Mental Health (based on feedback from 50+ stakeholders)

1. Priority Evidence - Practice Gaps

- Delivery & recording of key aspects of care:
  - shared care arrangements & referral
  - enquiry about alcohol & drug misuse & provision of brief interventions on tobacco use, nutrition & exercise
- Follow-up planning & action:
  - for clients with a deterioration or exacerbation of symptoms
- Develop health centre systems:
  - improve organisational culture, support structures & processes that promote high quality care delivery
  - develop PHC teams with appropriate skill mix & clear allocation of roles & responsibilities, for example, having psychologists &/or cultural healers
  - more effective links with community for service & regional health planning & development of resources
- Other specific priorities:
  - access to relevant referral services, particularly in remote areas
  - service responsiveness to emerging issues such as drug use

2. Barriers & Enablers

- Staff recruitment & retention:
  - inadequate numbers of mental health & wellbeing staff
  - systems to recruit, retain & support staff, in particular A&TSIHPs
- Staff capability (training & development):
  - systems to enable staff access to advice & support from experienced colleagues & mental health professionals
  - help staff understand mental health and wellbeing needs of service population
  - build awareness, knowledge and skills in culturally appropriate, patient-centred mental health & wellbeing care
- Finance & resources:
  - insufficient financial resources to support best practice mental health care including PHC facilities of adequate size, design & condition
  - insufficient resources to support access to referral services

3. Strategies

- Workforce:
  - employ more Aboriginal & Torres Strait Islander mental health care staff, improve understanding of mental health from a community perspective & build cultural competency
  - train staff in asking questions about alcohol & drug use, & educating clients in the health effects of misuse
  - increase staff awareness of shared care & referral options
- Community development:
  - include family members in clients’ care & treatment
  - work with community to combat normalisation of excessive alcohol & drug use
- Health systems:
  - improve communication (ideally one information system) across services & between acute & primary care teams to coordinate case management, especially following suicidal ideation & attempts
  - build multi-disciplinary teams & co-locate services to avoid the stigma of a ‘mental health service’, increase recognition of the central role of mental health wellbeing in PHC
  - embed CQI strategies that highlight links between best practice & client outcomes

A&TSIHP - Aboriginal & Torres Strait Islander Health Practitioners; PHC – primary health care; CQI – continuous quality improvement