FINAL REPORT

Name of Project	**Identification and effective management of mental health problems in palliative care patients.**
Name of Participant	**Northern Territory Department of Health**
Target population and/or geographic area the Project covered	**Northern Territory**

Part 1 – Project definition

Purpose of Project	*Please describe the project purpose* *How was the objective achieved? (maximum 250 words)* The project aims to improve the outcomes for people with end stage illness who have mental health problems. Concurrently, it also aims to optimise the level of palliative care being delivered to patients with recognised mental health issues and end stage chronic illness. These objectives were achieved firstly, by upskilling Territory Palliative Care (TPC) and NT Mental Health Services (NTMHS) staff and primary care service health professionals, in identifying and managing mental health and palliative care needs in patients (and often their families and carers). Education and awareness sessions coupled with on line learning materials available on the internet, have contributed to achieving this objective. Secondly, the strengthening of the professional relationship between TPC and NTMHS is achieved. A Memorandum of Understanding has formalised the relationship between the services to ensure a shared approach to the care of patients. Thirdly at the clinical level of care, standard practice will involve mental health screening tools and a mental health assessment of new patient referrals to TPC. Clinical meetings and mental health assessments will be documented and uploaded into the data management system (CCIS).
Estimated number of people impacted by the project (if known)	*How many people (e.g. patients, carers, staff, other health professionals) were directly impacted by the project? How many people do you estimate will benefit indirectly from the project?* Estimated caseload of TPC patients at any one time is 200 (100 in Top End Urban, 50 in Top End Remote and 50 in Central Australia Urban and Remote). Through improved management of mental health issues within the palliative care client population, the flow on with improved health outcomes for carers and families is expected which could number in hundreds (TPC care for approximately dying 700 patients per year). TPC health professionals number (15+15+3=33). TEMHS and CAAHMS health professionals (70)

Service infrastructure	*List the resources funded by the project grant i.e. what was needed to make the project happen? (dot points)* • 3 salaried project staff • 3 consultants (pharmacist, evaluator, Indigenous) • Territory Palliative Care workplace at Royal Darwin Hospital • Funds to provide services such as minor equipment purchases, travel, education materials and computer and other communication services.

Part 2 – Project objectives and outcomes

Notes:

- The sections ***Project objectives*** and ***Key activities*** should contain information based on your grant submission.
- The following sections should contain information that explains **W*hat actually happened***, as well as ***Revised objectives*** and the ***Rationale for any changes*** if applicable.
- ***Outcomes*** and ***Performance indicators*** should describe the actual outcomes (qualitative and quantitative) that the project achieved and how these were measured.

Where applicable, attach any tools, resources and other material produced for this Project, in support of this Report.

Project objectives:

1. Improve identification of mental health issues in general palliative care population and facilitate improved management plans.
2. Optimise the level of palliative care being delivered to patients with recognised mental health issues and end stage chronic diseases.
3. Facilitate the development of strong professional relationships between NT wide mental health and palliative care teams to improve care of shared patients.
4. Investigate the use of mental health screening tools to aid the identification of mental health issues in Indigenous patients receiving palliative care from Territory Palliative Care.
5. Develop a training program for incorporation into the educational components of the PEPA program, Palliative Care Network and Division of General Practice.

Revised objectives (if applicable):

What actually happened:

- Placement of mental health clinician and Aboriginal Health Worker in the palliative setting providing clinical advice and support to TPC clinicians and raising the awareness of mental health issues.
- A new assessment format has been developed and trialled and includes mental health screening tools for Indigenous and non Indigenous patients and a mental health assessment process for those patients and family/carers who require additional support and care.
- A pharmacist is developing written protocols that address the additive potential of drugs used in psychiatric and palliative care.
- Clinical meetings are now regularly documented and the template highlights mental health issues along with other holistic considerations.
- Educational resources are being developed and will become available on the TPC internet site. These resources include:
  - education and learning modules (over 20 modules covering topics such as awareness, mental health disorders, Indigenous appropriate care, clinical symptoms),
  - visual and audio presentations of the key speakers from the NT Palliative Care Network conference in Alice Springs 2011,
  - mental health screening tools (both Indigenous and non-Indigenous); and
  - community resource package for palliative care and mental health teams illustrating services for improved mental health outside the mainstream/government services, particularly within remote communities.
- Regular presentations with a mental health and palliative care focus provided to TPC staff in Darwin and several visits to Alice Springs TPC and NT Mental Health teams. Other presentations have been made to health professionals including the NT Mental Health Services Grand Round, 6th NTPC Network conference in May 2011 and the Winter Symposium for the college of Mental health Nurses in June 2011.

- Meeting of both TPC and CAAMHS team members with traditional Indigenous healers to understand the role of culturally appropriate healing techniques in the setting of the dying person – caring for spirit in a culturally sensitive manner.
- A strengthening of the relationship between TPC and NTMHS by formalising the role and responsibilities of each to the other in a Memorandum of Understanding.
- Linking of TPC members with South Australian based Psychiatrist who specialises in Palliative Care for ongoing advice and support.

Rationale for change (if applicable):

Key activities:

- Placement of Mental Health Professionals (Mental Health Clinician and Indigenous Mental Health Worker within the palliative care setting) to develop and deliver clinical training to TPC and primary care staff regarding identification of mental health issues.
- Develop shared care management strategies/plans for co-care between the primary care providers, TPC and NTMHS.
- Develop protocols, with regard to Quality Use of Medicines principles, to address the additive potential of drugs used in psychiatric and palliative care.
- Facilitate the use of Brief Intervention Strategies where appropriate.
- Develop an educational program which addresses the interface of mental health and spiritual health, especially in Indigenous culture, enabling TPC staff to appreciate the wider implications of mental health issues in the patient population.
- Placement of mental health professionals within the palliative care setting and the relationships that will naturally develop through shared learning.
- Exploration of reverse short term placements of TPC staff within the community mental health service.
- Explore the use of screening tools in the hospice/hospital setting to assess the effectiveness of improved recognition of mental health issues by TPC staff members.
- Development of an abridged version of the program to be delivered in either the PEPA environment or other educational opportunities available.

Identified outcomes:

- Health professionals will be up-skilled in identifying the mental health and palliative care needs of clients.
- Better outcomes for mental health and palliative care patients in terms of improved diagnosis, identifying symptoms and providing appropriate treatment and care.
- The relationship between Territory Palliative Care and NT Mental Health Service will be strengthened to provide shared management of clients and an exchange of knowledge.

Performance indicators:

- Hits on the “Mental Health in Palliative Care” website.
- Formalised signing of the Memorandum of Understanding between TPC and NTMHS.
- Usage of the screening tools and mental health assessment in the clinical setting.
- Usage of medical protocols for the use of psychiatric and palliative drugs.

Part 3 – Evaluation

While there is no provision for an overarching national evaluation of this project, it would be most helpful if you could provide information about the following aspects of your project to aid planning for future funding directions.

Project title ‘	
Keywords	Identification and management of mental health problems in the

	palliative care setting.
Project organisation	Northern Territory Department of Health
Partner organisations	Territory Palliative Care and Northern Territory Mental Health Service.
Project funding	$551,218 (GST exclusive)
Project timeframe	May 2010 to June 2011
Were there any issues in designing the methodology?	In the original project plan, there was an equal weight to the objectives of: • identifying mental health issues in palliative patients; and • to optimising palliative care in patients with severe and enduring mental illness Key activities related to these objectives were easier to achieve in the former rather than the latter. Project staff residing in the TPC workplace has contributed to this phenomena as there was easier access and communication with TPC staff and less with the NTMHS staff. The original application was written for an 18 month project and yet the project team was expected to deliver the same outcomes over an 8 month period. This situation placed too many expectations on the project team to deliver the intended outcomes. This was unrealistic and the project team has done remarkably well to achieve what it has done, in such a short period of time.
Were there any issues with governance in the course of the project?	The project was led by a steering committee which had the responsibility of guiding and implementing the project. This was effectively achieved. The steering committee terms of reference is attached.
Comments on what worked	The placement of the project team in the TPC workplace was a positive move, as over time some of the workplace cultural barriers were nullified. Using the clinician and the Aboriginal Health Worker in a clinical and support role also had the affect of increasing the awareness and understanding of mental health in the palliative setting. Referrals from TPC clinicians to the mental health clinician began to increase as the project progressed. The employment of a pharmacist to write protocols on the additive nature of psychiatric and palliative drugs in a palliative setting was a unique experience, and worthy of further research beyond the life of the project.
How was the project evaluated?	An independent evaluator, Dr Jeannie Devitt, is evaluating the project. Initial meetings have been held with Dr Devitt and a framework for the evaluation developed.
Was the project completed on time and within budget?	There will be remaining tasks to be completed beyond the 30 June 2011 end of project timeline. However these will be expected to be completed before the final reporting deadline of 31 August 2011. The project is underexpended.
Were there any factors which impacted the cost of the project and its purpose?	The Project Manager and the Aboriginal Health Worker were recruited in October 2010, five months after the Agreement was signed. This has resulted in an underexpend on salaries. With most of the budget being allocated to salaries, there was always going to be an underspend. In comparison there was little money allocated to administrative costs which provided for minimal

	flexibility in the budget and the resultant expenditure. Little consideration of travel component within the project to better facilitate face-to-face component of upskilling with both mental health and palliative care teams centred in Alice Springs.
Were there things which, in hindsight, you would have done differently?	The budget should have been developed with a greater allocation to administrative costs, particularly with travel (to Alice Springs). Employment of the Project Officer earlier. Limited Aboriginal Health Workers with experience in Mental Health and/or Palliative Care led to difficulty facilitating this very important area of cultural input in to project. Need to think through more clearly how to ensure Indigenous issues are considered with only a small workforce available.
Were there any unexpected issues or unintended consequences identified in the course of implementing this project? List the positive and negative issues.	Underestimated the impact of cultural reserve in TPC staff and their suspicion of mental health and the presence of the mental health team in the workplace. This attitude was slowly changing as the project continued. They seemed reticent about taking on a new paradigm (recognising and identifying mental health as a part of the holistic approach to patient care). On a positive note, the annual TPC conference in Alice Springs on 20 May 2011 was a resounding success. With the theme being "Starting the conversation: Mental health and well being in the palliative setting" the array of speakers, brought the awareness of mental health to a paramount place in those people who attended.
If the project involved contact with people with dementia or mental illness and their carers/family/friends, was there positive/negative feedback?	
Was there any feedback from other groups of people impacted by the project?	

Part 4 – Future directions

Please use the following sections to describe:

- the extent to which the project or the outcomes achieved by the project will be sustainable beyond the timeframe for the project funding received under the Local Palliative Care Grant Program Round, including comments on contributing factors or barriers to sustainability
- issues that impacted on the achievement of the intended objectives of the project, overall Program design, and suggestions for improvement to the Program in the future
- any additional comments you would like to make.

Sustainability
Outcomes achieved and sustainable beyond the life of the project include: • A new initial assessment form and process for newly referred patients to the TPC which

also includes a screening tool (Indigenous and non Indigenous) for mental health and a subsequent mental health assessment form and process.

- An on line education and learning package (over 20 modules) located on the TPC internet site. This package will also include the visual/audio presentations from the TPC network conference in Alice Springs May 2011.

One obvious barrier to sustainability is that the project clinical staff will cease employment at 30 June 2011, so their absence in the workplace may affect the future of recognising mental health in palliative patients beyond the recognition of extreme mental disorder cases.

Issues and suggested improvements related to Program design

Due to the reduced time period of the project, it was not possible to dedicate equal effort and time to palliative care and mental health objectives. Certainly, TPC received the greater share of the attention. It was hoped that the Memorandum of Understanding between TPC and NTMHS would be a reasonable attempt to formalise and strengthen the relationship between the two services.

Additional comments