

## Designing Mental Health Services

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What the community told us about visiting a GP for a mental health concern



## What we set out to understand

The experiences of people who visit GPs for a mental health concern, and to understand how the PHN can make changes to the way they fund mental health services to make sure that people can easily access the right care for them.

## What we did

We met with, and surveyed people with Lived and Living Experience (LLE), either as someone with their own mental health concerns, or who cared for someone with mental health concerns.

We reached out to people with LLE through:

- A survey for people who had presented to a general practitioner for mental health concerns, sent through social media, to develop our understanding, and
- Focus groups to hear directly from people who have experienced mental health issues, either as a patient, a carer or a health professional.

## Who responded to the LLE survey?



There were 316 responses to the survey with 77% of people completing the survey



87% of responses were completed by women



Approximately 80% of people said they had visited a GP for their own mental health concerns (the remainder being family members or carers).



Approximately 40% of the responses were from outside the EMPHN catchment.



We did not hear from as many young people (under 25 years), men, those born in China and India, or from culturally diverse communities as we would have liked as these people make up a large proportion of people who use our mental health services.

## What we heard from Lived and Living Experience

The survey told us that most people go to their GP for a referral or a mental health plan and many had a positive experience. When asked what was helpful during their GP visit, the GP listening (67%) and the GP knowing the best 'next steps' (42%) were most commonly reported by people.

The focus groups crystallised what people were seeking when they saw their GP for assistance.

People who attended the focus groups spoke of the effort and courage it took to talk to their GP about their mental health, and the need for that to be heard and respected. The relationship, empathy and feeling heard was of absolute priority for people when they were seeking mental health support. This was considered more important than the GP's knowledge, and people were open to their GP saying if they were unsure of what to offer or where to refer, as long as they were willing to explore solutions. People wanted to be reassured that they were not alone in their concern and that the GP offered reassurance and hope that things could be better.

## What we heard from the people in our focus groups:

### **Empathy:**

“I want the GP to show empathy and compassion”

People wanted to be shown empathy when talking to their GP for a mental health concern, they wanted to be listened to and not be dismissed, they wanted the GP to have experience in compassionate communication and know what language to use to be reassuring and acknowledge their feelings. People want to be believed, they want to be free from judgment and discrimination and have their experience validated. They wanted to feel as though the GP had time for them, and could be empathetic and not feel as though they are being rushed.

### **Guidance:**

“I want the GP to know what to recommend”

People wanted their GP to be able to provide guidance for their situation as well as support them to navigate the system. They wanted their GPs to know the reason for their consultation prior to the appointment and to have prepared beforehand so that they are able to provide assistance in the consultation. They also wanted the GP to either be able to inform them of the alternative options to mainstream mental health care and do research, or refer on if they are unaware.

### **Collaborative consultations:**

“I want the GP to ask me how I’m feeling and what I think will help”

People wanted to be engaged in joint consultation on their mental health care journey, next steps and decisions. They wanted the GP to be willing to tailor the approach based on what they needed. They also wanted to be heard when a treatment isn’t effective for them and be directed to other options.

### **Team approach:**

“I want the GP to reassure me that things can get better and that we will manage it together”

People want to know that their GP is committed to being part of their mental health journey for the long run, with the GP establishing a plan, timeframes and follow-up consultations. They want to leave the GP feeling energised, like they aren’t alone, that someone is going to help them and that they have a plan on how to move forward.

**Connection:**

“I want the GP to be consistent and show that they remember me from last time”

People also wanted the GP to build a relationship and connection with them and remember them in follow-up consultations. They wanted this connection to be established through trust and honesty, where the GP is honest about their knowledge base, admits when they don't know the answer or are unsure, and doesn't take an authoritative approach. People also expressed the need to feel safe and have trust in their GP that disclosing the full extent of their mental health challenges will not be followed with forced interventions.

**Hope:**

“I want to feel energised when I leave the GP consult and feel that there are next steps to follow to move forward”

People want the GP to have faith and be optimistic in the possibilities of the life they can lead with mental health concerns, instil hope with their actions, and show they are willing to do all they can to enable the patient to live the life they want.

**How we will use these findings:**

Given the diversity of experiences people had when visiting a GP for a mental health concern, EMPHN has focused on supporting GPs to deliver empathetic, timely, and appropriate mental health care. EMPHN aims to do this by providing a team which GPs can access to get advice, get support, and learn about appropriate language for mental health care. The goal is that this team will enable GPs to be able to effectively listen to their patients and investigate and direct them to relevant services.

These themes will form the key principles which will guide the teams work with GPs.

# Acknowledgements

We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.



## Australian Government

The Australian Government is the principal funding body for Primary Health Networks.

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