Mental health care providers – Additional resources

The Australian Institute of Health and Welfare offers an overview of mental health services in Australia. [1]

GPs
Are GPs really the first point of call?
- 71% of patients with a mental illness initially present to their GP. [2]
- An estimated 12.1% of GP encounters were mental health-related in 2011–12, of these 34% were for depression. [3]
- GPs tended to manage mental health-related problems most commonly by prescribing medication such as antidepressants (followed by anxiolytics, hypnotics or sedatives). Thereafter GPs provided counselling, advice or other treatment or referred to specialised mental health care such as psychologists or psychiatrists. <<Reference: mental health services in brief.[3]
- GPs were confident at identifying and treating depression, anxiety and dementia with medication. [4]
- GPs tend to refer to seek clarification of diagnosis or when management is complex. Main barriers to refer patients were: availability/access to tertiary services and patient’s acceptance/refusal. [4]

Consumer Experience
- ‘An insider’s experience of the healthcare system’ suggests four lessons: [5],
  - Lesson 1 inform patients about costs – particularly if utilising private system
  - Lesson 2 provide patients with pertinent information (concept of informed consent)
  - Lesson 3 offer patients a copy of their medical record
  - Lesson 4 acknowledge that patients know their own bodies and enquire about their perception/opinion

- ‘The role of the GP has not changed when it comes to providing mental health care’.
  This was one of the outcomes of the Australian national surveys of mental health and wellbeing 2007, comparing results to the 1997 survey:
  - Approximately 60% of all participants with self-assessed mental health problems did not seek professional help despite having seen a GP for other matters
  - Over 90% of participants aged 60 years and over still reported obtaining no help for their mental health problem despite seeing a GP for other reasons
Participants who saw a GP for mental health problems reported having received sufficient (health) information, a clear improvement from the 1997 survey most likely to increased mental health awareness. [6]

Carer Experience
Are we getting it right? (The Mental Health Council of Australia 2011 has published the experiences of consumers and carers when it comes to stigma from health care professionals)
- The views held by health professionals providing mental health services may not differ to those of the wider community. This reflects a need for more mental health awareness to reduce stigma and associated negative experiences.
• “It has been the experience of the mental illness awareness council in Victoria that more often than not, if a consumer is asked what they would change [about] the mental health system, it is the attitude of health professionals followed by access to services”
• Carers should be viewed as partners of healthcare service but require also the attention as potential patients
• Further reading and a more detailed description of the experience of carers is available in Tables 7 and 8 of the MHCA publication [7]

References
1. Australian Institute of Health and Welfare: Mental health services in Australia
2. General Practice Mental Health Standards Collaboration. Mental health treatment plans - More than just referral
3. Australian Government. AIHW. Mental health services: In brief
5. Health Issues Centre. An insider's experience of the healthcare system
Mental health nurses (MHN)

- Mental health nurses are registered nurses who have specialist qualifications in mental health. [1]
- MHN work with psychiatrists and GPs to monitor a person’s mental state, manage medication and improve links to other health professionals and clinical service providers. These services are provided in a range of settings, such as clinics or in a person’s home. [2][3]

- Mental health nurses in general practice: an overview
  - Having an MHN in the practice has the potential to enrich the role that GPs play in the mental healthcare of their patients with more clinic time made for the patient and broader care in the context of a close relationship between the GP, MHN and patient.[4]

- Mental health nurse incentive program
  - The MHN incentive program provides a non-MBS incentive payments to community based general practices, private psychiatry services and other appropriate organisations who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders in the community. [5]

Consumer and carer perspectives

A survey of MNH working in the mental health nurse incentive program identified that:
- Consumers have experienced significant outcomes in their clinical and personal recovery,
- The services provided by MHNs are tailored to the person’s needs, drawing on the CMHN’s skills and experience in working with people who have complex problems, in case management and psychotherapy.
- The program is being accessed by people with severe mental health problems who are also likely to have complex social, occupational/educational and physical health issues,[6]

References

1. The Australian College of Mental Health Nurses.
2. WA Mental Health Commission. Finding the right person to help.
5. The Department of Health. Mental Health Nurse Incentive Program.
6. The Australian College of Mental Health Nurses. A Survey of Credentialed Mental Health Nurses working in the Mental Health Nursing Incentive Program: Who are they? How do they work? What have they achieved?
Psychiatrists

- Approximately 3000 psychiatrist in Australia
- Five year post-graduate training under RANZCP. [1]
- Specialists for mental illness, emotional disturbance and abnormal behaviour
- Subspecialising in for example child, adolescent psychiatry or forensics, addiction medicine or psycho-geriatrics

- **RANZCP position statement on a psychiatrist’s role**

  Psychiatrists are specialists who are “skilled in undertaking a comprehensive psychiatric assessment in order to arrive at an accurate diagnosis and formulation that considers interaction between physical and mental illness and the unique needs and attributes of the individual patient.” A treatment plan is developed accordingly. [2]

Consumer perspective and psychiatry

- **Personal accounts: upside down - the consumer as advisor to a psychiatrist**

  This article summarises the experience of a psychiatrist who asked to be assigned a consumer advisor. The concept was to gain a better understanding of the mental health system as consumers experience it. The article concludes “Stigma, it seems, runs both ways and powerfully so. Placing consumers in advisory roles to psychiatric trainees represents an opportunity to combat these biases and may ultimately enhance the mental health system’s ability to build trust with, support hope in, and offer respect to the people who use its services.” [3]

- **Difference between psychiatrist and psychologist from consumer perspective [4]**

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrists</th>
<th>Psychologists</th>
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<tr>
<td>Can I get a Medicare rebate?</td>
<td>✔ (with mental health treatment plan)</td>
<td>🗙</td>
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<tr>
<td>Do I need a referral from a GP?</td>
<td>✔</td>
<td>Not necessary, but is required to get subsidised access through the government’s Better Access scheme</td>
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<tr>
<td>Are they a medical doctor?</td>
<td>Psychiatrists complete a medical degree, hospital internship and specialist training. Their minimum of 12 years medical training covers human anatomy and physiology, the central nervous system and the effects of all drugs, psychological treatments and social health impacts.</td>
<td>A requirement for registration as a psychologist is that training has been completed in an Australian Psychology Accreditation Council (APAC)-accredited and Psychology Board of Australia-approved course. Before being eligible for general registration to practise as a psychologist, students must first complete a minimum of six years’ education and training. There are several pathways which students can follow to achieve this. [5]</td>
</tr>
<tr>
<td>What sort of mental illness do they treat?</td>
<td>Psychiatrists often work with patients at the more severe end of mental illness, especially in hospitals. They often work as part of a multi-disciplinary team including psychologists and other doctors. They treat conditions including schizophrenia, bi-polar disorder or severe depression. In addition to psychotherapy, psychiatrists prescribe medications or medical interventions such as electro-convulsive therapy, when required.</td>
<td>Psychologists do not prescribe drugs, but use a range of approaches to assist (people) with the challenges (they) face or in areas (they) hope to improve – from learning disorders to relationship problems, or phobias to sports performance.</td>
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Psychiatrists can prescribe medication, and often combining medication with other forms of therapy.

Psychologists cannot prescribe medication. Their treatments are based on changing behaviour and emotional responses.

Carer perspective and psychiatry

- The office of the chief psychiatrist in WA has produced a guide for carers and families, which includes a useful check list of information that should be communicated by healthcare professionals, reflecting carer’s communication needs.[6]

References

1. The Royal Australian and New Zealand College of Psychiatrists (RANZCP).
2. RANZCP. The role of the Psychiatrist in Australia and New Zealand. Position statement
4. The Royal Australian and New Zealand College of Psychiatrists (RANZCP). Confused about who to turn to for mental health support?
5. Australian Psychological Society. Training Program
Psychologists

About psychologists:
- Psychologists must legally be registered with the psychology board of Australia. Many practising psychologists are also members of the Australian psychological society. Unlike psychiatrists, psychologists cannot prescribe medicines. They use a range of research-based, effective psychological therapies to address mental health problems.
- Psychologists treat a range of mental health issues including problems with emotions, thinking and behaviour. The kinds of problems psychologists often treat include anxiety, depression, addictive behaviours, childhood behaviour disorders, relationship problems, eating disorders, sleep problems, sexual problems, bereavement, post-traumatic stress disorder and more.

- Referral reasons and Medicare
For more information about why psychologists are consulted, please see [1] [2].

About psychological therapies (used not only by psychologists):
- Psychological therapies are based on the idea that mental health problems arise because of the way people react to, think about and perceive things. Common therapies include cognitive behavioural therapy (CBT) and interpersonal therapy (IPT).
- CBT helps change unhelpful or unhealthy habits of thinking, feeling and behaviour using practical self-help strategies.
- IPT looks at how a person’s relationships and interactions with others affect their own thoughts and behaviours. [3]
- A factsheet about allied mental health professionals is available, see: [4].

Consumer perspective

Personal and professional advice from a counselling psychologist who was diagnosed with a mental illness and provides a consumer perspective about psychologists. [5]

Psychologists:
- Instil a sense of hope
- Appreciate the frightening aspects of psychosis for the client
- Help frame an understanding of the illness
- Maintain a collaborative stance
- Find out what will empower the client and always work towards these goals

Check list of things consumers might want to ask a mental health professional [6]

Carer perspective

The mental health council of Australia has developed a check list to assist carers remember key points they may wish to discuss with their psychologist or other mental health professional [7]

References
1. The Australian Psychological Society. About Psychology. [About Psychology.]
2. The Australian Psychological Society. Find a psychologist service. [Find a psychologist service.]
3. The Australian Psychological Society. Evidence based psychological interventions. [Evidence based psychological interventions.]

Community mental health (secondary/tertiary services)
Community mental health care includes all specialised public psychiatric services, except those services for admitted patients. It covers a range of services, including specialised community-based residential and non-residential psychiatric services that provide specialised treatment, rehabilitation or care for people affected by a mental illness or a psychiatric disability. [1]

Community mental health Australia (CMHA) has been established to promote out-of-hospital care and the benefits of community mental health and recovery services across Australia. [2] Relevant statistics can be accessed here: [3].

Consumer perspective
The transcultural mental health centre’s ‘shared stories’ program provides an opportunity for anyone who has experienced a mental illness to share their story. [4]

Carer perspective
“Carers are forced to watch consumers wait until their conditions become sufficiently florid to demand the attention of the largely hospital-based acute care system currently in place.” This was one of the action points identified by carer and consumer input into the WA mental health reform for 2020. [5]

Community mental health and primary health care services have an opportunity in either preventing or identifying deterioration earlier and managing these in a timely manner.

References
2. Community Mental Health Australia. Working together to improve mental health in the community. 2012
Aboriginal Mental Health workers

Are often forgotten, although they provide such a central role in mental health care provision not least in rural and remote indigenous settings, the RANZCP has therefore created a website as part of its advocacy process [1], with position statement. [2]

Case studies, and audio-visual media clips are available. [3]

References


ED staff

Emergency departments are often the first point of contact for mental health patients after-hours or when symptoms are classified as ‘more urgent’ with two-thirds of presentations falling into the following categories:

a) neurotic, stress-related and somatoform disorders
b) mental and behavioural disorders due to psychoactive substance use
c) mood (affective) disorders

For details on mental health services provided by ED staff please access reference [1].

Perceived differences in the management of mental health patients in remote and rural Australia and strategies for improvement:

- “Australian clinicians working in rural and remote EDs face significant hurdles in delivering acute mental health care in comparison with their city counterparts, particularly in lack of resources, support services and referral capacity, but also in access to appropriate education and training opportunities. There is a compelling case for improving ease of access to support and referral services, and providing appropriate educational opportunities, either with locally delivered and tailored courses or via online learning.” [2]

References

Mental health social worker

What is an accredited mental health social worker?

- Accredited mental health social workers are registered providers with Medicare Australia and eligible to provide services through the better access initiative and access to Allied Psychology Services Program (ATAPS). They have been assessed on behalf of the Commonwealth Government by the Australian Association of Social Workers (AASW) as having specialist mental health expertise. [1] [2] Medicare related details are available for review. [3]

Consumer perspective

The AASW organised a survey to identify the views of Australians regarding regulatory requirements of counsellors and qualified therapists. With regards to the professional group with whom people had least confidence (combining ‘not much confidence’ and ‘no confidence at all’), counsellors, therapists and psycho-therapists ranged between 18% and 22% and social workers, 20%. [4]

References

1. Australian Association of Social Workers. Information for the community. Mental health social workers.
2. Allied Health Professions Australia.
In Australia, there are 2.7 million carers who provide unpaid care and support to family members and friends with a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue, or who are aging. Australia is becoming one of the world’s leaders in supporting the precious resource of unpaid care. [1]

- Role of carer in the healthcare team
  - Carers know the one they care for to the extent that it must be recognised as expertise and information vital to quality healthcare provision. Carers and consumers participation in all aspects of service delivery are some of the key requests made by the national mental health consumer and carer forum.[2]
  - These have been recognised and anchored into the national standards into consumer and carer participation.[3]

- Further reading and resources:
  - Carer’s Australia is the national peak body representing Australia’s carers. It serves as a central resource for carer’s and healthcare professionals alike with national programs and advocacy. [4]
  - Medicare has a dedicated section for carers[5]
  - Other organisations like Headspace provide guidance for parents and carers how to interact with those suspected of a mental illness. [6]
  - AFP article about: the impact of home based long term care on informal carers [7]
  - Carers and consumer forum: NMHCCF [8]

References
Counsellors / Psychotherapist

The training for these allied health professionals differ, but is somewhat captured under the Australian counselling association. [1]

Psychotherapists and counsellors are often not recognised providers by Medicare. Private insurance providers may provide rebates for services rendered by some of these providers. This might be partly due to the fact that there are multiple professional bodies with various standards and less accountability overall.

PACFA is the voluntary national peak body providing self-regulation functions for the counselling and psychotherapy profession [2]

- What is the difference between counselling and psychotherapy? [3]
  - The focus of counselling is more likely to be on specific problems, changes in life adjustments and fostering clients’ wellbeing.
  - Psychotherapy is more concerned with the restructuring of the personality or self and the development of insight.
  - At advanced levels of training, counselling has a greater overlap with psychotherapy than at foundation levels.
- Over a thousand counsellors and psychotherapists have been interviewed about their practice characteristics [4]
  - 95% of therapists worked mostly with patients aged 20 – 64 (less than 30% of therapists worked with children or people over the age of 64)
  - Only 33% reported actually working with adolescents
  - 73% of therapist were located in urban areas
  - The majority worked in a private setting, with 50% in solo-practices

Consumer perspective

With regards to the professional group with whom people had least confidence (combining not much confidence and no confidence at all), counsellors, therapists and psycho-therapists ranged between 18% and 22%. [5]

Reference

1. The Australian Counselling Association (ACA)
2. Psychotherapy and Counselling Federation of Australia
3. Psychotherapy and Counselling Federation of Australia. Counselling and psychotherapy definition
Occupational therapists (OT)

About OTs

- OTs are nationally registered practitioners/therapist under AHPRA and are recognised Medicare providers.[1]
- The great majority of mental health OTs work in community-based positions involving case management but can also be found in hospital settings and non-government organisations, providing services for children, adolescents and adults.[2]
- OTs can become “Better Access” mental health providers. [3]

The work of OTs [4]

- The work of OTs involves people of all ages who have a variety of conditions caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of ageing. They help people improve their everyday functional abilities and enable independence, wellbeing and quality of life. Focus is on how a person's lifestyle can support their mental health and improve their quality of life.

Consumer perspective

From the little information published it appears that consumers value OTs for their unique role and meaningful occupation, their client centred approach with individualisation of treatment. Some consumers were frustrated by limited choice of therapy or lack of choice when it comes to inpatient treatment (groups versus individual). [5]

References

1. Occupational Therapy Board of Australia.
2. Victorian Government Health Information. Victoria’s mental health services. Careers in mental health. Occupations in mental health
4. The Department of Veteran Affairs. Occupational therapy services for the veteran community. DVA Factsheet
5. Arblaster K. University of Western Sydney. Presentation: Improving Mental Health Education in Entry Level Occupational Therapy Curricula.
Pharmacists

Pharmacists have a strong primary health care role and, due to their accessibility, are often the first health professional contacted by a consumer with a health concern. Pharmacists are frequently consulted for advice on psychotropic medications and their accessibility and frequent contact with mental health consumers and carers means they are ideally placed to play a greater role in the management of mental illness or conditions. [1]

Medication, prescribers and the role of pharmacists: [2]

- 31.1 million mental health-related prescriptions in Australia in 2010-11, comprising 11% of all medicines subsidised under the Pharmaceutical Benefits Scheme,
- Of these, 86% of medicines were prescribed by GPs rather than psychiatrists.
- Psychotropic medicines are frequently implicated as a cause of adverse drug events or drug-related problems and there is evidence of the benefits of pharmacists performing medication reviews within community mental health teams.
- Pharmacists’ skills and experience within their scope of safe and appropriate use of medicines can be applied to improve quality use of medicines for consumers with a mental illness.

Consumer and carer perspectives about pharmacists

A study published in 2014 concluded that participants clearly valued high-quality pharmacy service yet did not routinely expect it. When service exceeded expectations, community pharmacies were viewed as safe health-care spaces to seek advice on mental health and well-being. [3]

References

1. Australian pharmacy council. The mental health care capabilities for pharmacists.
**Online / E-mental health**

- E-mental or m-health refers to the use of technology in the prevention, treatment and aftercare of mental health problems. [1]

- There are numerous publications and resources available.[2] A GP specific article has been published in AFP to provide information about online resources and management tools for anxiety and depression. [3]

- State of e-mental health in Australia: where are we now?

  “Australia continues to be an international leader in this field. Depression, anxiety and panic disorder remain the disorders most targeted. Whilst the scientific evidence supporting e-mental health programs is growing, a substantial lack of high-quality empirical support was evident across the field, particularly for mobile applications and bipolar and social anxiety.” [4]

**References**


2. Mind Health Connect


Self-care

Consumer engagement
- Self-care is encouraged as the most substantial form of support. People are encouraged and supported to manage their own mental health problems with help from family or friends. This involves learning to monitor their own mental health, maintain a preventive lifestyle, manage emotional problems as they arise and know when and where to seek help.[1]
- Consultation with consumers and carers has resulted in the following suggestions as published by the WA department of health:

References