

# Key Findings and Messages for Improving Aboriginal and Torres Strait Islander Mental Health and Wellbeing Care

## from the 'Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement (ESP)' project

The ESP project for mental health and wellbeing care brought together data from 21 health centres participating in the ABCD National Research Partnership. The health centres include community-controlled and government managed health services in different Australian jurisdictions. Teams in these health centres conducted audits of mental health care for well adults (>975 client records), and completed 29 system assessments in mental health care, over the period 2009 – 2014.

The research team did an initial analysis of the data. Then, in a phased process of reporting and online surveys, we asked people their perspectives on the clinical audit and system assessment data.

Over the course of the project (2015 - 2016), about 50 people in diverse health roles and organisations helped to interpret the data to:

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

### Closing the gap in mental health and wellbeing

Aboriginal and Torres Strait Islander adults experience anxiety and depression symptoms at a rate 3 times higher than non-Indigenous adults. In 2011, 14% of the health gap between Aboriginal and Torres Strait Islander people and other Australians was linked to mental health and substance use conditions. Despite higher levels of mental illness, Aboriginal and Torres Strait Islander people underutilise mental health services.

Supporting cultural identity, improving the social determinants of health, and strengthening pathways and access to mental health and substance use services are critical for improving mental health equity.

Primary health care services have a critical role in early intervention and management of mental health and wellbeing care. Continuing to improving the quality of care delivery by these services is very important.



**We are likely to improve the overall quality of mental health and wellbeing care by focusing on six 'evidence-to-practice gaps' in care delivery. These gaps are common across many health centres.**

**Key findings** – There was wide variation between health centres in almost all aspects of mental health and wellbeing care. Some were doing well in many aspects, however the majority of health centres were not doing well in key areas of mental health and wellbeing care.

Six aspects of care were identified as system-wide priorities for improvement.

- Developing and recording shared care arrangements and referral (as part of complete client records, mental health summaries and care plans)
- Improving recording and follow-up action for clients whose symptoms are getting worse
- Asking about and recording alcohol and drug misuse, and giving advice or counselling on tobacco use, nutrition and exercise
- Organisational commitment to a culture, support structures and processes that promote high quality mental health care
- Developing healthcare teams with the right mix of skills, clear allocation of roles and responsibilities, and development of processes for effective care
- Linking with the community for service and regional planning and development of resources

The priorities were identified because they were: a) important areas of clinical care that were being recorded at low levels by most services, or b) aspects of care where there was wide variation in recorded delivery of care, or c) components of Primary Health Care (PHC) centre systems that were poorly developed compared with others.



Five key barriers to improving the priorities for mental health care are experienced by many health centres. To overcome these barriers, systems need to be strengthened for recruiting staff, educating teams in culturally appropriate mental health care and providing ongoing support and advice from experienced colleagues.

**Key findings** – People who participated in the ESP project brought experience and knowledge in Aboriginal and Torres Strait Islander health to identify these barriers and enablers associated with the evidence-to-practice gaps:

- Systems and approaches for recruiting and retaining primary health care staff, including Aboriginal Torres Strait Islander Health Practitioners.
- Systems to support staff to get advice and support from experienced colleagues and mental health professionals.
- Systems and processes to help staff understand the needs and hopes of people living in Aboriginal and Torres Strait Islander communities in relation to mental health and wellbeing care.
- Training and development to build awareness, knowledge and skills in mental health and culturally appropriate mental health and wellbeing care for Aboriginal and Torres Strait Islander people.
- Financing and resources for mental health and wellbeing care (from local and regional health authorities and government), including adequate PHC facilities.

It is important to target barriers to improvement, to build on what is working well, and to work with people who bring different knowledge and views when developing solutions. These barriers and enablers are much the same as those identified in the ESP project on other aspects of PHC (e.g., chronic illness care).

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## Key message

### 3

**Action for improving mental health care needs to focus on overcoming the barriers and strengthening systems for recruiting and supporting staff with the required mix of skills. Some strategies, such as involving family members in clients' care and using quality improvement processes, can be put in place by health centre teams. Others, such as services working together in case management and using one data system for clients' records, need partnerships with policy makers, external services and communities.**

**Key findings** – Drawing on their knowledge and experience in Aboriginal and Torres Strait Islander healthcare, participants suggested strategies and actions to overcome the identified barriers and address the priority evidence-to-practice gaps.

- Improve communication across services and between mental health acute and primary care teams to coordinate case management, especially to follow-up for suicidal ideation and attempts.
- Increase staff awareness of shared care and referral options for mental health.
- Establish and promote the use of one data system by local and visiting services, to increase accessibility of case histories, improve referral processes and continuation of care across providers.
- Enhance clinical information technology to ensure effective recall and reminder systems.
- Co-locate services and establish multidisciplinary team structures to overcome the stigma of using 'mental health services' and address co-morbidities related to mental health.
- Provide resources to build the capability and cultural competency of mental health services.
- Employ more Aboriginal and Torres Strait Islander mental health care staff.
- Improve understanding of mental health from a community perspective and integrate this into service delivery.
- Include family members in clients' care in relation to mental health and alcohol and other drug issues.
- Train staff in asking questions about alcohol and drug use, and educating clients in the health effects of misuse.
- Work with community programs to combat normalisation of excessive alcohol and drug use.
- Increase recognition of the central role of social and emotional wellbeing and mental health care within PHC. Embed quality improvement strategies that highlight links between best practice and client outcomes.

The development of strategies should take account of evidence about how effective and well-suited they are in different contexts. Policy makers, funders, leaders, managers and staff across levels of the health system need to take a coordinated approach to supporting key strategies within their levels and areas of influence. Implementing the suggested strategies to improve mental health and wellbeing care will strengthen other key areas of care.

## From messages to action: an opportunity for wide-scale improvement

Why is it important to take action on the ESP project findings and key messages for mental health care?

1. They are based on the analysis and interpretation of the largest and most recent available sets of CQI data for Aboriginal and Torres Strait Islander healthcare.
2. They represent the work, knowledge and ideas of people working in different roles in Aboriginal and Torres Strait Islander healthcare – clinicians, managers, policy-makers, researchers, staff of health service support organisations and peak bodies representing the interests of communities and community-controlled health services.
3. The findings and key messages can be used to develop system level solutions for priorities in mental health and wellbeing care for Aboriginal and Torres Strait Islander people and communities.

### How can the findings and messages be used to improve mental health and wellbeing care?

ESP findings are a starting point for continuing discussions about strategies for improvement.

The findings and messages can be used by health services to plan system changes that target barriers to improvement and strengthen what is working well in mental health care care.

The findings and messages can inform policy to improve local availability of services that support mental health and wellbeing.

Strategies should be developed collaboratively across regions and jurisdictions, between service providers and communities. They should be adapted to local settings.

#### What does evidence tell us about making large-scale improvements in health outcomes?

We know from international and Australian evidence that taking a system-wide approach to CQI is linked to large-scale improvements in health outcomes.

Changes need to be made at different levels – the individual, the group or team, the service, and the larger environment in which services operate – to improve overall care quality.



Improving practice  
through research



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