

POSTER ABSTRACT

Bridging the mental health treatment gap in palliative care

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Introduction: The issue of mental health (MH) in palliative patients is well-documented; research shows there is a skills gap in the health workforce caring for these patients around identifying and addressing patients' MH concerns. The 'Listen Acknowledge Respond' (LAR) project was established to fill this gap by delivering training for healthcare professionals (HCP) to address the MH needs of those living with dying, as well as investigating the impact of the training on HCP practice.

Methods: Free two-day workshops were developed and delivered to groups of HCP working in palliative care (PC) services throughout Australia. Participants were invited to complete surveys and phone interviews before training and at 3, 6 and 9 months post-training, which were designed to record HCP's self-reported knowledge, skills and confidence in using MH tools and therapies before participating in training; and measure the changes in these attributes at set time periods after the training.

Results: Pre-training results show 74% of HCP regularly screen for MH issues, yet more than half of respondents are not confident applying the five most commonly used assessment tools. In addition, strengths and solutions/task-focussed practice are the most commonly used therapeutic approaches, with 57% of respondents using these regularly with their patients and their caregivers, however only about half of respondents feel confident using these approaches. Post-training surveys and phone interviews show HCPs' self-reported knowledge, skills and confidence in using MH tools and therapies has increased significantly since participating in the training. This presentation will provide an overview of survey and interview findings conducted pre-training and 3 and 6-months post-training.

Discussions: Pre-training findings from the LAR project support the literature, in that a significant proportion of HCP surveyed do not feel confident addressing the MH needs of their palliative patients, despite having to do this as part of their practice. Post-training findings indicate that the training has improved HCP's awareness of and response to their patients' MH concerns.

Conclusions: Providing targeted training to HCP through the LAR project is proving to be an effective and important approach to bridging the gap between mental and physical health

service provision, as evidenced by increased use and confidence in using common mental health tools and applying key therapeutic approaches.

Lessons learned: Respondents have indicated that the training course content, format and delivery were highly relevant and appropriate, and that further, more targeted training would be valuable.

Limitations: Findings presented in this paper represent an incomplete data set, as delivery of the two-day workshops has only recently been completed, hence the complete sets of 3, 6 and 9-month survey and interview responses will not be collected until early 2018. We anticipate that the significant changes seen to date will be strengthened in the completed data set.

Suggestions for future research: Future delivery of more targeted, specialised MH training would be valuable for HCP working in PC, and investigation of the impact of this training would further inform the benefits of targeting the MH needs of PC patients and their families.

Keywords: mental health; palliative care; treatment; healthcare professional; education
