Policy Options

Mental healthcare pathways for urban Aboriginal children

December 2016


Policy context

Social and emotional wellbeing problems are the chief health issue experienced by young Australians. Mental health and substance abuse disorders account for more than 50% of the burden of disease amongst 15-25 year olds. The small amount of information available suggests that Aboriginal young people experience higher levels of mental health related harm than non-Aboriginal young people in Australia.

Little is known about the pathways that Aboriginal children with mental health concerns take when accessing specialised care and to what extent services are available, accessible and culturally appropriate. Further, although General Practitioners (GPs) are generally considered the gatekeepers to accessing specialist mental health services, it is unclear the extent to which they feel confident and equipped to detect, assess and refer children for suspected mental health concerns, particularly with Aboriginal children.

This compilation of research sought to understand whether current guidelines and treatment pathways meet the needs of Aboriginal young people presenting with social and emotional well-being (SEWB)-related concerns and the extent to which GPs, nurses and Aboriginal Health Workers feel confident and equipped to deal with the mental health concerns they see in the children they deal with in their work at the Aboriginal Community Controlled Health Services (ACCHSs). To gain this understanding, two literature reviews and a qualitative study were conducted.

Policy options

The two literature reviews showed a lack of formalised care pathways and guidelines for Aboriginal children experiencing mental health concerns. The reviews also showed that while GPs are the gatekeepers of mental health care, they often lack confidence regarding mental health diagnosis and treatment more generally. Early findings from the qualitative study highlight the need for training, screening tools and guidelines for practitioners who regularly provide health care to Aboriginal children as a part of their work.

> There is a need for defined coordinated care pathways for Aboriginal children experiencing mental health concerns as these do not currently exist. Formalised care pathways have the potential to address confidentiality concerns expressed by Aboriginal community members, by creating schemes in which it is clear to all parties which information should be shared and how.

> ACCHSs currently develop and coordinate community-based resources and cultural activities to support young people. These may be more culturally appropriate and should be
considered in addition to mainstream responses when developing treatment pathways for Aboriginal children with mental health concerns.

> Aboriginal Health Workers, cultural consultants, community members and Elders, as well as the families and patients themselves, have the potential to inform appropriate cultural modifications and should be actively consulted throughout the treatment process

> Measures are needed to ensure cultural safety, such as training and supervision of non-Aboriginal staff and the use of assessment tools and treatments that have been validated in Aboriginal populations

> Health promotion to decrease the stigma around seeking help for mental health concerns is required. Future initiatives should follow other successful examples and partner with community members to ensure cultural appropriateness and therefore to maximize the impact of health promotion in Aboriginal communities.

> Built on cultural security, trust and ongoing relationships, the ACCHSs have a unique connection with the Aboriginal Community that provides an environment where parents and children are more likely to seek help for child mental health concerns

> The Aboriginal Health Worker is a key facilitator for Aboriginal families seeking care for child mental health concerns, due to the support they provide and by providing transport to children and their families

> The whole-of-family ‘holistic’ focus of the ACCHSs can help to identify children at risk and to also meet the mental health needs of the wider family which is likely to have a positive impact on the child experiencing mental health concerns

> Access to mental health care specialists is important. Where there was less access, this put more strain on the practitioners providing the front-line care to children.

**Key findings**

**BEST PRACTICES FOR MENTAL HEALTH CARE DELIVERY FOR ABORIGINAL YOUNG PEOPLE**

> Overall the authors were unable to identify any studies that have directly examined pathways to mental health care and service use and treatment patterns among Aboriginal young people

> There is a lack of evidence to support mental health service provision to Aboriginal children, particularly in defining services that are culturally appropriate

> Much of the current mental health service delivery is not culturally responsive to the needs of Aboriginal young people

> The absence of pathways to guide care is a significant barrier to effective and efficient mental health service delivery Confidentiality concerns around information sharing are significant

> There is low service use and help seeking by young Australians for mental health concerns

> GP detection rates of mental health concerns in a wide range of populations are low, complicated by physical presentations of the problems and limited consultation times

> Rates of referral for child mental health concerns are increasing which may put a strain on specialist resources, particularly if some could have been managed in the primary care environment

> Family can play a key role in making a diagnosis or treating a patient
Evidence suggests that there is an under-recognition of mental health concerns by GPs which is concentrated among less severe cases; whereas severe cases are often recognised and responded to appropriately.

There are higher proportions of mental health-related presentations to the emergency room and of hospitalisation for mental health amongst Aboriginal people compared to non-Aboriginal people, suggesting that current treatment options for Aboriginal patients are sub-optimal.

**THE EXTENT OF EVIDENCE-INFORMED PRACTICE IN RESPONSE TO THE MENTAL HEALTH NEEDS OF ABORIGINAL YOUNG PEOPLE IN PRIMARY CARE**

Though most guidelines recognise the importance of cultural consultations, understanding and responsiveness, there are few frameworks to guide the implementation of cultural competence in practice.

Interventions to promote best practice for cultural competence in Aboriginal health care settings have not been systematically evaluated, leading to limited conclusions about their effectiveness and thus hindering wider dissemination.

There are few evidence-based frameworks to inform the implementation of culturally competent care in practice.

Mainstream approaches may not be effective in Aboriginal populations and may require cultural consultation and adaptation.

A lack of culturally-validated, evidence-based approaches may affect GP confidence and capacity to deliver appropriate care.

Evidence suggests that inappropriate care may make individuals hesitant to access care, and hinder improvement among those who do access care.

**EXPLORING PATHWAYS TO MENTAL HEALTH CARE FOR ABORIGINAL YOUNG PEOPLE**

Practitioners seek more training and access to screening tools and guidelines to inform and direct care for Aboriginal children with suspected mental health concerns.

Interviewees reported a high percentage of their work with children (50-100%) involved mental health concerns.

There is a gap in specialist services for mental health care for children aged 5-12 years and this is more severe in some geographical areas.

Trust and relationships were seen as key factors that facilitated parents and adolescents seeking care for suspected child mental health concerns.

Factors which were thought to prevent help seeking included shame, stigma and fear of removal.

In practice, the key features of health care considered to be important to providing successful mental health services to Aboriginal children were Aboriginal Health Workers, whole of family focus, flexibility and proactivity, availability of mental health care specialists, and consistent coordinated care.

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health.