

Plain Language Summary

Priority Evidence-Practice Gaps in Aboriginal and Torres Strait Islander Mental Health Care - Phase 2 ESP Project Report (with trend data 2011-2013)

Aim

This project aims to involve interested people and organisations in interpreting continuous quality improvement (CQI) data to:

- Identify gaps in recommended care that are common across many health centres
- Share knowledge on ways to improve Aboriginal and Torres Strait Islander mental health care.

It is important for as many people as possible to be involved. It will help ensure the final ESP report for mental health care reflects different views and collective knowledge, and is useful for improving mental health care policies and delivery systems for Aboriginal and Torres Strait Islander communities. System level responses need to consider the holistic nature of Aboriginal and Torres Strait Islander wellbeing, and should be shaped to meet the needs of Aboriginal and Torres Strait Islander people and communities.

What we have done – the ESP mental health care project so far

We brought together information (de-identified data) about mental health care from 17 primary health care centres that serve Aboriginal and Torres Strait Islander people. We analysed the data to identify important items of recommended care that are provided to fewer people than expected (evidence-practice gaps). We reported the findings in the ESP Phase 1 Report and asked people to comment on these findings (Phase 1 survey).

Summary of findings so far

Some health centres have been following guidelines for many items of mental health care, but most are not doing well with key items of recommended care. The data show wide variation between health centres in almost all items of mental health care.

Identified priorities for improvement across the CQI data

The six items of care that were rated as most important for improving the quality of mental health care by people who completed the Phase 1 survey were:

- Developing and recording shared care arrangements and referral
- Improving recording and delivery of follow-up of abnormal findings, with focus on clients whose symptoms get worse or more intense
- Asking about and recording drug misuse
- Organisational commitment related to organisational culture, support structures and processes that promote safe, high quality healthcare
- Team structure and function related to health service staffing profile, allocation of roles and responsibilities, client flow and processes for effective care
- Links with the community for service and regional planning (communication and cooperation on regional planning and development of health resources)]

More detail on these findings are presented in the Phase 2 report. This report also presents trends over time in priority areas of care where health services do not follow recommendations. It uses de-identified data from 21 health centres participating in the ABCD National Research Partnership that conducted audits of care for adults with a diagnosed mental illness from 2011 – 2013 (975 client records and 29 system assessments).

Trends in delivery of mental health and wellbeing care

Trends in mental health care from 2011-2013 show little evidence of improvement over time for the identified evidence-practice gaps. There is little or no evidence that variation in service delivery between health centres has reduced for these priority areas.

What will help or hinder our work to improve these areas of care?

Please read the report and complete the Phase 2 online [survey](#).

The phase 2 survey asks questions about barriers and enablers to high quality care and system-wide strategies for achieving improvement. When thinking about the survey questions, please review the trend graphs and reflect on your knowledge and experience to provide feedback.

You may find the [Group Facilitation Guide](#) helpful for discussing a group or team response.

Why read the ESP reports and do the surveys?

- ***If you work with clients***, this is an opportunity to look at CQI data beyond your health centre, and have a say about issues that affect your practice, and what does and doesn't work on the ground.
- ***If you are a manager or leader***, you can use the reports to discuss mental health care with your staff, and plan improvements based on evidence and strategies from across similar services. Doing the surveys adds the voice of your organisation to a national conversation about mental health care issues.
- ***If you are a CQI facilitator***, we hope the ESP project offers useful resources to inform your work and to stimulate discussion about quality improvement with the services and teams you support.
- ***If you work at a higher policy or management level***, the reports provide a wide-scale picture of the quality of mental health care. Your survey responses bring a higher system level view to interpreting and using CQI data. The findings from our consultation can inform policy-making and strategic planning.
- ***If you work in research***, the ESP project offers data about healthcare quality. Your participation supports knowledge exchange to translate evidence into practice to improve health outcomes.

What will happen next?

We will send you a final ESP report for mental health care and a data summary. The report will summarise findings from the phase 1 and 2 surveys (please make sure we have your email address).