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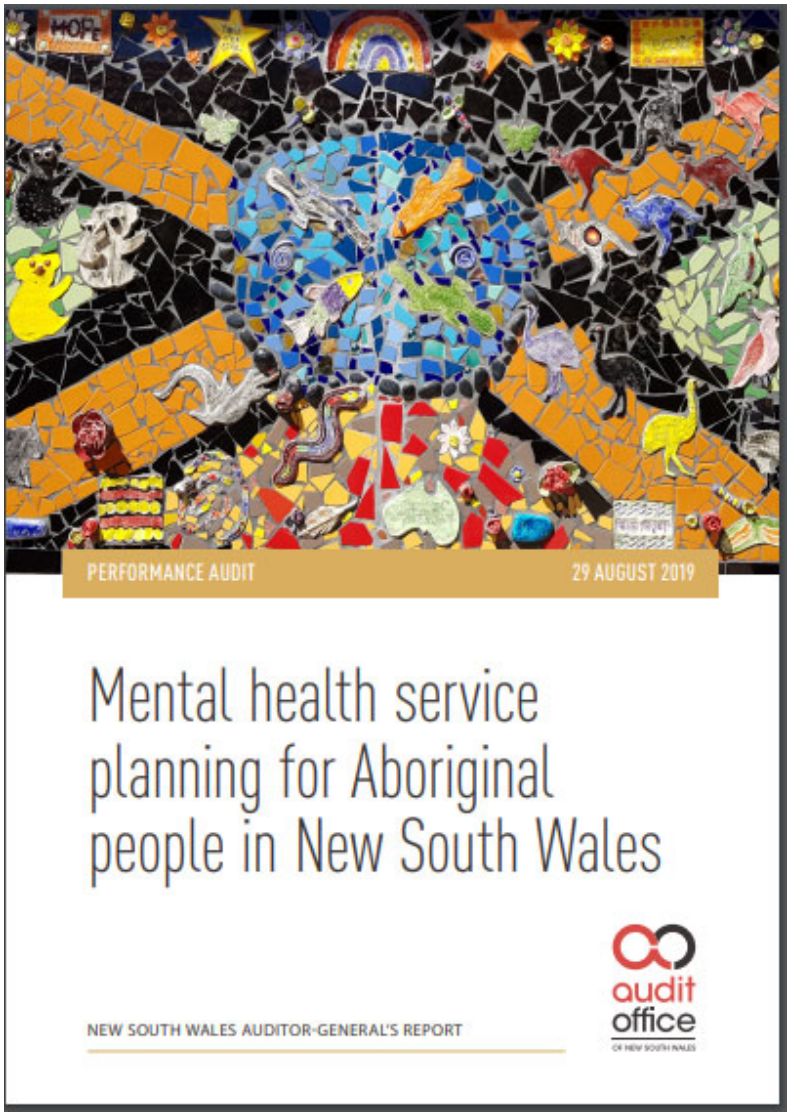
Integrating Aboriginal expertise in performance auditing

A case study



The Aboriginal mental health service planning performance audit 2019

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This presentation is a case study of the ways in which Aboriginal expertise can inform performance audits throughout planning conduct and reporting

Performance audit scope:

Aboriginal mental health service planning

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- The audit was designed to assess the effectiveness of NSW Health's planning and coordination of mental health services and service pathways for Aboriginal people in New South Wales. We addressed the audit objective by answering three questions:
  - Is NSW Health using evidence to plan and inform the availability of mental health services for Aboriginal people in New South Wales?
  - Is NSW Health collaborating with partners to create accessible mental health service pathways for Aboriginal people?
  - Is NSW Health collaborating with partners to ensure the appropriateness and quality of mental health services for Aboriginal people?

What we did to ensure Aboriginal stakeholders had involvement at all stages of the audit

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- We consulted with the NSW Aboriginal health peak body in the development of the audit scope to ensure the audit focus was appropriate and would have maximum impact for Aboriginal people
- We employed an Aboriginal mental health expert as a consultant to provide cultural and technical expertise to the audit and to assist with all aspects of fieldwork and consultation
- An Aboriginal intern who was employed at the NSW Audit Office was involved in audit fieldwork consultations and data analysis
- We facilitated a full day session of Aboriginal expert stakeholders to seek advice on key audit questions
- We consulted with Aboriginal community controlled health organisations across NSW to ensure a diverse range of Aboriginal voices
- We sought the advice and expertise from the Aboriginal consultant on the cultural aspects of the audit report

What were the sources of audit evidence?

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The audit findings, conclusion and recommendations were derived from a range of evidence sources including:

- Interviews and questionnaire responses from 88 mental health agencies
- Information from a full day workshop with Aboriginal clinicians and policy experts (17 Aboriginal attendees)
- Analysis of NSW Health data and policies

A performance audit partnership

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We took a partnership approach to the audit, drawing upon the expertise of Aboriginal mental health expert, Donna Stanley. Donna coordinated the input of Aboriginal clinicians and policy makers, facilitated meetings with Aboriginal stakeholders and provided cultural advice to the performance audit team.

Aboriginal expert workshop

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- In May 2019, the NSW Audit Office convened a full day workshop facilitated by mental health expert Donna Stanley. The purpose of the workshop was to seek the views of Aboriginal policy experts and mental health clinicians about the appropriateness and availability of mental health services
- Attendees were nominated by their organisations. They included:
  - Aboriginal Health & Medical Research Council policy staff
  - Aboriginal mental health workers from NSW Health
  - Aboriginal policy staff from Justice Health
  - Aboriginal Community Controlled Health Services staff
- Feedback from attendees was coded and quantified and used to inform the audit definition of appropriate mental health services for Aboriginal people in NSW

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Timeframe		Workshop schedule
10.30-10.35am	Session 1	Welcome acknowledgements from the Auditor-General
10.35-11.10am	Session 2	Welcome acknowledgements from Facilitator Information about the audit Information about the Aboriginal mental health challenges in NSW
11.10-11.30am	Session 3	Defining what available/accessible and appropriate mental health services are for Aboriginal people and what are the barriers to achieving this
11.30-11.45am	**Morning Tea**	
11.45-1.00pm	Session 4	Group plenary to share and discuss definitions of 'available/accessible' and 'appropriate' mental health services
1.00- 1.45pm	**Lunch**	
1.45- 2.45pm	Session 5	Case study scenario problem-solving in groups Plenary all participants
2.45- 3.00pm	Session 6	Workshop conclusion
3.00- 3.30pm	**Optional networking opportunity**	

Workshop tasks

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- The workshop tasks described in the following slides were used to develop a definition of culturally appropriate Aboriginal mental health care
- The definition was essential to inform the criteria against which to assess the performance of the audited agency, in particular criteria 3:
  - **Is NSW Health collaborating with partners to ensure the appropriateness and quality of mental health services for Aboriginal people?**

TASK 1 Defining Available/ Accessible and Appropriate

- Definitions

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1. What does available/accessible mental health services mean?

2. What does appropriate mental health services mean?

3. What are the main barriers to achieving available/accessible and appropriate services?

Task 2 Case study scenarios

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Participants to form mixed groups (i.e. LHD with JH, ACCHO where possible) to problem-solve case study scenarios where mental health continuity of care did not occur or where the service was not appropriate or available.

- What failed in this scenario?
- What could have been done to improve the service and the outcome?
- What needs to change?

Case Study 1- Delivering continuity of care post release

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Aboriginal boy aged 16 years

The boy has been recently released from an outer metro JJ centre. He has returned home to his rural township. There are no CAMHS services in the area. At the time of release, he could only access an adult service, and there was no GP attending the region for a week. He has a high risk of mental health related problems. Mum is supportive but also has a long family history of issues. There is a lack of options for post-release support due to lack of local services. JJs team can set up a system to provide support for attending appointments, but he can't access support in a crisis unless he can travel to a regional city and he has challenges in accessing transport.

Case Study 2 – Limited service profile, advocacy for care

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Older Aboriginal woman

This older woman is living in remote town with a predominantly Aboriginal population. She has a physical disability and moderate, ongoing mental illness and substance misuse. She was recently released from hospital and is living back at home. The LHD provides mental health outreach services two days a fortnight in her town, and there are limited community services to support her. The local non-government mental health service has refused to see her. She has caused difficulties for staff, and they say her acuity is too high for them to address. She is well known to the AMS, and she is attending this service, but the AMS does not have any mental health staff. A psychiatrist visits once a month and there are no Aboriginal mental health workers.

Case Study 3 – Finding appropriate care

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Mother with three young children

A young mother is living with moderate mental illness. She is pregnant with her fourth child. The LHD community mental team have recommended that she have a planned in-patient stay at the local hospital, She does not want to go and is fearful, partly because there are no Aboriginal staff at the in-patient facility and community members do not speak highly of the hospital service. She is concerned about leaving her children. She is not taking medications as she has concerns for her unborn child.

Case study 4 – Siloed services and limited outreach

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45 year old Aboriginal man

A middle aged man living in an outer metropolitan Sydney suburb is developing symptoms of psychosis. He has a long history of mental illness and during severe bouts of ill-health he has committed crimes for which he has served time in custody. He has caused a number of disturbances in his housing complex, and complaints have been made to FACS Housing. The LHD Community Mental Health team have had contact with him and visited him a fortnight ago. Additional attempts to engage the LHD by FACS have failed, as the LHD is extremely busy and he is not considered severe enough for ongoing service. His partner is connected to a drug and alcohol service and has tried to get help for him, but the service don't support people with mental illness. He does not want to leave his home and his partner fears the police will be called to a crisis situation if other help is not available.