

*B*ETTER MEDICATION
MANAGEMENT FOR
ABORIGINAL PEOPLE WITH
MENTAL HEALTH DISORDERS
AND THEIR CARERS -

Final Report 2003 Executive Summary

EXECUTIVE SUMMARY

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2003



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ABORIGINAL
DRUG AND ALCOHOL
COUNCIL (SA) INC

*A collaborative
project of the
Flinders University
School of Nursing
and Midwifery
and the Aboriginal
Drug and Alcohol
Council (SA) Inc.*

medication
management
aboriginal people

Better medication management for Aboriginal people with mental health disorders and their carers - Final report 2003 Executive summary

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Executive summary

Introduction

Unrelenting grief and loss, chronic poverty, social dislocation, poor educational opportunities, lack of access to appropriate services, and long term cultural disruption continue to severely impact on the health and wellbeing of all Aboriginal Australians. The latest statistics indicate that the Aboriginal population is still much sicker, younger and poorer than the non-Indigenous population in Australia. Mental health (social and emotional wellbeing) problems are widespread among Aboriginal people, and often complicated by chronic multiple physical illnesses and/or substance misuse, and therefore use of multiple medications. Quality medication management can be difficult for many Aboriginal people, including those with mental health problems, their carers or other family members. Anecdotal evidence suggests that unsafe or inappropriate use of medicines is common, with potentially damaging physical, social and economic consequences. However there has been to date a lack of research evidence to inform policy and practice change to address these issues.

Aims and objectives

This research project aimed to:

- explore the particular needs, experiences and contexts of Aboriginal people diagnosed with a mental health disorder, their carers and other family members, focusing on issues relating to management of medications;
- recommend strategies to improve quality use of medicines by this group, informed by the findings;
- implement and evaluate selected recommendations.

Methodology

The research was conducted by a partnership of investigators from the Flinders University School of Nursing & Midwifery and the Aboriginal Drug and Alcohol Council (SA) Inc, in collaboration with Aboriginal communities and other stakeholders across South Australia. A participatory action research design was chosen, in keeping with the Indigenous research ethics underpinning the project. The research was conducted in seven urban, rural and remote regions of SA. SA-wide and regional steering committees drawn from participating Aboriginal communities, Aboriginal and mainstream health and related services and other stakeholders guided all aspects of the research. We used multiple research methods, including a review of literature and key documents; semistructured interviews with clients, carers, community leaders and health and other relevant professionals in each region; a statewide survey of service providers; a review of most recent SA hospital separation statistics; and reflection on interventions made in response to findings during the project. The research team and steering committees collaboratively considered the combined findings and

formulated recommendations to improve the safe use and management of medications and related issues for Aboriginal people with mental health problems and their carers/families. Selected strategies were implemented and evaluated. The project was conducted from July 2000 - June 2003.

Findings

The review of literature and key documents considered over 600 items. It revealed many scholarly papers, reports and reviews on Aboriginal health, mental health and substance use, but very little literature on medication management in relation to Aboriginal mental health was identified. The links between social and health inequities are well established, as are the impacts of generations of racist policy and practice on physical and mental health and spiritual, social and emotional wellbeing. We identified a number of plans and recommendations to address these issues, but it appears that few have been implemented or evaluated.

Over 130 people took part in interviews and focus groups. This qualitative information provided a rich insight into the direct experiences and views of Aboriginal people with mental health disorders, their carers and health workers in relation to medication use and associated issues. The findings were remarkably similar in all SA regions in which the research was active. The data confirmed that most Aboriginal people experience social and emotional wellbeing problems, either themselves or as carers of family or community members, and that coping with these problems, including managing medicines safely, is an added burden on already severely disadvantaged people. The data revealed many instances of unsafe medication use among Aboriginal people with mental health problems and their carers, compounded by alcohol and substance misuse, lack of professional support, and lack of access to appropriate services. The data also highlighted the stressors on Aboriginal health services and workforce, lack of Aboriginal and mainstream workforce training on safe medication management and mental health/alcohol and drug issues, serious inadequacies of mainstream health services for Aboriginal people, and institutionalised and individual racism in the community at large. Each of these problems clearly impacts in major, negative ways on safe and effective medication management.

114 service providers took part in a purposive survey to explore their knowledge, understanding and roles in medication management for Aboriginal mental health. Participants were purposively selected workers and managers from a wide range of health and human service organisations from metropolitan, rural and remote SA, and all had some involvement with Aboriginal people with mental health problems and medication. The survey revealed an alarming lack of training about mental health, drug and alcohol, and safe use of medicines. The needs for accessible, relevant, regular and

accredited training courses, and culturally appropriate information and resources were highlighted. The survey also confirmed the wide range of issues that impact on clients' ability to access services and use medicines safely, and workers' ability to deliver services that support quality use of medicines.

SA hospital separation statistics for the 5 years from 1995-2000 were reviewed. In that time there were 8794 hospital separation records of Aboriginal people normally resident in SA who had a primary or other diagnosis of mental health disorder. Most had been diagnosed with a number of chronic or acute physical illnesses as well as their mental health problem. 79% had drug and alcohol problems. An association between mental illness and preventable injury was revealed - about a quarter of records were of people also diagnosed with injury, poisoning or other consequence of an external cause, mostly assault, self-harm, crashes and falls, but rarely adverse effects of medication.

As this was an action research project, and to address aims 2 and 3, the research team worked more closely with some communities who were able to participate to develop, implement and evaluate strategic interventions in response to local findings. These included: workforce and community education; improving access to, and safe management of, medications; coordination of care for Aboriginal people with mental health problems; safe care of intoxicated people; advocating for, and supporting ways to, increase capacity of Aboriginal service providers and communities. Evaluations of these strategic interventions were positive and in many cases the initiatives are ongoing or have led on to related activities. Process evaluations underscore the importance of local partnerships, commitment to sustainable change, and tailoring strategies to meet local needs and contexts. The most pleasing outcome is the improved morale, confidence and knowledge of those involved, especially Aboriginal clients, health workers, substance misuse workers, drivers and carers.

The findings from the separate components of the research project were triangulated and integrated, enhancing the rigour of the research. We are confident of the credibility of the results because of the striking similarity between issues revealed by the various research methods used and the consistency between regions.

Recommendations

It is of great concern that the major problems and issues impacting on safe use of medicines by Aboriginal people with mental health disorders have not been addressed yet, given the many existing guidelines and strategic plans. The failure of the SA Mental Health Service, and other SA and Commonwealth organisations to implement them is unacceptable, as health inequities are being perpetuated, and people's health and wellbeing are put at risk.

The research team, in collaboration with the SA-wide steering committee, developed the following recommendations for improving quality use of medicines for Aboriginal people with mental health problems, their carers and families, based on the combined findings of this project. The challenge for the SA health system is now to operationalise these recommendations, and commit to real, sustainable change to policy and practices that improve the safe use and management of medication among Aboriginal people with mental health problems, their carers and service providers, leading to better health and wellbeing for these vulnerable people.

Services

1. Ensure that all Aboriginal people in SA have ready access to affordable and culturally respectful health, medication and related services.
2. Ensure that all Aboriginal clients have equitable access to subsidies and other supports for their health care and essential medication use wherever they access the health care system.
3. Facilitate access to bona fide traditional healing practitioners and medicines.
4. Organise all health services so that hospital and community pharmacists, registered nurses, medical officers and Aboriginal health workers collectively and separately ensure that all Aboriginal clients and their carers/families receive sufficient time, understandable information and education to make informed decisions about their medication regimes and how to safely manage their medications, at every episode of care.
5. Implement procedures and systems in all services that provide medicines to Aboriginal clients at home/in camps for timely transport, provision, storage and supervision of safe medication use.
6. Actively target Aboriginal and mainstream health services with information about funding opportunities for additional staff, resources and other supports.

Coordination of care

7. Ensure that provision of care is coordinated within and across all health-related systems (ie health, mental health, drug and alcohol, social support and criminal justice systems; mainstream and Aboriginal services; local, regional and metropolitan services; and government and non-government organisations)
8. Integrate mental and general health care for Aboriginal clients and their families at local, regional, rural/remote and metropolitan services.
9. Ensure timely and effective communication between specialist service providers and referring GPs, Aboriginal health services and other primary care providers to ensure continuity of care for Aboriginal people with mental health problems.

10. Implement effective communication systems between key services eg through clearly identified and agreed pathways and protocols of care, memoranda of understanding, joint funding submissions, service agreements, reporting and staff appraisal systems.
11. Encourage uptake of targeted funding schemes to employ well trained and supported Aboriginal health personnel to coordinate and support safe medication management among Aboriginal clients of GPs and Aboriginal health services at the local level.
12. Advocate for and support Aboriginal carers/family members to enable them to accompany and stay with Aboriginal clients when transferred for psychiatric care and other relevant services.
13. Promote the provision of local services rather than centralised services (eg GPs, local mental health and drug and alcohol services, Aboriginal services) to care for Aboriginal clients with mental health and substance use problems, in partnership with carers/family members.
14. Conduct research to evaluate and refine integrated Aboriginal mental health care and medication management systems to inform best practice for local needs and contexts.
15. Provide well-supported and coordinated pathways of care for Aboriginal juvenile and adult offenders with a mental health disorder, and their families, when entering or exiting a correctional facility, and/or on parole, regarding their safe medication management and ongoing mental and general health care.

Carers and other family members

16. Provide for community education activities on the rights and special needs of Aboriginal carers and other family members, and how to access respite services and ongoing resources.
17. Provide effective support mechanisms for Aboriginal carers/family members.
18. Fund and support Aboriginal carer groups in local communities.
19. Promote the provision of locally available services for carers and other family members of Aboriginal people with mental health and substance use problems.

Workforce development and education

20. Provide adequate induction, ongoing training, clear policies, protocols and reporting procedures for safe medication management to all personnel with any role in handling, transporting, storing, providing or assisting in the administration of medications.
21. Provide basic and specialised training for all staff of Aboriginal and mainstream health and related services in mental health, social and emotional wellbeing, drug and alcohol, and cultural safety.

22. Ensure that this training is provided locally, meets the needs of local services and communities, is regularly updated, and articulates with further education pathways.
23. Ensure that safe medication management, mental health and drug and alcohol are included and assessed in core curricula of all relevant Vocational Education and Training (VET) and tertiary education programs, and strive for a nationally consistent approach.
24. Foster and resource networks of workers to ensure information flow, peer support, and sharing of knowledge and skills regarding safe medication management, care of Aboriginal people and families with mental illness and other health problems, and related issues.
25. Build the capacity of the Aboriginal workforce to deliver better health and social services to their community members through improved access to education and employment initiatives.
26. Ensure that all workers, including drivers, of Aboriginal health, substance misuse, mobile assistance and social and emotional well-being programs have a strong network of mentors and peer supports, and safe workplaces, that actively promote mental health and well-being of all employees.

Community development

27. Support Aboriginal communities in their right to self-determination of their own health, including mental health, outcomes and goals.
28. Provide culturally and linguistically appropriate community education and health promotion programs and resources about Aboriginal social and emotional wellbeing, mental health issues, drug and alcohol issues, and safe use of medications, to reduce the shame and ensure that all communities have access to relevant and understandable information and resources.
29. Continue to implement and enhance proactive Aboriginal employment schemes in the wider community, private and public enterprise, to enhance career opportunities and leadership roles, reduce poverty and raise morale.
30. Ensure that all members of Aboriginal communities are well informed about their moral and legal rights to non-racist mental health, drug and alcohol and general health and social services.
31. Ensure that members of all Aboriginal communities understand, have support and can easily access legal and other mechanisms, eg the Equal Opportunity Commission, to report and lodge complaints of racism of any service providers.
32. Ensure that members of all Aboriginal communities understand, have support and can easily access the SA Guardianship Board and Public Advocate regarding their own or family members' mental health issues and related needs.