

WICKD: THE WELL-BEING INTERVENTION IN END STAGE KIDNEY DISEASE

THE NEED

For Aboriginal people, kidney disease is not just the domain of the frail elderly, but a frequent malaise in middle age or younger. In remote communities, it affects people at the peak of their lives, often with young families and a life in front of them. It's a much changed life, of course, tethered to thrice-weekly dialysis, with the prospect of premature death hanging over their head.

Unfortunately, the remoteness of many Aboriginal homelands means that a life on dialysis is also a life lived away from kin and country. Dialysis centres are located in larger towns and cities, so to stay alive, Aboriginal patients are often forced to relocate.

On its own, end stage kidney disease (ESKD) can lead to memory and concentration issues, inertia and low mood. But for remote Aboriginal patients, this is compounded by the loss of family and friendship networks, language challenges, an unwanted and destabilising relocation, and the unfamiliar new world of Western medicine.

Until now, the main treatment focus for people living with ESKD has been the management of the physical aspects of the illness – with good progress being made, especially in encouraging more Aboriginal people to undergo life-saving kidney transplant operations. But ESKD extracts a serious toll on mental health and overall wellbeing. Menzies is leading efforts to address these psychological aspects, from the solid basis of research evidence, and long experience in both ESKD, mental health, and the remote Aboriginal context.

THE PARTNERSHIP OPPORTUNITY

Menzies seeks support to trial a new wellbeing approach for Indigenous patients with ESKD, to promote better mental health and overall wellbeing: the Wellbeing Intervention for Chronic Kidney Disease (WICKD). WICKD tests the effectiveness of a new 'Stay Strong' App, an innovative, electronic, culturally adapted, strengths-based treatment strategy, specifically designed to improve wellbeing amongst Indigenous ESKD patients.

Delivered on an iPad, the App features culturally appropriate language and visuals, with various prompts and 'stay strong' messages, and measures wellbeing via a simple questionnaire. Patients are guided in its use by a therapist or health service provider, who importantly, doesn't require specific mental health training. In this way, depressive symptoms can be monitored and managed early, as they appear, and in the dialysis centre itself.

This three-year study looks at how effective this approach will be in reducing psychological distress. It involves a randomised control trial, and examines the App's impact on an array of wellbeing and quality of life measures, along with attendance at dialysis treatment.

THE IMPACT

Partnership funding will allow WICKD to work with 150 people living with ESKD, and to support the development of additional resources to strengthen approaches to the management of mental health aspects of ESKD.

Indigenous researchers will be engaged and funds provided for professional development, building Indigenous workforce capacity in this area. A PhD scholarship opportunity will focus on deepening our understanding of the stories and journeys behind this devastating illness. Findings will be disseminated widely to influence best practice care.

In the longer term, if this approach works, we will see not only better mental health outcomes, but also synergistic improvements for the management of physical health. This means longer, healthier lives for Aboriginal patients living with ESKD, with a greater adherence to treatment protocols and uptake of transplant options. It also means a greatly reduced strain on health budgets – where there are huge saving to be made. There are likely to be other profound ramifications: healthier adults managing ESKD means enabling a physical presence of key role models for young people, sustaining an adult workforce who can co-manage ESKD and employment, sustaining family life and cultural custodianship.

Equally, it sits within a portfolio of innovative, technologically-enabled learning and health education approaches that – given remote Australia's resource challenges and tyrannies of distance – may well hold the key to better outcomes in Indigenous health more generally, as this style of approach is adopted more extensively. Indeed e-mental health approaches are a key component of current health policy and are strongly supported by the Commonwealth government through their National e-mental health Strategy.



PARTNERSHIP SOUGHT: \$465,000 OVER 3 YEARS + PHD SCHOLARSHIP

The Stay Strong App has been developed by Menzies and the Queensland University of Technology. It demonstrated excellent results in a small pilot project. WICKD requires support to roll out this approach more widely, and test its effectiveness empirically, with an Australia-wide adoption if early results are reinforced in this larger study.

FACTS AND STATS

- In remote areas the rates of kidney disease are up to 40 times higher than the national average, and affecting people of all ages.
- Aboriginal and Torres Strait Islander Australians make up 10% of all dialysis patients, despite being only 2.5% of the population.
- 12% of Indigenous Australians with (treated) End-Stage Kidney Disease (ESKD) have a kidney transplant, compared with 45% of non-Indigenous ESKD patients.
- Indigenous Australians are almost four times as likely to die from chronic kidney disease than non-Indigenous Australians.
- In 2009, the hospitalisation rate for regular dialysis treatment among Indigenous Australians was 11 times as high as for other Australians.

Contact

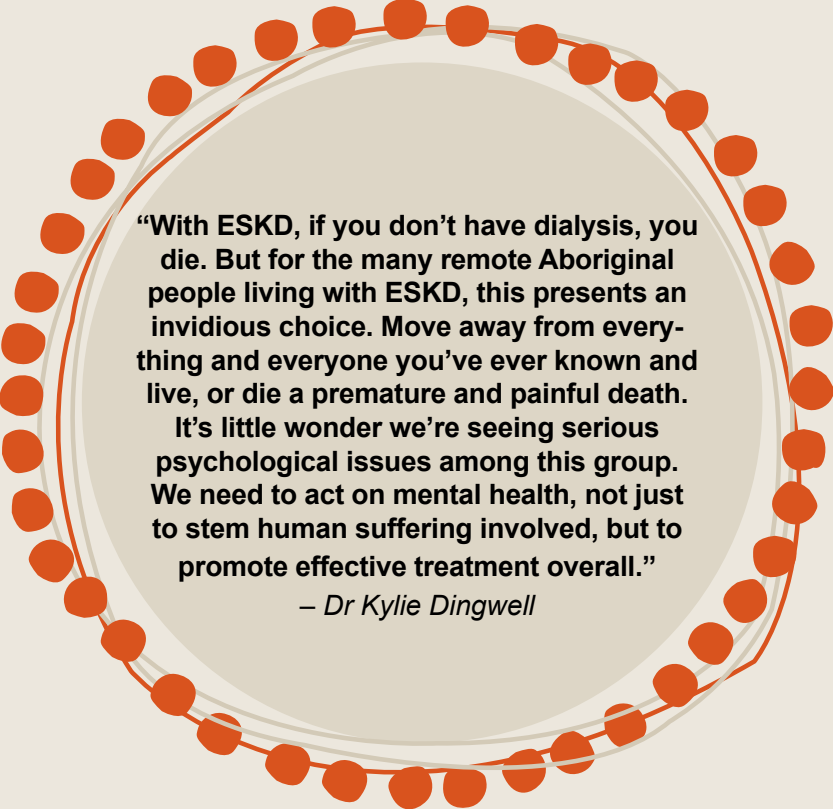
Colin Baillie, Head of Development

Menzies School of Health Research

Phone: 0410 634 889

Colin.Baillie@menzies.edu.au

www.menzies.edu.au



“With ESKD, if you don’t have dialysis, you die. But for the many remote Aboriginal people living with ESKD, this presents an invidious choice. Move away from everything and everyone you’ve ever known and live, or die a premature and painful death. It’s little wonder we’re seeing serious psychological issues among this group. We need to act on mental health, not just to stem human suffering involved, but to promote effective treatment overall.”

– Dr Kylie Dingwell