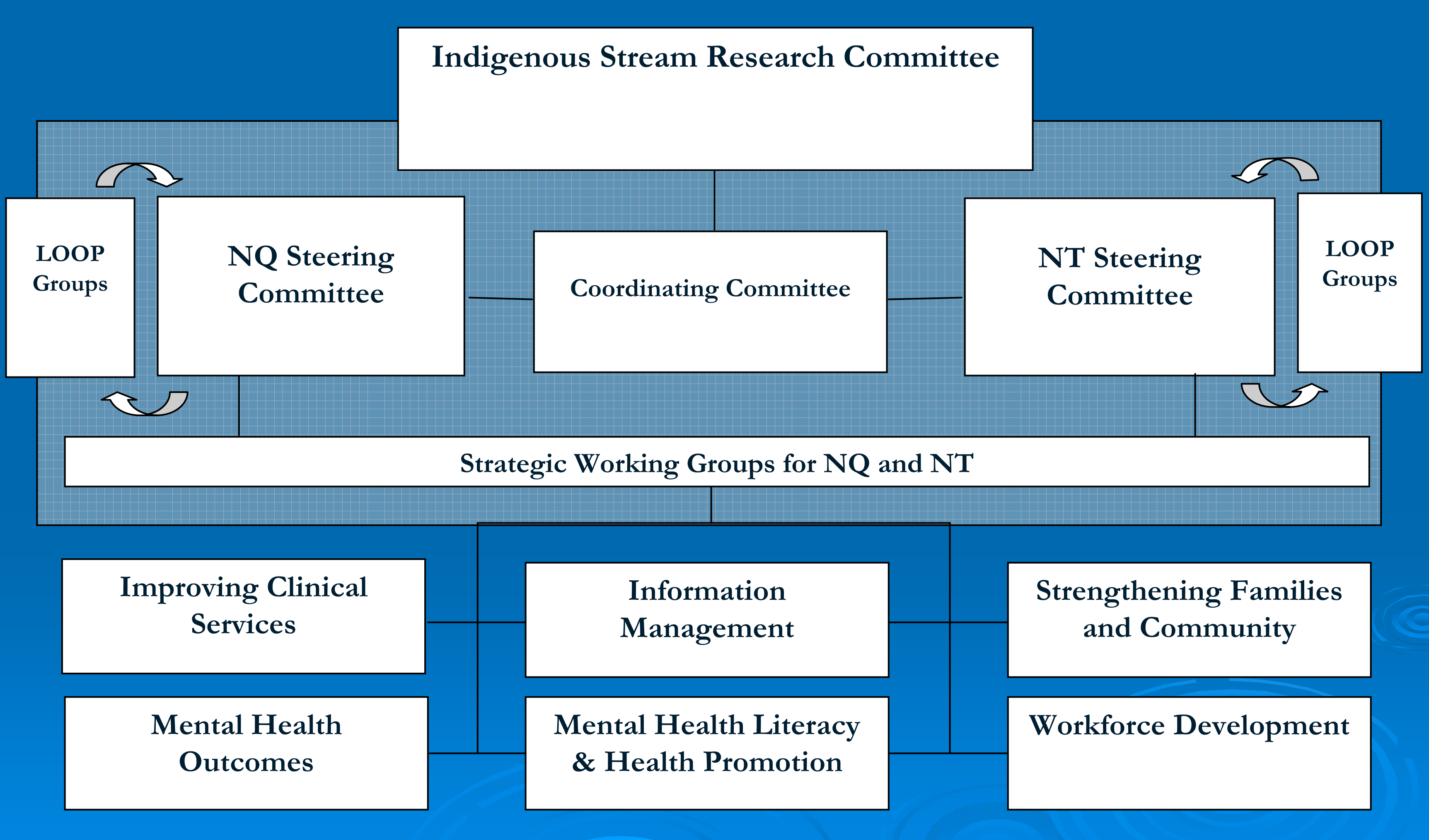
# *Aiming High Towards Better Mental Health Outcomes*

# *with Indigenous People*

*North Queensland Health Equalities Promotion Unit, School of Pop Health, UQ*

# Structure of AIMHI – Indigenous Stream



Major Indigenous Communities
of North Queensland
Thursday Island
Bamaga
Napranum
Weipa
Lockhart River
Aurukun
Coen
Coral Sea
Pormpuraaw
Kowanyama
Laura
Hopevale
Cooktown
Wujal Wujal
Mornington Island
Mossman
Kuranda
Yarrabah
Atherton
Cairns
Innisfail
Normanton
Burketown
Doomadgee
Palm Island
Northern Zone
Townsville
Northern Territory
Camooweal
Mt Isa
Mackay
Dajarra

# Queensland Health's Implementation Philosophy for the OIS

- Learning from other States'/ Territories' experience in implementation
- Building in flexibility and responsiveness to the system to allow for improvement
- Being pro-active - using research approach to address specific areas of concern, e.g. trans-cultural and Indigenous outcomes projects

*"Aboriginal essence lies at the heart of cultural well-being. It is shaped and expressed in the web of physical, spiritual, political, environmental, economic and ideological inter-relations. Cultural well-being is the outcome of the integrity and harmony of these inter-relations. These inter-relations operate at the individual, family, community and societal levels*

*(Collins 1994 cited in National Mental Health Strategy Monograph of Promotion, Prevention and Early Intervention for Mental Health).*

# Issues

- Culture plays a huge role in determining the ways of being and seeing oneself and the world
- Aboriginal & Torres Strait Island people continue to suffer much from misunderstandings from the dominant society
  - Is outcomes yet another way to judge and reinforce our disadvantage by using tools developed outside our cultural framework?

# Dilemma – Which Way?

- Indigenous-specific tools or mainstream tools?
- No studies showed reliability or validity of mainstream tools with Indigenous people
- Lots of easily foreseen problems in items

but

- No existing Indigenous-specific tools, takes years for development & validation
- If no outcomes data in the system, Indigenous people may continue to lose out on benefits and experience even greater health inequality

# Indigenous Adult Mental Health Outcomes Evaluation Project: 04/05

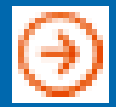
Start with Consultation – 2003

Wuchopperen Workshop talked thru pros, cons & potential pitfalls of using HoNOS and LSP with Indigenous consumers

General consensus was – try inclusion in the mainstream OIS but find a way to modify and closely monitor

(Have a Go - Chuck it out if it doesn't work)

# The Aims and Objectives



To maximise the benefits of Outcome Measurement to Indigenous Consumers

Objectives:

1. Identify culturally sensitive issues and provide principles to address these in training/support activities
2. Enhance acceptability to the community
3. Explore validity and meaning to consumers
4. Help monitor implementation issues
5. Assess reliability of clinician ratings
6. Assist sustainability through demonstrating its usefulness

# Research Team & Steering Group

- University of Qld: Melissa, Rachael, Brenda, Ernest
- Consultants: Alan Rosen, Sydney & Tom Trauer, Melbourne
- Mental Health, Bris: Ruth Catchpoole, Kathy Stapley, Luke Hatzipetrou, Dean Lewin, Kimina Anderson
- Mental Health, Northern Zone: Yvonne Wilkinson
- Integrated Mental Health: Mercy Baird
- Mental Health, Cairns Base: Andy Brownlie
- NT Health: Terry Barker, Tricia Nagel
- Apunipima Cape York Health Council: PD Ryan
- Wuchopperen Health Service: Leanne Knowles, Greg Pratt
- Royal Flying Doctors Service: Robert Williams

# Acknowledging Indigenous Voices

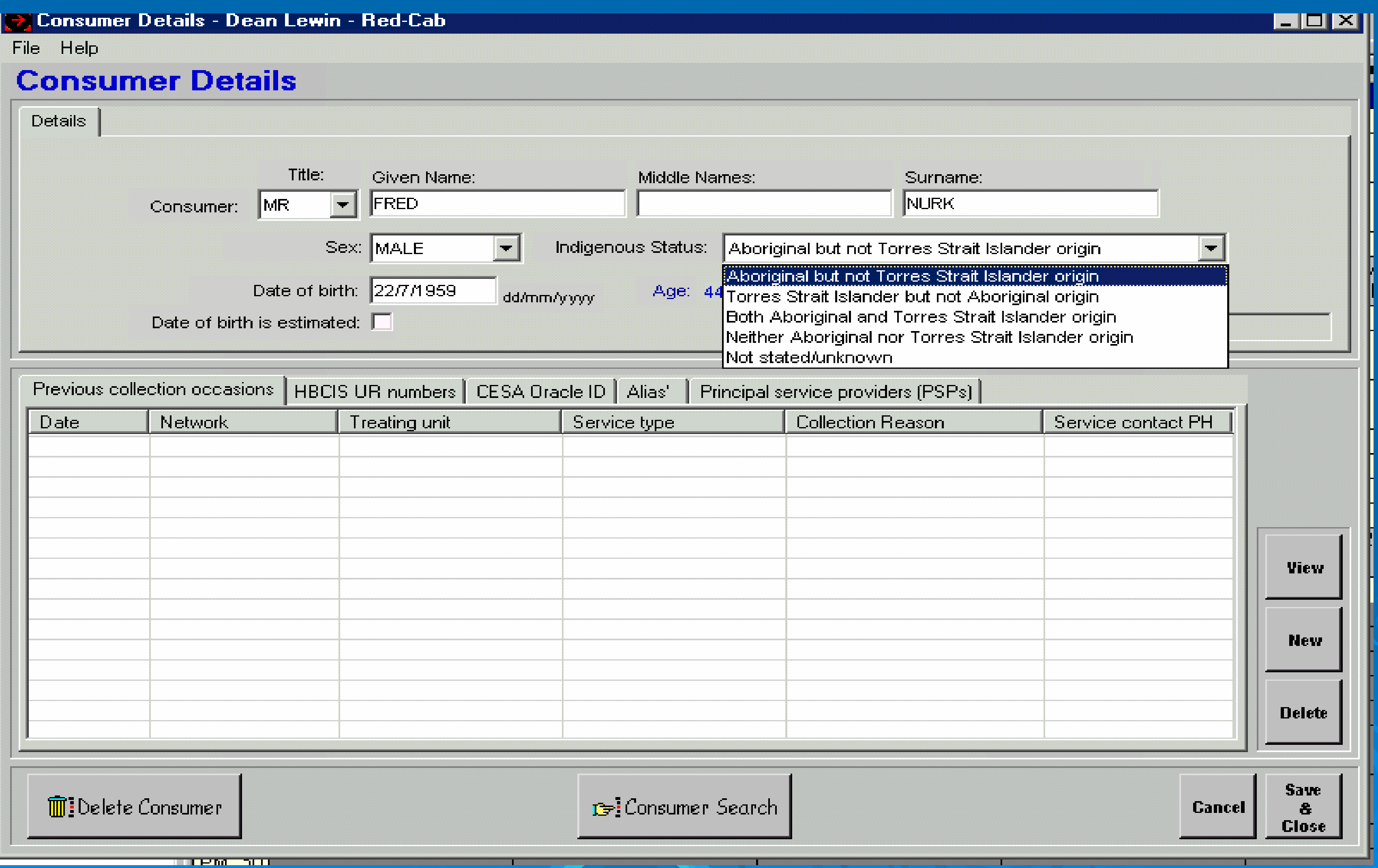
- 2 Indigenous Mental Health Worker forums – including 15 IMHW's
- NZ Indigenous Mental Health Workforce Reference Group and Trudi Sebasio
- 24 Indigenous Consumers and Carers from Remote communities FNQ
- Indigenous Stakeholders from 2 workshops held at WHS in Cairns
- 5 Maori Leaders in Mental Health

# Beyond Outcomes : Statewide and Cairns Network

Step 1 – Accurate identification of Indigenous consumers

- Statewide addition of Indigenous identifier question with encouragement to **ASK, Don't Assume**.

# Indigenous Identifier Screen



# Next Step: The Four Principles Ratings with Indigenous Consumers

- Set of principles/guidelines developed specifically to assist rating with Aboriginal & Torres Strait Islander consumers -

# Principle 1.

**It is extremely important to**
**INVOLVE ADDITIONAL INFORMANTS**
**when applying HoNOS and LSP**
**to Indigenous consumers**.

Whenever possible, gather information from a range of sources, including:
at least one carer or family member involved in the consumer's care **AND**
one local practitioner (preferably Indigenous Health Practitioner) who knows the consumer and the community well.

# Principle 1. Why?

- gather a comprehensive picture of the consumer’s experience over time

- ensure Indigenous people accept ratings as socially & culturally informed

- clarify complex interactions between cultural practices, social circumstances and community standards and the consumers’ own experiences (Principles 2-4)

# Principle 2.

**The scoring of all issues SHOULD REFLECT UNDERLYING SOCIAL DISADVANTAGE experienced by the consumer even if it is widely experienced by the entire community.**

Examples: lack of adequate food supply to the community, overcrowding in households, lack of support services to be accessed, lack of opportunity for employment or other meaningful activity, weekly/fortnightly cycle of income and expenditure, etc.

# Principle 3.

**Your scoring SHOULD include socially and culturally unacceptable behaviour even if it is common in the community.**

Examples: too much grog, domestic or community violence, disruptive behaviour and self-harm which is unconnected to cultural practices that are shared by others in the community

# Principle 4.

**Your ratings SHOULD NOT reflect socially/culturally acceptable behaviours, experiences and beliefs associated with funerals, religious or traditional activities.**

Therefore, consult with a family member/carer and the local practitioner to identify whether the reported/observed findings are consistent with social or cultural practices that are recognised and accepted within the community. If your discussions indicate that the behaviours are socially and culturally acceptable, **they should not** be included in the scoring.

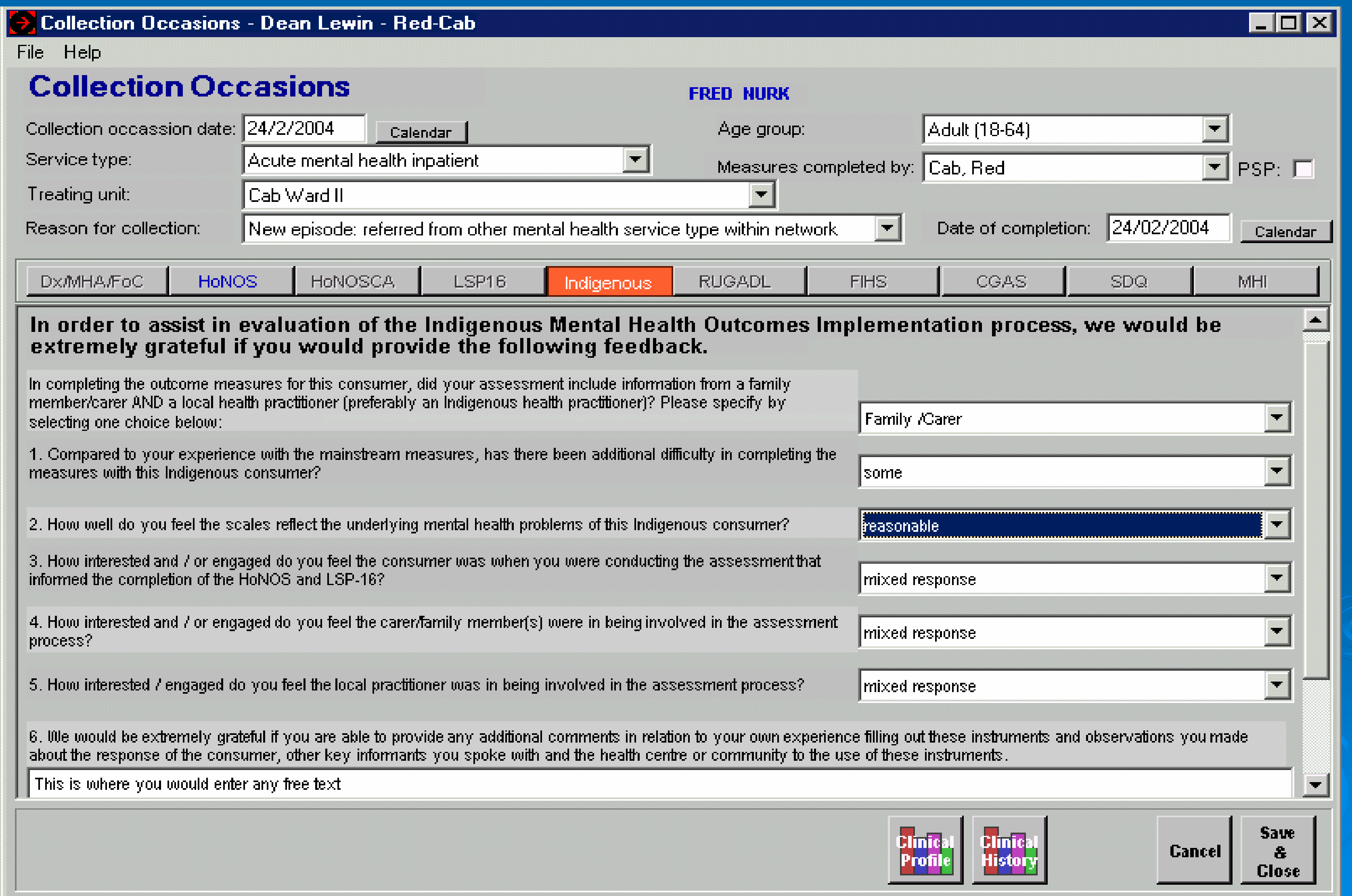
# Step 3. Implementation Process & Download Data

- Implementation of the Indigenous principles into extended training
- Ongoing support to clinicians via ZOC & MHISSO
- Two additions to the OIS made this data possible to explore:
  - Indigenous Identification
  - Additional Set of Questions
- Turning 'data' into useful information to guide and ensure improvement

# Additional Questions

- ... Additional informants in the assessment
- … Any additional difficulty?
- ... How well do scales reflect the mental health problems of this Indigenous consumer?
- … How interested/engaged was:
  - the consumer –
  - family/carer –
  - local practitioner?
- Anything else you would like to tell us?

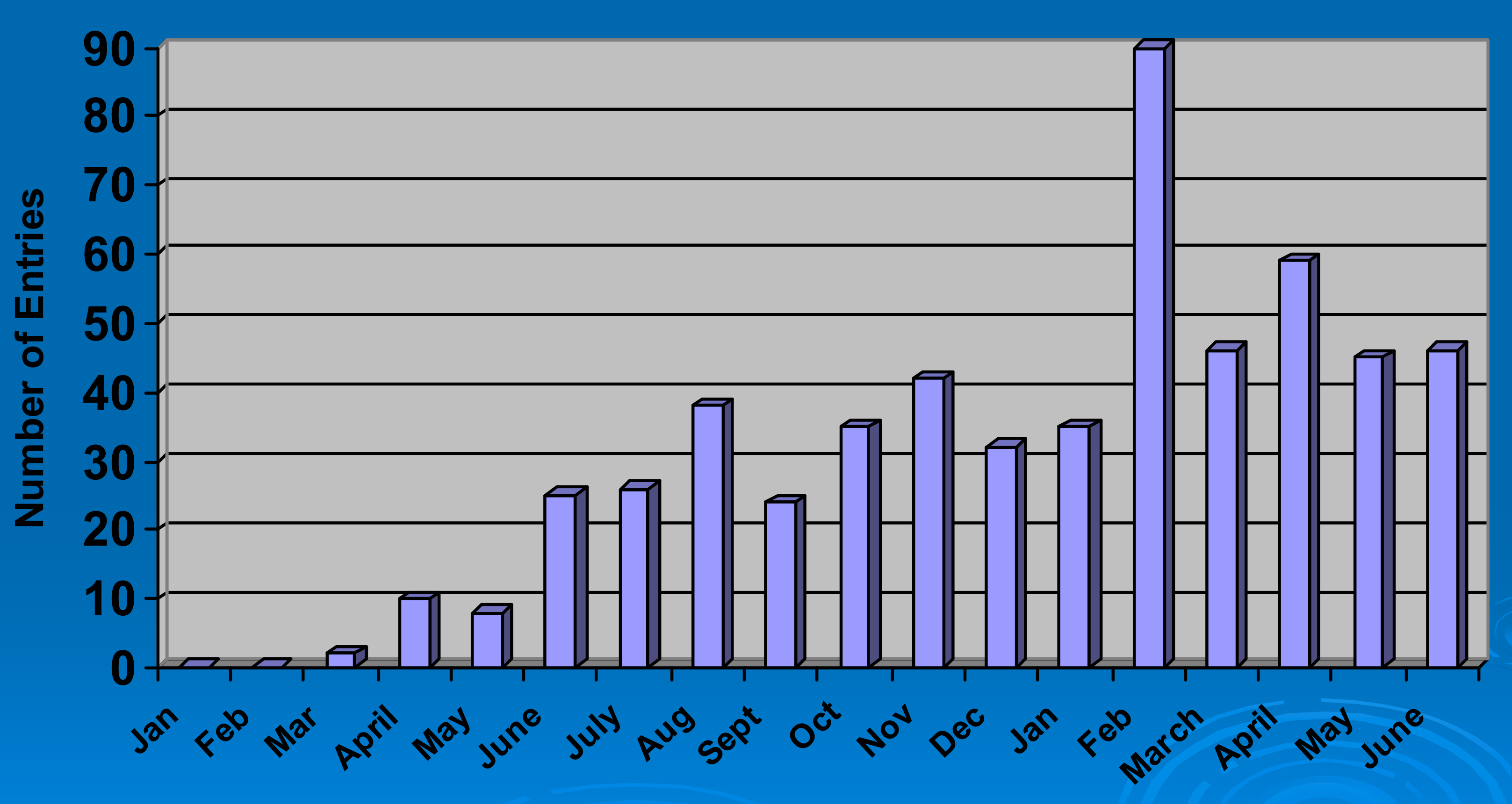
# Additional Question Screen



# Step 4. Analyse, Share and Learn

- Three Highlights:
  - Demonstrate links between engagement and perceived quality of assessment
  - Show evidence that Principle 1 is of major importance, but not followed often enough
  - Demonstrate what the outcomes data can tell us using multiple data sets

# Entries of Indigenous Specified Occasions in the Cairns Network



# Overall July 04 to June 05

- 518 collection occasions – 496 with data

- Among the 271 individual consumers:
  - 58% are men and 42% are women.
  - 68% Aboriginal, 22% TSI, 10% Both
  - 48% were <30 and 52% were 30 and over

- 140 collections in hospital, 356 in community setting

# Summary LSP/HoNOS occasions

- 205 LSP assessments completed.
  - 155 (75.6%) had no missing values.
  - Items 8, 13, and 14 were missing in over 10% of cases.
- 494 HoNOS assessments completed.
  - 443 (89.7%) had no missing items.
  - Max missing was 3.5%

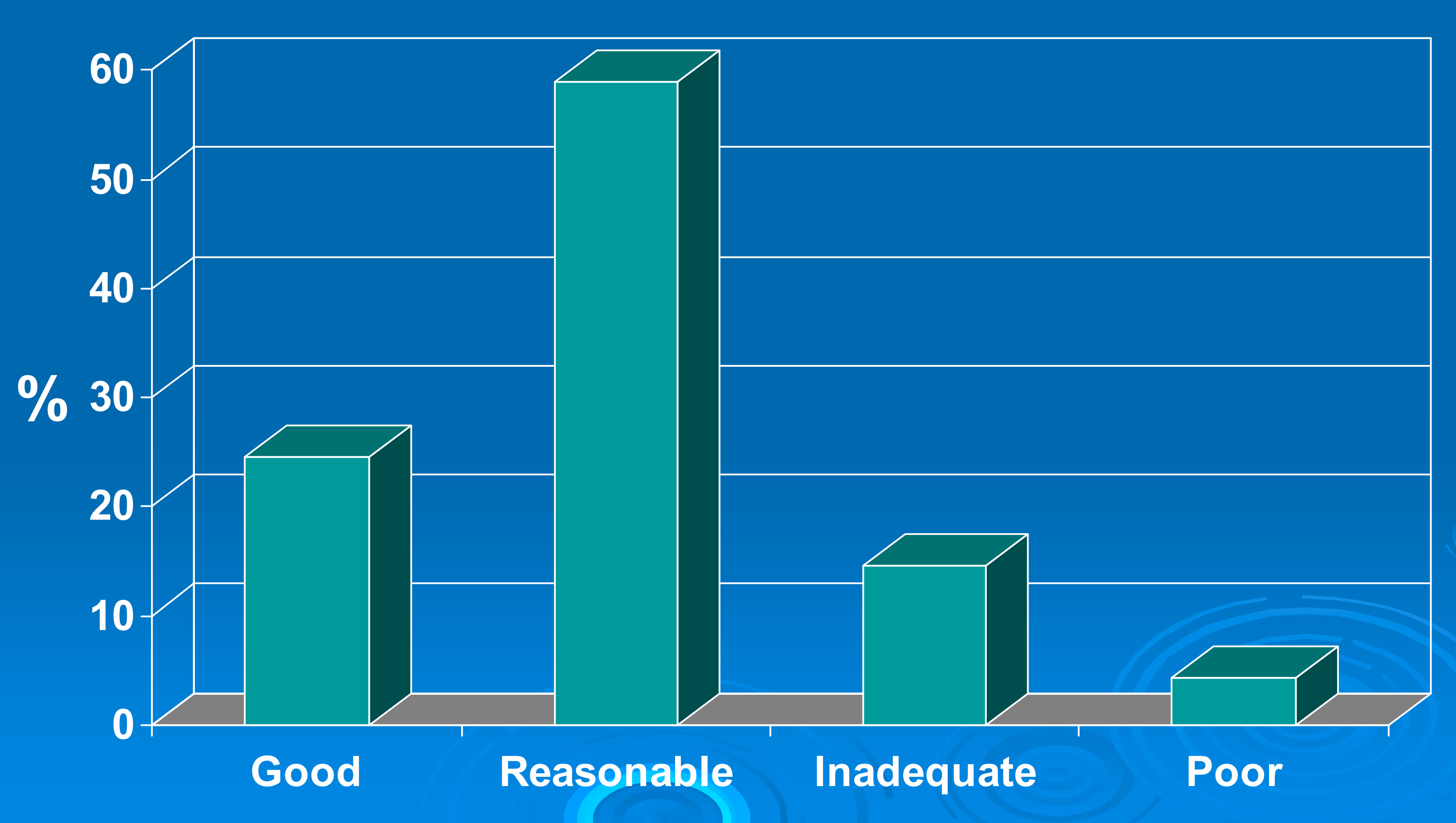
# Highlights 1

Links between engagement and perceived quality of assessment

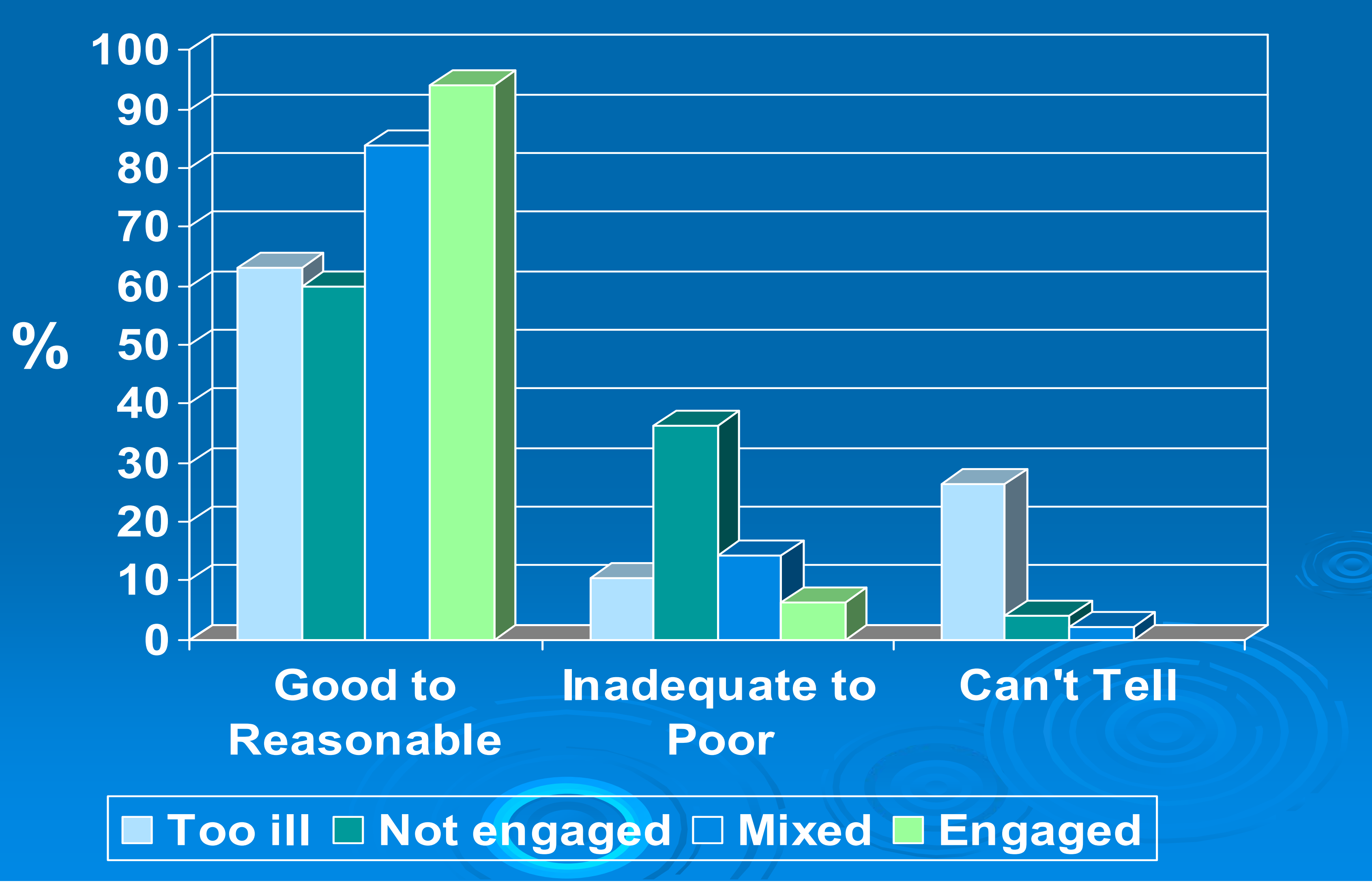
# Levels of Engagement Achieved

| Level of interest/ Engagement | Consumer | Family/ Carer | Local Practitioner |
|---|---|---|---|
| Not engaged | 110 (22) | 27 (14) | 14 (9) |
| Mixed | 161 (32.5) | 71 (36) | 43 (26) |
| Engaged & Interested | 128 (26) | 99 (50) | 105 (65) |
| Not Well Enuf<br>Couldn't tell or access | 57 (11.5)<br>40 | 299 | 334 |

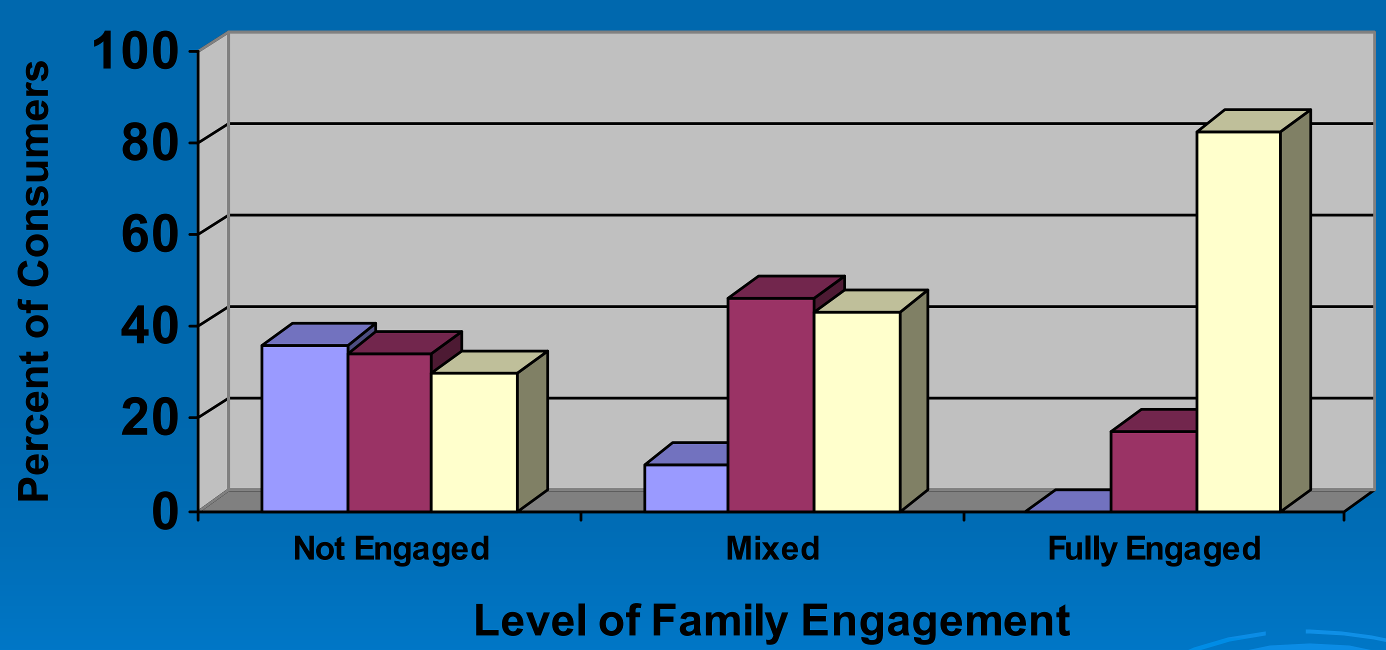
# How well do you feel the scales reflect the underlying MH problems of this Indigenous consumer?



# Reliability Linked to Degree of Consumer Engagement



# Engaged Family : Engaged Consumer



# Highlights 2

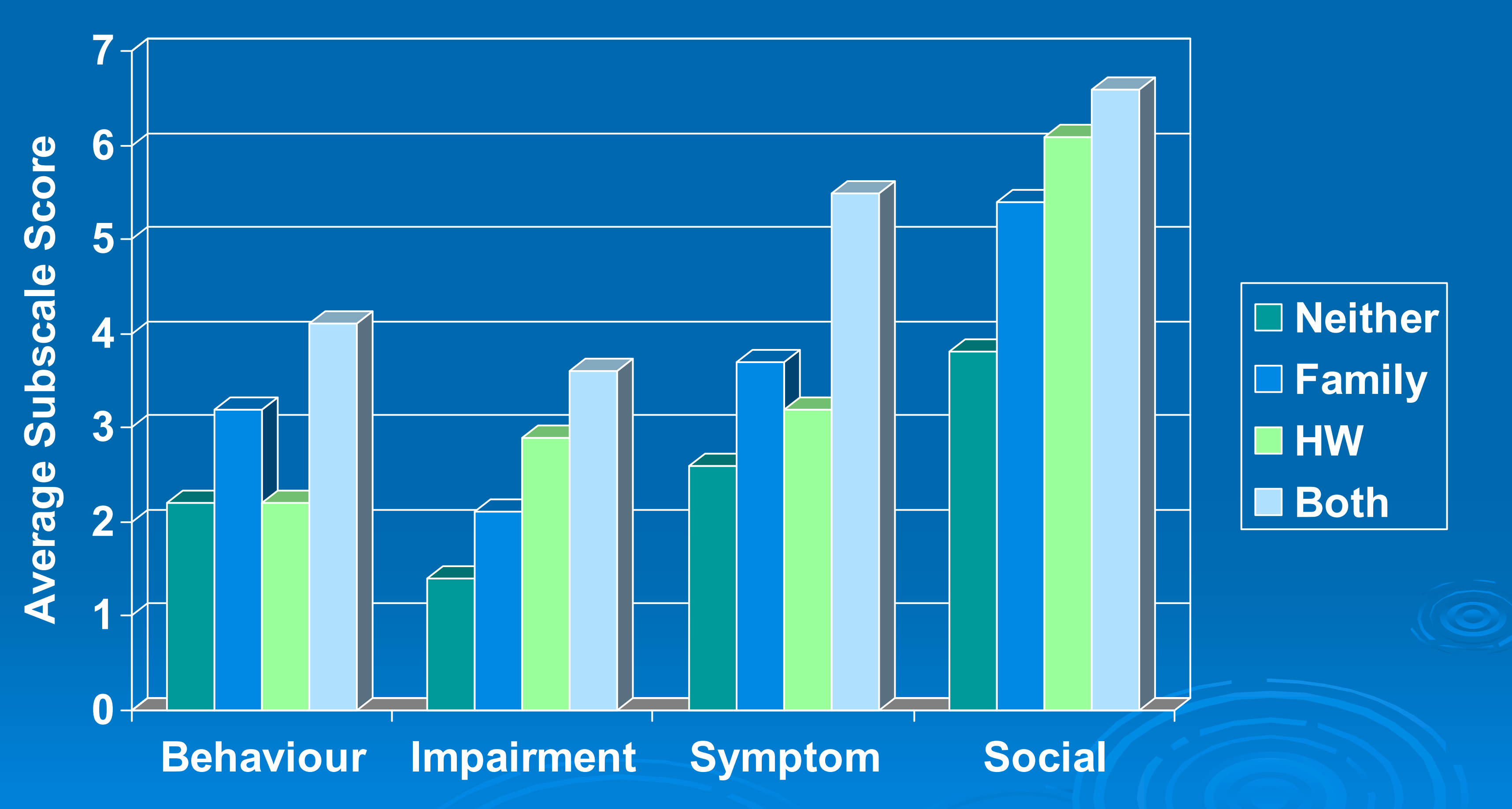
Further evidence that Principle 1 is very important, but not followed often enough

# Principle 1: Additional Informants

| Additional information gained from: | | Age Group % | |
|---|---|---|---|
| | Overall | <30 | ≥30 |
| Neither | 51% (253) | 37.0 | 63.3 |
| Family/carer only | 22% (110) | 30.8 | 14.3 |
| Local Practitioner only | 12% (58) | 11.4 | 12.0 |
| Both Carer + Practitioner | 8% (38) | 11.8 | 3.9 |

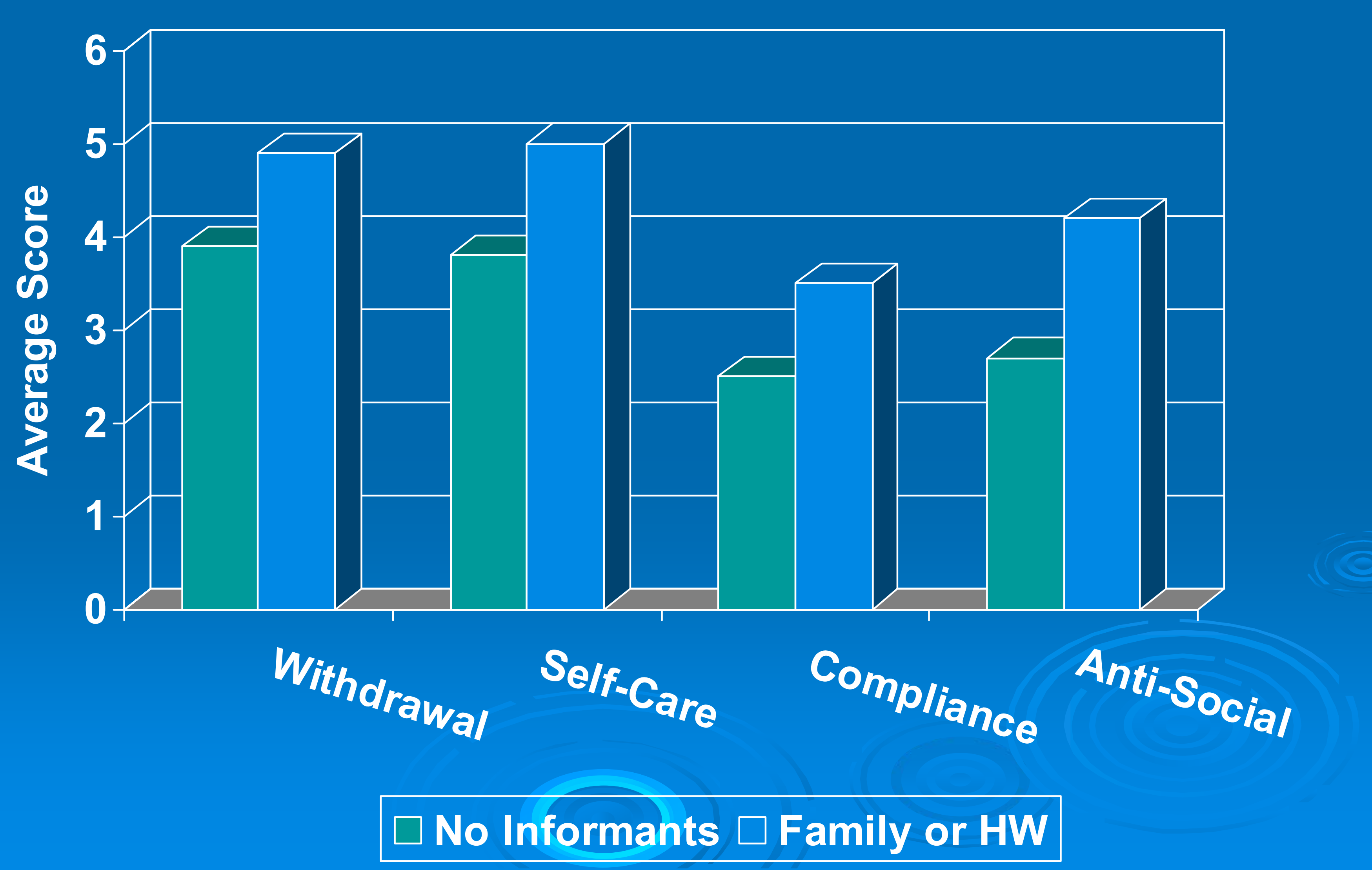
# Additional Informants Linked to Higher HoNOS Subscale Scores

(community only) Total HoNOS 10-14-14-19



# Additional Informants Linked to Higher LSP Subscale Scores

Total LSP 12.6-16.2



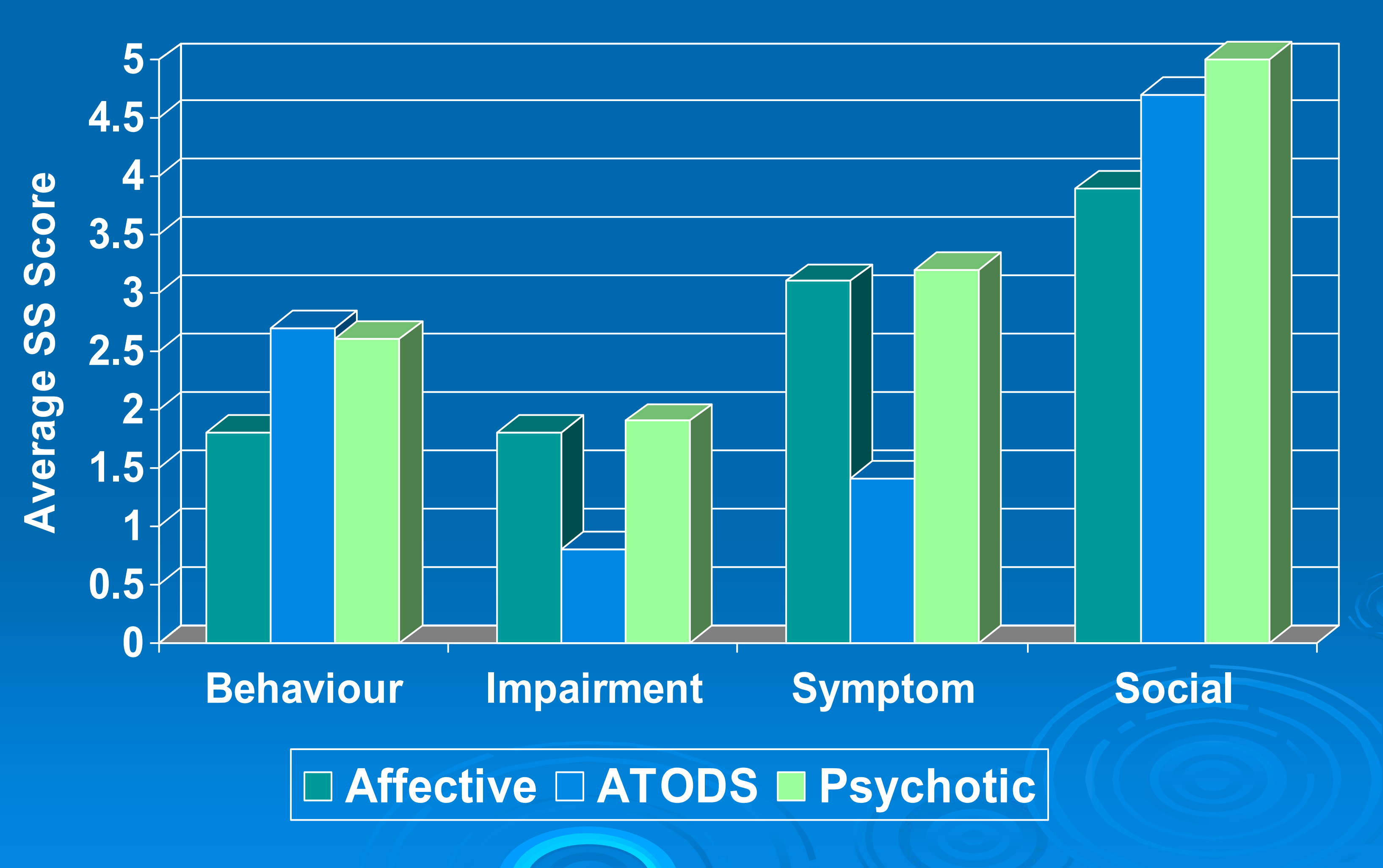
# Difference in scores linked to informants found across levels of engagement

| Consumer<br><br>Who else? | Not well enough<br>Total HoNOS (average) | Not engaged<br>Total HoNOS (average) | Mixed Response<br>Total HoNOS (average) | Engaged &Interested<br>Total HoNOS (average) |
|---|---|---|---|---|
| Neither family or practitioner | 17.7<br>(10) | 13.2<br>(26) | 9.4<br>(62) | 8.1<br>(74) |
| Family, HW or both | 20.4<br>(13) | 16.0<br>(31) | 15.0<br>(47) | 11.6<br>(33) |

# What did the HoNOS subscale scores look like? > severity in hospital

| | Total | Behaviour | Impairment | Symptoms | Social |
|---|---|---|---|---|---|
| Community | 12.2 (333) | 2.6 (348) | 1.9 (351) | 3.2 (346) | 4.7 (342) |
| Hospital | 18.7 (110) | 5.3 (130) | 1.8 (136) | 5.5 (128) | 6.4 (121) |

# HoNOS Patterns with Disorder Type (Community data only)

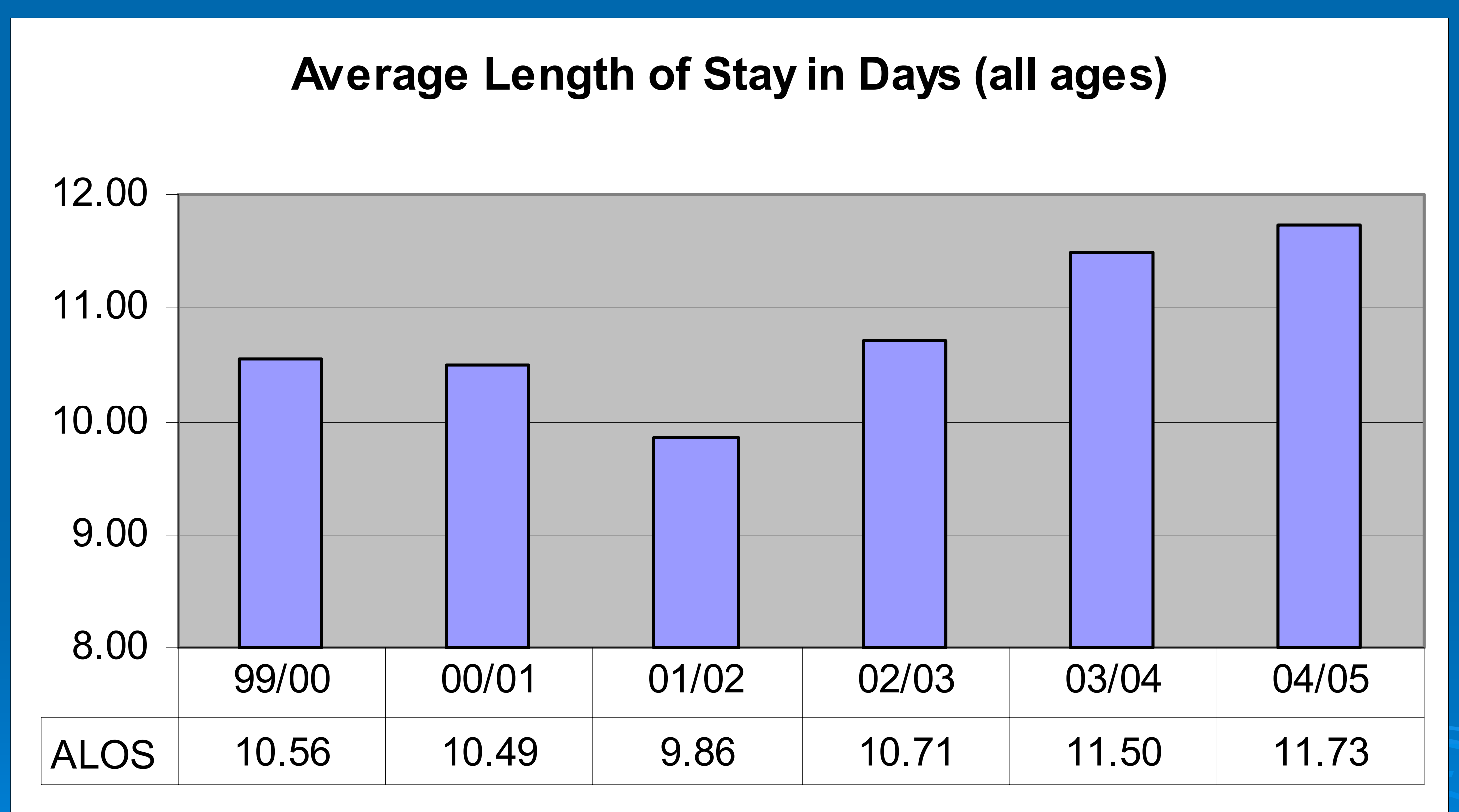


# Highlight 3

Using Three Existing Data Sets to See - What Can these Data Tell Us?

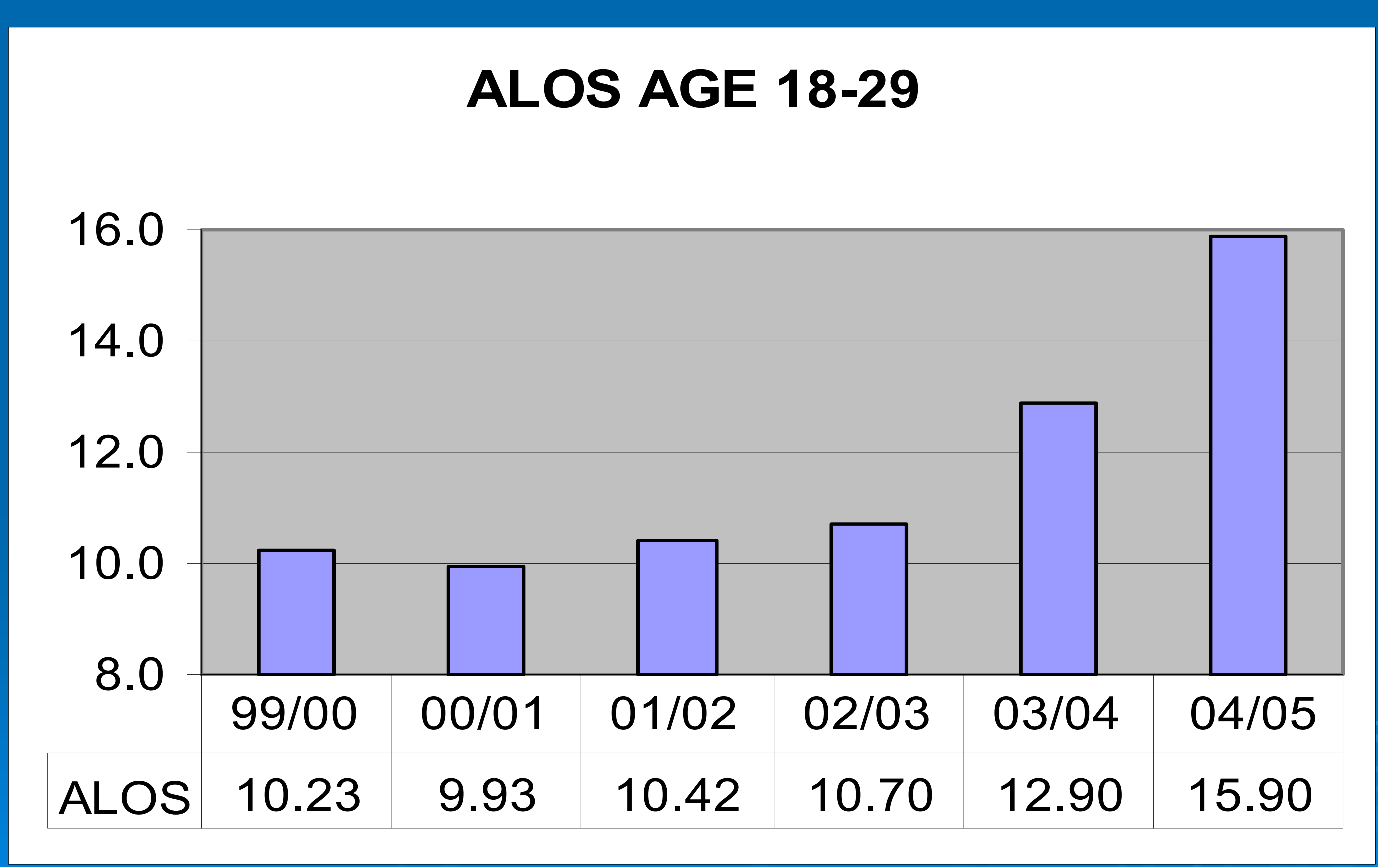
1. Cairns Base Hospital Benchmarking Data (over the past 6 years - July 99 to June 05)
2. Register of Indigenous Consumers at the Ward (July 04 to June 05)
3. Mental Health Outcomes Data (July 04 to June 05)

# There has been a steady rise in Length of Stay at CBH




| | 99/00 | 00/01 | 01/02 | 02/03 | 03/04 | 04/05 |
|---|---|---|---|---|---|---|
| ALOS | 10.56 | 10.49 | 9.86 | 10.71 | 11.50 | 11.73 |

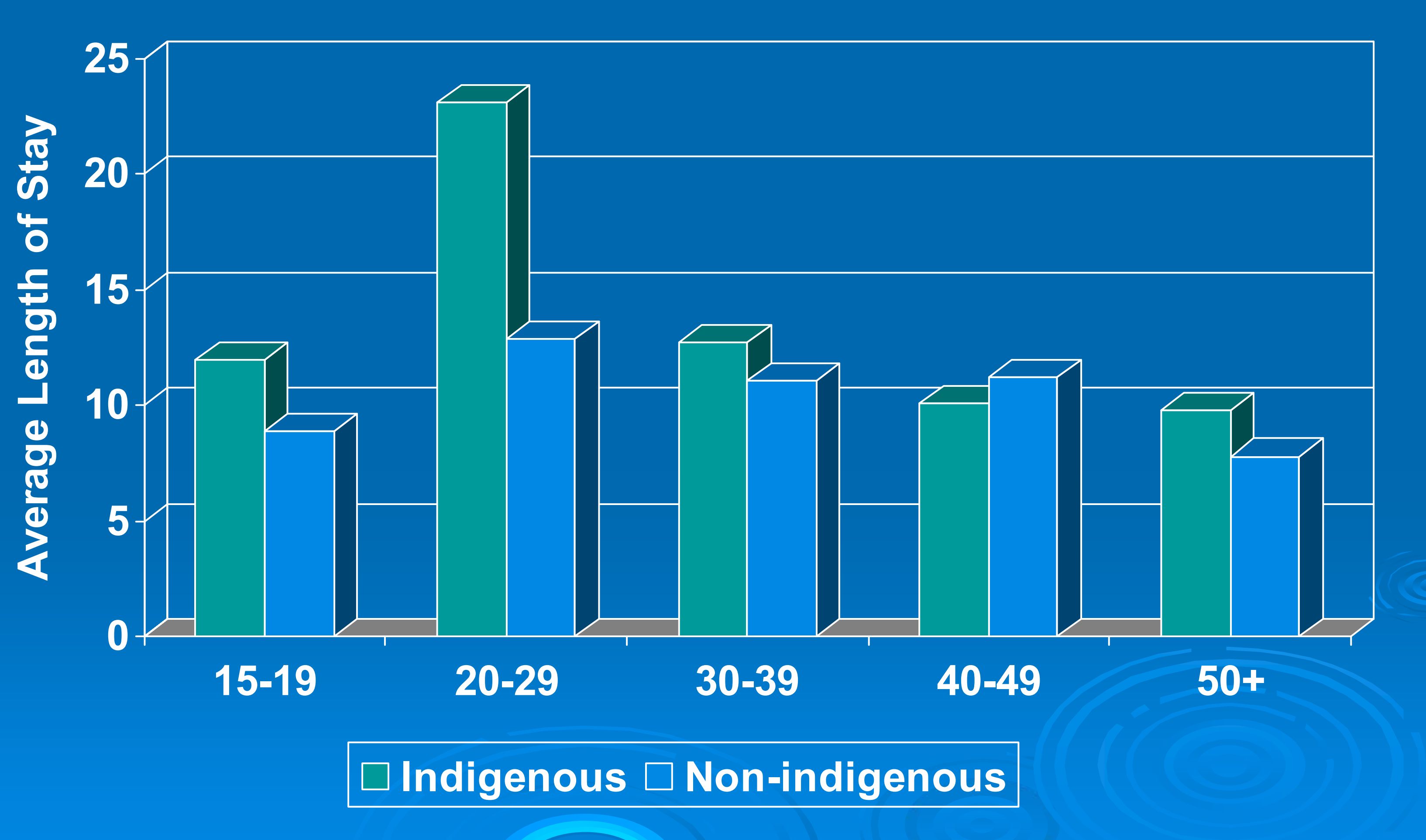
# Increased LOS in <30s was major cause of 03/04 increase & rise continued



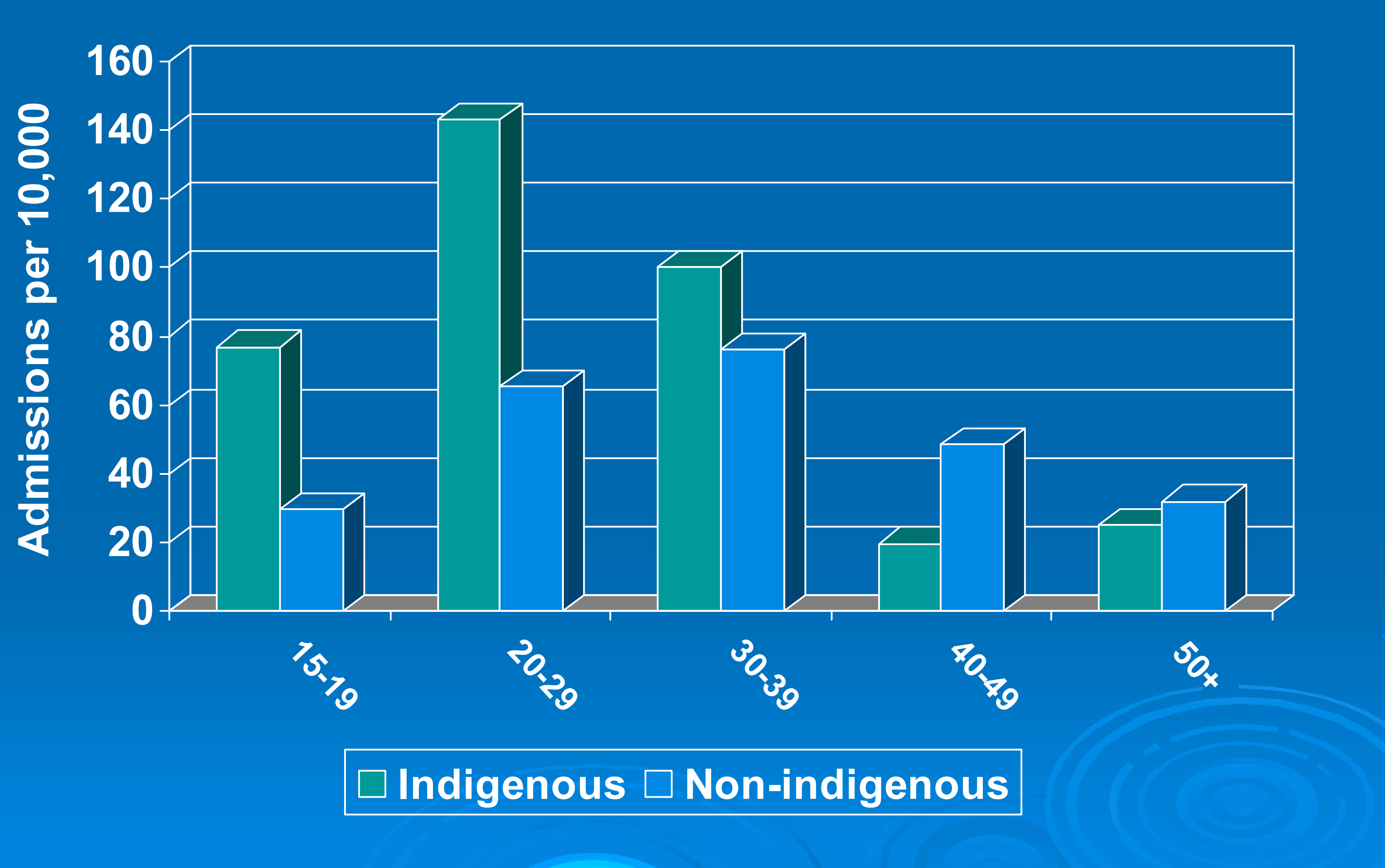

| | 99/00 | 00/01 | 01/02 | 02/03 | 03/04 | 04/05 |
|---|---|---|---|---|---|---|
| ALOS | 10.23 | 9.93 | 10.42 | 10.70 | 12.90 | 15.90 |

# Most of the <30 increase due to Indigenous consumers (04/05)

## (thanks to Benchmarking Unit & T Wheeler)



# Age-related pattern of admissions (admissions per 10,000 population)

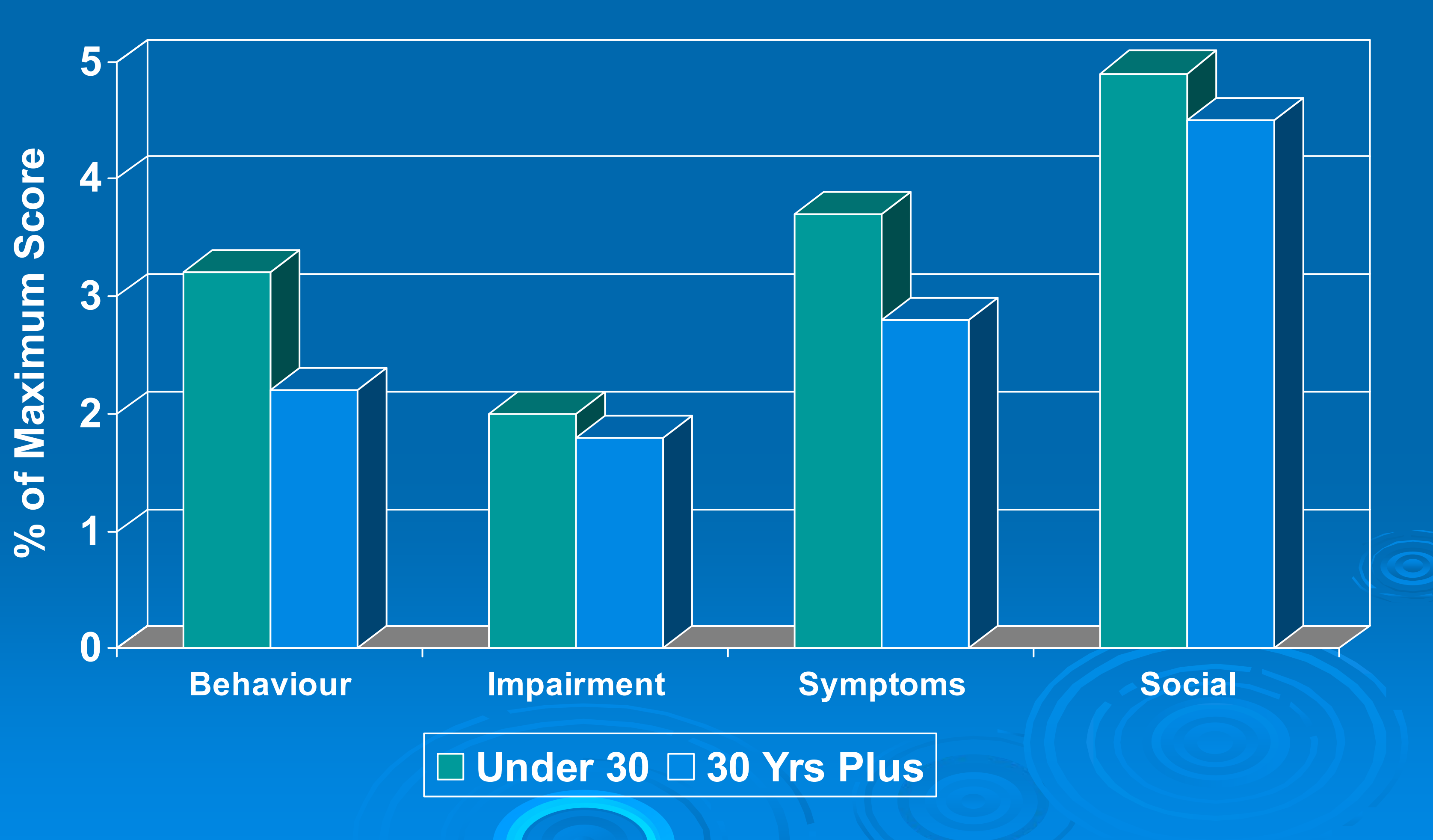


# Back to Outcomes Data …

- How well does the HoNOS and LSP data reflect these big differences with age?

# Higher HoNOS scores among <30's in Community (but not in hospital)

**Total HoNOS 13.5-11.2**



# LSP Subscale Scores – Younger Higher than Older Group

Total LSP 17-12.5

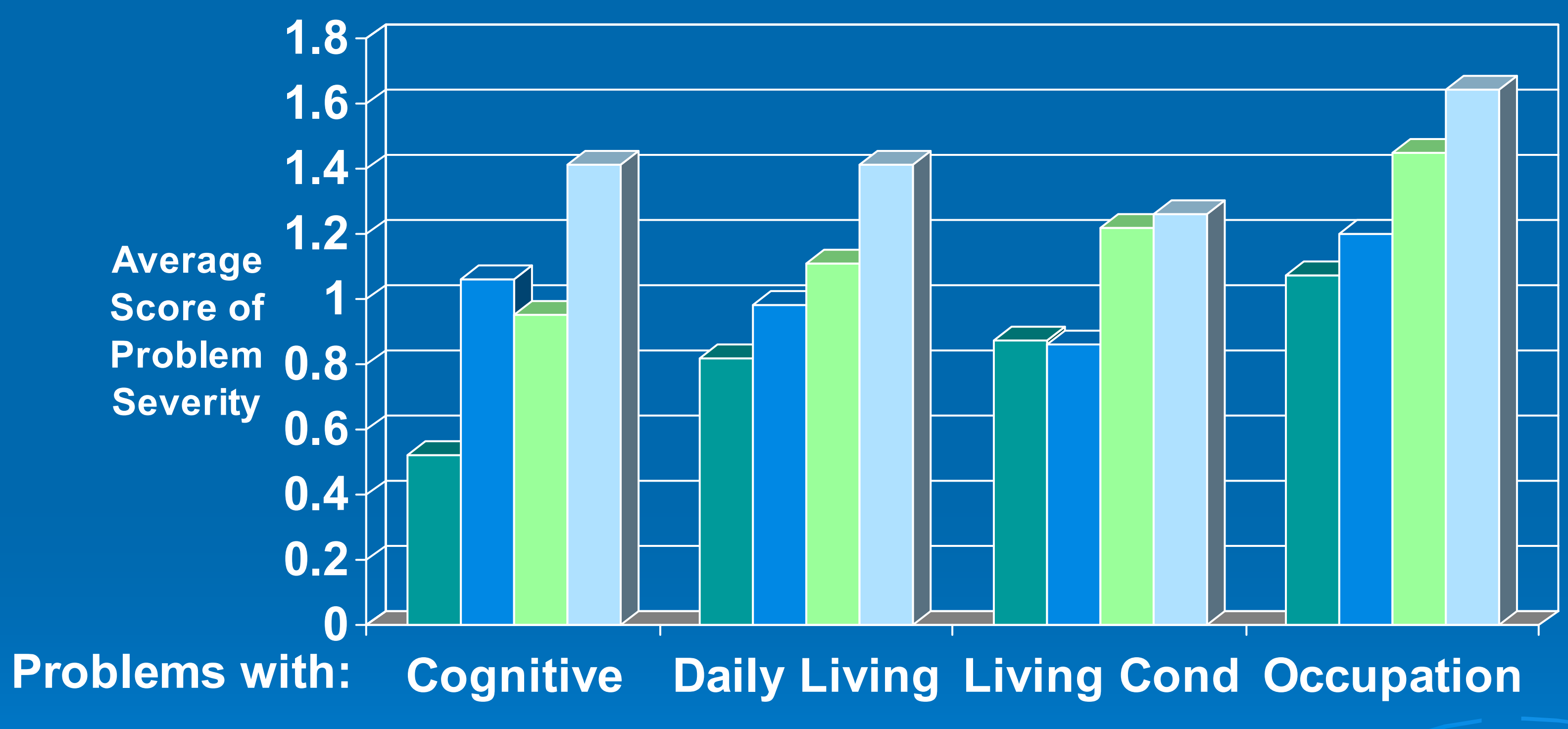
6
5
4
3
2
1
0

Withdrawal
Self-Care
Compliance
Anti-Social

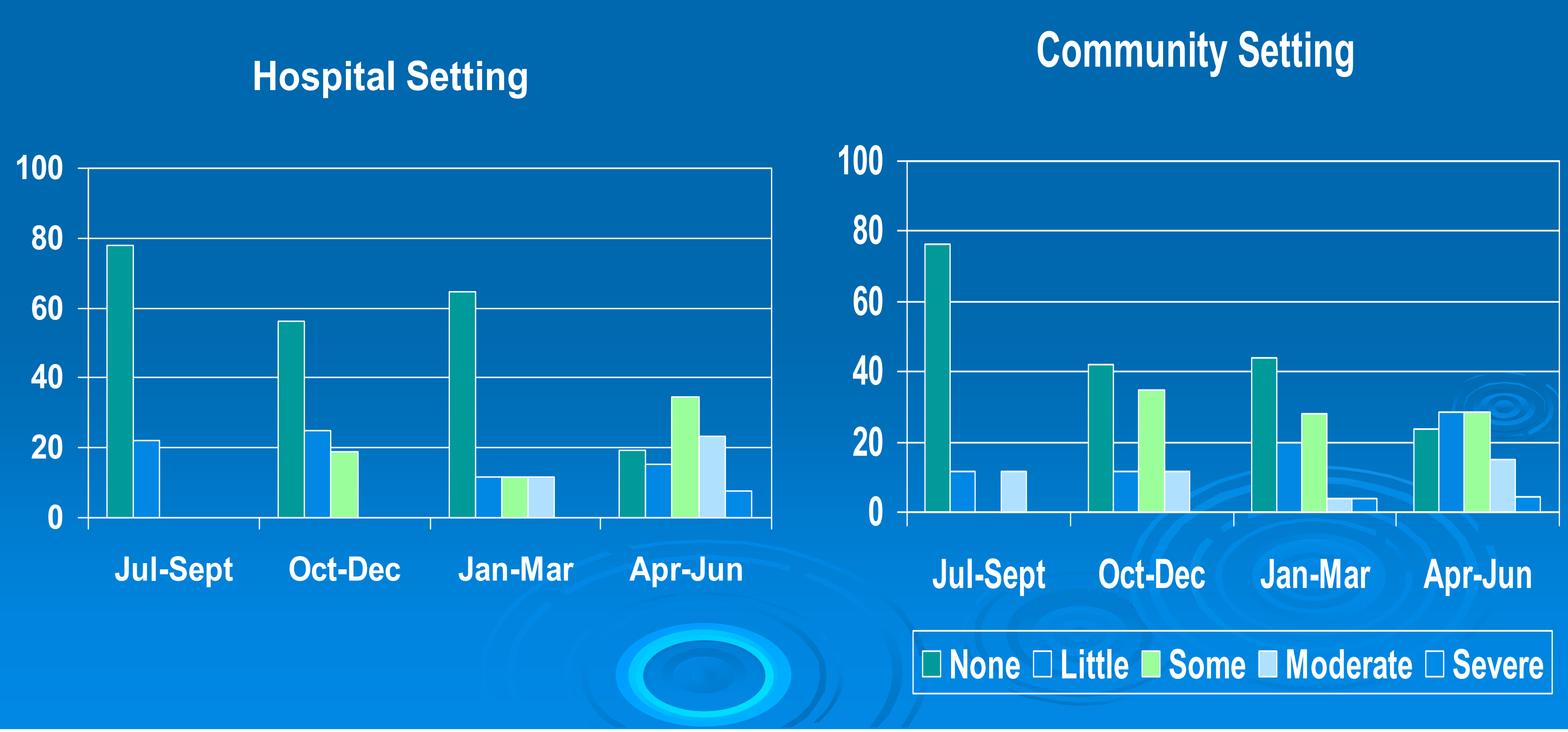
# Useful!

- Can HoNOS add value – let us know what is happening?

# Upward trends in 4 HoNOS Items during 04/05 (All Indigenous data)



# Example of Outcomes Data: shows increasing severity of cognitive problems (item 4) among <30's thru year (Indigenous consumers only).



# Summary

- Weaknesses of the Data –
  - Coverage wasn’t terribly crash-hot, open to many sources of bias
  - Very few end of episodes so can’t show change in individuals over time
  - Lack of additional informants leading to underestimation of outcomes scores
  - HoNOS may lack sensitivity in high end
  - HoNOS & LSP clearly don‘t tell whole story

# Summary - Strengths

Demonstrated Approach and Principles

Demonstrated Evidence for Value of Culturally Appropriate Practice –

Engagement with consumer, carer and local practitioner is necessary for reliable scores

Demonstrated data doesn’t have to be perfect to be of value

# Strengths - Useful

- Outcomes data has helped address a major problem facing mental health services
- Now we know much more about who needs help
- Our questions now much more informed  (what)
- We can see changes in groups (hence solutions can't be effective if individually focused)
- We now have a system in place that can tell us if our interventions are having impact at both community and hospital
- Easy to show cost savings – support the effective