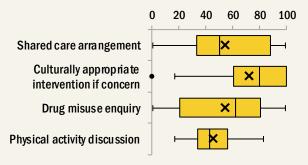# Mental Health (based on feedback from 50+ stakeholders)

1. Priority Evidence - Practice Gaps

Aggregate CQI data (2012 - 2014)
Percent delivery to eligible clients
(n=17 health centres; 314 clients; x = mean)

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