Integrating treatment for mental and physical disorders and substance misuse in Indigenous primary care settings

Associate Professor Tricia Nagel MBBS, FRANZCP, PhD
Consultant Psychiatrist, Top End Mental Health Services
Associate Professor, Flinders University, James Cook University and Charles Darwin University, Menzies School of Health Research
Corresponding author email: tricia.nagel@menzies.edu.au
PO Box 41096 Casuarina NT 0811
Ph: 08 8922 8196
Fax: 08 8927 5187

Professor David Kavanagh BA Hons I; Dip Psychol; MA; PhD
Professor, Institute of Health and Biomedical Innovation Queensland University of Technology

Professor Lesley Barclay Gen Nurs; Cert Midwif; BA; M Ed; PhD
Professor, Northern Rivers University
Director, Department of Rural Health

Professor Thomas Trauer BA (Hons); PhD
Honorary Professor, Monash University
St Vincent's Hospital

Dr Richard Chenhall BA (Hons); M Phil; PhD
Senior Research Fellow, Centre of Health and Society, School of Population Health, University of Melbourne

Ms Jennifer Frendin RN RM Grad Cert MH
Coordinator, Remote Alcohol and Other Drugs Workforce Department of Health and Families

Ms Carolyn Griffin Grad Dip Community Dvlmt
Menzies School of Health Research
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ABSTRACT

Objective: Australian Indigenous peoples in remote and rural settings continue to have limited access to treatment for mental illness. Comorbid disorders complicate presentations in primary care where Indigenous youth and perinatal women are at particular risk. Despite this high comorbidity there are few examples of successful models of integrated treatment. This paper outlines these challenges and provides recommendations for practice that derive from recent developments in the Northern Territory.

Conclusions: There is a strong need to develop evidence for the effectiveness of integrated and culturally informed individual and service level interventions. We describe the Best practice in Early intervention Assessment and Treatment of depression and substance misuse study (BEAT depression study) which seeks to address this need.

Keywords: mental health, substance use disorders, primary health care, depression, brief psychotherapy.

Introduction

The 2007 National Survey of Mental Health and Wellbeing reported that comorbid disorders, in particular co-occurring mood and substance use disorders, were highly prevalent and required increased services (1). While the presence of a co-occurring disorder increased access, substance misuse, being male, younger age, more remote locations and indigeneity all reduced the chance of receiving services (2). In the Northern Territory (NT) and across Australia, Indigenous people suffer increased burden of disease compared with non Indigenous people. Mental illness and substance use disorders are among the highest causes of this disparity (3) and Indigenous youth are particularly vulnerable (4,5).

Perinatal Indigenous women are also particularly at risk of poor outcomes secondary to mental health and comorbid disorders. Nationally, almost one in five women experience depression in the weeks and months after giving birth (6) and children born to depressed mothers have increased risk of behaviour disorders, substance misuse and mental illness (7). Indigenous children will be especially affected given the higher proportion of Indigenous teenage mothers. Furthermore, recent preliminary data show that antenatal care in these communities occurs later in pregnancy and does not address either screening or psychosocial support (Barclay L, pers. comm., 2010).

The effects of mental disorders on concurrent chronic disease are another key complicating factor leading to poor outcomes for Indigenous people. A recent study from 60 countries showed that depression had the largest effect on worsening mean health scores compared with other chronic conditions (8).

Integrated care pathways

A number of recent national initiatives have supported early intervention and treatment of mental health and comorbid disorders in primary care (9,10). National guidelines recommend perinatal screening, and screening for depression among at-risk adolescents (11,12). Brief screening tools and best practice treatment algorithms have been developed to assist early detection in primary care (13), and there is increasing evidence that brief, integrated psychological treatments can be effective (14-17).

All of these strategies might begin to address the high and unmet need in the community if practitioners adopt new practices. Changing practice at the coal face, however, presents new challenges. Training in best practice alone does not ensure changed professional performance (18,19). Rather than training only, interactive multifaceted interventions are needed for success in changing professional practice (18,20). Current chronic disease research in the NT and other states confirms that continuous quality improvement tools can change delivery of best practice (21). These tools now incorporate wellbeing screening and support integration of wellbeing care in the setting of other diseases (20). Wellbeing screening, however, must be linked with treatment.

Culturally adapted treatment relevant to different settings

Evidence of effective treatment for depression or other mental illness in Indigenous peoples (with or without co-occurring disorders) is difficult to find. A culturally adapted intervention, 'motivational care planning' (MCP), was tested in an National Health and Medical Research Council (NHMRC) funded study, the NT Australian Integrated Mental health initiative (AIMhi) (22). MCP combined problem solving therapy, and motivational interviewing to develop a new 'low intensity' cognitive behavioural therapy (23). The intervention and accompanying psycho-education resources developed in collaboration with Aboriginal Mental Health Workers differed from established approaches by inclusion of pictorial tools and a holistic, strengths-based approach (24,25). Results of the study showed effective engagement and significant improvements in well being, substance dependence and self management.

This type of low intensity cognitive behavioural intervention is particularly feasible in the treatment of comorbidity in remote Indigenous communities. The tools and resources have been incorporated into youth, perinatal, chronic disease and alcohol and other drug treatment settings through training and research transfer (26). The AIMhi approach provides tools which promote partnership with Indigenous members of the workforce, however there are many challenges to sustainable workforce expansion.

Case study of a workforce model

In 2006, funding through the Council of Australian Governments enabled the NT to broaden the base of alcohol and other drugs treatment services through development of a remote Alcohol and Other Drugs workforce. Most positions are filled by Indigenous workers, supported by a Clinical Director, Workforce Coordinator and Program Support officer. Central administrative and

programmatic support is provided to workers in distant sites who come under the day to day management of the Primary Health Care Manager.

Sustainability is enabled by strategies including regular supervision, professional development, peer support, and advocacy. To promote best practice, tools and resources supporting both service delivery and community development activities within a continuous quality improvement framework have been developed and continue to be refined (Figure 1).

Preliminary evidence of success is provided by strong retention of workers in these positions. This initiative represents an opportunity to explore expanded support programs for remote workers which may address some of the challenges to retention in remote health worker positions (27).

Need for further research

While the workforce initiative has shown initial success in building a body of trained staff, more needs to be done in consolidating the evidence base for the strategies and tools they use. High quality research and intervention studies in remote Indigenous settings are rare (28,29). Without these studies, key impediments to research translation cannot be well understood. One current study, Best practice in Early intervention Assessment and Treatment for depression and substance misuse (BEAT depression study 2010-2014), funded by *beyondblue* and the Northern Territory Department of Health and Families aims to address these key challenges of comorbidity, integration of services, research translation and strengthening of community capacity.

The study will engage young people, perinatal women and those with chronic disease in screening and treatment for depression in partnership with local Indigenous community workers. Cultural and community-based interventions will be linked to treatment pathways. A randomised controlled trial, nested within remote primary care settings, will examine the effectiveness of a culturally adapted brief intervention within clients with dysphoria and risky or problematic substance use. Impacts on mental health, substance use and physical health of participants are assessed, as is the impact of the revised treatment pathways on routine health practice within the primary care setting.

A particular strength of the BEAT study is the adoption of a mixed-methods approach, combining the ‘gold standard’ rigour of a randomised controlled trial with participatory action and qualitative approaches that explore the ‘why’ and the ‘how’ of knowledge transfer, community development, and improved patient outcomes.

Recommendations

There is clear need to adopt a holistic approach to care. Whether in chronic disease, substance use, youth or perinatal settings, the unmet need is high and the consequences of untreated illness are severe. Treatments must be culturally appropriate and effective, and able to be delivered by a range of practitioners in different settings. Workforce development requires continuous quality improvement strategies to help services monitor and enhance their practice. Exploring strategies to support these goals in Indigenous primary care settings through new research and service development initiatives will contribute to the evidence and understanding needed to close the gap

in Indigenous health outcomes. This evidence on which reasoned and effective reform can be based is urgently needed.

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None applicable

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FIGURE 1. NT remote Alcohol and Other Drugs workforce