



CENTRE OF RESEARCH EXCELLENCE
INDIGENOUS
HEALTH+ALCOHOL

Supporting Aboriginal residential rehabilitation services to measure treatment outcomes

Doug James, Kylie Lee, Ryan Courtney, Tanya Patrao
Anthony Shakeshaft

Monday 13 November 2017

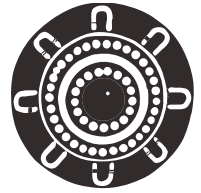


CENTRE OF RESEARCH EXCELLENCE
INDIGENOUS
HEALTH + ALCOHOL

Acknowledgement of Country



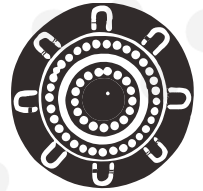
KEY PARTNERS



Funded by the NHMRC (National Health and Medical Research Council)



ACKNOWLEDGEMENTS



- Chief investigators on the NHMRC Centre of Research Excellence in Indigenous Health and Alcohol:

Prof Kate Conigrave

Dr Kylie Lee

Mr Scott Wilson

A/Prof Rowena Ivers

Prof Anthony Shakeshaft

Prof Chris Doran

A/Prof Noel Hayman

Dr Anton Clifford

Prof Paul Haber

- My PhD supervision and advisory team:

Prof Anthony Shakeshaft

Dr Kylie Lee

Dr Ryan Courtney

Ms Tanya Patrao

- CEOs and staff of six Aboriginal resi rehabs in NSW

Namajira Haven

Orana Haven

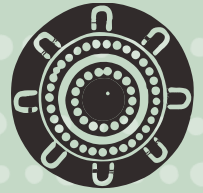
Mayuu Mali

The Glen

Weigelli

Oolong House

OVERVIEW



- Aboriginal specific residential rehabilitation services in operation for 50+ years in NSW
- Little evidence to guide quality improvements in resi rehabs
- In general outcomes tend to be based on abstinence or how long people stay
- This talk will focus on systematic review (under review)
- Part of my PhD studies



Orana Haven

Maayu Mali

Namatjira Haven

The Glen

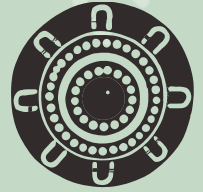
Weigelli

Oolong House

Chittaway Point

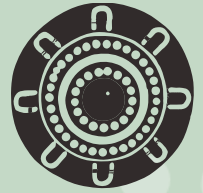
Nowra

NEED



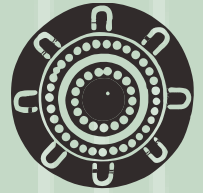
- Aboriginal Australians x8 more likely to be hospitalised for substance-related harm
- Disproportionately higher rates of substance use disorders linked to intergenerational trauma
- Few resi rehab beds in NSW
- Pressing need to validate treatment outcomes in resi rehabs

METHODS



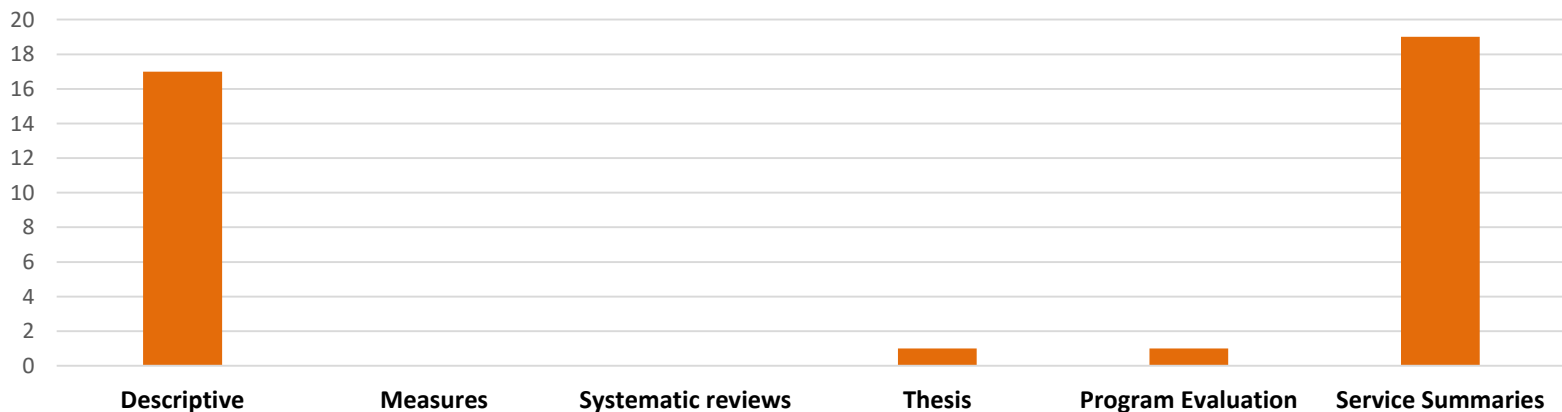
- Based on pilot work at in one site, NSW (Orana Haven)
- Evaluating tools used to collect data across resi rehabs in NSW
- Overall aim: to improve ability of resi rehabs to measure treatment effectiveness
- For the systematic review: articles from 2000-present; “Aboriginal”, “residential” and “AOD”
 - Identify assessments used by services & improvements
 - Consider opportunity for aligning models of care across services

FINDINGS (1)



- Six electronic and four grey literature data bases searched; 796 articles identified
- Few published records identified that met criteria
- 38 records identified for review: 17 descriptive, 1 pre-post evaluation, 1 thesis, 19 service summaries

Classification of articles

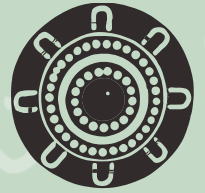


FINDINGS (2)



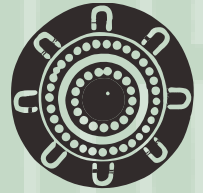
- Published studies generally were qualitative (8) rather than quantitative (5). Two used quantitative and qualitative methods
- Indicators of successful outcomes include:
 - A positive relationship with workers
 - Culturally safe place to heal
- Services mostly multi-component but little alignment between care offered and how this interacts with off-site services

FINDINGS (3)



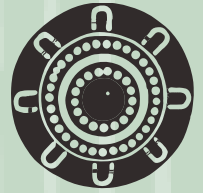
- No evaluation on effectiveness of on- or off-site services on program completion
- Outcomes will likely improve if future research can establish:
 - Best practice culturally accepted models of care
 - Quantitative measures to assess impact on treatment outcomes of cultural programs

CONCLUSION



- No systematic reviews of Indigenous resi rehabs identified
- No evaluations of resi rehabs programs identified
- Little alignment between programs offered and measurable outcomes (KPI'S)

WHAT IS NEXT?



- Describe client characteristics
- Identify trends in client information collected: entry, mid-point, exit
- Review and evaluate assessment tools used
- Describe substance-use trends over time
- Identify predictors of successful program completion
- Design and evaluate more standardised assessment tools and models of care



CENTRE OF RESEARCH EXCELLENCE
INDIGENOUS
HEALTH+ALCOHOL

QUESTIONS?

E-mail: d.b.james@student.unsw.edu.au