The Indigenous model of community service delivery and learnings for the mainstream Mental Health System

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IUIH institute for urban indigenous health

The urban context

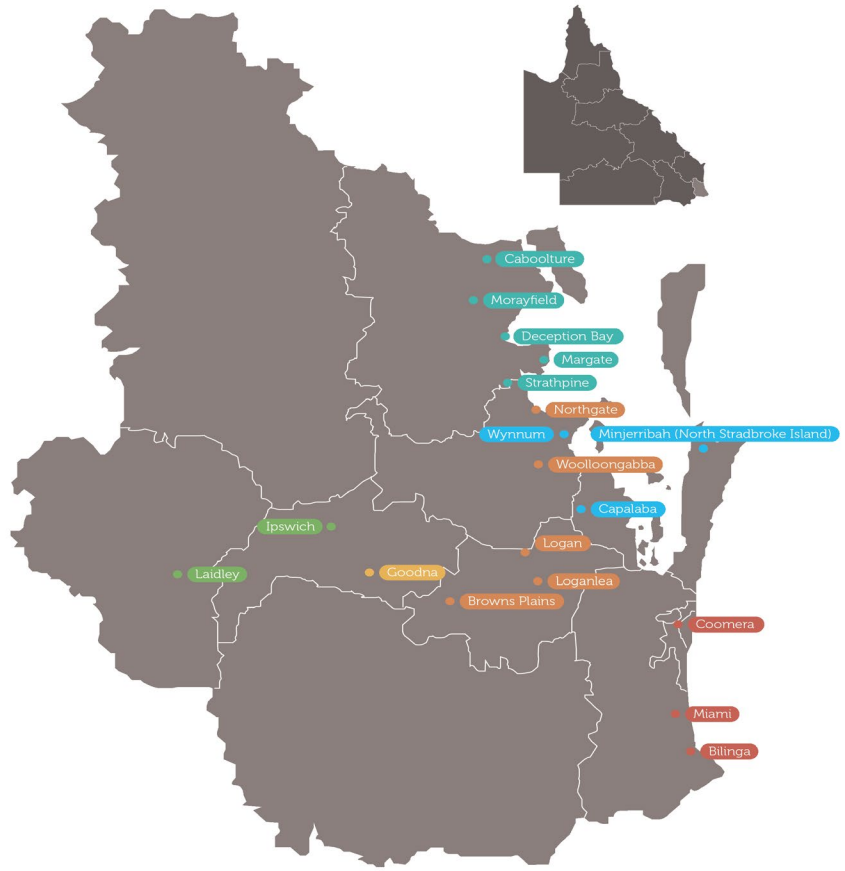
- Over 100,000 Indigenous people live in SEQ.
- SEQ has the fastest growing Indigenous population in Australia.
- The Indigenous population of SEQ has nearly doubled in the last 10 years.
- 43% of Queensland’s Indigenous population live in SEQ.

Urban Access

Proximity to mainstream services DOES NOT EQUAL better access to services.

- Compared to remote areas, Indigenous clients are a small proportion of the client base of urban services.
- Consequently, urban services are less likely to be culturally safe than in remote areas.
- Specialist/inpatient MH services identified as least culturally capable (Cwth Govt, 2017).
- Barriers to Mental Health Services include:
    - Perceived potential for government intervention
    - Long wait times and service silos
    - Lack of cultural safety

Reforming health care for our Mob



The IUIH Network Approach

- A network of Community Controlled Health Services with 19 clinics across SEQ.
- Our shared identity is through the ‘backbone’ organisation – IUIH.
- Our approach is a contemporary cultural renewal of traditional ways where Indigenous communities across SEQ demonstrated strength through collectivity.
- IUIH’s role is one of community engagement, policy and advocacy, regional planning, commissioning and regional service delivery.

IUIH Model of Care

- An integrated model of care that offers our clients physical health care, mental health and substance use services, wellbeing services, education, employment, and social support services that are **the priority for that individual or family**.
- Our clients might come for a dental appointment and be connected to a diabetes educator. They might come for a health check and leave connected to legal, housing or disability services. **There is no wrong door.**
- We know there is a strong link between **physical health and mental health**, and with other social determinants. With an integrated model of care we can avoid siloed 'medical **model' approaches and provided holistic care.**

The need for culturally safe and appropriate MH&AOD services

- Mental and substance use disorders are the largest contributor (20%) to the Indigenous burden of disease in Queensland.
- In SEQ, these disorders contribute 39% to non-fatal Indigenous disease and injury burden and 29% to total Indigenous burden.
- Despite this, Indigenous people have lower than expected access to mental health services and professionals (QH, 2016).
- Indigenous Queenslanders experience higher rates of hospitalisation than other Queenslanders for psychoactive substance use, schizophrenia, and other psychotic disorders but lower rates than other Queenslanders for depression and anxiety, despite higher rates against all determinants for these disorders and higher levels of psychological distress.
- Dispossession, dislocation and trauma over multiple generations has created a legacy of profound grief and widespread psychological distress which impacts on both physical and mental health, and on socioeconomic outcomes.

IUIH Mental Health & AOD Services

Community controlled clinical services and psychosocial support

Social Health Practice Principles

- Culturally responsive clinical and social support services.
- Focus on autonomy and connectedness.
- Work across the continuum of mental health care.
- Multidisciplinary team approach, fully integrated into the IUIH System of Care.
- Holistic assessment of needs and support planning.
- Trauma-informed practice - safe, respectful, and promotes healing and sustainable change across the lifespan.
- Flexible, multi-modal, person-centred, and efficient service access and response.
- Evidence-based approaches.
- Clinical governance and safety.

Social Health Services provided

- Crisis intervention, support, and opportunistic engagement.
- Brief intervention to specialised care.
- Intensive case management.
- Psychoeducation for community and individuals.
- Alcohol and other drugs counselling and support.
- Paediatric psychological assessments and paediatric medical and allied health services.
- Referrals to internal and external services including transport and warm handover.
- Psychosocial support and care coordination.
- Advocacy services for access to social supports.
- Transition care planning for people in prisons with a mental health care plan

Tracey's story*

- Tracey is a mum of two young boys.
- She and her oldest live with Tracey's mum in crowded conditions.
- Her youngest was taken interstate without her consent by his Dad.
- Tracey was advocating for a Child Recovery Order.
- Tracey mentioned to her GP that she was feeling overwhelmed with appointments, services, and expectations of her.
- Her GP identified that she was experiencing depression and anxiety and referred her to IUIH's Family Wellbeing Services and Social Health Team.
- The team helped Tracey understand the pattern of abusive relationships in her past and the impact of historical trauma and current stress on her emotional health.
- With the team's support, Tracey successfully:
    - navigated the Family Court system and was reunited with her youngest son
    - completed a training program and commenced employment
    - acquired secure and long-term housing
    - ceased all substance use
    - completed the Triple P (parenting) program and implemented strategies at home.

*Real name changed

Understanding need in SEQ

IUIH Network is partnering with the QCMHR on two important research projects

QUIMHS - Prevalence Study

(funded by Queensland Health)

- Queensland Urban Indigenous Mental Health Survey.
- Aims to identify the SEQ Indigenous adult prevalence of mental and substance use disorders, the proportion of Indigenous adults in treatment, the type and quality of services being accessed, barriers to service access and implications for service reform.
- More than 400 surveys completed between Feb & Oct 2022.
- 7 trained Indigenous interviewers – building relationships was important.

NMHSPF - Service Planning

(funded by IUIH with contributions from SEQ PHNs and GCHHS)

- Comparative analysis between current mental health service access and activity and NMHSPF benchmarks.
- Scope is Indigenous people living in SEQ.
- Aim to identify service gaps and priority areas for future service planning
- Early indications are that there is significantly lower access to community based services
  - our Mob access services when they are acutely unwell or not at all
  - mainstream community based services are not being accessed

Results dissemination anticipated in early 2023.

QCMHR

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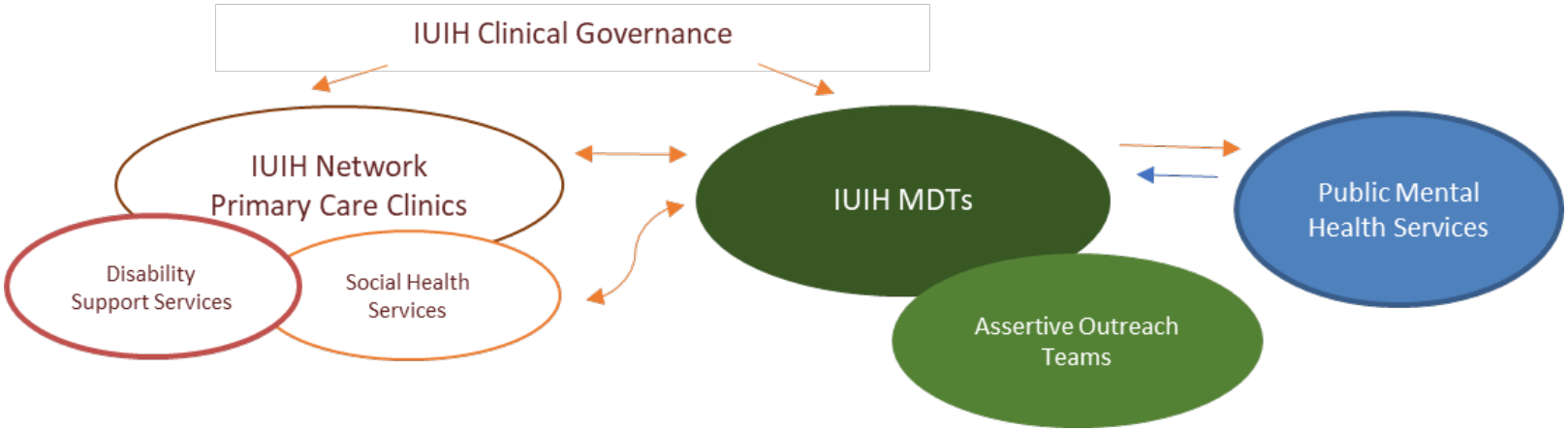
MH&AOD Reform: Priority for IUIH Network

- We want to provide care for:
  - those whose conditions are too complex for PHC but who don't meet the threshold for acute care.
  - those at risk of entering acute care if symptoms are unmanaged
  - Those who are stepping down from an inpatient episode
- We are seeking funding to implement a model that involves multidisciplinary MH&AOD treatment and assertive outreach services across SEQ – teams include psychiatrist, medical officer, nursing, allied health and outreach workers.
- The team would deliver clinical care and intensive case management and assertive outreach for Indigenous adults and adolescents with mental illness and/or addiction issues and other complex psychosocial issues, aimed at holding people safely in Community.
- Each clinical/assertive outreach team would be connected to a sub-regional cluster of PHC clinics
- Builds on established referral relationship with the QPS, QAS and Prison Mental Health Services.
- Establish pathways into and out of HHS Mental Health Units.



What can mainstream MH&AOD services do?

- Take a place-based, targeted approach to commissioning Indigenous mental health and addiction services in line with the capacity of local CCHSs.
- Transition funding for Indigenous-specific mental health and addiction services to CCHSs where capacity and readiness exists.
- Purchase psychosocial support to Indigenous Queenslanders from CCHSs.
- Incorporate Indigenous leadership into governance arrangements.
- Actively support Indigenous personnel into multidisciplinary clinical teams.
- Implement policies, processes and training to eliminate racism and discrimination.
- Establish formal partnerships and develop clinical care pathways with CCHSs.
- Undertake culturally appropriate discharge planning with a warm handover to primary care.
- Make CCHSs the default primary care provider if the client has no preferred provider.
- Use Indigenous data to inform more culturally appropriate clinical decision-making.
- Develop tools to support routine data sharing with CCHSs.