

Making the Difference – going beyond respect

Michelle Eason

Justice Health and Forensic Mental Health Network

Case for change

Without connection to culture, Aboriginal patients cannot be physically, socially, emotionally and mentally healthy. (NACCHO 2006).

- 1200 hours of Aboriginal patients placed in seclusion in September 2018.
- 79% of Aboriginal patients in the Forensic Hospital have metabolic syndrome, 28% have type 2 diabetes.
- Over representation of Aboriginal patients 14% Aboriginal patients population compared with 3% in the community.

Goal

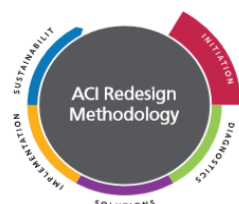
To improve care planning process and connection to culture for Aboriginal patients in the Forensic Mental Health Hospital

Objectives

1. Increase the number of patients who have cultural assessment component in their care planning from 6% to 100%
2. Increase the number of patients who have input from an Aboriginal worker/person from 18% to 100%
3. Increase number of therapeutic programs available that specifically target cultural needs from 1 to 5

Method

- 1:1 Patient Interviews (n 15)
- Patient Focus Groups (4 x n14)
- Staff Focus Groups (6x n=42)
- Root cause analysis with Aboriginal Strategy and Culture Unit
- Mapping programs and clinical documentation (2 mapping sessions)
- File audit
- Patient surveys – Likert scale (n=20)
- Staff surveys – Likert scale (n=42)
- Multi voting with Steering committee and NUMs



Results

Evaluation:

- The number of therapeutic programs available that specifically target cultural needs has increased from 1 to 4, all co-facilitated by Aboriginal patients or Aboriginal community groups.
- Audits of patient files to assess number of patients who have cultural assessment components in their care planning: Due November 2019.

Diagnostics

Staff Focus Groups



Patient feedback



Planning and implementing solutions

The project is ready for implementation or is currently being implemented, piloted or tested.

Actions implemented to date:

- Country maps on each unit
- Digeridoo and clapping sticks being utilised in art and music programs led by local community members and co-facilitated by patients
- Engagement of local community to make possum skin cloak, for use in welcoming new patients to the Hospital, ceremony and for use for Aboriginal patients in the sensory modulation room.
- Cultural assessment consideration incorporated into existing clinical risk assessment and management process.



Sustainability

- Cultural assessments and cultural activities integrated into existing processes.

Conclusion

Lessons Learnt

- The importance of the patient voice. We engaged and collaborated with the patients throughout the entire project. They significantly changed our diagnostics and led the generation of our solutions.
- The importance of having good sponsorship especially when progressing through the solutions and implementation phases of the project.
- Trust the process, our initial planning and thinking about the project shifted considerably as we started to explore the root causes and brought in the patient voice.
- Never underestimate the importance of managing resistance and that it changes the closer you get to implementation the project.

Acknowledgements

Sponsors:

- Rajiv Anand , Executive Director Corporate Services
- Damien Eggleton Service Director Forensic Mental Health

Solution Owners:

- Nursing Unit Managers
- Manager Allied Health

Contact

Michelle Eason

Director Organisational Development Unit
JHFMHN

michelle.eason@health.nsw.gov.au

Ph: (02) 9700 3829