

Pathways Home Project

2008

Presentation by
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Acknowledgement of Traditional Owners of the Land

- > We acknowledge and respect the traditional custodians whose ancestral lands we are meeting upon today. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. We also pay respects to the cultural authority of Aboriginal people visiting/attending from other areas of South Australia present here

Background

- > Funding awarded under the Australian Health Care Agreement between the Commonwealth and State Government – Pathways Home Program
- > Main objectives:
 - Optimum service delivery for Aboriginal people.
 - Increased relationships between community controlled and mainstream health services.
- > Development of partnership modules to support state-wide roll out of RAISE
- > Wide consultation processes envisaged around module development
- > The results of the consultations form part of this presentation

Methodology

- > Group interviews
- > Feedback sessions
- > People involved- policy makers, service managers, service providers
- > +/- 46 participants
- > Questions asked:-
 - Level of MH services provided to Aboriginal people
 - Issues affecting use of MH services by Aboriginal people
 - Existing and planned Aboriginal MH partnerships and their focus
 - Perceptions about development of a training module on cross cultural MH partnerships
 - Focus of the ideal training module (content, audience, presentation)

Regional areas consulted



Limitations

- > Not all stakeholders were consulted
- > Not all data collected has been used
- > Inclusion and exclusion criteria- consistency of themes, new ideas
- > Iteration was limited – time, distances

Service Management

- > Aboriginal MH services being delivered via ACCHCs, CMHT and Aboriginal teams based within CMHT.
- > Aboriginal mental health issues linked with poor access to services

Workforce issues:

- > AHWs needed within clinical settings in order to improve access for Aboriginal people
- > AHWs often ill equipped to deal with MH issues, overloaded, burnt-out; up-skilling needed
- > Perception AHW position not acknowledged/recognised
- > Levels of cultural awareness among non AMHWs vary across the State
- > Perception that cultural awareness training being provided is less effective
- > Non AMHWs display different attitudes towards cultural awareness training

Service Management (Cont'd)

- > Mainstream CMHTs need to adopt culturally competent practice
- > Consider the moral, legal and professional responsibility arguments for culturally competent practice
- > Aim to achieve all four components of cultural competence (cultural awareness, cultural sensitivity, cultural knowledge, cultural skill) leading to cultural safety
- > Link training to level of cultural competency attained by the organisation
- > Involve AHWs in clinical settings to enhance culturally responsive practice and to develop cultural competence among non AMHWs
- > Target AHWs with appropriate and ongoing MH training
- > Target Aboriginal children for career pathways in MH, offer scholarships

One Stop Shop Concept

- > A consistent 'theme' mentioned by Aboriginal health services
- > What does concept involve?
 - Health services to Aboriginal people provided in Aboriginal settings
 - All services to Aboriginal people made available on site
 - Professional staff co-locate/periodically sit within Aboriginal health services
 - contracting services via service contracts/agreements
- > Rationale - self-determination/ self management
- > Issues to consider - resources, duplication of effort, choice
- > **Key considerations:** "CCHS can never be a one stop shop due to staff constraints"
- > "How long will it take mainstream services to become culturally safe"

Service delivery

- > Different views about mental health
- > Perceptions about service delivery models (medical, Aboriginal, blend)
- > All models benefit clients; service/treatment choice still needed
- > Family approach is the focus of the Aboriginal model
- > Systems and settings restrict access to mainstream MHS by Aboriginal people (bureaucracy, settings, system, attitudes, language used, confidentiality, 'labeling' of clients)
- > Confidentiality concerns hinder access to ACCHS by Aboriginal people.
- > Perception Aboriginal health is Aboriginal people's business

Service delivery (cont'd)

Estimated demand vs estimated/actual access to service

Est. Pop.	Est. demand	Est.% getting service
150	50%	(2) 1.3% (actual)
120	20%	(2) 1.6% (actual)
1200	50%	(17) 1.4% (actual)
1000	50%	(2) 0.2% (actual)
1500	50%	5-10%
1000	25%	(20) 2%
400	75%	(5) 1.25%
800-900	33%	(7) 0.7%

(N.B. Figures reported by AHS/ mainstream. Estimated demand not based on diagnosed illness but broader context. Figures repeated here to give a picture of access to service. Not all areas visited reported)

Service delivery (cont'd)

Suggested strategies to improve access to MH services:

- > “Go to them rather than come to us”
- > Review settings and systems
- > Support proactive changes where they are already happening (flexibility)
- > Standardise procedures at service entry and exit points across MH services
- > Therapeutic terminology needed in Aboriginal MH
- > Involve Aboriginal people in clinical settings, service planning and review
- > Provide ongoing workforce development programs for personnel working in Aboriginal MH

Managing the CAMHS/CMHT transition

- > Service delivery gap for 16-18 year old Aboriginal males
- > Gender issues indicated as the inhibiting factor
- > CAMHS-CMHT links range from weak-strong
- > Some CMHT flexible with age
- > In some areas CAMHS-CMHT workers matched for 6 months to assist transition

Findings would suggest a need to:

1. strengthen CAMHS-CMHT links
2. develop standardised procedures and processes to manage the transition from CAMHS- CMHT
3. adopt innovative measures to close the existing service delivery gap for 16-18 age group

Co-morbidity

- > +/- 50% Aboriginal MH clients have drug, alcohol and mental illness issues
- > DASSA spread very thinly on the ground
- > Referral system is inflexible and not customer friendly
- > Sharing of customer information with partners could be improved
- > No rehabilitation service for youth with cannabis use problems in the State
- > Most MH workers have no confidence to deal with drug and alcohol issues
- > Develop capacity of MH workers to identify and respond to AOD issues

Linkages and coordination

Partnerships

- > Acknowledgement partnerships are important, no agency can do it alone
- > Informal/loose partnerships with other services and NGOs were reported
- > Perception: 'informal things make services unique and special', 'informality is what works', 'formal makes people quiet', 'tick boxes'
- > Few Aboriginal MH partnerships exist/planned
- > Non committal about need for modules
- > Partnership models exist in a continuum (networking, coordinative, cooperative and collaborative)
- > Choice of model is situation-specific (context, aspirations)
- > Formal partnerships needed when complex issues, multiple partners involved; clarity of purpose and commitments

Linkages and Coordination

- > Partnerships: Some key success factors mentioned
 - Common goal- mutually agreed plan
 - Objectives fit core business of agency
 - Complementary purposes/interdependencies
 - Respect and Trust
 - Celebrate cultural diversity (organisational, discipline, ethnicity)
 - Acknowledge/value others' roles
 - Listening/Open communication
 - Absence of professional and institutional boundaries (compartments)
 - Orientation of new staff
 - All levels 'walk the talk'

Community Involvement

- > Community/Family issues-
- > Inadequate knowledge about what supports need to be in place
- > Lack of information about how the system operates, who to contact for services/ in a crisis
- > Support needed to cope with distressing situations (violent detention of loved ones)
- > Address fear of system due to bad experience (“you don’t come back, if you do you will not be the same”)
- > Support is needed to link families across the State
- > Dealing with stigma, shame
- > Families need to be empowered to take control
- > Develop appropriate information packages
- > Involve Aboriginal community in awareness/ educational/ commemorative events

Conclusion

- > Appropriately trained Aboriginal and non Aboriginal workers needed in MH services
- > Access to MH services and service delivery to Aboriginal people generally poor
- > Settings, systems and poor links to external agencies account for most service delivery gaps
- > Most partnerships operating in Aboriginal MH are informal
- > Aboriginal-mainstream MH partnerships need to be formalised due to complexity of issues and multiple partners involved; need for a clearly defined purpose and commitments
- > Choice of partnership model depends on local context, target group, levels of commitment, aspirations of partners
- > Appropriate strategies needed to address the MH information and education needs of the Aboriginal community

Take home messages

- > Respect each other
- > Respect other's culture
- > Accept differences
- > Intervene during crisis presentation or the opportunity is lost
- > Walk together
- > Walk the talk

Acknowledgements

- > Policy makers, service managers and service providers
- > Others (Individuals, Groups and Organisations that gave their time)



Out of the Dust - 2008



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