

# Australian Integrated Mental Health Initiative (AIMhi) Northern Territory

**Information submitted by:**

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**Background:****Aims and objectives**

This 5 year project aims to improve mental health outcomes for remote indigenous people in the NT. The project works on a number of different fronts:

- Data collection and outcome measures;
- Project promotion and research transfer;
- Health promotion;
- Service delivery; and
- Relapse prevention.

**Target group**

General:

- People with chronic mental illness;
- Their families;
- Service providers; and
- Broader community.

Specific:

- Indigenous clients, carers and service providers;
- Those with multiple co morbidity in association with mental illness; and
- The relapse prevention trial also incorporates families (in psycho education and care planning).

**Project Infrastructure****Lead agency**

The University of Queensland (UQ) is the overall project base. In the NT the partners are Menzies School of Health Research, Department of Health and Community Services (DHCS), and the Cooperative Research Centre for Aboriginal Health (CRCAH).

**Sectors and settings**

The Top End Division of General Practice (TEDGP) is a key partner. Membership of the steering committee includes non government organisations providing services to indigenous people and working with substance misuse and mental illness. AIMHI NT has been consulting with stakeholders since mid 2003.

The following organizations have been formally consulted:

- Anglicare youth services, Katherine
- Katherine West Health Board
- Kalano Community Health Centre
- Bagot Community Council
- Danila Dilba Health Services
- Northern Land Council
- Andiliyarqua Land Council
- Tiwi Land Council and Health Centre
- DAWS (Darwin Aboriginal Womens Shelter)
- Nungalinia College
- Yirrkala Community Health Centre
- Forward (Alcohol rehabilitation centre)

- CAAPS (Alcohol and drug rehabilitation)
- Belyuen Health Centre health workers
- Katherine, Darwin Rural and East Arnhem Mental Health Services
- Wurli Wurlinjang Health Service.

### **Collaborations, partnerships, processes and protocols**

Contracts and agreements are in place between

- Cooperative Research Centre for Aboriginal Health (CRAH);
- Menzies School of Health Research;
- Department of Health and Community Services (DHCS); and
- Top End Division of General Practice (TEDGP).

The project is in agreement with three participating communities: Milikapiti, Nguiu and Groote Eylandt.

The relationships with service providers have been important in moving the project forward and the working party, steering committee and indigenous reference group expertise and networks have been pivotal. Overall project links to other AIMHI sites have also provided major support.

### **Staff/ personnel (including volunteers)**

- The core AIMHI NT research team comprises three investigators: the Chief Investigator (a psychiatrist) and two indigenous associate investigators (an Aboriginal mental health worker and an indigenous research officer);
- In-kind assistance from DHCS and all participating organisations supports attendance at working party meetings and steering committee meetings and reference group meetings;
- The community based Aboriginal Mental Health Workers and mental health teams contribute invaluable in kind support to the project; and
- Three associate investigators work with the team from DHCS and also contribute in kind support.

### **Consumer and/or carer involvement**

- The relapse prevention trial is recruiting 80 clients and 80 carers;
- The development of resources has resulted from Indigenous Reference Group, community, AMHW and conference/seminar/workshop/survey consultations with service providers;
- Many of the stakeholders have been carers as well as service providers;
- ARAFMI, NT has been closely engaged at steering committee level in the first two years.

### **Reference, advisory or management groups.**

- The NT project is placed within the broader framework of the 5 year National Health and Medical Research Council (NHMRC) project. This project has a board of management to which the research committee reports;
- The Indigenous stream in the NT links with NQ through a coordinating committee;
- The NT steering committee has representation from key stakeholders and indigenous organisations: both non-government and government;
- The Indigenous Reference Group to AIMHI NT provides guidance to the project, and has met six times;
- The AIMHI NT arm has comprehensive stakeholder networks and feedback processes.

### **Personnel training**

- The Chief Investigator completed biostatistics and epidemiology units of study;
- All of the research team was trained in the use of MARVIN technology;
- The two indigenous research officers will both commence further tertiary training in 2005.

### **Funding**

NHMRC– \$220,000: 2003 - 2008

CRAH - \$157,000: 2003 - 2008

DHCS - \$30,000: 2003

AERF \$10,000: 2004\*

FIMHR - \$5,200: 2004

DHCS 2005 - \$10,000

Community Benefit Fund - \$2,000: 2005

\* AERF (Alcohol Education and Rehabilitation Foundation) funding has supported a phase of the AIMHI NT project, which developed packages intended to provide an integrated approach to management of indigenous people with the dual diagnosis of substance misuse and psychosis.

## Implementation

### Detailed description

The AIMHI NT project has a multi level approach involving:

#### Service delivery

- Strong engagement with Preventable Chronic Diseases Strategy
- Care Plan development and trial in KMHS
- Development of draft addendum to the CARPA manual - management of chronic mental illness. This is the current primary care best practice guideline resource for the NT.
- Successful partnership with ABCDE research project and development of mental health audit.
- Development of generic care plan training package
- Care plan package presented to the Best Practice Committee of the NT.

#### Relapse prevention

- Randomized controlled trial of care planning/motivational intervention commenced in Nguiu, Milikapiti and Groote Eylandt. Seeking to recruit 3 or 4 more communities. Successful partnership with TEDGP AMHW program.

#### Health promotion

- Successful partnership with DHCS MARVIN project.
- Development of a number of MARVIN resources including development of a unique AIMHI Aboriginal Mental Health Worker character and teenager.
- Development of flip charts and information sheets
- Development of education for service providers re: use of flip charts and MARVIN
- Three mail outs to Top End clinics and GPs information and resources – most recent mail out included a flip chart and a CD in each envelope
- The initial distribution of flip charts has been followed by more than 100 further requests from across the NT – and ongoing positive feedback from stakeholders.
- Collaboration with Laarrakia FM and CRCAH and development of a mental health community announcement/advertisement targeting male indigenous youth ('Sad hearted').

#### Data collection and outcome measures

- Analysis of admission and readmission, evacuation, clinic files data and service provider interviews.
- Survey of 41 remote service providers analysed and presented in Discussion Paper 1
- Development with NQ of indigenous versions of HoNOS and LSP for trial.
- Mental health literacy survey commenced 2005 - 40 interviews completed of Top End Remote Service Providers
- Clinic file audit series – 1996, 2001, and 2004. Paper accepted for publication – Australasian Psychiatry – reviewing Top End psychiatry ward in patient data.

#### Project promotion and research transfer

- Development of stakeholder list and regular feedback
- Consultation with urban indigenous organizations, regional mental health services and remote communities: Tiwi Islands, Groote Eylandt, Numbulwar and Yirrkala
- Regular newsletter
- Publication of four discussion papers on website
- All resources and discussion papers available on AIMHI website at UQ and Menzies School of Health Research website
- Regular indigenous reference group meetings and working party meetings
- An indigenous mental health seminar in mental health week 2004 (80 registrants)
- Regular conference presentations and papers (See below)
- Regular updates: Health House, Tamarind Centre, Remote Health Block 4
- Education: Nurse 5 seminar 2005, Remote A&OD/mental health workshop 2004
- A number of journal and magazine articles.

## Resources

### Mental Health Stay Strong Care Plan Package

The care plan targets people with psychosis and substance misuse (but is applicable to any person with chronic mental illness or co morbid issue) in remote settings. The principles of the care plan include: motivational principles, self-management principles, family involvement, and psycho-education about illness and treatments: particularly compliance, early warning signs, and triggers.

- [http://www.auseinet.com/files/recovery/3aimhi\\_careplans.pdf](http://www.auseinet.com/files/recovery/3aimhi_careplans.pdf)

### Flip charts

- '5 minute therapy? No worries!' (Flip chart) AIMHI NT 2004  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECT\\_S/HRSSP/RELAPSEPREVENTION/5\\_MINUTE\\_POWER\\_POINT.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECT_S/HRSSP/RELAPSEPREVENTION/5_MINUTE_POWER_POINT.PDF)
- 'Mental Problem Story' (Flip Chart) AIMHI NT 2004
- 'Yakka Worries' (Flip Chart) AIMHI NT 2005

Flip charts are pictorial resources which contain four main messages: what keeps us strong, what makes us sick, what happens when we are sick, and what helps us to get better. These are also available for distribution on CD.

### “Strong Tree”

- 2 page pictorial representation of 'What keeps us strong' and 'Worries that take away our strength':  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECT\\_S/HRSSP/RELAPSEPREVENTION/BRIEFER+STRONG+TREE.PPT.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECT_S/HRSSP/RELAPSEPREVENTION/BRIEFER+STRONG+TREE.PPT.PDF)

### Mental Problem Story

A pictorial story about triggers and symptoms and treatment for mental illness.

### Grow Strong Mental Health poster

Posters to provide a pictorial way to identify the key strengths and key concerns for each client.

### Publications and articles of interest

- AIMHI Update. Auseinetter 2005; 23 (1). <http://www.auseinet.com/resources/auseinet/netter23/>
- AIMHI Base line Measures Discussion Paper One. Nagel T, 2003  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECT\\_S/HRSSP/RELAPSEPREVENTION/AIMHI\\_2003\\_DISCUSSION\\_PAPER\\_1.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECT_S/HRSSP/RELAPSEPREVENTION/AIMHI_2003_DISCUSSION_PAPER_1.PDF)
- AIMHI NT Learning about Indigenous Mental Health Promotion. Discussion Paper Four. Nagel T, Judd J.; 2004  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECT\\_S/HRSSP/RELAPSEPREVENTION/AIMHI\\_DISCUSSION\\_PAPER\\_4.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECT_S/HRSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_4.PDF)
- AIMHI NT Integrating Mental Health into Primary Care. Discussion Paper Two. Nagel T, 2004  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECT\\_S/HRSSP/RELAPSEPREVENTION/AIMHI\\_DISCUSSION\\_PAPER\\_2.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECT_S/HRSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_2.PDF)

### Use of MARVIN software to develop specific messages

For general information about MARVIN go to

<http://www.marvin.com.au/marvin/home.asp>

### Additional tools

- 'Sadhearted' CD, radio spot targeting indigenous youth.
- Reviewing the Worries resource notes
- Step-by-step care planning resource notes
- Laminated information sheets – 'mania', 'depression', 'psychosis'
- Proposed addition to the CARPA manual focussing on management of chronic mental illness.
- AIMHI NT Newsletters 1 – 5
- **Other publications may be made available via the publications page at**  
<http://www.uq.edu.au/health/index.html?page=36344&pid=20333>

## Recovery Framework: the 4A's

The following information provides details of project outcomes as they relate to the 4As framework. This is a model developed by the Australian Government to support an understanding of recovery based approaches.

(For more information about the 4As: go to summary sheet at [http://www.auseinet.com/files/factsheets/recov\\_summary05.pdf](http://www.auseinet.com/files/factsheets/recov_summary05.pdf))

**Awareness:** *involves developing an understanding of one's mental health needs, including specific knowledge of risk and protective factors. Includes education, stigma reduction.*

**Anticipation:** *processes which support people who have been seriously affected by mental illness to make their own decisions rather than to have decisions imposed eg: discharge, recovery, crisis plans.*

The key outcome of the AIMHI project has been the development of a range of resources which provide information about mental health in the indigenous community. Many of these resources have been incorporated into a package described below. They have resonance with the 'Awareness' and the 'Anticipation' sections of the relapse prevention framework.

**Access:** *timely access to the whole range of services that support wellbeing and early intervention in times of increased service need. Includes service collaboration and partnerships.*

The need for indigenous appropriate and literacy-adjusted information is also addressed – and is an important component of promoting 'Access' to care

**Alternatives:** *recognising the need for an expanded range of treatment and community support options for people who have experienced mental illness eg: housing, employment, holistic treatment.*

The overall aim of the project is to integrate mental health into primary care services in remote communities which links strongly with the 'Alternatives' section of the framework.

## Evaluation / Outcomes

Many clinicians through out the Top End have now reviewed the care plans. Positive comments have included that they

- Reflect the need for a holistic, culturally sensitive approach;
- Are strengths focussed;
- Are written in plain English;
- Incorporate carers;
- Reflect community need (incorporating frequent trigger factors and protective factors); and
- Meet the needs identified in the remote service provider interviews and broader consultation for cross-cultural resources for the indigenous workforce.

In summary the project has a strong sense that the packages are feasible and acceptable but it is too early to tell. There is a clear need for care planning tools and for interventions which are effective. It is not clear as yet that the packages will be adopted by AMHWs and clinics despite the current enthusiasm.

The planned evaluation projects will assist in determining feasibility and acceptability. These are:

- A roll out of care plan training 2006-2007
- The ABCDE project 2005-2008
- The relapse prevention trial 2005-2008

In the meantime we have surveyed remote service providers – and are currently collating the findings of the first round. A follow up survey will commence in 2006.

The generic care plan has been reviewed in a number of different forums in the Top End. These include the

indigenous reference group to AIMHI, the AIMHI steering committee, the PCDS – AIMHI committee, Tamarind Centre workshops, two remote nurses workshops, and more recently the Mental Health Audit Working Group for the ABCDE (Audit of Best practice in Chronic Disease) project and the Alice Springs ABCDE workshop in early June.

### What worked well

This project relies on effective networking within stakeholder organisations: relationships between participating organisations has worked well and has led to positive outcomes. The strength of the core research team and the stability of the core team have been vital. The recent transfer of the project to Menzies School of Health Research has been a supportive step, and allowed the project to benefit from the expertise of an organisation well versed in indigenous research. The broad consultation of AIMHI over the past two years has allowed input to the AIMHI Care Plan Training Package from a wide range of stakeholders. The packages address chronic mental illness; however it is hoped that they generalise to a range of mental health problems, and especially to the setting of mental health problems co morbid with a range of other issues. But there is a clear message from the consultation that developing 'one' package for Top End indigenous clients and carers is not appropriate. People want to have their own artwork and images and words and language incorporated into the stories. One success of the project so far has been to develop a 'template', which allows a fairly simple translation of generic resources to specific communities. The Tiwi package has been shown to a range of audiences since its development and has received much positive comment.

### Challenges or barriers

Maintaining in kind support has been a barrier. The project struggled to gain attention when based in a service delivery context. It has had difficulty maintaining consistency of committee membership and attendance over time.

There are major challenges in remote communities - transport, technology, and cultural divide. Time lines have been extended as the first pilot and consultation phase was resource intensive. The process of development of a template for adjustment of resources to different communities requires significant time and travel commitment.

Furthermore: there is also great variation in the structure of services in different communities. The key components of remote mental health service delivery to dual diagnosis clients are AMHWs, health centre staff; GPs fly in and fly out of regional mental health services A&OD services, and hospital services. The model of interaction between these key components varies from community to community across the Top End. There is variation in referral, assessment, and management. This heterogeneity also challenges the introduction of 'one' cross-cultural package – and will be a barrier to achieving this objective fully.

Evaluation remains a challenge. There remains a need for a culturally valid measure of well being in the indigenous community. In the absence of such a measure the project has compromised by using a range of measures combined with qualitative interviews and stakeholder consultation. The project has benefited from the recent adaptation and trial of the well-established measures HoNOS and LSP-16 in the NQ indigenous setting, the recent dress rehearsal for the NATSI health survey and the extension of the work of Battersby et al (2003) into the Katherine indigenous setting.

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