

Way Forward Project respectfully acknowledges the Traditional Owners and Custodians of the land on which I am speaking from today.

Acknowledgement must also be given to the Aboriginal and Torres Strait Islander people, both staff and community members who participated in providing valuable information throughout the consultations.

# Our Health Our Culture Our Way

**Lessons from Way Forward: An Indigenous approach  
to wellbeing**

**Michelle McIntyre, PhD**

Research Fellow  
Griffith University  
School of

Human Services and Social Work

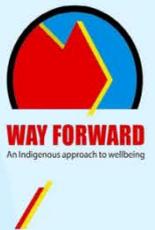


**Kimina Andersen**

Program Director

Way Forward:

An Indigenous approach to Wellbeing



# What is the mental illness burden for Aboriginal and Torres Strait Islander Queenslanders (2011: ATSIHB)

## Broad cause contribution

Other	32%
Unintentional injuries	5%
Chronic respiratory	9%
Malignant neoplasms	9%
Diabetes mellitus	11%
Cardiovascular disease	14%
Mental disorders	20%

# Aboriginal & Torres Strait Islander Queenslanders are;

- 30% more likely to be hospitalised for MI
- (3X) more likely to be hospitalised due to substance misuse
- More likely to enter MH treatment via ED's court or prison – higher ITO rates
- If hospitalised in a MHU 50% more likely to be secluded

# Community Survey Findings

## Where to go to get MHAOD help (top 4 responses)

- **Aboriginal Medical Centre** (58%)
- **My doctor (GP)** (52%)
- **Family** (33%)
- **Friends** (27%)

## Biggest challenges when trying to access QH MHAOD help (top 4 responses)

- **I don't think I or my culture would be treated respectfully** (32%)
- **I don't think people would understand me** (32%)
- **I'd feel shame or too shy** (32%)
- **I wouldn't know where to go** (32%)

33 Aboriginal and/or Torres Strait Islander community members completed the survey

# Community Survey Findings

*“If we do not work within Aboriginal ways then things are not going to change. Stop treating the symptoms and treat the whole person and the whole community”*

*(NAIDOC survey participant. Jul 2015)*



# Responding to Difference

## Difference Blindness

To *mis*-recognise or fail to recognise (cultural difference) can inflict harm, can be a form of oppression, imprisoning someone (or a group) in a false distorted and reduced model of being...

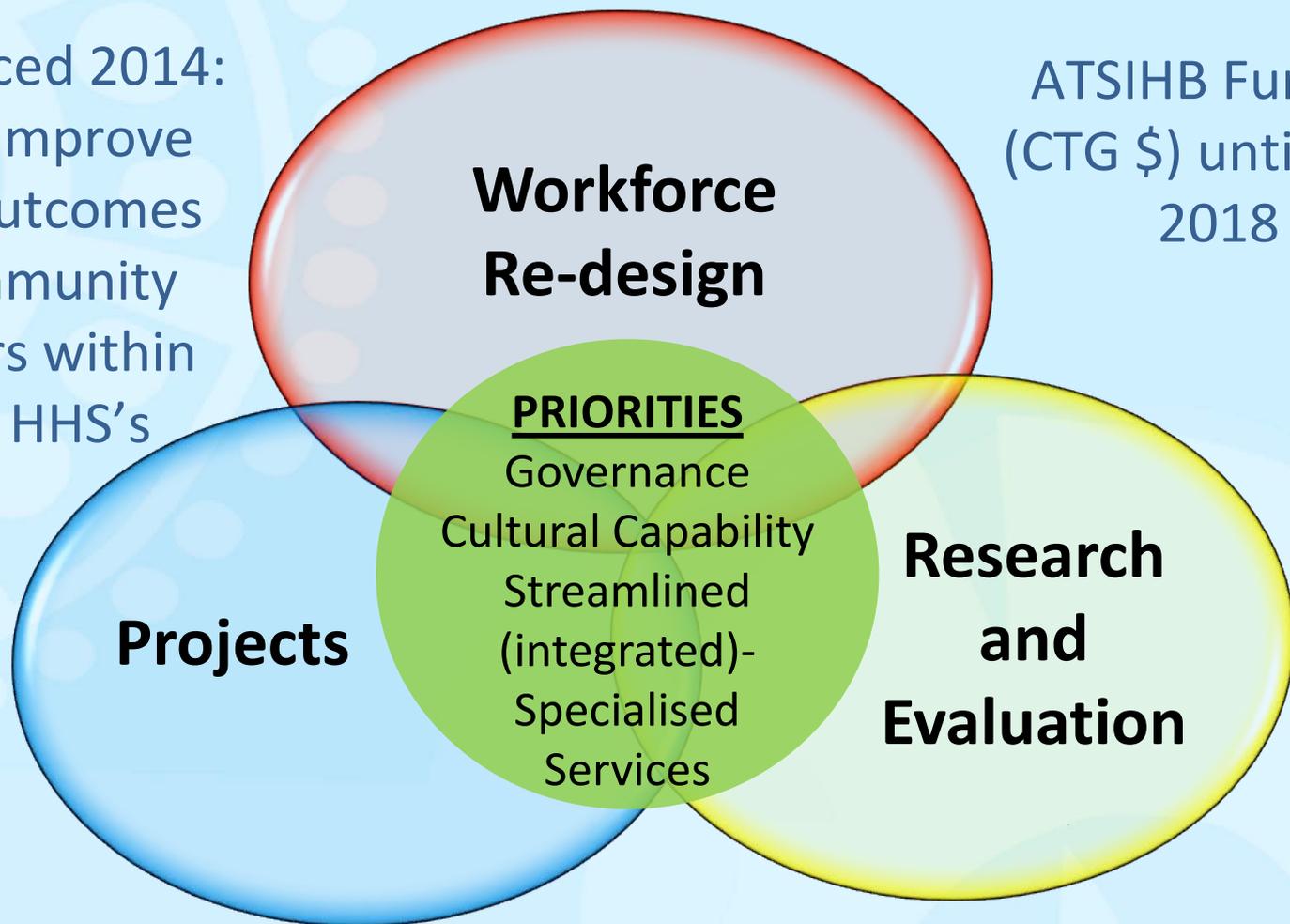
Research cannot be difference blind (and neither should MH Services)

(NHMRC)

# The Way Forward approach to improving Outcomes

Commenced 2014:  
Goal to improve health outcomes for community members within Metro HHS's

ATSIHB Funded (CTG \$) until June 2018

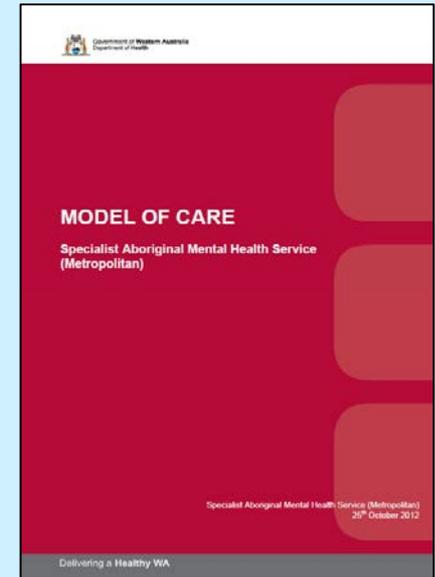


# Principles that inform our practice

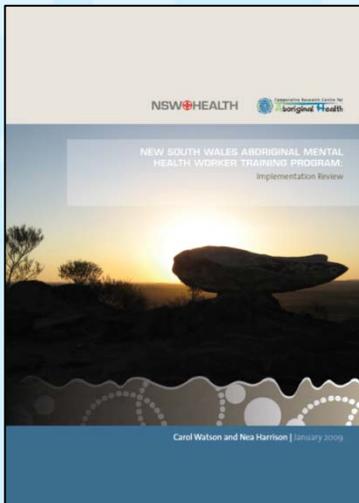
- Culturally secure services incorporates cultural values into design, delivery and evaluation of services (awareness- safety- security)
- Non-deficits approach that recalibrates the narrative and challenges stereo typical and racist views of Indigenous peoples and cultures (Overcoming Indigenous disadvantage: key indicators 2014)
- Indigenous designed and led and evaluated services
- “...essential role Indigenous people have in developing, controlling and determining their own epistemological trajectory.  
(Miller.A)

# Model of Care

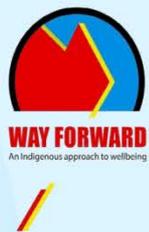
- Specialist service
- Indigenous decision making from service entry
- Integration between services and sectors
- Shared care/collaborative care/co-case management
- Indigenous reporting line, governance and supervision
- IMHAOD workforce as cultural ambassadors



## Workforce development



- Indigenous MHAOD worker career pathway
- Recognition of B. Health Science (Mental Health) and exit pathways (CSU & CU)
- IMHAOD traineeship and/or cadetship targets and quarantined resources
- Upskill non-Indigenous workforce



# Evaluation



## Way Forward. An Indigenous Approach to Wellbeing Project: Review and Evaluation June, 2016

### Authors:

Michelle McIntyre, Carolyn Ehrlich, Leda Barnett, Adrian Miller, Roianne West, Elizabeth Kendall.

Contact Author: Michelle McIntyre

[m.mcintyre@griffith.edu.au](mailto:m.mcintyre@griffith.edu.au)

Phone: (07) 3382 1100

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### Acknowledgements:

Dr Nasim Salehi assisted in the preparation of some of the material contained in this report.

### Funding:

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## MH Call

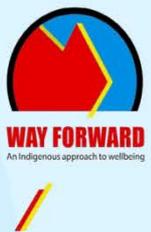
- Phone based referral service/entry into MHS
- Relocating Indigenous contact point to triage/entry point
- Important as reduces traumatic entry path

## Trauma Informed MOC

- 12 month project \$ (ATSIHB)
- Acknowledges trauma hx/intergenerational and reduces re-traumatising consumers of MHS's
- Engage MH & Addictions clinicians and IMHAOD workforce

## MNMH IUIH Partnership

- Registrar clinic in MATSICHS



# Our Workforce

The average staff member is.....



- Female
- Aged over 45 years
- From an Aboriginal background
- Employed full time in a permanent position
- Been in current role for 5 years or less
- Has a bachelor's degree

# Workforce Survey

## IMHAOD Workforce (n=21) & Team Leader/Line Manager (n=16) Survey



# Evaluation



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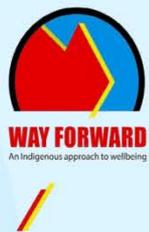
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## Method

- Data collected April/May 2016
- Semi structured IV's (exp, opinions IMHW roles and WF) by an Aboriginal researcher
- Analysis by Aboriginal researcher and two non-Aboriginal researchers
- Thematic analysis to develop categories/themes. Iterative process coding and theming until all data accounted for
- Final member checking (WF Tm/IMHW) to ensure trustworthiness of data



# Activities and Evaluation Components

Way Forward Activities	Current Evaluation	Future Evaluation
Presence of WF broadly: Group activities: forums; symposium	Impact/perceptions- workforce & team leaders	Impact perceptions in teams- investigation of team cultural safety/ Management perceptions
Governance/supervision transition	Metro North- impact of transition	Metro South-impact of transition
Recruitment activities	Metro North activities (MS stable)	Recruitment & retention data
Baseline data: survey; consultations		Follow up JDI & GEM

# Activities and Evaluation Components

Way Forward Activities	Current Evaluation	Future Evaluation
Model of care/ scope of practice articulation		Workforce & service impacts/outcomes Consumers-outcomes; population data and qualitative/care pathways & experiences
Pilots/Partnerships: UIH/Caboolture; Mental Health call; Richmond Fellowship MOC		Impact for teams- qualitative & quantitative

# Activities and Evaluation Components

Participant Group	Description
<b>Group 1 IMHAOD workforce (n= 17; MS: n=8; MN n=9)</b>	People employed in identified Indigenous positions in Queensland Health MHAOD services in Metro South & Metro North HHSs
<b>Group 2 Team leaders. (n=12) (MS: n=5; MN n=7)</b>	Team leaders in Queensland Health MHAOD services where IMHAOD workers were integrated
<b>Group 3 Way Forward Project Team (n=8)</b>	Queensland Health staff employed to administer the Way Forward project

# Summary of results

- The IMHAOD workforce has many strengths, however the role is complex and challenging
- There is a lack of cultural safety for the Indigenous workers, and limits on practice, which create difficulty for the Indigenous workers and undermine their effectiveness
- The Way Forward project is having positive impacts in recruitment; in enhancing the status and visibility of the IMHAOD worker role; and in supporting IMHAOD workers

# Workforce Strengths

*I don't just come here to do a job; I come here to help my people.*  
(IMHAOD worker)

*You get to an age where you start giving back to your own, you don't have to give back to your community, you know, that's why I studied, to give back. I knew I was never going to earn big dollars, but someone's got to do it.* (IMHAOD worker)

*Just the fact that they know I'm Indigenous I think makes a difference...It's just the unspoken understanding that someone might understand where you're coming from.* (IMHAOD worker)

*The Indigenous health worker is really quite integral...Rather than the white people imposing their values and beliefs and culture onto the Indigenous people. Because a lot of times the Indigenous clientele don't want to talk to non-Indigenous people.* (Team Leader)

# Workplace Challenge

*Being out here [in this workplace] and doing what I do all the time, I'm starting to see traction for the first time in ages, but it's taken up a whole lot of time to build up that culture in the community, that acceptance within the community, what we actually do and how we can do it. That means lots of hours outside hours to be able to do that. (IMHAOD worker)*

*well just working in the mainstream...with no support, that's the difficulty...it's such a – oh I can't explain it. It's hard (IMHAOD worker).*

# Systemic Issues

*A lot of services out there in the community at the moment are rejected. So, it's a bit frustrating, and at the moment...because we want - well, I want this all sorted, so we can get that help and support for our clients.*

(IMHAOD worker)

*My experience wasn't taken into account; it was just like 'you can do this because we need someone to fill it'. Yeah. And then times I'd say 'I want to look after this person because they're an Aboriginal person and I'm happy to counsel them' they'd say 'oh no, you're not a counsellor so it has to go to a mainstream clinician.'*

(IMHAOD worker)

# Cultural safety not ensured

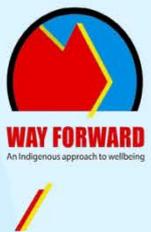
*But so many glaringly obvious cultural gaffes in this service, I've [a co-worker] say one day, 'Oh if drinking wasn't such a part of the culture,' so that sort of thing you're up against all the time... So I don't think it's very fair. It's very hard.*  
(IMHAOD worker)

*(The Indigenous worker) just took offense a lot of times, even when offence wasn't meant, it was that people weren't educated or didn't have the cultural awareness. And the (the worker ) would get upset and then not participate. That's not how you do it.*

*(Team Leader)*

*The worker I've got at the moment is very very easy. The one I had previously just put up lots of barriers. I feel discriminated against by ( them) Because it doesn't flow very well.*

*(Team Leader)*



# Impact of Way Forward

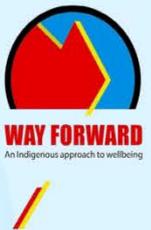
*...and I think with the Way Forward team, by having *them there*, I think they are going to bring out a lot more, I guess, value that position a lot more into where it's going to go, what can do, you know, how they can support workers. (IMHAOD worker)*

*I think it gives that area [Indigenous workforce] a bit more authority and support in a way that it lifts sort of the vagaries of the local level of support, which isn't always forthcoming.*

(Team Leader)

*..what the Way Forward is giving us as workers is more autonomy and I think it gives you that confidence that you can go 'well, no we're not going to do that, that not's actually our role'... and we've got that backing. So I think it gives the confidence that you can go in as a force and go 'well this is what we're all representing' not just me as an individual sitting in this unit.*

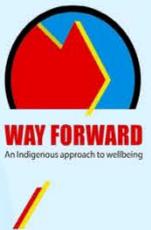
*(IMHAOD worker)*



# Potential achievements

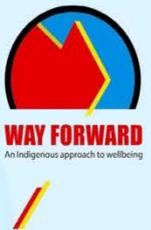
I do have some personal visions of how I hope it can assist me down the track.. I'm seeing Way Forward as a bit of a guiding light for me, I suppose. A bit of a savior, I'm hoping, in the long run somewhere down the track is where I'm pinning a lot of hope onto (IMHAOD worker)

Oh my goodness, we'd take over the world. Like what couldn't't be done, like if it was effective in coming in and...we sat under them, all of us had the funding that should be allocated, what couldn't't be done (IMHAOD worker)



# 6 MINS VIDEO

Way Forward Symposium: Celebrating our workforce



# Questions?



## Way Forward: An Indigenous approach to wellbeing

[WayForward@health.qld.gov.au](mailto:WayForward@health.qld.gov.au)

<https://metrosouth.health.qld.gov.au/mental-health/initiatives/way-forward-an-indigenous-approach-to-wellbeing>

