
CONFERENCE ABSTRACT**Closing the mental health treatment gap in palliative care**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Janelle Wheat¹, Kirsty Smith¹, Julianne Whyte², Janelle Thomas¹

1: Charles Sturt University, Australia;

2: Amaranth Foundation, Australia

Introduction: The issue of mental health (MH) in terminally ill and palliative patients is well-documented, and research shows there is a skills gap in the health workforce who care for these patients when it comes to identifying and addressing patients' mental health concerns. The 'Listen Acknowledge Respond' research project was established to fill this gap by developing and 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 healthcare professionals' practice.

Methods: Two-day professional development workshops were developed and delivered to groups of HCP who work in palliative care health services in metropolitan, regional and rural settings throughout Australia. Participation in these workshops was free of charge and entirely voluntary. Participants were invited to complete surveys (online or paper-based) and phone interviews before training and at 3, 6 and 9 months post-training. Surveys and interviews were designed to record HCP's self-reported knowledge, skills and confidence in using mental health tools and therapies before participating in training; and measure the changes in these attributes at set time periods after the specific training to address the MH needs of their patients.

Results: Pre-training results show that 75% of HCP across a variety of care settings regularly screen for mental health issues, yet nearly half of respondents are not confident applying the two most commonly used diagnostic tools. In addition, mindfulness and strengths practice are the most commonly used therapeutic approaches, with about 50% of respondents using these regularly with their patients and their caregivers, however only about half of respondents feel confident using these approaches. Post-training data are currently being collected and analysed.

Discussions: Baseline findings from the Listen Acknowledge Respond project support the literature, in that a significant proportion of HCP surveyed do not feel confident addressing the mental health needs of their terminally ill and palliative patients, despite having to do this as part of their practice. We will discuss these baseline findings together with any changes in knowledge, skills and confidence the HCP report after training, and having the time to incorporate these learnings into their clinical practice.

Conclusions: The mental health treatment gap is a key issue in palliative care, as perceived both by patients and healthcare workers. Providing targeted training to HCP is an important approach to bridging this gap between mental and physical health service provision, and to improve the welfare of these patients along with their families and care givers.

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