

Development of an alcohol and other drugs (AOD) and mental health screening instrument for Aboriginal and Torres Strait Islander people

Coralie Ober, Queensland Alcohol and Drug Research and Education Centre, The University of Queensland, Carla Schlesinger, Alcohol and Drug Service, The Prince Charles Hospital Health Service District

RODGER BROUGH: Next we have a joint presentation Coralie Ober who currently works as a research fellow, Queensland Alcohol and Drug Research and Education Centre at the University of Queensland School of Population Health. She has a very broad experience in clinical nursing through to teaching, advocacy and advisory roles. Her work with Indigenous communities is widely recognised inside and outside this country and her role with the WHO is testimony to that.

Carla Schlesinger will be presenting with Coralie. Carla is currently the program manager of the statewide services within the Alcohol and Drug Service, Prince Charles Hospital Health Service District. She's an active researcher, particularly in the alcohol related field and as a psychologist she facilitates CBT workshops with a particular focus on CBT for substance abuse and brief interventions for substance abuse. I'd like you to join me in welcoming Coralie and Carla.

CORALIE OBER: Thanks for that, Rodger. On behalf of Carla and myself, my first duty is to acknowledge the traditional custodians of this land where this conference is taking place. Our greetings to their descendants, to other Indigenous people who are present at this gathering, distinguished guests, colleagues, ladies and gentlemen, good afternoon.

My name is Coralie Ober, I'm an Islander by birth. My Aboriginal kinships are with the two deed of grant and trust communities in Queensland of Cherbourg and Palm Island. My Torres Strait Island kinship is with the island of Sabai and my South Sea Island kinship is with the islands of Vanuatu. So I'm, in a sense, a mongrel dog but anyway.

I am currently employed as the research officer with the Queensland Alcohol and Drug Education Centre at the University of Queensland School of Population Health and the Indigenous risk impact screen was developed while I was still employed by Queensland Health.

Carla and I, after a presentation at Biala, went ahead and started to develop this screen. Currently there are no culturally appropriate risk screen that meets the specific needs of Aboriginal and Torres Strait Islander people. Assessments are not systematically administered and risks in terms of drug use, environmental hazards and mental health are often not addressed adequately.

National and State reports have highlighted the need to develop culturally appropriate screening and assessment tools. Reports such as the Royal Commission into Aboriginal Deaths in Custody; the National Aboriginal Health Strategy; Ways Forward --- the National Aboriginal Mental Health Strategy; highlighted the need to develop a culturally appropriate screen.

The screening tool and brief intervention seeks to provide timely advice to clients and family about the extent and nature of the substance misuse and the possible interventions, enable both

the Aboriginal and Torres Strait Islander and mainstream substance misuse agencies to better target their responses to client needs by establishing collaborative networks that will ensure better use of resources, provide all Aboriginal and Torres Strait Islander community workers with support by establishing and building collaborative networks that will assist in addressing alcohol and drug issues in the community.

To ensure the sustainability of the tool by its validation and implementation into alcohol and drug training programs across all training institutions. The process of validation, there are three elements to this process. One is a political element, the second is the research element and third is the technical elements. Each of these elements is an integral part of the other, working in line with each other and being conducted in the following way.

The political element is all about developing the concept brief, submitting for funding, presentations to the Aboriginal and Torres Strait Islander Health Forums, our counsellor elders, the Queensland and Aboriginal Islander Health Forums and the Aboriginal Co-ordinating Councils and the Island Co-ordinating Councils. Presenting to Apunipima Cape York Health Council, the district managers, at the time it was the state ATSIC officers, the district managers of our project sites, public relation broadcasts on Indigenous radio and other Indigenous media services and a communication package for staff of all the project sites in order to establish the project on the site and to inform their co-workers exactly what they were doing and what the project was all about.

The research element then is about developing the submission that has to go to Ethics Committee, the self selection of project sites and there are 12 projects sites throughout Queensland, and this was done by videoconferencing all the alcohol and drug co-ordinators in Queensland District Health Services and informing them of the project and letting them talk with their co-workers and their staff and making a decision about whether they wanted to be involved, because the important aspect of that process was the fact that these are the people, these are the workers, that are going to be using the screen once it's validated. So we needed to know for sure that the screen was workable, that it was going to be useful and also that we were training and giving skills to our workers.

We also, in terms of developing the project, had to establish an academic focus group to take care of the scientific rigidity of the tool. And they are people across Australia, from one end of it to the other. We have Dr David Cutts who is a psychiatrist, the Director of North West Mental Health Services in Broome. We have Associate Professor Ted Wilkes, at the Institute of Child Health Research in Perth. We have Dr Tracey Westerman who is a psychologist and is the Managing Director of Indigenous Psychological Services in Perth, we have Dr Dennis Gray at the National Drug Research Institute in Perth.

We have Dr Sharyn Watts who was, at the time, working for the Alcohol and Drug Service in Adelaide, Dr Maggie Brady who is at the Centre for Aboriginal Economic Policy Research at ANU in Canberra, Professor John Saunders who operates out of Biala and the University Mental Health School. Dr Noel Hayman who manages and runs a GP service with QEII Health Service and Dr Mel Miller who is a psychologist and runs a consultancy business.

We also had to set up a steering committee and that's made up of Dr Kevin Lambkin who is the manager of Alcohol, Tobacco and Other Drug Services, Queensland Health, Ms Elizabeth Kain who is the State Director of Commonwealth Health and Ageing and Mark Fairbairn who is the Manager of Brisbane North AOD Services. We also had to pretest the tool with a client sample and also we've had constant feedback from the project sites and the academic focus groups. Three months to pilot each of the instruments and there were 12 sites.

Ongoing feedback to the project community support groups and others developing the site evaluation, inputting the data from project sites and developing new screening instruments for the piloting of the brief intervention.

The technical element is really about the administration of the whole process so it works with the political aspect, the academic aspect and so it's about organising all the training workshops for the project sites, our research protocols, piloting the instrument, all of those necessary nitty-gritty administrative problems that come up and issues that have to be addressed.

What is currently happening with IRIS or what has happened with IRIS I should say is that besides the sites that are mentioned there on the screen, we also had Roma District Health Service which is Dirranbandi, we also had Bayside District Health Service at Cleveland. We had Stradbroke Island, Yulu-burri-ba Aboriginal Corporation for Community Health and we also had Brisbane North District Health Service at Biala.

So all of these sites that are here sit throughout the whole of Queensland. So we hopefully then had covered the whole of the state in terms of the validation process for the tool.

Now, I'll hand it over to Carla who will speak of the research analysis that went on once the sites had been working with the tool.

CARLA SCHLESINGER: Rodger, how are we going for time? Six minutes.

Okay, it's been my pleasure to work on this project with Coralie. I came up to Queensland about 15 years ago, never wanted to leave after I came from Sydney, originally from New Zealand and having met Coralie; we've sort of set on a bit of a whirlwind tour around Queensland and it's just been tremendous engaging in this project with the workforce in a range of different areas.

So we developed a screening tool that was going to be aimed at workers to deliver to their clients from a range of services, from a range of disciplines and with a range of skills as well, and that was something that was very important because the Queensland workforce is just so divergent. We put together a hefty 36 items covering three broad domains of substance use, environment – which we know is implicitly related to substance use issues, and, mental health as well.

The substance use area covered the areas that we were questioning, cannabis, alcohol, stimulants, heroin, inhalants and whatever other substances the person was using. However, we really combined these as an entire as the IRIS screening tool is measuring the combination effects that come not only from using one substance but as we know, if we're using more than one substance, that can be grounds for – it's a poly-substance issue we really wanted to get at.

In the environment and safety section we were looking at finances, housing, violence, work and health, which also we know statistically and according to our own Queensland observations, is significant within the Aboriginal and Torres Strait Islander population.

In mental health we wanted to really get a bit of a general measure of anxiety, depression, past psychotic episodes and trauma as well.

This was divided into two phases. The first phase Coralie has spoken to a little bit, which is getting the sites, determining the academic focus group, getting them to go through the questions and then once we know that the academics have gone through the questions, we then need to know that it's then something that can be realistically asked to clients and so we got the clients to trial it, we got the workers to trial it, to see how they felt actually delivering this and eventually, after a lot of to-ing and fro-ing and for me it was certainly a learning

experience and a half, we got to something. I think that that probably took the most time in some ways.

Then the second phase was then engaging in the quantitative testing of this instrument and from our Biala team we had – and we still have, Dr Joanne Watson, Michelle Gadke, Anita Seinan, Dean Travaskas and we've had help with the statistical analyses by Molly McCarthy and it's just been tremendous the amount of work that's been put in.

So we trained up the site researchers in the research protocols, we got our sample of Aboriginal and Torres Strait Islanders, recruited from both clinical and non-clinical areas and we validated the measure against other mainstream measures as well as clinical opinion. We hope to get 15 items out of this.

We ended up getting 175 people with the mean age or average age of 35 years. 43 per cent of the sample was male and most people were Aboriginal and not Torres Strait Islander.

We got a mix of an education level, as you can see, mix of an employment status and marital status was mostly single. So we really were trying to get a range. 64 per cent of people had used alcohol or drugs in the past two weeks and most people were accessing general health services.

Alcohol was the big one for people's use, followed by cannabis. Inhalants, heroin and amphetamine were not so widely used, which actually came as a bit of a surprise to us.

Okay, this is the interesting bit for researchers. We tried to then throw all of the items, all of these 36 items into an analysis and let the analysis sort of sort out which questions belonged where and we came up with a two-factor structure. In alcohol and drugs, all of those items all fell together, sort of like a constellation in the stars and they all wanted to hang together and we came up with our seven best.

We also got six mental health items which, as you can see, sort of covered it and were worded using the client's wording and the health worker wording. The environment scale did not want to load at all onto either of these so we ended up having to drop this from the screen itself. However, it's something that will be incorporated within a brief intervention.

Internal reliability which means that these items are all sort of measuring the one thing, were suggesting that alcohol and drug was indeed measuring alcohol and drug, and mental health items were measuring mental health items.

Good convergent validity, I've just been informed I have one minute. It was coming up well with other instruments, measuring the same thing as well as clinical opinion and we were also able to develop cut-off scores, which determined how many people – what score would actually put someone as either symptomatic or asymptomatic. So we're really trying to measure risk here so we tried to get a higher sensitivity with this and a lower specificity.

This graph shows that two people were incorrectly identified and I'll just move the pointer over that. So this person was actually using more than we would have expected but was falling as a non-symptomatic person. And so in terms of 175 people, that's pretty good going, to have only two people falsely identified. And that's because they were binge using but for the most part it captured NHMRC guidelines and binge use adequately.

And stay tuned, we're going to have a brief intervention which is following now in terms of we're getting this phase under way and we're hoping to have a mental health and substance use, brief intervention, which will lead into appropriate referral channels. So thank you.