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Improving Indigenous health through better medication management: an overview

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This paper provides an overview of a major South Australian research project with implications for the health of all Indigenous Australians. The researchers set out to explore the medication needs of Aboriginal people with mental health problems and found that most Aboriginal people have to deal with profound challenges to social and emotional wellbeing with significant medication implications. No previous research had investigated the problem of medication use by Aboriginal people in metropolitan, rural and remote locations to the depth and extent of this project. The research therefore is of widespread relevance and holds interest for many Indigenous and non-Indigenous individuals and groups, consumers, service providers and policy-makers. As a research team comprising Indigenous and non-Indigenous members, we were committed to implementing strategies in the course of the project with immediate benefit to project participants as well as longer-term impact on improved use of medications. The design of the project enabled these strategic interventions and we are pleased to promote this model to other researchers. Recommendations from the project concern services, coordination of care, carers and family members, workforce education, and community development. Readers are advised where the project report and other published papers can be accessed. The project was funded by the Commonwealth Department of Health and Ageing.

Key words: *Aboriginal, Indigenous, Medications, Mental health, Carers*

Unrelenting grief and loss, chronic poverty, social dislocation, poor educational opportunities, lack of access to appropriate services, and long-term cultural disruption continue to severely impact on the health and wellbeing of all Aboriginal Australians. Statistics indicate the Aboriginal population is still much sicker, younger and poorer than the non-Indigenous population in Australia (Edwards & Madden, 2001). Mental health (social and emotional wellbeing) problems are widespread among Aboriginal people, and often complicated by multiple chronic physical illnesses and/or substance misuse, and therefore use of multiple medications. Quality medication management can be difficult for many Aboriginal people, including those with mental health problems, their carers or other family members (de Crespigny, 2002). Anecdotal evidence suggests that unsafe or inappropriate use of medicines is common, with potentially damaging physical, social and economic consequences. However, to date there has been a lack of research evidence to inform policy and practice change to address these issues—hence our project.

In approaching the research, we were appreciative of past attitudes and practices. Critiques of Aboriginal health research being inappropriately conducted from “scientific” perspectives (Matthews, Jenkin, Frommer, Tjhin, & Rubin, 2001) resonate with the views of Ngiare Brown, Indigenous Health Advisor to the Australian Medical Association (Brown, 1999). Brown stated she is often asked how the long-standing problems of Aboriginal people can be overcome, to which she replies it is of central importance: “...to have an insight into our history and an understanding of our holistic view of health, life and community—a concept of our deep spirituality, our origins, our kinship and social parameters” (p. 221).

She believes few people are aware of the history of Aboriginal Australia: “...more than 200 years of dispossession, oppression, removal from lands and family, the diminishment of cultural identity, and the cycle of poverty” (p. 221).

Brown outlined in her paper the major events of these years, culminating in an “appalling” health status among Indigenous communities. She cited

long-term grief and anxiety arising from the assimilation policy (whereby Aboriginal children were removed from their families) as being “significant contributors to the current social, emotional and physical problems” of Aboriginal people. Brown has called for researchers and others to “acknowledge the legacy of our black and white history”.

In another historical account, Basil Hetzel (2000) pointed out that the life expectancy of Australian Indigenous people compares unfavourably with rates achieved by other Indigenous peoples, such as the New Zealand Maori and American Indian populations. This fact receives periodic attention (Ring & Firman, 1998) with an Aboriginal and Torres Strait Islander Commission (ATSIC) media release claiming the life expectancy gap of Indigenous and non-Indigenous people in the United States had closed to “about 2 years”, while the gap in Australia is “twenty years...and rising” (ATSIC, 2002). The poor health status of Aboriginal Australians has been termed a “national embarrassment” for Australian society as a whole (Ring, 1998) and a “damning indictment” on, and collective moral responsibility of all Australians—indeed a “moral imperative” (Morgan & Allen, 1998). Such position statements, combined with a United Nations expert committee expressing “deep concern” about the position of Indigenous Australians (Loff & Cordner, 2000) served to convey a sense of urgency in the literature for positive change in the health and welfare of Aboriginal people.

Organising framework

The organising framework for the project was influential in framing the research questions and in collecting and managing the data. Drawing on findings from the literature review, we developed a resolve for the project to contribute to the health of Aboriginal people within the scope of the project. This resolve, together with an increasingly participatory and empowerment-oriented project design (action research), led ultimately to a “partnership model for ethical Indigenous research”. The organising concepts (governing principles) of the model—Respect, Collaboration, Active Participation, Meeting Needs—proved valuable in constantly rethinking the research problem, analysing data in the regional and state-wide components of the project, and in the the

systematic integration of findings from all components in the final meta-analysis, leading to the recommendations reported here. The organising framework thus eventuated into a workable and productive model we are now pleased to promote to others (Kowanko, de Crespigny, & Murray, 2003; de Crespigny, Emden, Kowanko, & Murray, 2004).

Project aims

The research project aimed to:

- explore the particular needs, experiences and contexts of Aboriginal people diagnosed with a mental health disorder, their carers and other family members, focusing on issues relating to management of medications
- recommend strategies to improve quality use of medicines by this group, informed by the findings, and
- implement and evaluate selected recommendations.

Method

The research was conducted from July 2000 to June 2003 by a partnership of investigators from the Flinders University School of Nursing and Midwifery and the Aboriginal Drug and Alcohol Council (SA) Inc., in collaboration with Aboriginal communities and other stakeholders across South Australia (SA). The participatory action research design was in keeping with Indigenous research ethics underpinning the project—ensuring cultural sensitivity and safety at all times, especially in relation to obtaining informed consent, and collecting, analysing and storing data. The project complied with the latest state and national guidelines for Indigenous research, and stringent data management protocols were developed especially for the project.

The research was conducted in seven urban, rural and remote regions of SA. Regional and SA-wide steering committees drawn from participating Aboriginal communities, Aboriginal and mainstream health and related services and other stakeholders guided all aspects of the research. We used multiple research methods, including:

- a review of literature and key documents
- semi-structured interviews and focus groups with clients, carers, community leaders and health and other relevant professionals in each region
- a state-wide survey of service providers
- a review of most recent SA hospital separation statistics
- reflection on interventions made in response to findings during the project.

Data analysis methods included: content and thematic analysis of interview, focus group, survey and reflective data (Morse, 1994; Strauss & Corbin, 1990); meta-analysis of qualitative data (Schreiber, Crooks, & Noerager Stern, 1997); statistical analysis of quantitative data (McLaughlin & Marascuilo, 1990). Details and audit trails of each analysis can be found in the full report (Kowanko et al., 2003) and in separately published papers, as indicated below.

The research team and steering committees collaboratively considered outcomes of the meta-analysis and other findings and formulated recommendations to improve the safe use and management of medications and related issues for Aboriginal people with mental health problems and their carers/families. Selected strategies were implemented and evaluated.

Findings

The review of literature and key documents considered over 600 items (Kowanko et al., 2003). It revealed many papers, reports and reviews on Aboriginal health, mental health and substance use; very little literature on medication management in relation to Aboriginal mental health was identified. The links between social and health inequities are well established, as are the impacts of generations of racist policy and practice on physical and mental health, and spiritual, social and emotional wellbeing. We identified a number of plans and recommendations to address these issues, but it appeared that few had been implemented or evaluated.

Over 130 people took part in interviews and focus groups. This qualitative information provided a rich insight into the direct experiences and views

of Aboriginal people with mental health disorders, their carers and health workers in relation to medication use and associated issues. The findings were remarkably similar in all SA regions in which the research was active. The data confirmed that most Aboriginal people experience social and emotional wellbeing problems, either themselves or as carers of family or community members, and that coping with these problems, including managing medicines safely, is an added burden on already severely disadvantaged people. The data revealed many instances of unsafe medication use among Aboriginal people with mental health problems and their carers, compounded by alcohol and substance misuse, lack of professional support, and lack of access to appropriate services. The data also highlighted the stressors on Aboriginal health services and workforce, lack of Aboriginal and mainstream workforce training on safe medication management and mental health/alcohol and drug issues, serious inadequacies of mainstream health services for Aboriginal people, and institutionalised and individual racism in the community at large. Each of these problems clearly impacts in major, negative ways on safe and effective medication management. This component of the project is reported in full elsewhere (Kowanko et al., 2003; Emden, Kowanko, de Crespigny, & Murray, 2005).

One hundred and fourteen service providers took part in a survey to explore their knowledge, understanding and roles in medication management for Aboriginal mental health. Participants were selected workers and managers from a wide range of health and human service organisations from metropolitan, rural and remote SA, and all had some involvement with Aboriginal people with mental health problems and medication. The survey revealed a marked lack of training about mental health, drug and alcohol use, and safe use of medicines. The needs for accessible, relevant, regular and accredited training courses, and culturally appropriate information and resources were highlighted. The survey also confirmed the wide range of issues that impact on clients' ability to access services and use medicines safely, and workers' ability to deliver services that support quality use of medicines. (This component of the project is reported in full in Kowanko et al., 2003 and Kowanko, de Crespigny, Murray, Groenkjaer, & Emden, 2005).

South Australia hospital separation statistics for the five years from 1995-2000 were reviewed, identifying, for the first time to our knowledge, Aboriginal people with any diagnosis of mental disorder, whether principal or additional diagnosis. In that time period there were 8,794 such hospital separation records of Aboriginal people normally resident in SA, most of whom had been diagnosed with a number of chronic or acute physical illnesses as well as their mental health problem. Seventy-nine per cent (four out of every five hospital separations) had drug and alcohol problems. This disturbingly high rate has not been previously reported as far as we are aware. An association between mental illness and preventable injury was also revealed—about a quarter of records were of people also diagnosed with injury, poisoning or other consequence of an external cause, mostly assault, self-harm, crashes and falls, but rarely adverse effects of medication. This component of the project is reported in full in Kowanko et al., 2003 and de Crespigny, 2004.

Guided by the organising framework, to address aims two and three of the project, we worked closely with some communities to develop, implement and evaluate strategic interventions in response to local findings. These included:

- workforce and community education
- improving access to, and safe management of, medications
- coordination of care for Aboriginal people with mental health problems
- safe care of intoxicated people
- advocating for, and supporting ways to increase capacity of, Aboriginal service providers and communities.

Evaluations of these strategic interventions were positive and in many cases the initiatives are ongoing or have led to related activities. Evaluations emphasised the importance of local partnerships, commitment to sustainable change, and tailoring strategies to meet local needs and contexts. The most pleasing outcome is the improved morale, confidence and knowledge of those involved, especially Aboriginal clients, health workers, substance misuse workers, drivers and carers. Full detail of these interventions can be found elsewhere (Kowanko et al., 2003; de Crespigny, Kowanko, Murray, & Emden, 2004).

We are confident of the credibility of the project results because of the care taken in ensuring rigour at each point of data analysis and meta-analysis, and the striking similarity between issues revealed by the various research methods used and the consistency between regions.

Recommendations

It is of concern that the major problems and issues impacting on safe use of medicines by Aboriginal people with mental health problems have not yet been identified, given the many existing guidelines and strategic plans. The failure of the SA Mental Health Service and other SA and Commonwealth organisations to implement these is unacceptable, as health inequities are being perpetuated, and people's health and wellbeing are put at risk.

The research team, in collaboration with the SA-wide steering committee, developed recommendations for improving quality use of medicines for Aboriginal people with mental health problems, their carers and families, based on the combined findings of this project (Kowanko et al., 2003). A challenge for the SA health system is now to operationalise these recommendations, and commit to real, sustainable change to policy and practices that improve the safe use and management of medication among Aboriginal people with mental health problems, their carers and service providers, leading to better health and wellbeing for this vulnerable group in society.

Services

The report makes six recommendations about services. These relate to all Aboriginal people in SA having ready access to affordable and culturally respectful health services, including medication services; equitable access to subsidies for health care, including medication use; and bona fide traditional healing practitioners and medicines. Services should be organised so that all Aboriginal clients and their carers/families are able to make informed decisions about safely managing their medications—this includes arrangements for safe transport, provision and storage of medications. Also, Aboriginal and mainstream health services should be targeted with information about funding opportunities for additional staff, resources and other supports.

Coordination of care

The report makes nine recommendations about coordination of care. These relate to ensuring provision of care is coordinated within and across all health-related systems, including Aboriginal and mainstream, government and non-government, and local, regional and metropolitan systems. Mental and general health care for Aboriginal clients and their families should be integrated at all levels, and continuity of care for Aboriginal people with mental health problems ensured. Effective communication systems between key services should be implemented through clearly identified pathways and protocols. Importantly, funding schemes should be targeted to employ Aboriginal health personnel to coordinate and support safe medication management among Aboriginal clients.

Aboriginal carers/family members should be supported to accompany Aboriginal clients transferred for psychiatric care and other services, and local services used to care for Aboriginal clients with mental health and substance use problems—in partnership with carers/family members. Coordinated pathways of care should be provided regarding safe medication management for Aboriginal juvenile and adult offenders with a mental health disorder, and their families, when entering or exiting a correctional facility, and/or on parole. As well, Aboriginal mental health care and medication management systems should be improved through research.

Carers and other family members

The report makes four recommendations about carers and other family members. These relate to the provision of community education on the rights and special needs of Aboriginal carers and other family members, and accessing respite services and ongoing resources. Effective support should be provided for Aboriginal carers/family members, and Aboriginal carer groups in local communities should be funded. Further, local services should be promoted for carers and other family members of Aboriginal people with mental health and substance use problems.

Workforce development and education

The report makes seven recommendations about workforce development and education. These relate to the provision of adequate training, policies and procedures for safe medication management for all

personnel with any role in handling, transporting, storing, providing or assisting in the administration of medications. Training should extend to all staff of Aboriginal and mainstream health and related services in mental health and be provided locally to meet local needs—and be regularly updated.

Safe medication management, mental health and drug and alcohol use should be included in core curricula of all relevant Vocational Education and Training (VET) and tertiary education programs, and a nationally consistent approach sought. Also, resource networks of workers should be fostered for information flow, peer support, and sharing of knowledge and skills regarding safe medication management and care of Aboriginal people with mental illness and other health problems.

The capacity of the Aboriginal workforce should be developed to deliver better health and social services to Aboriginal communities through improved access to education and employment initiatives. Further, it should be ensured that all workers within Aboriginal health and wellbeing programs have a strong network of mentors and peer supports, and safe workplaces that actively promote mental health and wellbeing of all employees.

Community development

The report makes seven recommendations about community development. These relate to support of Aboriginal communities in their right to self-determination about their own health, and the provision of culturally appropriate community education and health promotion programs, including access to relevant and understandable information about safe use of medications. Proactive Aboriginal employment schemes in the wider community, and private and public enterprise, should continue to be implemented to reduce poverty and raise morale.

All members of Aboriginal communities should be well informed about their moral and legal rights to non-racist mental health, drug and alcohol and general health and social services. They should understand and have easy access to legal and other mechanisms (e.g., the Equal Opportunity Commission) to lodge complaints of racism of any service providers. They should also understand and have easy access to the SA Guardianship Board and Public Advocate regarding their own or family members' mental health issues and related needs, including medication needs.

Conclusion

The findings and recommendations of this project are central to social and emotional wellbeing issues for Indigenous Australians. We found problems with safe and effective medication management to be very widespread (not only confined to those with mental health problems and their carers) and in urgent need of resolution. Medications are an important part of promoting and maintaining the health of Aboriginal people. We found Aboriginal people's health—and sometimes their lives—are at risk because of inappropriate availability and delivery, and unsafe use and storage of (often unaffordable) medications. Resolution cannot be achieved, however, in isolation from the need for a wider health reform agenda involving self-determination, economic and social justice, and emotional wellbeing for all Aboriginal people. Effective medication management is just one facet of the multi-faceted issue of Indigenous health—hence our wide-ranging recommendations.

A major challenge ahead is for those in positions of government and non-government power and influence to heed these recommendations. Our

hope is for this project to enthuse and motivate appropriate individuals and groups into action. To some extent, we have begun this process in the course of the project; however, much remains to be accomplished. Immediate and longer-term approaches are required to address and redress the issues identified here. Mental health is not a reality for most Aboriginal people in Australia as their lives are continually impacted by poverty, cultural distress, ill health and fragmented services, and approaches to care and policies. In this context, safe medication use is not a one-dimensional issue with Aboriginal families, communities and services being overburdened and generally disenfranchised. Multiple, interconnected, strategies that ensure culturally respectful, practical and consistent pathways of care and support must be implemented by Aboriginal and non-Aboriginal services alike. We look forward with optimism to improved Indigenous health through better medication management.

Note: A shorter version of this paper appeared in the *Aboriginal & Islander Health Worker Journal* in Mar/Apr 2004 (Kowanko, de Crespigny, Murray, Emden, & Wilson, 2004).

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