Foundations for primary care mental health treatment services in Victoria

Australian Government
Department of Health and Ageing

Victoria
The Place To Be

Foundations for primary care mental health treatment services in Victoria

Victorian Government Department of Human Services
and the
Australian Government Department of Health and Ageing

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Foreword

The prevalence of mental health problems has been identified as a significant health issue in Australia and many other parts of the world. In Australia, 18 per cent of the adult population has mental health problems, which include anxiety disorders (10 per cent), affective disorders (6 per cent) and substance use problems (8 per cent). An additional 3 per cent of people have serious mental disorders, such as schizophrenia, bipolar affective disorder, dementia and personality disorders (ABS, 1998). In Victoria, mental disorders were identified as the third largest group of conditions contributing to burden of disease, after cancers and cardiovascular disease (Vos et al, 2001). Of those mental disorders, depression and affective disorders were the greatest cause of disability in both men and women (Mathers et al, 1999).

In response to these findings, there has been increasing attention at both state and Australian government levels, to addressing common mental health problems—particularly depression and anxiety related disorders. Key policies have been developed and specific initiatives implemented which focus on improving the capacity of practitioners and services to provide treatment for people experiencing common mental health problems.

This paper, *Foundations for Primary Care Mental Health Treatment Services in Victoria,* aims to improve coordination and collaboration between state and Australian government departments with responsibility for primary mental health initiatives. It will also encourage linkages and foster partnerships and collaboration between key elements of the service sectors that provide mental health treatment services in primary care settings in Victoria.

The main focus of the paper is to describe the complementary roles of three service sectors: specialist mental health (in particular, the primary mental health and early intervention teams), counselling services in community health, and general practitioners. This document acknowledges the need for greater role clarity for practitioners providing primary mental health care. It describes the range of roles and mental health issues that these practitioners need to respond to. In doing so, the intention is not to be prescriptive, it is also acknowledged that there is a degree of overlap between roles. The document highlights the need for an improved interface between practitioners with differing disciplines and perspectives. It also encourages greater coordination and collaboration amongst service sectors at a local level. In articulating some of these themes, this paper makes an important contribution towards creating a more comprehensive system of primary mental health treatment services.

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Executive summary

Improved coordination of primary care mental health treatment

The desire of governments to expand mental health responses to those people with the most common mental health problems, means that the central role of practitioners in general practice and community health in the delivery of mental health assessment and treatment is increasingly being recognised.

This paper seeks to support partnerships between three service sectors—specialist mental health services, particularly the new primary mental health and early intervention teams; community health services and general practitioners—in the provision of mental health treatment services in primary care settings in Victoria. Greater clarity about the roles of mental health treatment services in primary care settings for children, adolescents and adults should lead to improved service quality and effectiveness.

The bio-psychosocial perspective on mental health problems taken by the National Mental Health Policy acknowledges the contributions of biological, psychological, social and economic factors in causing and treating mental health problems. While most primary care practitioners share this perspective, differing emphases may be given to these factors in considering mental health problems and their treatment. This paper seeks to support an improved interface between these practitioners.

While this paper is limited in its scope to mental health treatment, coordination of new treatment services should occur with the significant parallel developments in mental health promotion and other treatment systems, including alcohol and drug services and community care.

Building the capacity for primary care mental health treatment

The increased recognition of the burden of mental health problems in adults and children has led to several initiatives being undertaken in Victoria to support the provision of quality mental health services delivered in local primary care settings. The Australian Government has embarked on a range of initiatives that are being delivered through general practitioners, and the Victorian Government has developed new programs delivered through specialist mental health services and is developing new directions for community health counselling services.

A four-level schema for primary care mental health services

A four-level schema is described to provide guidance to services and practitioners by identifying the target populations and the roles of general practice, community health and specialist mental health services. The schema is designed to support clearer communication. It is not intended to be prescriptive, but rather will require flexible adaptation in order to be relevant in metropolitan, urban fringe and rural settings and across practitioners with varying knowledge and skills to deliver effective interventions.

Three levels of mental health needs are identified in the schema and are related to the severity and complexity of mental health problems. The fourth level in the schema refers to specialist consultation, training and support services delivered to practitioners to ensure the optimal quality and effectiveness of the services they deliver at Levels 1–3. In addition, there is also an acknowledgment of the significant influence of socioeconomic disadvantage and impaired physical health on mental health problems and the range of other service sectors that may, therefore, need to be involved as part of treatment.

Primary care mental health treatment in action

The relationships between the three service sectors are described in the schema. Suggested roles of each of the three sectors are outlined, illustrating the areas in which each sector typically provides effective treatment. The schema recognises that there is substantial overlap and variation in the roles of general practice, community health counselling and specialist mental health services.

Most mental health problems will be treated in general practice with support from local community organisations. Community health counselling services complement general practice in their mental health functions. Community health counsellors also see people with a range of problems, such as social and economic problems that are co-morbid with mental health issues and are, therefore, more complex to effectively treat in general practice alone. Specialist mental health services in Victoria provide child and adolescent, general adult, aged mental health and specialist programs. These services provide treatment for people presenting with the most serious and disabling mental health needs.

Future actions and challenges for implementation

Recognition that mental health problems are more common and have more impact than was previously known, has led to increased policy development by government, more widespread community discussion and greater acceptance of these problems as problems of wellbeing. These factors are helping to support improved service responses for people with mental health problems who are assessed and treated in primary care settings.

These developments will be challenging because they require coordination and dialogue between the three sectors that have differing policy, funding and professional histories. In addition, there are tensions between the differing professional and consumer conceptions of mental health and wellbeing. There are also varying knowledge and skills among practitioners to effectively assess and intervene with mental health problems. Planning and delivery of mental health treatment in primary care settings requires coordination with parallel developments in community-based prevention and early intervention.

1. Improving coordination of primary care mental health treatment

The desire of governments to expand mental health responses to those people with the most common mental health needs means that practitioners in general practice and community health are increasingly being recognised as having a more central role in the delivery of mental health assessment and treatment. This raises challenges for each of these sectors to improve mental health service quality and effectiveness, both individually and in partnership.

This paper describes the provision of mental health treatment services in primary care settings in Victoria. It focuses on the complementary roles of three service sectors—specialist mental health services, particularly the primary mental health and early intervention teams; community health services; and general practitioners—in the provision of mental health treatment services for the most common mental health needs seen in primary care settings in Victoria.

It has been prepared as part of the *Bilateral agreement for primary health and community care sector* in the form of a memorandum of understanding between the Victorian Department of Human Services and the Australian Government Department of Health and Ageing and is consistent with the *National Mental Health Plan 2003–2008*.

This paper contributes to achieving the following goals:

- Promoting **clarity** for local planners, funders, providers and consumers about the respective roles of each of the three service sectors in implementing mental health treatment initiatives occurring in primary care settings in a way that is consistent with the *National Mental Health Plan 2003–2008.*
- Identifying opportunities for **improved coordination** between the three sectors in the local planning, implementation and delivery of these new treatment services.
- Supporting the new primary care mental health initiatives in these sectors to function as part of a **system of primary care services**.
- Informing mental health **policy and service developments** undertaken by the Australian Government and Victorian Government as part of the *National Mental Health Plan 2003–2008* and the *Bilateral agreement for primary health and community care sector.*

2. Increasing the profile of mental health policy

In implementing the *National Mental Health Plan 2003–2008,* the bilateral agreement is one important vehicle for engaging diverse stakeholders in primary care mental health, including general practice and the other primary care service providers.

At the July 2000 Australian Health Ministers Advisory Council (AHMAC) meeting, Health Ministers endorsed the following priority areas:

- supporting integration within and across the primary health and community care sector
- improving the interface between the primary health and community care and acute care sectors in relation to pre- and post-hospital care and emergency departments, outpatients and primary care providers
- strengthening the contribution of primary care providers to addressing population health priorities.

2.1 The National Mental Health Policy

The bio-psychosocial perspective on mental health problems taken by the *National Mental Health Policy* (1992) acknowledges the contributions of biological, psychological, social and economic factors in causing and treating mental health problems. While most primary care practitioners share this perspective, differing emphases may be given to these factors in considering mental health problems and their treatment. This paper seeks to support an improved interface between these practitioners.

The following principles quoted from the *National Mental Health Policy* (1992) underpin this paper.

- Mental health is the product of biological, psychological and social factors. No single service or intervention is likely to achieve good outcomes for every person with a mental health problem or a mental disorder. It is therefore essential that services be provided in a multifaceted and multidisciplinary manner.
- Mental health services are important, as are carers and non-government support agencies, general health services and services provided outside the mental health sector (housing, disability support, domiciliary care, income support, employment and training programs).
- People with mental problems experience substantial stigma. This discourages people with mental health problems from seeking help early, and has led to their isolation in the community as well as to discrimination and problems of access to services. Furthermore, stigma has led to inadequate resourcing of mental health services.

- Positive consumer outcomes are the first priority in mental health policy and service delivery.
- It is recognised that some groups in the community have special needs. Mental health service systems should be responsive to the varying needs of particular groups. In some cases these groups will require specific services within the mental health system.

An underlying principle is that positive consumer outcomes depend on informed and well-trained mental health practitioners and strong support from carers and advocates. Mental health services should seek to ensure that all provider groups receive appropriate support and training (Commonwealth Department of Health and Aged Care, 1992, p3).

2.2 The National Mental Health Strategy

The *National Mental Health Plan 2003–2008* has been developed within the framework of the *National Mental Health Policy* (1992). The national mental health plans, together with the *National Mental Health Policy,* form the *National Mental Health Strategy,* the broad aims of which are to:

- promote the mental health of the Australian community
- where possible, prevent the development of mental disorder
- reduce the impact of mental disorder on individuals, families and the community
- assure the rights of people with mental disorder.

2.3 An expanded focus for mental health service delivery

The *National Mental Health Plan 2003–2008* **is relevant for the whole system of mental health service delivery,** both public and private, and includes policy and service delivery provided by the Australian Government and state and territory departments responsible for health. The plan defines the mental health sector as including ‘the specialist mental health sector (both public and private) and elements of the primary care sector providing mental health care’. The plan also recognises that people with mental health problems access support systems and services administered by several government agencies.

While the ambit of the *National Mental Health Plan 2003–2008* does not directly include matters more properly covered by existing national and state agreements (for example, disability and housing agreements) or programs delivered by other agencies (for example, income support and employment services). Rather, it seeks to influence the policy framework and delivery of those services and support systems in a manner consistent with the objectives of the *National Mental Health Policy* through emphasising the importance of improved links across agencies and tiers of government.

2.4 Fostering partnerships

The *National Mental Health Plan 2003–2008* also recognises **the importance of fostering partnerships** between mental health clinicians and the broader health and community sector, in particular with general practitioners, as well as consumers and local communities.

The plan provides a five-year framework (2003–2008) for activity at the national, state and territory levels. It promotes mental health reform and identifies **further priority areas for reform** within four key themes:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness
- strengthening quality
- fostering research, innovation and sustainability.

3. Focusing on mental health treatment in primary care

This paper supports partnerships and service quality and effectiveness for mental health treatment services provided by general practitioners, community health services and specialist mental health services, including private psychiatrists, in primary care settings for children, adolescents, adults and older persons.

While this paper is limited in its scope to mental health treatment, coordination of new treatment services should occur with the significant parallel developments in mental health promotion undertaken by the Department of Human Services, the Victorian Health Promotion Foundation and the national depression initiative, *beyond blue.* Mental health promotion impacts on mental health treatment through its influence on public opinion, support of local community initiatives and on the community's knowledge of and demand for treatment in primary care settings. Mental health promotion can, therefore, be expected to enhance access to treatment services for sections of the population that currently experience barriers to care.

4. Engaging other significant mental health service providers in Victoria

There are several other major service sectors organised and funded by the Victorian Government and the Australian Government that address mental health problems. These include family and community care, alcohol and drug, sexual assault, problem gambling, WorkCover, Transport Accident Commission, victims of crime counselling and war veterans' services. As co-morbidity across mental health and other physical and social problems is common, developments in primary care mental health will need to be closely related to these other frameworks.

There are also well-established private practice services in psychiatry, allied health and nursing, which should be engaged as part of the development of mental health treatment services in primary care settings.

5. Building the capacity for primary care mental health treatment

5.1 Mental health needs of adults and children

The National Survey of Mental Health and Wellbeing of Adult Australians (ABS, 1998) shows that 18 per cent of the population experiences a mental health problem each year and that 38 per cent of them use services for these problems each year. The most common mental health problems reported, in rank order, were anxiety, substance use (principally alcohol) and affective/depressive disorders. People with these problems used services at quite different rates each year: affective/depression (56 per cent), anxiety (28 per cent) and substance use (14 per cent). One in four people had more than one of these problems.

The majority of people with mental health problems, who actually used services to address these problems, saw a general practitioner (29 per cent). The remainder used a range of services including psychiatrists (7.5 per cent), psychologists (6.5 per cent), other mental health professionals (9.8 per cent) and other health professionals (9.9 per cent).

The National Survey of Mental Health and Wellbeing found that 14 per cent of children and adolescents have a clinically significant mental health problem. Only 25 per cent of these received professional help. Even among young people with the most severe mental disorders, only 50 per cent received professional help. The majority of those receiving help attended professionals who may have limited training in the assessment and management of mental health problems in children (Sawyer et al, 2000).

5.2 Mental health service responses

Increased recognition of the burden of mental health problems in adults and children has led to several initiatives being undertaken in Victoria to support quality mental health services delivered in local primary care settings (Table 1). The Australian Government has embarked on a range of initiatives, which are being delivered through general practitioners. The Victorian Government is developing new directions for community health counselling services and has developed new programs delivered through specialist mental health services, particularly the primary mental health and early intervention teams.

Table 1: Initiatives being undertaken in Victoria by the Australian Government and the Victorian Government to expand and enhance mental health treatment delivered in primary care settings

General practice

Better Outcomes in Mental Health Care

- Education and training
- Incentive payments
- Medicare Benefits Scheme (MBS) item for general practice focused psychological strategies
- Access to allied health services
- Access to psychiatrist support (including case-conferencing and access to advice in an urgent situation)

National Primary Mental Health Care Initiative (1999–2003)

- State-based primary mental health care development and liaison officers
- National coordinator
- Primary Mental Health Care Australian Resource Centre (PARC)
- Incentive funding for education, training and peer support
- Post Graduate Primary Care Psychiatry Scholarships Scheme

Enhanced Primary Care Package

- Medicare items for care planning and case conferencing

Regional Health Strategy—More Doctors, Better Services

One-third of these initiatives (approx 30 full-time positions) in Victoria have a focus on counselling/preventative services

The Regional Health Services Program

- Includes additional mental health care practitioners in rural areas

The More Allied Health Services (MAHS) Program

- Funding to rural Divisions of General Practice for allied health professionals for rural communities

Medical Specialist Outreach Assistance Program

- Additional medical specialist services such as psychiatry for rural communities

Community Health

New directions for community health counselling

In 1999, the Victorian Government made a commitment to the expansion and quality improvement of counselling in community health services. As part of this initiative, the Primary and Community Health Branch is:

- funding several projects that focus on improving recruitment and retention of counselling staff in counselling services in rural areas
- undertaking a review of counselling services in community health services
- adopting a new approach to funding new counselling services using data on the burden of mental health problems
- proposing a new direction for counselling services as part of the Second National Mental Health Plan.

Specialist mental health

Primary mental health and early intervention teams

In each of Victoria's 21 Area Mental Health Services, Primary Mental Health and Early Intervention Teams will assist local primary care providers to recognise and treat high prevalence disorders, particularly depression and anxiety. These teams will:

- improve mental health services
- support and enhance the capacity of a range of primary care providers
- promote shared-care arrangements
- provide an improved service delivery approach, including treatment to people with high prevalence disorders
- provide early intervention services to young people.

6. A four-level schema for primary care mental health services

Service planners, providers and consumers would benefit from a means of better understanding and communicating about the roles of general practitioners, community health services and specialist mental health services in providing primary care mental health services. In this and the next section, a four-level schema is described to provide some guidance to services and practitioners in identifying the target populations and the roles of general practice, community health and specialist mental health services.

The schema is designed to support clearer communication. It is not intended to be prescriptive; rather; it will require flexible adaptation to be relevant in metropolitan, urban fringe and rural settings and across practitioners with varying knowledge and skills to deliver effective interventions. Table 2 illustrates three levels of mental health need (adjustment, focal and severe/complex) and the related effective interventions (generalist, specific and specialist interventions).

The first three need levels are related to the severity and complexity of mental health problems. The three related intervention levels are of increasing sophistication and all include the common activities of problem identification, assessment, referral, care planning, review and feedback and follow-up.

Level 4 refers to specialist consultation, training and support services provided to practitioners to ensure the optimal quality and effectiveness of services they deliver at levels 1–3. These Level 4 activities are critical to the successful development of the primary care mental health initiatives.

6.1 Mental health needs

Levels 1–3 of the schema can be aligned with the needs identified and prevalence estimates in the National Survey of Mental Health and Wellbeing (Andrews et al, 1999):

- Level 1—adjustment problems, in the absence of other mental health or social problems, occurring with a 12-month prevalence of around 5 per cent.
- Level 2—the most common mental health needs being anxiety disorders, episodic affective disorders, somatoform and substance use disorders, occurring with a 12-month prevalence of around 15 per cent
- Level 3—serious mental health problems, including where there is more than one mental health or physical diagnosis, and longstanding mental health problems including psychosis and serious personality disorder, occurring with a 12-month prevalence of around 5 per cent.

The prevalence estimates described for levels 1–3 are made conservatively, based on the findings from the National Survey of Mental Health and Wellbeing.

- The survey found that 4 per cent of the population perceived a need for mental health intervention but without meeting all of the criteria for a mental health diagnosis. An estimate of 5 per cent for Level 1 adjustment problems therefore seems reasonable.
- 'The main finding from the Survey is that some 17.7 per cent of adult Australians meet criteria for the common anxiety, affective or substance use disorders. The overall figure for any mental disorder is likely to be more than one in five after neurasthenia, psychosis, personality disorder and cognitive impairment are included, and after one adds in the fifth of the population who could not be contacted or who refused to be interviewed in the Survey…One in four persons with a mental disorder had one or more other mental disorders'. (Andrews et al, 1999, p.37).
- The community survey of adults did not cover people in institutions, hospitals, sheltered accommodation, the homeless or prisons. The prevalence of serious mental health problems was, therefore, underestimated and for this reason was addressed in a subsequent study (Jablensky et al, 1999).
- In the child and adolescent component of the national survey, the 12-month prevalence of mental health disorders in children aged 4–17 years was estimated at 14 per cent (Sawyer et al, 2000).

6.2 Mental health interventions

Through a range of initiatives, including those already occurring (see Table 1), the schema assumes that practitioners will be supported in acquiring the knowledge and skills to deliver effective interventions for mental health problems so that:

- community organisations can effectively intervene with Level 1 adjustment problems and identify and refer Level 2 and 3 problems for treatment
- general practitioners can effectively intervene with Level 1 and many Level 2 problems and assess, refer and support people with Level 3 problems in consultation with specialist services
- community health counselling services can effectively intervene with Level 2 and some Level 3 complex problems
- specialist mental health services principally address Level 3 severe and complex mental health problems
- along with existing and future training initiatives for general practitioners and community health counsellors, the primary mental health and early intervention teams will have a role in contributing to Level 4 training, consultation and supporting service development across the general practice, community health and specialist mental health sectors.

Table 2. Four level schema for primary care mental health treatment

Needs	Interventions	Typical settings	Outcomes
Level 1. Adjustment problems Adjustment to specific problems of living that cause tolerable distress and that will remit over time—grief, divorce, loss, changed life circumstances	**Level 1 Generalist** Supportive counselling, problem solving, relaxation training	General practice, family, friendship networks, volunteer organisations, churches, citizens advice bureaus, telephone counselling	Reduced severity and duration of distress. Screening, assessment and referral to Levels 2 & 3.
Level 2. Focal problems Specific mental health needs responsive to evidence-based interventions—panic attacks, PTSD, episodic depression, problem drinking	**Level 2 Specific** Specific psychological, social and pharmacotherapy interventions according to evidence-based protocols	General practice, community health services and some telephone counselling	Focal and sustained improvement in specific problems. Identification and referral to Level 3.
Level 3. Severe/complex/disabling At high risk of harm to self or others (severe), and/or Difficult to engage or unresponsive to Level 1 & 2 interventions (complex), and/or With enduring and serious mental health disability	**Level 3 Specialist** Formulate and implement individual psychological, pharmacotherapy and social interventions for complex and unique problems	General practitioners with specialist mental health skills, community health counselling and specialist mental health services	Focal or generalised improvement in severe/complex/ disabling problems
Level 4. Optimal practitioner and service effectiveness Consultation, training and support provided to practitioners and services	**Level 4 Knowledge, skills transfer and service development** Development, transfer and maintenance of knowledge, skills and protocols to ensure the effectiveness of Levels 1–3	Primary mental health and early intervention teams, lead community health services, GP Division support units	Assuring cost-effective interventions and promoting a system of primary care mental health services
Other significant contributing factors			
Disadvantaged environments Many people receiving mental health interventions will be living in disadvantaged social environments along with other family members also at risk	**Casework, advocacy and case finding** **Casework coordination** of a range of other social supports including vocational, social security, child care, family and parenting support **Advocacy** for the person in their relationships with other services and for classes of people with government and organisations **Case finding** and referral for other people in the environment with identified problems or at risk	All settings	Effecting changes in the social environment with consequent reduced impact on mental health. Identification of others in need, such as partners, carers and children.
Impaired physical health Many people undertaking mental health interventions will have impaired physical health and inadequate health care	Medical, nursing and allied health care, including health promotion and disease prevention.	All settings	Improved physical health with consequent reduced impact on mental health.

Table 2 and the following sections describe the nature of mental health needs, interventions, settings and outcomes sought for each of the four levels of the schema. In addition, there is also an acknowledgment of the significant influence of socioeconomic disadvantage and impaired physical health on mental health problems and the range of other service sectors that may need to be involved as part of treatment.

6.3 Level 1—adjustment problems/generalist interventions

These are problems experienced by people in otherwise good mental health living in supportive social environments who, in the course of everyday life, are adjusting to problems of living, such as grief, divorce, loss, changed work and other life circumstances. These problems are associated with distress and impaired work and social functioning but are usually resolved with the support of family, friends and informal community supports.

The available evidence indicates that supportive counselling, problem solving or relaxation training delivered by general practitioners, a variety of allied health practitioners, self-help groups, lay volunteers, generalist counsellors in non-government organisations or the private sector are the appropriate service responses where help is sought. Settings for such assistance routinely include general medical practices and volunteer organisations, such as churches, citizens' advice bureaus and telephone counselling. The objective of assistance is reduced severity and duration of emotional distress.

Some people with adjustment problems in addition to other vulnerabilities or socioeconomic disadvantage, may need to be identified and referred for Level 2 and 3 interventions.

6.4 Level 2—focal problems/specific interventions

Focal problems are significant mental health problems, such as panic attacks, post-traumatic stress disorder, child behaviour problems, episodic depression and problem drinking, which cause significant and ongoing impairment and will not be resolved simply with family and social support or in the absence of active professional intervention. These problems, occurring in the absence of co-morbidity, have a prevalence of about 13 per cent in Australian adults and 15 per cent in children and adolescents and are the most significant contributors to the overall burden of mental health problems in Australia (Meadows et al, 2000).

There is considerable evidence concerning effective interventions for these problems, including well-defined psychological, family, social and pharmacotherapy interventions. Given the large numbers of people with Level 2 mental health problems, they are best delivered locally in general practices and community health services but have also been shown to be delivered effectively through telephone counselling or by mail correspondence, especially where access to face-to-face services is limited.

Level 2 interventions are not routinely learnt in the training of medical and allied health practitioners and require appropriately trained general practitioners, social workers, psychologists, occupational therapists and nurses, or practitioners receiving supervision from an experienced practitioner. The objective of Level 2 interventions is for sustained improvement in these specific mental health problems through the use of interventions that have been well-defined through evidence-based research. Some people with these problems, together with other significant co-morbidities or disadvantaged environments, will require identification and referral to Level 3 interventions.

6.5 Level 3—severe, complex and disabling problems/specialist interventions

Severe and complex problems are those that are: highly disabling or life threatening (for example, acute psychosis or depression with suicidal behaviour); unremitting or unresponsive to Level 1 and 2 interventions (for example, chronic depression in adults or longstanding childhood truancy associated with an anxiety disorder); or occur in a social environment that is significantly disadvantaged (for example, multiple family members each having mental health problems). Complex problems may also include the co-morbidity of more than one mental health or physical health problem in the same person, such as depression, smoking, problem drinking, high blood pressure and obesity.

Appropriate interventions for these Level 3 problems have usually not been sufficiently defined so that generalist practitioners can routinely implement them. Instead, interventions require judicious and skilled assessment, formulation and individually tailored psychological, family, social and pharmacotherapy interventions, often in parallel. It is acknowledged that most people with Level 3 problems will continue to be supported in the long term by their local practitioners.

The specialist practitioner, together with the person, will decide upon the kind of Level 3 interventions based on a prediction about the likely treatment response, including considering whether social support and monitoring alone or concentrating on specific rather than generalised improvements in life functioning, are likely to be most effective and acceptable to the person. Often the specialist practitioner will be undertaking a range of interventions and also coordinating and supporting the contributions of other service providers to the person concerned.

6.6 Level 4—skills transfer, consultation and training

Level 4 refers to consultation, training and support services delivered to practitioners to ensure the quality and effectiveness of mental health services delivered at Levels 1–3. The skills required to do this work extend beyond being a mental health practitioner. They also include the ability to operate at arms length, support other practitioners by phone and by modelling in person, so that these practitioners can more confidently and effectively deliver mental health interventions.

Level 4 services are part of the role of the new primary mental health and early intervention teams and other specialist providers, including the more experienced general practitioners, private psychiatrists and counsellors in community health services. The support they provide is critical to the success of the primary care mental health services.

6.7 Disadvantaged environments

People receiving publicly funded mental health interventions from primary care settings described under Levels 1–3 may be living in disadvantaged environments along with other family members also at risk. For these people, the following activities may also comprise the work of practitioners:

- **casework coordination** of a range of other social supports, such as vocational, social security, child care, accommodation, education and family and parenting support
- **advocacy** for the individual or groups in their relationships with services
- **identification, support and referral**, where necessary, of carers and children of people with mental health needs.

The primary practitioners themselves, or adjunctive welfare trained staff, may undertake this work as a significant and integral component of the Level 1–3 interventions. The objective of these activities is to effect changes in the social environment in order to reduce mental health problems, as well as identify others in need, such as partners, carers and children.

6.8 Impaired physical health

The National Survey of Mental Health and Wellbeing of Australians (ABS 1998) indicates that many people undertaking mental health interventions will have impaired physical health, such as musculoskeletal, poor nutrition, respiratory and gastrointestinal problems, and inadequate health care that interacts with their mental state. They may require access to dietary, nursing and medical care as part of assessment and intervention for their mental health problems. A single service provider, such as a general practitioner or a community health service, may provide these services or the services may be coordinated across providers. The objective is to improve physical health with a consequent reduced impact on mental health.

7. Primary care mental health treatment in action

In this section, the relationships between general practitioners, community health and specialist mental health services are addressed, with a consideration of the responsibilities of the new primary mental health and early intervention teams.

Figure 1 (see page 16) shows that severity, on the vertical axis, and complexity, on the horizontal axis, are two dimensions of mental health problems that shape mental health needs and the roles of general practitioners, community health counsellors and specialist mental health practitioners in treating them in primary care settings. The three mental health problem levels are shown in grey (Level 1 adjustment; Level 2 focal; and Level 3 severe/complex).

The dotted lines show the suggested areas in which practitioners from each of the three service sectors—general practice, community health and specialist mental health—may provide effective treatment. However, individual practitioners vary in their capacities to provide mental health treatment and people's mental health needs change over time. The respective practitioners' roles in mental health treatment should not, therefore, be taken as providing guidance for gate-keeping between sectors. Instead, they provide a general schema that should be adapted flexibly when considering service coordination between the sectors in local mental health planning and service delivery. For instance, accessibility to specialised health services in rural areas may be limited, and the capacity to refer to specialist practitioners or seek secondary consultation varies. As a consequence, the responsibility for mental health treatment needs to be flexible in line with available professional expertise and support.

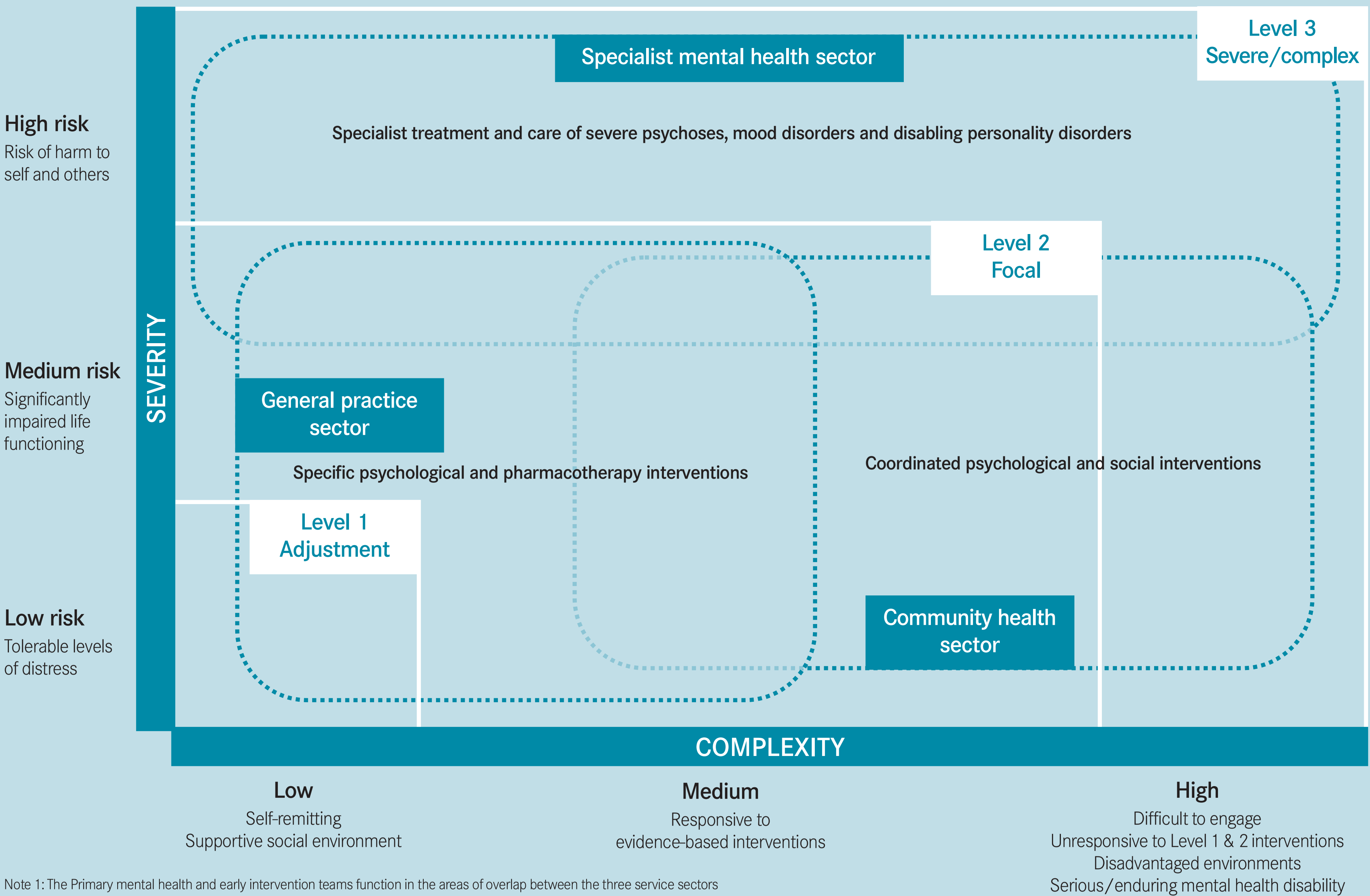
7.1 Severity of mental health problems

Severity, or acuteness, of a mental health problem (on the vertical axis in Figure 1) refers to the degree of **impairment in life functioning** ranging from low risk, with tolerable levels of distress, to medium risk, where life functioning is significantly impaired and **high risk**, with risk of significant and imminent harm to the person or others, such as death or physical injury through suicide or violence. It should be noted that severity may also be a product of neglect and/or poor judgement resulting from a person disabled by their mental health problems being unable to care for their own health and wellbeing. In general, while mental health needs of high severity will often be first identified by general practitioners and others, they will usually require assessment and intervention by specialist mental health services.

7.2 Complexity of mental health problems

Complexity (on the horizontal axis of Figure 1) refers to the **responsivity to treatment** of the person's mental health problems. This will be affected by the magnitude of their emotional, cognitive and physical vulnerabilities, interpersonal deficits that make positive engagement with others difficult, and environmental factors, such as living with others with mental health problems or in socioeconomic

Figure 1. Levels of mental health needs and services



Note 1: The Primary mental health and early intervention teams function in the areas of overlap between the three service sectors

disadvantage. Enduring and serious disability resulting from mental health problems, may mean that ongoing care and support is required. The person's resilience and strengths and family and social supports will also affect complexity.

At low levels of complexity, adjustment reactions, such as the loss of a loved one or a job, will usually improve over a period of several weeks or months with the support of family, the general practitioner and local community services. These will usually require no formal mental health treatment. A smaller number of more vulnerable people will have quite severe distress (medium and high risk), with acute stress reactions or transient psychoses in response to adjusting to these changed life circumstances, and may require short-term mental health treatment during this period of crisis.

At medium levels of complexity, mental health problems, such as depression, gambling, agoraphobia and problem drinking, will usually only improve slowly, if at all, without treatment. However, there are psychosocial and pharmacotherapy treatments of demonstrated effectiveness for these problems. Appropriately trained general practitioners and counsellors in community health settings should be able to provide effective mental health treatments over periods of 10–15 weeks for these problems.

At high levels of complexity, problems like longstanding depression, dysthymia, co-morbidities, more than one family member with mental health problems, eating disorders, family violence and repetitive self-harm are usually more difficult to treat effectively. Effective treatment of these more complex problems requires a longer period of individually tailored interventions delivered by a more experienced practitioner, often in collaboration with a variety of other services.

7.3 General practice

As already discussed, most people with mental health needs have problems that fall within Levels 1 and 2 and will be treated in general practice with support from local community organisations. These will include problems like adjustment reactions, acute reactions to stressful life events, physical problems with psychological origins (somatoform), problem drinking, anxiety and depression. In addition, general practitioners will identify a range of more severe and complex mental health problems, such as early psychosis, obsessive compulsive disorder and personality disorders, that they will monitor and/or treat in shared care arrangements with specialist mental health services and community health counsellors. They will also identify and refer some people with mental health problems that are beyond their capacity to treat effectively in the general practice setting.

7.4 Community health counselling

Community health counselling services complement general practice in their mental health functions, also seeing people with a range of Level 2 problems. Many community health counsellors will see people for psychological and social interventions provided in an intensive and systematic way over a period of time. Counsellors may work closely with the person's general practitioner, who usually continues to support them and may prescribe pharmacotherapy.

Community health counsellors also see people with a range of problems more complex than those that can usually be effectively treated in general practice alone. These may include family violence, co-morbidity of mental health, social and physical problems and where other family members, including children and parents, also have mental health and other complex problems. The availability of a diverse range of other health and social services in community health centres means that they can be delivered in a coordinated way.

7.5 Specialist mental health services

Specialist mental health services in Victoria provide child and adolescent, general adult, aged mental health and specialist programs. There are 21 area mental health services for adults; 13 child and adolescent mental health services and 19 aged mental health services. Each has a number of service elements that include a mix of community, inpatient and residential treatment approaches to meet acute, continuing care and rehabilitative needs of mental health service consumers. These services provide treatment for people presenting with the most serious and disabling mental health needs. These needs often require coordinated, specialised treatment and support that is time and resource intensive.

Figure 1 demonstrates that there is substantial overlap in the roles of general practice, community health counselling and specialist mental health services. As already described, the new primary mental health and early intervention teams will be working in these areas of interface to support general practitioners and counsellors, providing expert advice, assessment and review, and participating in shared care arrangements with specialist mental health services.

7.6 Shared and coordinated mental health care

The following sections illustrate common examples of shared and coordinated care between general practitioners, community health and specialist mental health services.

7.6.1 Depression

In general practice, the treatment of depression is one of the most common activities undertaken. Where depression becomes severe, as indicated by suicidal impulses and actions, or complex, as indicated by thought disorder and lack of response to the usual antidepressant pharmacotherapies, referral for private or publicly funded specialist mental health treatment is required. This specialist treatment will usually be limited to the period required to effectively treat the person's depression, after which the general practitioner will resume responsibility for treatment. This shared care of people with episodes of severe depression is anticipated to be one of the most common examples of overlapping roles between the sectors.

7.6.2 Anxiety disorders

Increasingly, general practitioners are identifying anxiety disorders amongst their patients. Many community health counsellors are also skilled in the delivery of evidence-based practice for anxiety disorders, such as agoraphobia and panic disorder, and treat people referred by their general practitioners. As part of the planned development of counselling services in community health, a program of competency development will be undertaken that will contribute to the profile and credibility of these services with general practitioners. It is also anticipated that the primary mental health and early intervention teams will contribute to disseminating knowledge and skill about anxiety disorders and supporting the development of networks for their improved treatment in shared care arrangements.

7.6.3 Physical and social problems

Some people seen by their general practitioner have significant physical and social problems in addition to their mental health problems. These problems may be longstanding, unremitting and beyond the scope of a single general practitioner to treat effectively. Community health services provide a unique setting for addressing these problems in a coordinated manner, through services like physiotherapy, cardiac rehabilitation, dietary advice, child minding, parenting support, housing and social security advice and counselling. Many community health services have established reputations for working collaboratively with a person's general practitioner.

7.6.4 Early psychosis

Psychosis in a young person may have some of the features of behaviour associated with normal adolescent development. With improved skills in the early identification of psychosis in young people, general practitioners and community health counsellors are increasingly consulting with specialist mental health services for assessment, treatment planning and consultation about treatment for disturbed young people. The general practitioner or counsellor will usually continue seeing the young person while they may receive treatment and care from the specialist mental health service.

7.6.5 Families with multiple problems

Some families have more than one member with mental health problems. While child behaviour problems, identified by the Secondary School Nursing Program, may be the presenting problem, further assessment may reveal that the father has problems with unemployment, drinking, gambling and aggression and the mother with depression, obesity and high blood pressure. Practitioners working in areas of socioeconomic disadvantage commonly see such family situations.

Addressing these problems singly is unlikely to be an effective approach in the longer term. The general practitioner or community health counsellor has to consider whether to treat these problems through providing ongoing support, symptomatic relief or a more comprehensive approach using family interventions, perhaps in collaboration with other providers. Specialist mental health services may also become involved in the care of the family.

8. Future actions and challenges for implementation

This paper seeks to support partnerships and improved service quality and effectiveness through clarity of communication about the roles of mental health treatment services in primary care settings.

These services are being developed in an environment that is providing increased opportunities for addressing the mental health needs of the general community. However, the *National Mental Health Plan 2003–2008* poses considerable challenges in delivering mental health services to the large group of people with mental health problems beyond those people with serious mental illness. In attempting to work together to achieve this, the three sectors of general practice, community health and specialist mental health services are seeking to improve coordinated service planning and the access of consumers to a range of effective interventions for the most common mental health problems.

8.1 Challenges

The desire of governments to expand mental health responses to those with the most common mental health problems, such as depression and anxiety, means that practitioners in general practice and community health are being recognised as having a more central role in the delivery of mental health assessment and treatment.

These developments will be challenging because they require coordination and dialogue between sectors that have differing policy, funding and professional histories. In addition, there may be differing professional and consumer conceptions of mental health and wellbeing. There is scope to progress to a mutual appreciation of the attitudes, knowledge and skills of consumers, general practitioners, counsellors and specialist mental health practitioners.

Planning and delivery of mental health treatment in primary care settings requires enhanced coordination with parallel developments in community-based prevention and early intervention. Improved linkages are also required with a range of organisations across the health and welfare sectors, in particular emergency and acute services, services for young people and transcultural and indigenous services, to improve outcomes for these population groups. Each of these is an important challenge to be addressed in the future.

8.2 Opportunities

On the basis of significant epidemiological data on common mental health problems, there has been increased recognition that mental health problems are more prevalent and have more impact than was previously known. These findings have led to increased policy development by government, more widespread community discussion and greater acceptance of them as important problems of wellbeing.

These outcomes are helping to support improved service responses for people with mental health problems who are assessed and treated in primary care settings. In Victoria, the Victorian Health Promotion Foundation, the national depression initiative—*beyond blue,* and the media have taken up these matters. As a consequence, for the first time, mental health and wellbeing are being discussed in an informed way that is relevant to and involves the average member of the community.

There is now more wide-ranging community discussion about the nature of mental health, the causes of mental ill health, and the approaches to prevention and treatment. Practitioners in general practice, community health and specialist mental health services are being looked to and supported in giving leadership and direction to improved mental health service responses.

9. References and resources

Many of the documents referenced below are available at the following websites:

9.1 Victorian Department of Human Services

General website address for all divisions

http://www.dhs.vic.gov.au/program

This site includes websites for Community Care Division, Disability Services Division, Metropolitan Health and Aged Care Services Division (includes Mental Health Branch), Office of Housing, and Rural and Regional Health and Aged Care Services Division (includes Primary and Community Health and Public Health).

Metropolitan Health and Aged Care Services Division

Mental Health Branch
http://www.dhs.vic.gov.au/mentalhealth/

This site includes access to a comprehensive service directory, publications, clinical practice guidelines, training and development, legislation, and so on.

Rural and Regional Health and Aged Care Services Division

This site includes access to the range of programs and branches within the Rural and Regional Health and Aged Care Services Division
http://www.dhs.vic.gov.au/rrhacs/

Primary and Community Health Branch
(Primary Care Partnerships and Community Health)

General website for Primary and Community Health
http://www.dhs.vic.gov.au/rrhacs/primarybranch.htm

Primary Health Knowledge Base
http://www.dhs.vic.gov.au/phkb

Public Health Branch
http://www.dhs.vic.gov.au/phd

The Burden of Disease in Local Government Areas of Victoria, 1996
www.dhs.vic.gov.au/phd/lgabod/index.htm

9.2 Other key organisations

Victorian Health Promotion Foundation
http://www.vichealth.vic.gov.au

Beyond blue, the national depression initiative
http://www.beyondblue.org.au

Divisions of General Practice—Victorian information
http://www.gpdv.com.au

9.3 Australian Government Department of Health and Ageing

http://www.health.gov.au

Mental health

http://www.mentalhealth.gov.au

This site provides access to the range of publications and programs funded by the Australian Government relating to mental health, including the Better Outcomes in Mental Health Care Initiatives.

Primary Mental Health Care Australian Resource Centre (PARC)

http://som.flinders.edu.au/FUSA/PARC

PARC provides a comprehensive range of information and resources to support primary mental health care.

The Primary Health Care Research and Information Service (PHCRIS)

http://www.phcris.org.au

PHCRIS provides a single point of access to a wide variety of information sources about research, evaluation and development in general practice and primary health care.

HealthInsite

http://www.healthinsite.gov.au/index.cfm

This is an Australian Government initiative that is the responsibility of the National Health Priorities Branch. The website provides links to a large number of publications.

Primary care initiatives

http://www.health.gov.au/hsdd/primcare/acoorcar/pubs/acct/contents.htm

The site provides access to the Enhanced Primary Care Program.

Divisions of General Practice

http://www.health.gov.au/pcd/

Auseinet

http://auseinet.flinders.edu.au

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health is a national project funded by the Australian Government Department of Health and Ageing under the National Mental Health Strategy and the National Suicide Prevention Strategy.

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Appendix 1: Initiatives in primary mental health care

A.1 General practitioners and Divisions of General Practice

Eighteen per cent of the population experience a mental health problem each year, and most people use their general practitioner as the first point of call for help with mental health issues.

There is a number of Australian Government initiatives aimed at enhancing the role of general practitioners in assisting people with mental health problems. Some of these initiatives are funded as part of the Second National Mental Health Plan (for example, the National Primary Mental Health Care Initiative) whereas others form part of programs related to access issues (Regional Health Strategy) or chronic/complex illness (Enhanced Primary Care). Many of these initiatives are aimed at increasing the skills of general practitioners but also aim to support them in working with other health professionals to provide a multidisciplinary approach to the care of their patients.

A.1.1 Better Outcomes in Mental Health Care

The Budget 2001–2002 initiative, *Better Outcomes in Mental Health Care,* aims to improve access to mental health services by providing mental health education and training for general practitioners and more support for them from allied health professionals and psychiatrists. It acknowledges that many general practitioners are already providing primary mental health care and aims to provide financial and other support to address the barriers to management of mental health problems in general practice. Funding of $120.4 million over four years is available. The key components of the initiative are:

- **Education and training** for general practitioners to familiarise them with the initiative and to increase the number of general practitioners skilled in mental health care in the general practice setting.
- **Incentive payments** to encourage effective management of mental health problems by general practitioners through assessment, care planning and review.
- **MBS item for general practice** to provide MBS patient rebates for focused psychological strategies provided by appropriately trained general practitioners.
- **Access to allied health services** to enable general practitioners to access psychological and other allied health services to support their patients.
- **Access to psychiatrist support** to better enable psychiatrists and general practitioners to participate in case conferencing and for psychiatrists to provide advice in an urgent situation where no other source of advice is available.

A.1.2 The National Primary Mental Health Care Initiative (1999–2003)

This initiative was launched in March 1999 and is designed to improve the quality of care delivered to consumers by building partnerships between general practitioners and mental health services and supporting general practice education programs. A number of strategies have been implemented to support general practitioners and Divisions of General Practice.

For example, each state has a **primary mental health care development and liaison officer** who acts as a point of liaison and assists Divisions of General Practice and general practitioners to access information on primary mental health care, progress mental health initiatives and develop linkages between general practitioners, Divisions of General Practice and specialist mental health services—public, private and non-government. In Victoria, this liaison officer is based at General Practice Divisions Victoria (GPDV). A national coordinator, appointed to the Australian Divisions of General Practice (ADGP), provides national leadership and support to the development and liaison officers.

The initiative also includes the Primary Mental Health Care Australian Resource Centre (PARC) and, up until 2003, the provision of post graduate primary care psychiatry scholarships.

A.1.3 Enhanced Primary Care

The Enhanced Primary Care (EPC) package is made up of a range of innovative programs designed to assist people with chronic illnesses and complex care needs as well as their carers and the health professionals who look after them. One of the key components of this strategy was the introduction of the EPC Medicare items. Under these items, general practitioners are able to receive a Medicare rebate for services, which include organising or contributing to a care plan or case conference for patients who have chronic conditions and complex care needs, including people with mental health problems. The use of EPC care plans to assist patients with mental health problems has been further promoted through the allied health component of the Commonwealth Government's *Strengthening Medicare* program, commenced in 2004.

A.1.4 Regional Health Strategy—More Doctors, Better Services

One of the factors contributing to the inequity in health service delivery for rural communities is the lack of professional allied health services that could support the work of rural general practitioners. The lack of allied health services also has implications for the uptake by general practitioners in regional Australia of the EPC items.

Two programs, Regional Health Services and More Allied Health Services, address this issue. One-third of these initiatives (approx 30 EFT) in Victoria have a focus on counselling and preventative services. Additionally, the Medical Specialist Outreach Assistance Program also contributes to regional mental health workforce capacity.

The **Regional Health Services Program** aims to improve the health and wellbeing of people in rural Australia by enhancing access to a broad range of primary health and aged care services. The program works with small rural communities (usually less than 5000 population) to identify local priorities and develop and support the health services needed to meet those priorities. It also has a role in the broader health strategy of recruiting and retaining health professionals to work in rural communities. Some of these initiatives have provided additional mental health care practitioners in social work, counselling and psychiatric nursing.

The **More Allied Health Services Program** provides funding to rural Divisions of General Practice to purchase additional allied health services for rural communities based on the needs of those communities. The program also aims to provide opportunities for the increased uptake of the EPC MBS items. The More Allied Health Services Program aims to encourage stronger links between local general practitioners and allied health professionals. These allied health professionals include mental health workers, psychologists and counsellors.

The **Medical Specialist Outreach Assistance Program** aims to improve the access of rural and regional communities to specialist health services by addressing the barriers and disincentives to practise in rural and remote areas. Costed service plans have been completed and services are currently being established in rural areas throughout Victoria, including additional psychiatric services.

A.2 Specialist Mental Health Services, Mental Health Branch, Metropolitan and Aged Care Services Division, Department of Human Services

The full range of services funded through Victoria's specialist mental health services work closely with general practitioners, local community supports and services and community health services. They include:

- acute services including inpatient units and crisis assessment and treatment services
- community mental health services
- mobile support and treatment services
- child and adolescent mental health services
- psychiatric disability and support services
- aged persons' mental health services.

The relationship between these services and the services provided in primary care settings is being significantly enhanced through the formation of primary mental health and early intervention teams.

A.2.1 Primary mental health and early intervention teams

Twenty-two million dollars over three years has been provided by the Victorian Government to establish primary mental health and early intervention teams in each of Victoria's 21 area mental health services.

These teams will assist local primary care providers to recognise and treat high prevalence disorders, particularly depression and anxiety.

The primary mental health and early intervention team initiative also includes a specific service that will target adolescents and young adults at risk of, or experiencing, mental health illness—giving services greater capacity to intervene at an earlier stage of mental illness and reducing the likelihood of mental health crises.

The key objectives of the primary mental health and early intervention teams are to:

- improve access to, and the quality of, mental health services provided by specialist and primary health care providers to people across their life span
- support and enhance the capacity of a range of primary care providers, in the first instance, community health services and general practitioners, to recognise and treat mental health problems and disorders more effectively, via the provision of education, training and secondary consultation

- promote shared care arrangements between specialist mental health services and primary care providers
- provide an improved service delivery approach including treatment to people with high prevalence disorders, in particular but not limited to, depression and anxiety disorders.
- provide early intervention services to young people who are:
  - experiencing first-episode psychosis or other serious mental disorder
  - experiencing the early signs and symptoms of first episode psychosis, particularly those young people with multiple risk factors
  - at risk of or experiencing significant psychological disturbance.

The focus of the primary mental health and early intervention team initiative is the primary health care sector. It is expected that the majority of the clinical, liaison, consultative and educative work will be carried out in primary health care settings. The work of the teams will occur through community, public, primary or mental health facilities or on an outreach basis.

A.3 Primary Care Partnerships (PCP)

Community health centres, psychiatric disability support services, community care, Divisions of General Practice, local government and a range of other community services are currently participating in the 32 Primary Care Partnerships (PCPs) that have been established across Victoria. The PCP Strategy aims to create a primary care service system that encourages partnership development between the Department of Human Services, local governments, providers and professionals to coordinate their work for people they may have in common.

Mental wellbeing and social connectedness is a priority area within the PCP program in Victoria, currently accounting for approximately 25 per cent of identified PCP health promotion priorities. Under the *Primary Care Partnerships strategic directions 2004–2006,* mental wellbeing and social connectedness is a key health promotion issue in line with identified priorities in local needs assessment and with national and state burden of disease data on mental illness trends.

The development of these programs is underpinned by a social model of health, which recognises that health is influenced by more than genetics, individual lifestyles and provision of health care, and that political, social, economic and environmental factors are critical.

PCP mental wellbeing and social connectedness programs have to date had a focus on a range of population groups, including women and men, young people, aged people, rural isolated populations, new arrivals and socioeconomically disadvantaged communities. These programs are operating in a diversity of settings, including community health centres, schools, workplaces, youth agencies, rural and remote areas and transient or low income housing.

A.4 Community Health Counselling, Primary and Community Health Branch, Rural and Regional Health and Aged Care Services Division, Department of Human Services

Generalist counselling services have been provided by most of Victoria's 100 community health services since 1975. Community health services receive $16.3 million annually for counselling services and currently deliver these services to over 30,000 people each year. This is in addition to funds they receive for specialist counselling, including problem gambling and alcohol and drug counselling.

In 1985, and later under the First National Mental Health Plan, Victoria's specialist mental health services focused exclusively on serious mental illness, principally schizophrenia and bipolar affective disorder. Community health counselling services took up some of the work of addressing the remaining population with mental health problems, including anxiety and depression, and have continued to be the only state funded professional services committed to the needs of this population.

A.4.1 Future directions for community health counselling

Since 1999, the Victorian Government has made a commitment to the expansion and quality improvement of counselling in community health services. As part of this initiative, the Primary Health Branch is:

- funding several projects that focus on improving recruitment and retention of counselling staff in counselling services in rural areas
- undertaking a review of counselling services in community health services
- introducing a new approach to funding new counselling services using data on the burden of mental health problems
- developing counselling services to contribute to the Second National Mental Health Plan.

Community health counselling services will, for the first time, formalise the role of community health as part of the state's mental health responses. To support this role, the Community Health Program will be working over the next two years with these counselling services to substantially improve the access and quality of services through better management and workforce development.

A.4.2 Non-stigmatising and social health approach

Community health services are unique in that they operate from non-stigmatising local settings and have the potential to integrate counselling with mental health promotion in local communities. They have a psychosocial perspective of the causes and interventions for mental health problems. Together with general practitioners, counsellors in community health are in a unique position to recognise the social origins of mental health problems, particularly in their relationship to socioeconomic disadvantage, poor social position and alienation.

Counselling services in community health have experienced a substantial growth in demand over the last few years that has been acknowledged by the government with additional funding. Most community health counselling services have significant waiting lists and waiting times for services. Increasing public awareness is likely to generate significant new and sustained demand for counselling services in community health.

State Government Victoria

Department of Human Services