yidngi and Yirrangangi country).	Craig Heron
	Toys for grandchildren (Yuggera and Turrbal country).	Craig Heron
	Aaron Tamwoy with his son Marley and paternal great-grandmother Josephine Sebasio (Yadhaykenu country).	Elizabeth Tamwoy
	Elizabeth Tamwoy with her grandchildren, Marley and Isla Tamwoy (Gimuy Walubara Yidnigi country).	Elizabeth Tamwoy

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	Jimmy Hobson (Lockhart River Elder) making a traditional spear using bamboo with his grandson Jimmy Hobson (jnr) (Napranum country).	Elizabeth Tamwoy
	Castle Hill, Townsville, Queensland (Gurambilbarra and Wulguruukaba country).	Warren Bergh
	Cairns, Queensland (Yirrganydji country).	Daryl Leo
	Local fish (Wapil) - withi (coral trout) on table caught Thursday Island (Waiben), Queensland (Kaurareg country).	Frank Mills
	Enoggera, Queensland - ETS Statewide Program Management and ETS Brisbane North Office (Yuggera and Turrbal country).	Warren Bergh
	Keanu Mills and Nathaniel Mills (Balas/Thukiap).	Frank Mills

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	North West Community Health Centre, Keperra, Queensland (Yuggera and Turrbal country).	Warren Bergh
	Lone Pine Kola Sanctuary, Fig Tree Pocket, Queensland (Jagera and Turrbal country).	Warren Bergh
	Rockhampton, Queensland (Darumbal or Dharumbal country).	Warren Bergh
	Rockhampton, Queensland (Darumbal or Dharumbal country).	Warren Bergh
	Devonport, Tasmania (Palawa country).	Warren Bergh

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	Cairns, Queensland (Yirrganydji country).	Warren Bergh
	Red Beach, Bribie Island, Queensland (Kabi Kabi country).	Warren Bergh
	Cairns, Queensland (Yirrganydji country).	Warren Bergh
	Jezzine Fort, Townsville, Queensland (Gurambilbarra and Wulguruukaba country).	Warren Bergh
	Lighthouse Park, Townsville, Queensland (Gurambilbarra and Wulguruukaba country).	Warren Bergh

Image	Image details	Copyright owner of Image
	Mount Coot-tha Botanic Gardens Queensland (Yugara and Turrbal country).	Warren Bergh
	North Pine River, Dohles Rock, Queensland (near Ted Smout Memorial Bridge) (Kabi Kabi, Yugara and Turrbal country).	Warren Bergh
	Cairns, Queensland (Yirrganydji country).	Warren Bergh
	Moreton Bay Region, Queensland (Kabi Kabi country).	Warren Bergh
	Cairns Wharf Complex, Cairns, Queensland (Yirrganydji country).	Warren Bergh
	Laura Dance Festival Laura, Queensland (Quinkan country).	Fiona Leo

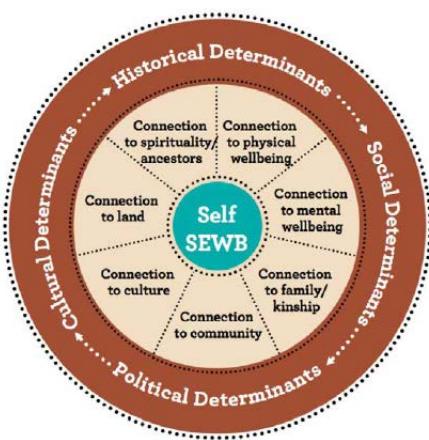
Image	Image details	Copyright owner of Image
	Cairns, Queensland (Yirrganydji country).	Julie Godden
	Moreton Bay Region, Queensland (Kabi Kabi country).	Warren Bergh
	Tennis Tournament, Cairns, Queensland (Yirrganydji country).	Keiryn Lenoy
	Deadly Choices Tennis Clinic, Cairns, Queensland (Yirrganydji country).	Keiryn Lenoy
	The Last Kinection (Hip Hop group). Newcastle, New South Wales (Photo taken on Yirrganydji country).	The Last Kinection
	Horn Island (Nurapai) sunset.	Frank Mills

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	Thursday Island (Waiben) and Hammond Island (Kiriri) fine weather (Kupu muthuru), Queensland (Kaurareg country).	Frank Mills
	Mount Coot-tha Botanic Gardens, Queensland (Yugara and Turrbal country).	Warren Bergh
	Currumbin Beach, Currumbin, Queensland (Yugambeh country).	Warren Bergh
	Nunkuwarrin Yunti of South Australia – South Terrace, Adelaide office (Kaurna country).	Andrew Cummins

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