



Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the land we are standing on today, the Whadjuk people of the Nyoongar nation, and pay our respects to Elders past, present and future.

Core funding
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National Drug &
Alcohol Research Centre



national drug research institute





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The experiences of Aboriginal and Torres Strait Islander people in primary healthcare when speaking about substance use and depression

Presenter: Dr Sara Farnbach
National Drug and Alcohol Research Centre
(NDARC)

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NDARC

National Drug &
Alcohol Research Centre

The Difference is Research



The George Institute
for Global Health Australia

The experiences of Aboriginal and Torres Strait Islander people in primary healthcare when speaking about substance use and depression



UNSW
SYDNEY

Australia's
Global
University

Dr Sara Farnbach, National Drug and Alcohol Research Institute, UNSW

I would like to show my respect and
acknowledge the Traditional
Custodians of the Land, of Elders,
past, present and future, on which this
meeting takes place



Today's structure

- Why do we need to think about substance use and mental health in primary healthcare (PHC)?
- Clients' experiences speaking about substance use (study 1)
- Staff and primary care patients' views speaking about mental health (study 2)
- Take home messages and implications

* The term 'Indigenous' is respectfully used & refers to Aboriginal and/or Torres Strait Islander Peoples. I acknowledge the cultural diversity of Australia's Indigenous First Peoples and they do not represent a homogenous group.

Background

- Many Indigenous people have good mental health and don't use substances at all
- Like in all communities, some people need support for mental health and substance use
- Primary healthcare = first point of call
- Health systems and staff sometimes struggle to support people around both conditions:
 - Worries about asking
 - Time constraints
 - Resources constraints
 - Access to training
 - Stigma: staff, client or both

Study 1: “Why don’t I see Indigenous men who use substances in Primary Healthcare?”

A qualitative study of male Indigenous drug and alcohol rehabilitation clients’ experiences with attending primary health care

Aims and methods

Aimed to explore the perceptions of Indigenous men who use substances about:

- Experiences speaking about substance use at PHC
- Preferences for accessing PHC around substance use

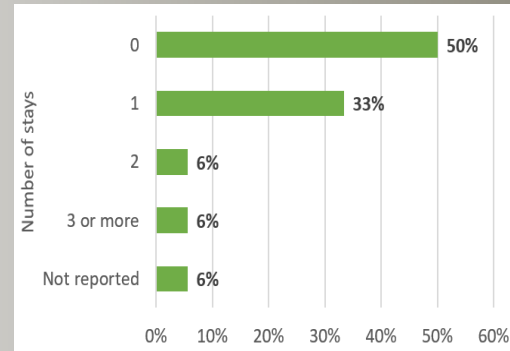
Methods:



- Qualitative grounded theory
- Semi-structured interviews by Indigenous researchers

ETHNICITY

USUAL RESIDENCE

PREVIOUS TREATMENT STAYS



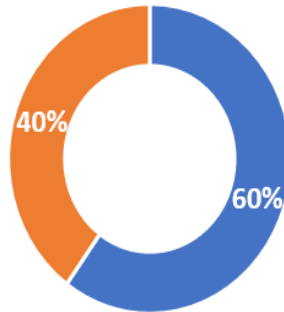
100% Aboriginal (N=20)  **75%** Rural, remote, regional
0% Torres Strait Islander  **25%** Sydney/Newcastle

AGE

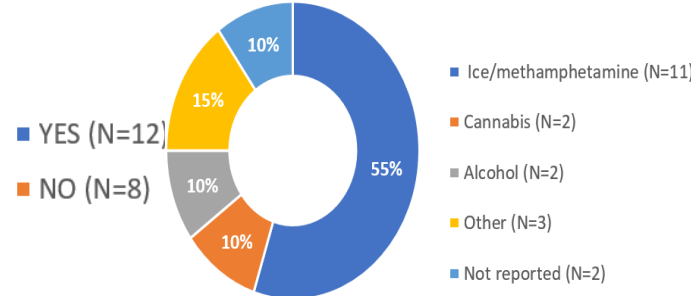
Mean age
27 years



FULL OR PART TIME JOB (PAST 12 MONTHS)



MAIN DRUG USED



Themes (saturation was reached)

1. Asking for help for substance use
(or mental health problems linked with
substance use)
2. Developing a supportive and enabling
PHC setting

Asking for help for substance use

- Half had spoken to PHC staff about substance use
- When it caused a problem
- Half knew the GP (previous visits)

Well last time I went there [to PHC], I was pretty high on ice. I told him I was hearing things and I was that paranoid I got four people following me around [describing the effects of ice].

28 years, not in full time work before stay, self-referred, alcohol, #1

Asking for help for substance use

- Some not offered any treatment
- Some referred to treatment - positive or negative

I said [to the GP], “mate, I don’t like this life, I don’t like who I am”, I’m crying aloud, and he goes, “morally you’re halfway there. I don’t think you need rehab ... you’ll be right, just tough it out.”

34 years, in full time work, self-referred, alcohol, #15

Asking for help for substance use

- Some not offered any treatment
- Some referred to treatment - positive or negative

It was like “pass the buck on”. You go there for help and you get passed onto someone else. I suppose that’s why I didn’t feel I didn’t get the help I needed ... he [GP] just referred me to a drug and alcohol service.

39 years, full time work, justice system referral, heroin #4

Subthemes

1. Unable to tell the whole story
2. Unable to access PHC because of substance use

- Fear

*A long time ago, I opened up to a couple of doctors 'cause I was trying to get help, I was so lost. I didn't explain it 'cause I was scared to tell him I had a drug problem. I was thinking, "what if these c**ts call DOCs [Department of Child Safety]?"
I don't use around the kids.*

34 years, full time work, self-referred, cocaine/alcohol #15

Subthemes

1. Unable to tell the whole story
2. Unable to access PHC because of substance use

In the drug world, I didn't really worry about myself. So I knew what [appointments] I had but I didn't keep them, I just cancelled them.

32 years, full time work, medical officer/self-referred, alcohol, #12

- One client: concerned about confidentiality

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Indigenous staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

*You're walking into a room and you've just got to
pour your heart and soul out to a stranger.
That's not the easiest thing to do.*

29 years, full time work, justice system referral, ice, #9

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Indigenous staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

Cause they're [non-Indigenous staff] just not on the same level. They don't realise the causes of things, the reasons why you do things. They just look at what you are now and the choices you make, let alone [understanding] what led up to all of that.

25 years, not in full time work, family/friend referred, marijuana #11

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Indigenous staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

- Understand health information
- Prompt positive action
- Most had a support person

Developing supportive and enabling PHC

Subthemes

1. Accessing the same GP
2. Support from Indigenous staff
3. Support person (family or friend)
4. Seeking cultural support or men's group

- Culture was stolen
- Develop and foster cultural connections

I hope I can find some of my mob that's doing an activity or something. I've always wanted to go through the passage of rites, like from child to man. I haven't been through that yet so in my mob's eyes I'm still a child.

22 years, not in full time work before stay (referral and drug use not reported) #13

Study 2: “We’re here to listen and help them as well”

Staff and patient perceptions about participating in social and emotional wellbeing research at primary healthcare services

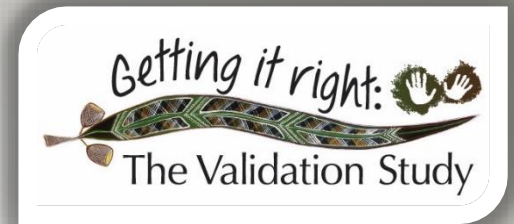
Aim

To explore the perspectives of primary healthcare (PHC) staff and Indigenous patients about their **willingness** to and **experiences** participating in social and emotional wellbeing (SEWB) research

Methods

Process Evaluation of a national validation study – aPHQ-9

- Grounded theory approaches
- Guided by an Indigenous Advisory Group



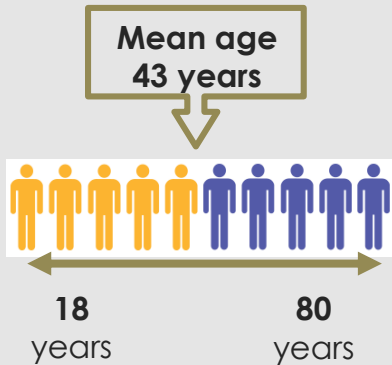
STAFF



36 Aboriginal Health Workers,
Manager Nurses, GPs

- *After Getting it Right*
- Semi-structured interviews
- In-person or phone
- 1324 minutes
- 10% were second coded

INDIGENOUS PATIENTS



- 500 adult Aboriginal patients
- During *Getting it Right*
- Collected by Primary Healthcare staff
- Structured (100%) & open-ended question (20%)

Themes (saturation was reached)

1. Considering needs, risks, preferences and impact of research participation for community and themselves
2. Building staff confidence speaking to patients about research and SEWB problems
3. Patients speaking openly about SEWB

Considering needs, risks, preferences and impact of research participation for community and themselves

Staff

1. Perceiving a need
2. Feeling pressure
3. Assessing suitability
4. Being prepared

Patients

1. Feeling comfortable
2. Perceiving a need
3. Having a connection
4. Declining to participate

Considering needs, risks, preferences and impact of research participation for community and themselves

Staff

1. Perceiving a need
2. Feeling pressure
3. Assessing suitability
4. Being prepared

Patients

1. Feeling comfortable
2. Perceiving a need
3. Having a connection
4. Declining to participate

- To ensure patients had a positive experience
- To respond appropriately if participants became upset
- In their dual role community member / researcher

Considering needs, risks, preferences and impact of research participation for community and themselves

Staff

1. Perceiving a need
2. Feeling pressure
3. Assessing suitability
4. Being prepared

Patients

1. Feeling comfortable
2. Perceiving a need
3. Having a connection
4. Declining to participate

- In the physical environment or the research setting
- Between staff and patients, including shared cultural background

Building staff confidence speaking to patients about research and SEWB problems

1. Enhancing skills speaking about research and depression
2. Enhancing staff-patient relationships
3. Perceiving positive outcomes

I think that she left the interview feeling like a weight had been lifted off her shoulders ... So you know, that was pretty empowering for me and it made me feel like well I've got a job to do here, you know.

Indigenous, AHW, male #5

And I remember one patient who just bawled their eyes out and I tried to stop the interview, but she didn't want to because she said she needed to get it out of her system.

Non-Indigenous, research coordinator, female #6

- Counter opinion: Situation where a patient became upset after interview. Staff unaware for several days

Patients speaking openly about SEWB

1. Appreciating the opportunity
2. Sharing personal stories

*Happy to take part in [the] study,
through [sic thought] it was good that the research was being done*
Indigenous participant, female, 40 years

*But I think clients quite enjoyed being asked a particular question
[relating to suicidal ideation]. It gave them an opportunity to talk.*
Indigenous, research coordinator, female, #30

Patients speaking openly about SEWB

1. Appreciating the opportunity
2. Sharing personal stories

And two days later ... he'd become very unwell and subsequently passed away. And so really the last person that had had this big conversation with him was me ... it is very powerful, because the family members came to me, saying, you really, you were one of the last, and how wonderful [PARTICIPATING SERVICE] was for providing this extra service. And I thought, in actual fact, it's part of the study.

Indigenous, manager, female, #24

Take home messages

😊 Depression

- Despite initial concerns by staff – many people were ok with talking about mental health
- Many benefitted from conversations

😊 Substance use

- Opportunities to engage with Aboriginal men who use substance
- Some are getting help, some are not

Implications for clinical practice

- Adequately trained, culturally appropriate staff should be encouraged to ask
- Sufficient time for conversations is needed
- Relationships are key to having these conversations
- Individualised care planning
- Cultural links: Men's groups; Aboriginal workforce
- Culturally-appropriate and valid tools
 - aPHQ-9 for depression screening
https://www.georgeinstitute.org/sites/default/files/gir_apsurvey_h020919_ii.pdf



*I would like to acknowledge
the participating services,
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staff*

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Alcohol and Other Drugs Support

24/7 Support Services:

National 24/7 Alcohol and Other Drugs Hotline: 1800 250 015

AODconnect: <https://aodknowledgecentre.ecu.edu.au/>

MensLine: 1300 789 978

Family Drug Support: 1300 368 186

Beyond Blue: 1300 224 636

Positive Choices: positive.choices.org.au

Turning Point: turningpoint.org.au

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Thank you!

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