The voice of mental health practice in Australia: a mixed-method cross-sectional study of gaps and areas of need

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Abstract

Objectives: To examine the perceptions of health professionals regarding the gaps in mental health service provision in Australia and their need for assistance in managing patients with mental illness.

Method: A total of 570 health professionals participated in an anonymous online survey in January 2018 that assessed: i) health professionals' current levels of need for assistance in the management of patients with mental health conditions; and ii) perceived gaps in the mental health care system, and how these can be addressed. Data were analysed using a mixed-methods approach.

Results: Of those surveyed, 71.2% of health professionals and 77.3% of general practitioners reported that they required assistance in managing their patients with at least one stage of care for at least one type of mental disorder. Qualitative analyses revealed eight major themes in health professionals' perceptions of gaps in mental health service provision, including affordability and accessibility, the problems with crisis-driven care and the 'missing middle'.

Conclusion: Overall, the results of this study provide a concerning insight into the substantial gaps in mental health care within the Australian system.

Implications for public health: The results of this study add weight to ongoing calls for reform of and increased investment in the Australian mental health care system.

Key words: mental health services, qualitative, health care systems, clinician perspectives

Mental disorders represent a significant burden of disease globally[1] with substantial health, social and economic consequences.[2,3] General practitioners (GPs) are the most frequent providers of Medicare-subsidised mental health-specific services in Australia (31.1%).[4,5] However, it has been estimated that only one in three Australian adults with a mental disorder in the past 12 months accessed any mental health service[6] and among those that do seek help, the majority do not receive an optimal level of mental health care.[7] Suboptimal treatment coverage and quality of mental health services have been identified as one of the main reasons for the persistent mental health burden in Australia.[8,9] Debate regarding the mental health care system is ongoing, primarily around how best to ensure mental health services and funding are adequate, accessible, and sustainable.[10-12] It has been suggested that new service models in Australia may be required to meet the needs of groups inadequately served by the current systems and to reduce socioeconomic and geographical inequities.[12]

Attention to this issue has amplified following the COVID-19 pandemic in 2020, which has had a serious acute impact on the mental health of the Australian population[13,14] and required adaptation of mental health services in Australia and internationally,[15] with policy and funding responses providing increased access to mental health services in Australia.[16] Some of these changes, such as the additional provision of subsidised psychology sessions and increased access to teleconsultations under what is known as the 'Better Access' scheme, are likely to have improved treatment coverage and reduced geographical imbalance in access to services. However, like all public health crises, it is likely that the COVID-19 pandemic has also exacerbated existing gaps and structural limitations in the national mental health system. It is critical to identify these major pre-existing systemic gaps and problems that were present before 2020 in order to better to inform how we address these issues moving forward post-COVID.

To inform this assessment, analyses of epidemiological and economic data,[17] and input from mental health service users, carers and the perspectives of service providers are needed. There is a growing body of qualitative and mixed-methods research on the experiences of mental health service users and their carers in Australia.[18-20] However, to date, the input of mental health service providers, who are important stakeholders in this situation, has received less attention. Despite their valuable on-the-ground experience, surprisingly little research has been conducted with mental health care

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providers. The available literature tends to focus on providers of a particular disorder or patient group[21,22] or evaluate a local service model.[23,24] While this delivers targeted findings related to a particular program or population, it may not capture broader systematic issues within mental health care. This study, which was conducted prior to the COVID-19 pandemic, used a mixed-methods design to examine the perspectives of a range of health professionals (HPs) who provide mental health care in Australia, to understand three issues:

1. What types of mental disorders and patient groups do HPs require assistance with managing?
2. At which stage(s) of diagnosis and treatment is this assistance most required for different mental disorders? and
3. What are the main gaps in mental health service provision in Australia as perceived by HPs, and how do they think these can be addressed?

Method

Study design and sample selection

In January 2018, HPs were invited to participate in an anonymous online survey undertaken by the Black Dog Institute in Sydney, Australia. Participants were recruited from a nationwide mailing list of HPs and via social media groups of HPs. Participants provided informed consent online. To be included, participants had to be at least 18 years of age, able to read and write English, and a health professional in Australia. The types of professionals recruited included GPs, psychologists, clinical psychologists and other allied health professionals, including nurses, occupational therapists and counsellors. Psychiatrists were recruited; however, fewer than 10 responded. Given this small sample size, to maintain privacy and to ensure the study focused on assessing the needs of primary and community care, these individuals were excluded from the sample used for analysis. Quantitative results therefore do not include psychiatrists. The study received full ethical approval from the UNSW Sydney HREC (HREC #: HC181003).

Measures

Both qualitative and quantitative measures were collected in a brief online survey. Qualitative responses were provided to two open-ended items: 1) *What do you believe are the main gaps in mental health service provision in Australia?*; and 2) *What sort of clinical service would be of use to you to help you meet the mental health needs of your patients?* Additional quantitative data was obtained from multiple-choice items that assessed the level of need of each HP for assistance in the management of adult patients across nine mental health disorders: depression, anxiety disorders, bipolar disorder (I or II), schizophrenia and psychotic disorders, PTSD, personality disorders, anorexia nervosa, binge eating or bulimia nervosa, and harmful alcohol and drug use. Child and adolescent mental health was included as a separate category; however, only the results pertaining to the adult categories were reported in quantitative results. Participants were asked: *For each of the following mental illnesses or conditions, please indicate the stage/s at which you are likely to need assistance in managing your patients.* Five stages of management were listed for each condition, of which participants could select as many as relevant: 'diagnosis'; 'initial treatment plan'; 'knowing where to refer to'; 'ongoing management/treatment/therapy'; 'second opinion service if difficult-to-treat'. A 'not applicable' option was available for each disorder.

Table 1: Characteristics of health professionals (n = 570).

Profession	n (%)
General Practitioner	106 (18.6)
Psychologist / Clinical Psychologist	252 (44.2)
Other[a]	212 (37.2)
Social worker[b]	50
Nurse/RN[c]	41
Counsellor[d]	31
Occupational therapist[e]	15
Support worker[f]	13
Other[g]	62
Area of work	
Metropolitan	318 (55.8)
Regional	158 (27.7)
Rural / remote	94 (16.5)
State/Territory	
NSW	237 (41.6)
VIC	129 (22.6)
QLD	85 (14.9)
SA	42 (7.4)
WA	37 (6.5)
NT	17 (3.0)
TAS	14 (2.5)
ACT	9 (1.6)

Notes:

a: where more than one profession is listed under 'Other' by a single participant, the first response listed is counted.

d: Counsellor: includes school counsellor, drug and alcohol counsellor and rehabilitation counsellors.

c: Nurse: Registered nurse, mental health nurse, practice nurse and other types of nurses.

e: Occupational therapist: Occupational therapist, OT.

b: Social worker: includes accredited social worker, social worker and mental health social worker.

f: Support worker: includes peer support worker, support worker, mental health support worker, mental health worker, community support worker, and community worker.

g: Other: Any other healthcare or professional role.

Data analysis

Quantitative data was analysed descriptively in IBM SPSS program (v26). Open-ended responses were analysed independently by two researchers [KP and PB]. Based on the principles of thematic analysis,[25] themes were developed and refined iteratively until data saturation was reached. A consensus on the final thematic structure was reached by a discussion with KP and PB. A psychologist [JC] and a psychiatrist [SBH] reviewed and provided feedback on the final themes. All contributors assisted with interpretation of the findings.

Results

Quantitative data

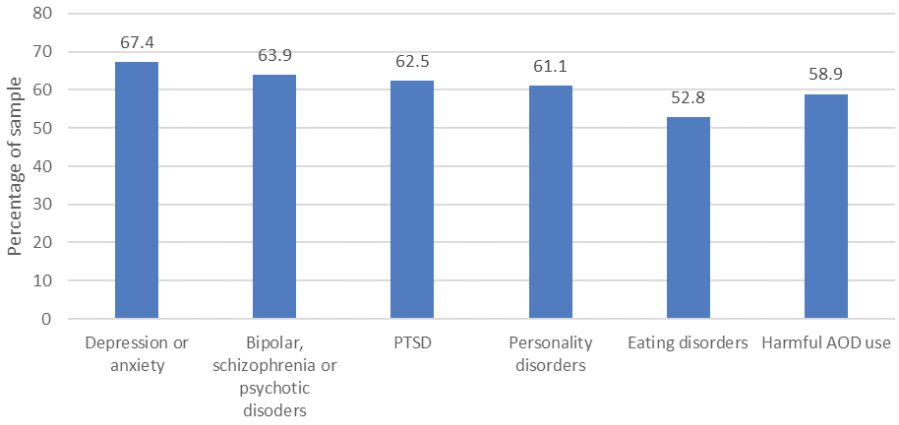
The final sample consisted of 570 HPs from all states and territories in Australia, with 44.2% located in regional, rural or remote locations (Table 1).

Overall, 71.2% of HPs reported needing assistance in at least one stage of care, for at least one or more mental health disorder(s). Within practitioner groups, 77.3% of GPs, 74.2% of psychologists/clinical psychologists and 64.6% of other HPs reported requiring assistance with at least one stage of care for one or more mental health disorders (χ^2 (2, N=570)=7.5; p=0.023). As shown in Figure 1 (provided in the Supplementary Material), the need for assistance per disorder varied substantially. For the less common disorders like schizophrenia and psychotic disorders, among others, many more HPs reported needing assistance with both 'ongoing management, treatment and therapy' (172/648; 26.5%) and 'difficult to treat cases' (168/648; 25.9%). Knowing where to refer patients with personality disorders (132/687; 19.2%) or eating disorders (anorexia nervosa: 123/598; 20.6%), bulimia nervosa and/or binge-eating disorder: 123/598; 20.6%) was identified as an area of need by a substantial number of HPs. The need for assistance with diagnosing bipolar disorders (118/664;

17.8%), schizophrenia or psychotic disorders (119/648; 18.4%) and personality disorders (110/687; 16.0%) was more frequently required than when diagnosing depression (50/591; 8.5%) or anxiety (53/571; 9.3%).

Analyses were repeated with GPs only (n=106), as GPs are often the first point of contact for people seeking mental health care in Australia (see Figure 2, Supplementary Material), with a similar pattern observed among GPs as in all health professionals. GPs' greatest perceived need for assistance was when managing patients with difficult-to-treat depression or anxiety. Considering the sample again as a whole, Figure 1 indicates moderate-to-high levels of need for assistance in managing patients (from 52.8% to 67.4% of the sample) across the main disorder categories.

Figure 1: Percentage of health professionals reporting a need for assistance in managing their patients with at least one stage of care for each mental disorder (n=570).



Qualitative data

Main gaps identified by health professionals

A total of 452 health professionals (79.3%) provided valid free text responses to the open-ended item: *What do you believe are the main gaps in mental health service provision in Australia?,* and 138 (24.2%) HPs provided valid responses to: *Please provide any comments* in a text box following the multiple-choice questions. These responses were analysed collectively.

Eight major themes and a number of subthemes were identified among HPs' responses (Table 2). The themes centred around two main frames of reference: 1) needs and services gaps they experienced as a provider themselves, or 2) their perception of the patients' needs and barriers to care, from a clinical viewpoint.

The second research question asked HPs: *What sort of clinical services would be of use to you to help you meet the mental health needs of your patients?*; 286 valid responses were provided (50.2% response rate) and analysed thematically. These suggestions for clinical services are described below in turn under the theme/perceived gaps to which they correspond.

Description of each theme

Below, we describe the eight major themes raised by HPs and outline the services they identified as being impacted by these gaps, or conversely, that were required to fill these gaps.

Table 2: Themes and subthemes identified by health professionals regarding the perceived gaps in mental health service provision in Australia.

Perceived gaps in mental health service provision in Australia		
Theme		**Subthemes**
1	Funding	Funding for programs, services and providers
		National Disability Insurance Scheme (NDIS)
		Funding required for more than 10 sessions of psychological therapy
2	Accessibility and availability	Access and timely availability
		Location (remote/rural/regional vs metropolitan)
3	Affordability and eligibility	Cost to clients
		Clinical vs financial need
		The 'eligibility gap'
4	System-wide factors	Need for a new model
		Fragmentation between providers
		Referral pathways
5	Populations in need	Child and adolescent mental health
		Particular underserviced disorders and groups
6	Stages of management	Crisis-driven care
		Missing middle
		Long-term chronic needs
		Community-based services
7	Professional support and communication	Professional training and knowledge
		Secondary consultation, clinician-to-clinician advice and medication review
8	Broader sociocultural issues	

Theme 1: Funding

Subthemes:

- Funding for programs, services and providers
- National Disability Insurance Scheme (NDIS)
- Funding required for more than 10 sessions of psychological therapy.

The issue most frequently identified by HPs was a lack of sufficient funding – for programs, services, rebates, and system resources at all levels – but particularly in the public system and for community mental health. This was perceived as being a key cause of common gaps in mental health service provision.

The NDIS was often cited as an example of insufficient funding. HPs described strict NDIS criteria that excluded many clients with moderate to severe mental health difficulties or co-morbid disabilities from accessing NDIS services. Limitations of the Better Access scheme were also frequently mentioned; respondents commonly reported that the maximum of 10 sessions of subsidised psychological therapy (the limit imposed at the time of the study) was insufficient to meet the needs of patients with complex disorders.

Theme 2: Accessibility and availability

Subthemes:

- Access and timely availability
- Location (remote/rural/regional vs. metropolitan)

Accessibility, which was also noted as partly dictated by funding, covered two main issues: access and timely availability, and location. Firstly, numerous gaps in access were described by HPs, including long waiting lists, limited public beds, services at capacity and no longer receiving referrals, and strict entry criteria. Secondly, accessibility issues in terms of location were apparent. Remote, rural and regional practitioners reported they had limited referral pathways available to offer their patients and very few options for themselves as professionals to access secondary consultation or specialised diagnostic assessments due to a lack of local experts. These practitioners provided examples of months-long waiting lists for providers in metropolitan areas that required considerable travel and expense to patients who were already disadvantaged, and they described being left with no available services for patients who deteriorated or needed crisis care while on such waiting lists.

Rural and remote GPs described a critical need for practical team-based support on the ground and wanted greater telehealth options for phone consults.

Theme 3: Affordability and eligibility

Subthemes

- Cost to clients
- Clinical vs. financial need
- The 'eligibility gap'

Affordability to patients was an issue that directly affected HPs' ability to refer their patients on to appropriate care. There was a lack of low-cost care that offered multidisciplinary support, and groups such as homeless, low-income or unemployed patients were often unable to afford the level or duration of care they needed. In addition, HPs reported difficulties with some services (such as NDIS funding) in balancing the clinical versus financial needs of patients. To overcome these affordability barriers, HPs called for the widespread extension of bulk billing, and funding of low-cost group-based treatments and community 24/7 drop-in centres accessible to low-income patients. Finally, HPs described the emergence of groups who are falling through the multiple 'eligibility gaps' between systems, services, age categories, or entry criteria. Examples included: youth transitioning from child to adolescent services, and from adolescent to adult services, and patients with dual or multiple mental health comorbidities who could not be 'neatly' categorised into service parameters or entry criteria.

Theme 4: Systemwide factors

Subthemes:

- Need for a new model
- Fragmentation between providers
- Referral pathways

Some HPs described the need for an alternative approach to be adopted at a system-level, i.e. a more flexible, sustainable model providing individualised support using a whole-person approach (not solely medication-based). HPs recommended more family and school-based services for identification and treatment of subsyndromal problems in young people and called for a greater focus on resilience and prevention among at-risk groups and children.

Fragmentation between services and a lack of communication between providers was a prominent barrier HPs encountered that hindered patient management. Problems were often cited post-discharge where a lack of feedback to GPs meant follow-up care was often not implemented, and psychologists reported being left 'out of the loop'. Public and private services often failed to share case management notes or enable multidisciplinary care, arguing for more collaborative care models.

The process of navigating health services was described as time-consuming and confusing for providers and patients alike. HPs reported a need for improved referral pathways that were easy to navigate and timely in their response, recommending initiatives such as an up-to-date searchable centralised database of local services, waiting times, cost and areas of expertise.

Theme 5: Populations in need

Subthemes:

- Child and adolescent mental health
- Particular underserviced disorders and groups

HPs reported a need for suicide support for youth, adolescent inpatient services (public and private), child diagnostic services, family-based interventions and school-based programs on resilience and early identification of behavioural issues at schools. HPs also recommended the provision of more free, community-based services for youth that offered mental health support and alternative therapies and provided a safe environment outside of the family home. HPs reinforced the need to address underlying factors such as domestic violence, relationship issues and concerns around sexuality and gender.

HPs identified certain populations who they perceived as in greatest need of services, including Indigenous Australians and marginalised groups (e.g. homeless and culturally and linguistically diverse populations, patients with multiple mental health comorbidities). A lack of experts and inpatient services for eating disorders, personality disorders and alcohol and other drug disorders was described, particularly in rural areas. To meet service gaps for these groups, HPs recommended many services including community-based programs for day-to-day living, peer-to-peer models, social engagement groups for those with low to moderate needs, and trauma-informed care.

Theme 6: Stages of management

Subthemes:

- Crisis-driven care
- Missing middle
- Long-term chronic needs
- Community-based services

Crisis-driven care: HPs reported that due to a lack of funding and under-resourcing, services with limited capacity were imposing stricter criteria for service entry. This generated a phenomenon we term 'crisis-driven care', where all but the most acutely ill patients are turned away or end up on long waiting lists, despite HPs' concerns that these patients required care much sooner. Some HPs described the 'revolving door' situation, whereby a patient is not supported adequately during moderate stages of illness but is left to deteriorate. The patient reaches crisis point and is then – if strict criteria are met – cared for acutely in as short a period as possible, before being discharged without step-down community-based services to assist in their recovery. The cycle then begins again. This situation was most frequently cited by HPs as occurring with patients who were unable to afford private treatment (beyond their 10 subsidised sessions) and resulted often in inpatient involuntary admission in public hospitals.

The distressing pointy end of the 'crisis-driven care' phenomena described by HPs was

having acutely suicidal clients turned away from emergency departments or prematurely discharged due to a lack of beds, and insufficient follow-up upon discharge. HPs also described a group of seriously distressed patients, who were not acutely suicidal but needed immediate inpatient treatment but were unable to afford this (often lacking private health insurance) or faced lengthy waiting lists.

Missing middle: HPs described a 'missing middle' – patients who were moderately unwell but partly functioning, who did not meet criteria for crisis services and required ongoing treatment and therapy, which was often out of their financial means. These patients were unable to access sufficient care due to two eligibility barriers: i) not 'severe enough' for assistance; or ii) too severe for 'program A' but not severe enough for 'program B'. HPs reported that underfunded community services and insufficient Medicare subsidies left patients without long-term therapy care that, if offered, could manage symptoms and, at best, improve functioning. Instead, the missing middle deteriorated to either having an acute crisis or facing ongoing serious functional impairment and high severity of symptoms.

As a result, some GPs reported being left to manage these mental health patients with increasing degrees of severity, despite being time-poor and reporting feeling unskilled and unsupported in doing so, in two ways. First, they described a lack of specialists with necessary expertise with capacity to see patients in a timely enough manner. Second, they encountered a lack of communication and collaborative case management between services and professionals.

Long-term chronic needs: HPs reported that patients with long-term chronic conditions (including personality disorders and eating disorders) that required ongoing management were often underserved by community-based and public-based services. HPs described conducting intermittent management without expert support and appropriate funding, and without having Medicare items for these longer or complex consultations. Some HPs suggested that patients with chronic conditions were often a continuance of the 'missing middle' who, without regular ongoing support, would lapse into recurrent episodic illness or cumulative deterioration over time. HPs recommended comprehensive multidisciplinary care, especially case management, for this group, but emphasised that under the current funding and structure, the system does not allow for this to occur.

Community-based services: Some HPs documented under-resourcing of community-based mental health care services and suggested increased community mental health nurses. HPs described a range of domains as essential for community wellbeing, including accommodation, financial provision, and greater social, cultural and linguistic inclusivity.

Theme 7: Professional support and communication

Subthemes:

- Professional training and knowledge
- Secondary consultation, clinician-to-clinician advice and medication review

HPs described a need for greater knowledge sharing within and between professions, and for greater availability of expert practitioners, particularly for phone and online consultations. Concerns were raised around ensuring high standards of mental health care were met and policed consistently across disciplines in all states. HPs called for improvements to internet infrastructure and emphasised a need for services to collaborate respectfully on patient care, despite being increasingly stretched.

Theme 8: Broader socio-cultural issues

This theme concerns the culture around mental health awareness and the persistence of social stigma despite some community-specific improvements. HPs expressed broad-based support for addressing financial disadvantage, housing and unemployment as root causes for poor mental health. They advocated for early intervention, family-based and whole-person approaches as essential for the prevention of mental illness and to promoting wellbeing.

Discussion

This study assessed service providers' needs and concerns regarding mental health service provision in Australia. Overall, the results paint a disturbing picture of Australia's mental health system. The quantitative component of this study revealed that more than 70% of HPs – and three-quarters of GPs – reported requiring assistance in managing their patients with at least one stage of care for a variety of mental disorders, particularly difficult-to-treat depression or anxiety cases. This is consistent with previous Australian research indicating that many GPs find it challenging to manage patients with difficult-to-treat depression in primary care and value the input of other professionals.[26,27] Further, substantial numbers of HPs indicated that they were likely to require assistance with ongoing management and referral of patients with mental disorders other than depression and anxiety, in line with research suggesting that the Australian health care system is challenged when meeting the needs of patients with personality disorders[28,29] or complex needs.[12]

Thematic analysis revealed eight major themes concerning perceived gaps in mental health service provision in Australia among HPs. Central issues that were raised by providers related to: i) barriers of affordability and accessibility, particularly for patients living in remote, rural or regional areas; ii) crisis-driven care; iii) eligibility gaps and the 'missing middle' as symptoms of crisis-driven care; iv) unmet needs of patients with long-term and complex needs and from particular populations; and, finally, v) a need for greater collaboration and communication between professionals of all types. Each of the themes and issues raised by HPs in this study aligns with areas of need described by the Australian Government's National Mental Health Commission[30] and Productivity Commission,[7] calling for reform to close critical gaps in mental health care services in Australia.

A clear concern of professionals in this study was the under-resourcing of public services and the barrier of affordability for mental health care, particularly for low-income or complex-needs patients. Consistent with previous reports,[31,32] this study found that a lack of available, appropriate services was most pronounced in remote, rural and regional areas, although it was a recurrent theme regardless of geographical location. The continuing high levels of unmet mental health care needs in these communities was also recognised by the Australian Government Productivity Commission's 2019 Report that suggested widening access to psychological therapy and psychiatric assessment by telehealth,[7] a recommendation we have since seen successfully implemented in response to the COVID-19 pandemic. Digital mental health tools and telehealth services offer the potential to provide access to mental health services for those in non-metropolitan areas, as well as providing an adaptation to COVID-19.

A further major concern of HPs was the 'crisis-driven' nature of mental health care, whereby all but the most severely ill patients were turned away by under-resourced mental health services. Reports of insufficient follow-up care following acute admissions are in line with previous Australian research indicating an urgent need for improved follow-up care following a suicide attempt, including enhanced referral pathways.[20,33]

HPs also highlighted that the current Australian mental health care system did not appear to meet the needs of individuals with complex or longstanding mental health needs. They described the 'missing middle', a concept increasingly discussed both in Australia and internationally.[12] It has been suggested that reform of the Australian health care system should consider more team-based, multidisciplinary and prolonged interventions to meet the needs of individuals with complex, persisting and impairing disorders.[12] Blended systems of care that match digital and face-to-face services to consumer needs[34] can spread existing clinician capacity across more people and reduce waiting lists while providing highly effective care.[35] Further, a large body of international research has demonstrated that collaborative care[36] is associated with significant improvements in depression[37,38] and anxiety[39] compared to usual care. Collaborative care is a complex intervention based on chronic disease management models,[37] which involves four core components:[40] i) a multi-professional approach, including a GP and a care co-ordinator;[36] ii) a structured management plan; iii) scheduled patient follow-ups; and iv) enhanced communication between health professionals. Such an approach could support the needs of GPs identified in this study and provide improved communication between services and individual HPs. Alongside such systemic change, our results also highlight the need for additional mental health training for GP and other frontline HPs in order to reduce the gap between their perceived capabilities and the mental health needs of their patients.

There were several limitations to the current study. Participants were a convenience sample recruited from social media groups and a mailing list of HPs who had expressed interest in training from the Black Dog Institute, potentially introducing sampling bias. Although all states and territories in Australia were represented, almost two-thirds of the sample were from NSW and QLD, thus limiting the generalisability of the results to other states and territories. Further, particular professional roles were under-represented, such as paediatricians and school counsellors, which is a limitation of the survey sampling, and means that the results do not represent all of the HPs providing mental health care. We note recent national reports[41,42] that, despite increasing demand for services for emotional and behavioural/developmental conditions, the majority of Australian children and adolescents do not access or receive mental health services.[43] Future research is warranted to investigate the gaps and areas for service improvement for the child and adolescent mental health service sector in particular, and to consider expanding funding and delivery of subsidised services for this population moving forward, including telehealth and online services. Future research could also explore perceptions of a wider range of health professionals that are involved in all aspects of care for mental health problems, address the under-representation of certain professions, including psychiatrists (who were not included in the current study due to insufficient sample size [<10]), and could differentiate between private and public service providers. No demographic information was assessed given the anonymous nature of the survey and convenience sampling, and so factors such as health professionals' gender, age or years of experience could not be taken into account in quantitative analysis. Being conducted in January 2018, the survey was not able to assess the effects of COVID-19, nor of other funding or policy changes implemented since that time. This study focused on the gaps in mental health service provision, and so did not assess health professionals' opinions of the strengths of the mental health system – an issue for further research. This study's findings remain relevant and increasingly so, with pre-existing gaps likely to be exacerbated by the increased demand for mental health care following COVID-19. Future studies need to be undertaken regularly to track health professionals' views and how they change over time. The study's strengths include the representation of both rural and metropolitan areas and a variety of professional groups. It is the first study to examine the perspectives of health professionals regarding the broad gaps in mental health service provision at a national level.

Implications for the public health system

In conclusion, the results of this study provide a unique insight into the needs and gaps in mental health service provision in Australia as reported by a range of health professionals who provide mental health care. These findings, gathered from important stakeholders in the system – the 'frontline' of health care in Australia, paint a disturbing image of mental health care. The themes identified in this study add weight to ongoing calls for reform and greater investment in the Australian mental health care system[10-12,44] and can be used to inform future policy and funding decisions. The perspectives of service providers provide valuable frontline experience and insights as to how to practically improve the mental health system in Australia.

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Ethics approval

This study was reviewed, approved and monitored by the UNSW Human Research Ethics Committee (HREC #: HC181003).

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Supporting Information

Additional supporting information may be found in the online version of this article:

Supplementary Figure 1: Number of health professionals reporting a need for assistance in managing their patients at each stage of each disorder (n = 570).

Supplementary Figure 2: Number of general practitioners (GPs) reporting a need for assistance in managing their patients at each stage of each disorder (n = 106).