Perceptions of mental health service delivery among staff and Indigenous consumers: it's still about communication

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Objective: A needs analysis was undertaken to determine the quality and effectiveness of mental health services to Indigenous consumers within a health district of Southern Queensland. The study focused on identifying gaps in the service provision for Indigenous consumers. Tools and methodologies were developed to achieve this.

Method: Data were collected through the distribution of questionnaires to the target populations: district health service staff and Indigenous consumers. Questionnaires were developed through consultation with the community and the Steering Committee in order to achieve culturally appropriate wording. Of prime importance was the adaptation of questionnaire language so it would be fully understood by Indigenous consumers. Both questionnaires were designed to provide a balanced perspective of current mental health service needs for Indigenous people within the mental health service.

Results: Results suggest that existing mental health services do not adequately meet the needs of Indigenous people.

Conclusions: Recommendations arising from this study indicate a need for better communication and genuine partnerships between the mental health service and Indigenous people that reflect respect of cultural heritage and recognises the importance of including Indigenous people in the design and management of mental health services. Attention to the recommendations from this study will help ensure a culturally appropriate and effective mental health service for Indigenous consumers.

The National Mental Health Strategy[1] and National Mental Health Plan[2] have provided the framework for the reform of mental health services throughout Australia. These and other Queensland Health publications guided significant changes to the way mental health services were organised and delivered in this district of Southern Queensland. Subsequent reforms undertaken within the District Mental Health Service (DMHS) recognised that cultural issues were of significant concern to Indigenous consumers. [To avoid misunderstanding and in keeping with cultural sensitivity, in this paper we refer to Aboriginal and Torres Strait Islander people collectively as Indigenous Australians]. Consequently, a major initiative commenced in 1999 to review the 'cultural safety' (defined as 'making sure cultural difference is respected') of Indigenous people accessing the DMHS. The purpose of the review was to assist with implementing the State and National Mental Health policies and plans[1 ~4] that provided the framework for the reform of Mental Health Services throughout Australia and guided significant changes in the way mental health services were organised and delivered.

This review provided the rationale to develop an Indigenous mental health needs analysis in collaboration with the University of Queensland, in order to determine the quality and effectiveness of mental health practice to Indigenous consumers. The project involved consultation between Indigenous consumers, their families, communities, staff within the DMHS and other key service providers and stakeholders. It enabled the development and recommendation of strategic directions for future Indigenous mental health service delivery in line with the Model of Service Delivery.[5] The study served to identify strategic directions for the DMHS to improve mental health service delivery to Indigenous people accessing the service. At no time did this study attempt to look at the prevalence of mental illness of Indigenous people within the district, but focussed on identifying current un-met needs for Indigenous consumers.

This paper builds on a previous report[6] that described the methods used to undertake this needs analysis and the major findings arising from it. It will discuss further results and provide recommendations arising from these findings. The project aims were to review the quality of current mental health service delivery to the local Indigenous community and gather information that assists in the development of culturally sensitive mental health service provision. The project objectives were, first, to identify issues in service delivery, and, second, to develop strategies to facilitate the implementation of National and State policies for Indigenous mental health service delivery at a local level.

METHODS

A Steering Committee was established to help develop and oversee the project. The study participants comprised: 1) Indigenous people, who represented patients, their families or carers, and 2) staff, all employees of the DMHS, including both clinical and non-clinical staff.

Multiple revisions of two questionnaires were made and then piloted and revised to determine that comprehension was satisfactory. Data were collected during a three week period; questionnaires were distributed to the two participant groups in de-identified format. Indigenous questionnaires were developed through community consultation with several local Indigenous organisations and the Steering Committee to achieve culturally appropriate wording and were administered with the assistance of Indigenous research assistants.[6]

SPSS was used to obtain descriptive data.

RESULTS

Demographics

The geographical boundaries of the project entailed a mental health district that includes a city of approximately 100,000, in addition to a large area with rural communities and several smaller towns in south east Queensland.

Of the 671 questionnaires distributed to DMHS staff, 164 (24%) were returned; 65% (n = 106) respondents were female. No data are available for the age range of staff respondents.

Research assistants completed questionnaires with 126 Indigenous participants (41% female; n = 52), all of whom complied with the request for participation. Of these 126 Indigenous participants, 45 were patients, the remaining representing family members or friends. The predominant age group was 26-39 years (n =55, 44%) followed by 40-49 years (n = 34, 27%) and 18-25 years (n=22, 18%). The majority of Indigenous participants (n = 115, 93%) identified as Aboriginal, 1% (n = 1) as Torres Strait Islander and 3% (n=4) as Aboriginal Torres Strait Islander. The remaining 3% (n =4) identified as being of South Sea Island descent and were included in the study.

The occupations of staff respondents comprised a cross section throughout the service. These included nursing (n =82, 50%), administration (n =21, 13%), and social work, psychiatrists and psychologists (n=11, 7% each). The majority worked within the acute and community (n = 75, 46%) and extended in-patient (n = 59, 36%) areas of the DMHS.

Indigenous experience with mental health services

Questionnaires for Indigenous participants asked what people understood mental illness to be and the majority (n = 80, 64%) responded that they 'did not know'. A series of questions explored their prior experiences with mental health services and in particular the DMHS. Of the 45 Indigenous patients, 42 (93%) reported that they had been to a mental health service in the past. Interestingly, 64% (n = 28) indicated that it was not their choice to go to the mental health service. This is supported by data in Table 1 that lists the various ways in which Indigenous people have been transported to the DMHS, most prominent being via the police. It is of note that only 30 (66%) patients chose to answer this question.

Table 2 illustrates how Indigenous participants (patients and family) felt when they went to the DMHS. Responses indicate a largely negative experience, with feelings of 'intimidation', 'lack of respect' and 'being unwelcome' being predominant.

Accessibility of the DMHS by Indigenous people

The question, 'do you think Indigenous people use the local mental health service when needed?' produced a

Table 1: Indigenous patients' responses to the various ways they are transported to the DMHS

	Number of respondents	*Percentage*
Police	13	43
Health worker	6	20
Ambulance	3	10
Family	3	10
Friends	1	3
Don't know	1	3
Other	3	10

Total respondents =30 (66%)

discrepant responses from Indigenous and staff participants. Table 3 represents this view on using the DMHS in general. There was no distinction made in the question as to which services were used within the DMHS or if hospital admission also constituted 'use'. A large percentage of both staff and Indigenous participants felt they were accessed 'sometimes' but clearly the staff were more unsure ('don't know').

All participants were asked to prioritise, from a list of reasons, why Indigenous people are not accessing the DMHS. Both groups listed 'fear of being locked up' as the most important reason and noted that 'they knew someone who had a previous bad experience' and the 'Service was not friendly' were also important reasons. There was considerable disparity between groups in acknowledging 'racism by staff as a major reason, with staff giving this much lower importance than Indigenous participants. Further, 'shame', listed as the second most important reason by Indigenous participants, was not even noted by the staff.

Staff views on meeting the cultural needs of Indigenous consumers

In relation to meeting the cultural needs of Indigenous mental health consumers, just over half of staff respondents reported that the DMHS is meeting those needs, whereas the rest were unsure, reporting 'don't know' or 'sometimes'. Staff responses concerning cultural sensitivity showed that 39% (n = 60) agreed that the DMHS is 'managing cultural sensitivity' effectively, with only 4% (n = 6) disagreeing but 42% (n=64) and 15% (n = 23) indicating 'sometimes' and 'did not know' respectively.

Staff views on mandatory cultural awareness training policies

When DMHS staff were asked if they had undertaken the mandatory cross cultural awareness training, 55% (n = 89) of respondents indicated they had completed the course and 80% (n =71) indicated that it provided them with an increased awareness of Indigenous cultural differences.

Sixty percent (n = 93) of the staff indicated that they were aware of the variety of state, local and federal policies and documents relating to the provision of mental health services to Indigenous people. However, when asked if they had access to these policies, only 46% (n = 71) responded 'yes', with 10% (n = 16) indicating 'no' and 41% (n=67) who 'did not know'. Only 45% (n = 49) indicated that they use these policies as a best practice model in their daily work practice.

Views on solutions to improve cultural sensitivity within the DMHS

Staff were asked to prioritise from a list of strategies that would assist them in meeting the mental health needs of Indigenous people. Their responses, in order of priority, were: 'establish more Indigenous mental health staff (n=54, 42%), 'develop culturally appropriate posters and information on mental health' (n = 16, 12%), 'treatment programs' (n = 12, 9%), 'use language that Indigenous people understand' (n = 12, 9%), 'develop culturally appropriate policies and procedures for Indigenous people' (n = 10, 8%),

Table 2: Indigenous patients' feelings when accessing the DMHS

How did you feel?	***A lot/quite a bit***		***A little bit/not at all***	
	Number of respondents	*Percentage*	*Number of respondents*	*Percentage*
Intimidated	28	66	15	35
Respected	14	33	29	66
Comfortable	14	31	29	68
Listened to	12	28	31	72
Welcomed	12	28	31	73

Total number of respondents = 43 (95%)

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Table 3: Do Indigenous people access the DMHS when needed?

Do Indigenous people access the DMHS?	***Indigenous Participants***		***Staff Participants***	
	Number	*%*	*Number*	*%*
Yes	7	6	23	14
No	58	49	8	11
Sometimes	43	43	77	48
Don’t know	10	10	40	25

Total number of staff respondents =158 (96%) Total number of Indigenous respondents = 118 (94%)

partnerships’ (n = 10, 8%) and ‘respect Indigenous culture, spirituality and lore’ (n = 10, 8%).

Staff were then asked to rank from a list those strategies they considered would assist with improving cultural sensitivity. The highest ranked was to ‘involve Indigenous staff in assessment and admission’ (n=86, 52%) followed by ‘involving Indigenous staff in case management’ (n = 80, 49%) and ‘case reviews’ (n = 71, 43%).

Indigenous participants were also asked their views on possible solutions to improve cultural sensitivity within the mental health service. They were asked to prioritise from a list those strategies they considered would assist with improving cultural sensitivity. The following strategies were equally ranked as highest priority:

- more indigenous mental health staff
- mental health awareness programs in the community
- using language that can be understood
- cultural awareness training for staff
- more training for existing Indigenous DMHS staff

DISCUSSION

Analysis of these data identify several key issues which reflect the findings already highlighted in existing National and State reports. Indigenous consumers are a target population with a high priority as identified in the Queensland Health 2000-2010 Corporate Strategic Direction Plan.[7] Treatment of Indigenous Australians has been recognised as a complex process in relation to the cultural needs of individuals, isolation, the role of carers and communication difficulties. These difficulties have impacted upon the recognition of symptoms of mental illness in the Indigenous community, response to treatment, relapse and compliance with treatment interventions. The Indigenous participants clearly recognise the need for an improvement in cultural awareness training and policies. They call for more training and placement of Indigenous mental health staff, more programs to promote cultural awareness and respect, and using culturally appropriate language to promote improved understanding.

The differences and similarities in the views on access and understanding of mental health services between staff and Indigenous participants from this study warrant further discussion.

Mandatory Indigenous cultural awareness training and policies

The results of the needs analysis revealed that just over half of staff participants had completed the current Queensland Health Aboriginal and Torres Strait Islander Cultural Awareness Program run by the DMHS. Yet 20% of these staff indicated that they did not feel that this course had equipped them with an awareness and understanding of Indigenous culture. As this program is mandatory for all Queensland Health staff, it is also of concern that approximately 45% of staff in this survey had not yet completed the course.

Accessibility

There was discrepancy in response to questions regarding Indigenous participants accessing the DMHS. Whereas staff felt Indigenous people did access the service when needed, half of the Indigenous participants indicated that they did not. Of greater concern may be that 73% (n = 115) of staff participants were unsure or did not know if Indigenous people access the service.

There was agreement between staff and Indigenous participants regarding some of the reasons why Indigenous people are not accessing the DMHS. For example, both groups agreed that a major reason is ‘fear of being locked up’, ‘they knew someone who had a bad experience’ and ‘the mental health service is not friendly’. Although not similar in proportion, both the staff and Indigenous participants also recognised ‘racism by staff as another major reason. A reason cited by Indigenous participants but not cited at all by the staff was ‘shame, embarrassment or guilt’. This last

example, in particular, suggests another area where there is a lack of understanding of Indigenous culture on the part of staff. A better understanding of this reason would also help inform education programs for communities.

Knowledge

The majority of Indigenous participants, both patients and family members, in this study indicated that they did not understand mental illness. It is not surprising, then, that Indigenous people appear reluctant to ask for assistance due to the stigma arising from being labelled 'womba' (mentally ill). This is associated with the feeling of 'shame' - a prominent reason for not accessing help from the DMHS. It is also noteworthy that a high proportion of Indigenous patients believed consumers are admitted to the DMHS by the police. This suggests a limited awareness of, and lack of support available for, acute needs within the community and indicates that earlier intervention and attention to those with mental health needs is vital.

Reasons for apprehension prior to admission may be attributed to the lack of Indigenous mental health staff, the hospital not considered 'Murri' friendly, or, most importantly, communication difficulties. Communication is a prominent issue in dealing with Indigenous mental health patients and the difficulties identified in this study are consistent with prior work in this area.[6,8]

Possible solutions to improve cultural sensitivity for Indigenous people when accessing the DMHS

The major aims and objectives of this study addressed the need to identify issues in service delivery and to develop strategies to facilitate implementation of National and State polices for Indigenous mental health services at a local level. A major consensus was achieved on some issues related to these aims. These are, the employment of more Indigenous mental health staff at all levels, including their appointment as co-case managers to work with mainstream mental health staff, and the involvement of Indigenous mental health staff in case reviews to ensure cultural respect is maintained.

CONCLUSIONS

The study is not without limitations. The Indigenous participants comprised a convenience sample and represent not only mental health patients but family and community members. This was necessary due to limited access to Indigenous patients. Nevertheless, we would suggest that the perceptions of family and community members are also very important. Notwithstanding this issue, the study findings suggest that the existing DMHS does not adequately meet the mental health needs of Indigenous people. A number of recommendations were proposed as a major outcome of this study. These relate to: improved capacity building and education to build positive community networks and an easier pathway for access to the DMHS; ensure all staff regardless of their discipline undergo cultural awareness training; identification of intervention needs for Indigenous consumers; further data collection and monitoring of the Indigenous mental health service to identify priority areas and evaluate outcomes; establishment of an Indigenous mental health team that will function as an integral part of the DMHS, and; involving Indigenous people in decision making, policy development, education and the promotion of services.

REFERENCES

1. National Mental Health Strategy (1992) AGPS, Canberra.
2. National Mental Health Plan (1992) AGPS, Canberra.
3. Queensland Mental Health Policy Statement for Aboriginal and Torres Strait Islander People (1996) Queensland Health, Brisbane.
4. The Ten Year Mental Health Strategy for Queensland (1996) Queensland Health, Brisbane.
5. Model of Service Delivery (2001) Toowoomba District Mental Health Service, Toowoomba.
6. Eley D, Hunter K, Young L, Baker P, Hunter E, Hannah D. The tools and methodologies for investigating the mental health needs of Indigenous consumers: it's about communication. *Australasian Psychiatry* 2006; 14: 33-37.
7. Queensland Health 2000-2010 Corporate Strategic Direction Plan.
8. Hunter E. Communication and Indigenous Health. *Australian Doctor,* 4 June 2004, 35-42.