PIKA WIYA HEALTH SERVICE
ABORIGINAL CORPORATION

EVALUATION REPORT

EXECUTIVE SUMMARY

EVALUATION OF AN AFTERCARE SERVICE MODEL IN A ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

phn COUNTRY SA

An Australian Government Initiative

An initiative of Country SA PHN funded under the National Suicide Prevention Program

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Contents

The report has been prepared for Country SA PHN and Pika Wiya Health Service Aboriginal Corporation by the University of South Australia Department of Rural Health.

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Disclaimer

This report reflects the views of the authors and does not necessarily report the views of the Commissioners. The audience of the report cannot be held responsible for any use which may be made of the information contained therein.

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List of abbreviations and acronyms

CMHT	Community Mental Health Team
CSAPHN	Country SA PHN
ED	Emergency Department
ERG	Evaluation Reference Group
GP	General Practitioner
MDS	Minimum Data Set
PWHS	Pika Wiya Health Service
PWHSAC	Pika Wiya Health Service Aboriginal Corporation
SIDAS	Suicidal Ideation Attributes Scale
PMHC MDS	Primary Mental Heath Care Minimum Data Set

Executive summary

Background

The provision of appropriate care after a suicide attempt is important for reducing future suicide attempts and suicide deaths. A suicide attempt represents a strong predictor of future suicide attempts or suicide. Providing care after a suicide attempt reduces the risk of future suicide attempts. Typically, this involves providing immediate support in the persons' chosen setting in which they feel safe. In addition to being cared for by people who understand the affected persons' context.

The Aboriginal Aftercare Service program commenced in July 2018. It is an initiative of Country SA PHN (CSAPHN) funded by the Federal Government as part of the National Suicide Prevention Trial. The program aims to prevent suicide by providing follow-up support for people who have attempted suicide. The Aboriginal Aftercare Service is implemented and managed by Pika Wiya Health Service Aboriginal Corporation of Port Augusta.

In October 2018 CSAPHN commissioned the University of South Australia Department of Rural Health to evaluate the Aboriginal Aftercare Service. In this evaluation, we aimed to understand the effectiveness of the Aftercare Service and its service delivery model in reducing suicide. In addition, we were asked to identify areas of the service which worked well and areas in which the model could be further strengthened. We also sought to identify the potential for replication of the service model with other Aboriginal communities in South Australia.

We established an Evaluation Reference Group (ERG) to oversee the evaluation processes. The ERG was comprised of representatives from the local Aboriginal community, agencies and organisations working in suicide prevention which included people with a lived experience of suicide. We worked with the community in Port Augusta to codesign the evaluation planning processes to ensure local ownership and cultural safety. We prepared an evaluation plan that was collaboratively developed during a planning workshop held in February 2020. The evaluation plan provided a framework to help us understand the effectiveness of the service.

What we did

We conducted interviews and yarning with key stakeholders. In addition, we examined the care provided through a description of the data provided by the Minimum Data Set (MDS) maintained by Pika Wiya Health Service Aboriginal Corporation.

We used thematic analysis to theme the data from the interviews and yarning sessions and descriptive statistics to analyse data from the MDS.

The Aboriginal Health Research Ethics Committee provided approval for the project to proceed as a service evaluation. Ethics approval was obtained from the University of South Australia Human Research Ethics Committee.

What we found

Service model

We examined the aftercare model adopted designed with and used by the Aboriginal Aftercare Service. In particular how it was implemented, its impact and how it and might be improved. The data we examined established that elements of the service model are closely aligned with good practice in suicide prevention in Aboriginal communities. Such as the service being provided by an Aboriginal Community Controlled Health Service Organisation, responding quickly to new referrals and comprehensive engagement with clients. Other examples of good practice include co-location with the Social and Emotional Wellbeing Team, multiple service pathways, flexible entry and re-entry, inclusion of kinships, involvement of traditional healers in clients care, incorporation of postvention services, provision of psychosocial models of care and help with clients practical problems such as assistance with housing and vocation. We note and applaud that the model occurred with the engagement of the Port Augusta community in its design.

Process outcomes

Based on clients who had a validated PMHC MDS and gave formal consent, a total of 139 clients comprised of 60% females and 40% males received support from the Aboriginal Aftercare Service from service commencement on 1 July 2018 until 31 October 2020. Most clients (n=119) were aged 18-50 years with the average age being 33.3 years; single and unemployed.

Approximately half of the clients were prescribed mental health medication at first episode. Some clients were prescribed up to four different types of medication. We note that the medication in which clients reported that they were prescribed was prescribed by other services.
A total of 164 episodes of care were opened for the clients. Of these, 15% were repeat episodes. Consistent with the national service crisis response models, the overwhelming majority of episodes of care was less than three months.

Two thirds of clients were followed up within 24 hours of receiving a service referral. Follow up care involved a total of 1705 service contacts (average of 12.5 contacts per person) during which individual psychosocial support was provided face to face. 144 client referrals were seen within 7 days.

Nineteen clients aged 12-18 years received support from the Aftercare Service for an average of 72 days.

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Things working well

In our interviews with staff who worked in the Port Augusta Emergency Department (ED), they told us that re-presentations due to a repeat suicide attempt reduced for clients of the Aftercare Service. This suggests the service may have enabled clients to better manage future events which previously may have resulted in distress. It was also reported that no deaths by suicide occurred during the time clients were cared for by the Aboriginal After Care service. We observed, many aspects of the service model including international best practice guidelines on supporting people experiencing a mental health crisis. Examples of this included responding quickly to new referrals and working with the wider Client's network.

Clients that participated in interviews reported improvements in adherence with medication and better engagement with the services. This may suggest the service focussed on supporting people to better manage their prescribed medication. The clients perceived that their physical and mental health and wellbeing improved as a result of sustained adherence with medication. We were advised that staff provided information about the side effects of medication and how better to manage adverse effects.

Satisfaction with the Aboriginal Aftercare Service was high in the people we interviewed. This included clients, family members and community elders. Many told us they would recommend the service to others in the community.
We noted that the Aboriginal Aftercare Service was recently recognised as a promising and emerging crisis suicide prevention program by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

When we looked at the data, it was evident that the Aboriginal Aftercare Service was viewed as a bridge that connected clients to other essential services. In addition to providing culturally safe care for Aboriginal people recovering from a suicidal crisis.

Throughout the evaluation process we heard how the Aboriginal Aftercare Service was performing an advocacy role. In particular connecting and re-connecting clients with essential services, problem-solving and negotiating support on their behalf. This suggests that the Aboriginal Aftercare Service prepared clients to respond to future crisis and to transition to other services.

We noted that the Aboriginal Aftercare Service was recently recognised as a promising and emerging crisis suicide prevention program by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention.

Things to change

We would advise that community consider how the service could be extended to a 7-days-a-week service in order to attend to presentations that occur between Friday night and the following Monday morning.

Staff told us that the funding model resulted in their employment on a contractual basis for two years. This was subsequently extended by one year. Staff felt this could be a barrier to recruitment and retention.

In our interviews with stakeholders and analysis of the MDS we established that many aspects of the service model aligned with good practice guidelines on crisis resolution and support. There is an opportunity to share this model with the wider community in South Australia. In our interviews some of the participants suggested that the local Aboriginal digital media including radio and television be considered in this regard.

A great strength of the community in Port Augusta is the deep informal relationships in the community. These could be further enhanced through formalised Memoranda of Understanding with the different partners in the community.

Although not a critique of the service model, in many of the interviews family members and clients highlighted that stigma continues to present a barrier. They told us this presents a barrier to accessing mental health services. Stigma can affect the family members and loved ones of persons that attempted suicide or lost their lives to suicide. This may suggest a wider community response in Port Augusta is required to manage stigma.

Sustainability

The model was well received in the community. However, community elders, service providers and staff did bring to our attention the importance of a sustainable funding model. A sustained funding stream was perceived as essential for the benefits of the service to continue. Factors that were seen enhancing the sustainability of the Aboriginal Aftercare Service was integration within an existing Aboriginal health service, colocation with the Social and Emotional Wellbeing Team and the knowledge and skills that the staff have developed in suicide prevention.

Replication

A unique aspect of the service model was its design in partnership with the community in Port Augusta and an experience to be shared with the wider community. The co-design adopted may provide a template to support implementation of crisis support in other Aboriginal communities in South Australia. A strength of the service model was delivery of the Aboriginal Aftercare Service program being incorporated into an Aboriginal Community Controlled Health Organisation (ACCHO), which aligned the model with good practice on crisis support and prevention of suicide in Aboriginal communities. This was in addition to adapting the model to the unique environment of a rural South Australian community.

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Appropriateness

The Aboriginal Aftercare Service is addressing needs identified by local Aboriginal people. It is closely aligned with national and State policies on suicide prevention. The participants told us that the Aboriginal Aftercare Service is filling a longstanding service delivery gap for local Aboriginal people and doing so using a service delivery model that incorporates best practice in suicide prevention and is culturally responsive. The Aboriginal Aftercare Service model has aligned with best practice guidance in suicide prevention in Aboriginal communities. It is our view that the model has been designed with and for the community.

What were the conclusions

The Aboriginal Aftercare Service is closing a service delivery gap for Aboriginal people in Port Augusta. The service delivery model is widely perceived as being responsive, culturally appropriate and consistent with best practice in suicide prevention in Aboriginal settings.

The Aboriginal Aftercare Service is providing a service to the population it was commissioned to serve. Participant narratives suggest that the Aboriginal Aftercare Service is having a positive impact on the outcomes for clients and their family members. To the best of our knowledge there have not been any deaths due to suicide for clients of the service during the time we conducted the evaluation. Similarly, colleagues located in the Emergency Department (ED) in Port Augusta reported presentations to the (ED) hospital for attempted suicide reduced for clients of the Aboriginal Aftercare Service.

We would ask the Country SA PHN to work with the wider community in Port Augusta and nationally to explore how the service could be funded over the longer term. The model provides a template for other Aboriginal communities in South Australia to consider adopting to enhance crisis response services for people at risk from suicide. The design and model of care is perhaps an opportunity other mental health services could consider when planning mental health crisis services.

Findings

Finding 1: Culturally Responsive Service Model

Blended therapeutic model and involvement of traditional healers in supporting clients and their families through the Aboriginal Aftercare Service demonstrated an increase in both clinical and cultural outcomes from clients. This provides an opportunity to raise awareness across mainstream mental health services about the role and contribution of traditional healers in supporting people to recover from a mental health crisis.

Finding 2: Integration of Kinship into Service Model

A strong feature emerging from interviews with clients, families, and staff was the importance of kinships and how the involvement of family networks supported the recovery of clients. The inclusion of family members and carers was seen as promoting a holistic approach to client recovery.

Finding 3: Reduced Re-Presentations

The service model has provided evidence of an effective service to support people who may have experienced a crisis. Highlighted by reduced re-presentations to the emergency department by clients due to a repeat suicide attempt.

Finding 4: Improved Medication Management

We observed evidence of care provided which supported people to adhere with prescribed medication and manage adverse effects associated with mental health medicines. This could be further enhanced by PWHSAC prioritising their pharmacist to conduct regular medication reviews.

Finding 5: Integration with State Government Housing Support Services

The PMHC MDS demonstrated a significant portion of clients experienced housing and accommodation difficulties. The Aboriginal Aftercare Service supported clients to address accommodation concerns. This could be further enhanced by establishing a formal interface with providers of housing in the Port Augusta community.

Finding 6: Relationships with Postvention Services

Postvention became intertwined with prevention in measures to mitigate suicidal attempts and suicidal ideation in Aboriginal communities. The Aboriginal Aftercare service played an important and assertive role in supporting Postvention services, clients, and their families.

Finding 7: Blended Service Model

Brief interventions comprising an assertive follow up service model supported by the therapeutic interventions and case management to enhance potential for sustainable change for clients. Embedding traditional complimentary medicine as part of the care package alongside the medical model to perform smoking ceremonies, bush medicines or connection to land and culture demonstrated responsiveness to the cultural needs and beliefs of clients. Blending therapeutic approaches were perceived as being effective in improving suicidal behaviour and enhancing the motivation, health and wellbeing of clients.

Recommendations

Recommendation 1: Service Sustainability

Exploration should be undertaken to explore how the Aftercare Service can be sustained and expanded over the long-term.

Recommendation 2: Formalised Shared Care

The service model has been supported by the informal connections and natural service pathways in Port Augusta. If service continuation is achieved formalising these linkages would ensure joined up coordinated care and support client outcomes and satisfaction with care.

Recommendation 3: Enhance Youth Support Model

The flexibility of the service and cultural responsiveness in responding to new referrals resulted in an increase in young people using the service. Consideration to formalised shared care arrangements with community partners to support young Aboriginal people experiencing suicidal crisis. This may include the Aboriginal Aftercare Service continuing to support this cohort through the crisis, with joint youth specific clinical supports from a local youth mental health service.

Recommendation 4: Continuous Capacity Building and Education

To sustain good practice, access to training opportunities should be provided to the Aboriginal Aftercare Service staff, increasing their confidence and knowledge of contemporary and clinical practice in crisis resolution.

Recommendation 5: Culturally Appropriate Outcome Measures

Capture of clinical outcomes was challenging for this client group for both logistical and cultural reasons. Consider reducing the number of clinical outcome measures to a single evidence-based, culturally appropriate outcome measure.

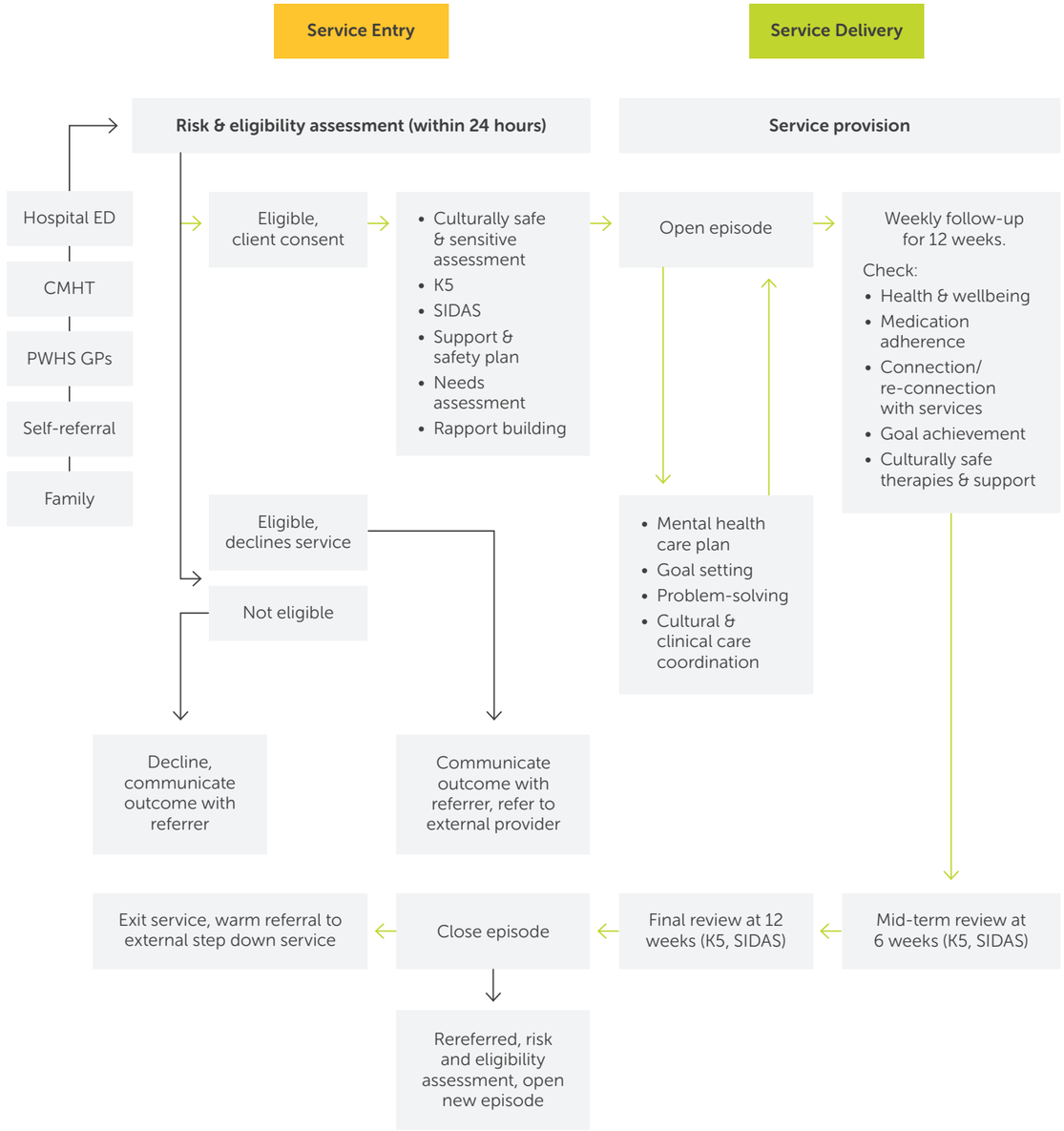
Recommendation 6: Extended Hours of Operation

In line with international good practice models on crisis resolution, explore how the service can operate over 7 days a week. Such extension would enable people presenting to emergency departments between Friday night and Monday morning to be supported within the 24-hour window following discharge into the community.

Recommendation 7: Quality Assurance

While proving innovation and adopting many of the good practice guidelines one would expect of a crisis resolution team, the Aboriginal Aftercare Service could improve in regards to more robust monitoring and management of data integrity and compliance requirements.

Aboriginal Aftercare Service Pathway



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