

Perceived Mental Health Needs of Callers to `Lifeline's Just Ask' National Rural Mental Health Information Service:

Is there a rural/Metropolitan difference?

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- Lifeline's 'Just Ask' (JA) service targets rural and remote Australians nationally (operating from Wollongong & Nowra)
- Began in 2001
- Funded by the Department. of Health and Ageing as part of the Federal Government's National Mental Health Strategy
- Volunteer telephone workers
- Provides a variety of information e.g.,
 - Hard copy mental health information
 - Internet site referrals
 - Health service referrals
 - Support group/organization referrals
 - Drought, panic attack toolkits & more

“My brother has panic attacks, how can I get some information to help me understand what is happening?”

“Where can I get some tips to help me beat the blues?”

“I think my son may have ADHD. How can I find out what that is and where can I go for help?”

Just ask.
1300 13 11 14

Presentation Aims

- Brief overview JA client base mental health characteristics
- What is the perceived need for mental health care of JA callers, e.g.:
 - Compared to the 1997 National Survey of Mental Health and Well-Being (NSMHWB)?
 - Incidence of partially met or unmet need?
- How might this information help the JA service develop further?



Definitions of *need* abound in the literature:

- It can be role dependant
 - A consumer may focus on quality of life
 - The community may focus on minimising disruption
 - The government may focus on cost reduction in controlling disease (Sartorius, 2000)
- Until late last century it was simplistically equated with prevalence without regard to disability (DSM IV, 1994; Kessler, 2000, Regier, 2000)

Definitions of *need* (cont'd)

- Some adopt a cost-benefit view where need is viewed as featuring significant impairment coupled with an expectation that the cost of intervention should be less than the combination of expected benefit and possible risk (Kessler, 2000)
- 'no need if no solution' (Sartorius, 2000)
- Others (e.g., Bebbington, 2000) see 'true need', as best defined by trained experts as consumers may have their perception of need skewed by the distressing/ disabling experience of illness

National Survey of Mental Health and Well-Being

- The 1997 NSMHWB sampled 10,600 Australian adults from 13,600 metro and non-metro (rural but not remote) homes
- Using a modified Composite International Diagnostic Interview (CIDI), it assessed mental disorders that were likely to affect more than 1% of Australia's population
- These were:
 - Anxiety disorders;
 - Social, panic, agoraphobia, GAD, OCD & PTSD
 - Affective disorders;
 - Depression, dysthymia, mania, hypomania, bipolar affective disorder
 - Drug and alcohol disorders;
 - Harmful use, dependence

The NSMHWB (cont'd)

- Included the custom-designed Perceived Need for Care Questionnaire (PNCQ), to gauge the **need** for mental health care as survey respondents perceived it.
- The PNCQ was applied to any respondent who'd used a mental health service and/or met diagnostic criteria for disorder or potential disorder in the previous 12 months.

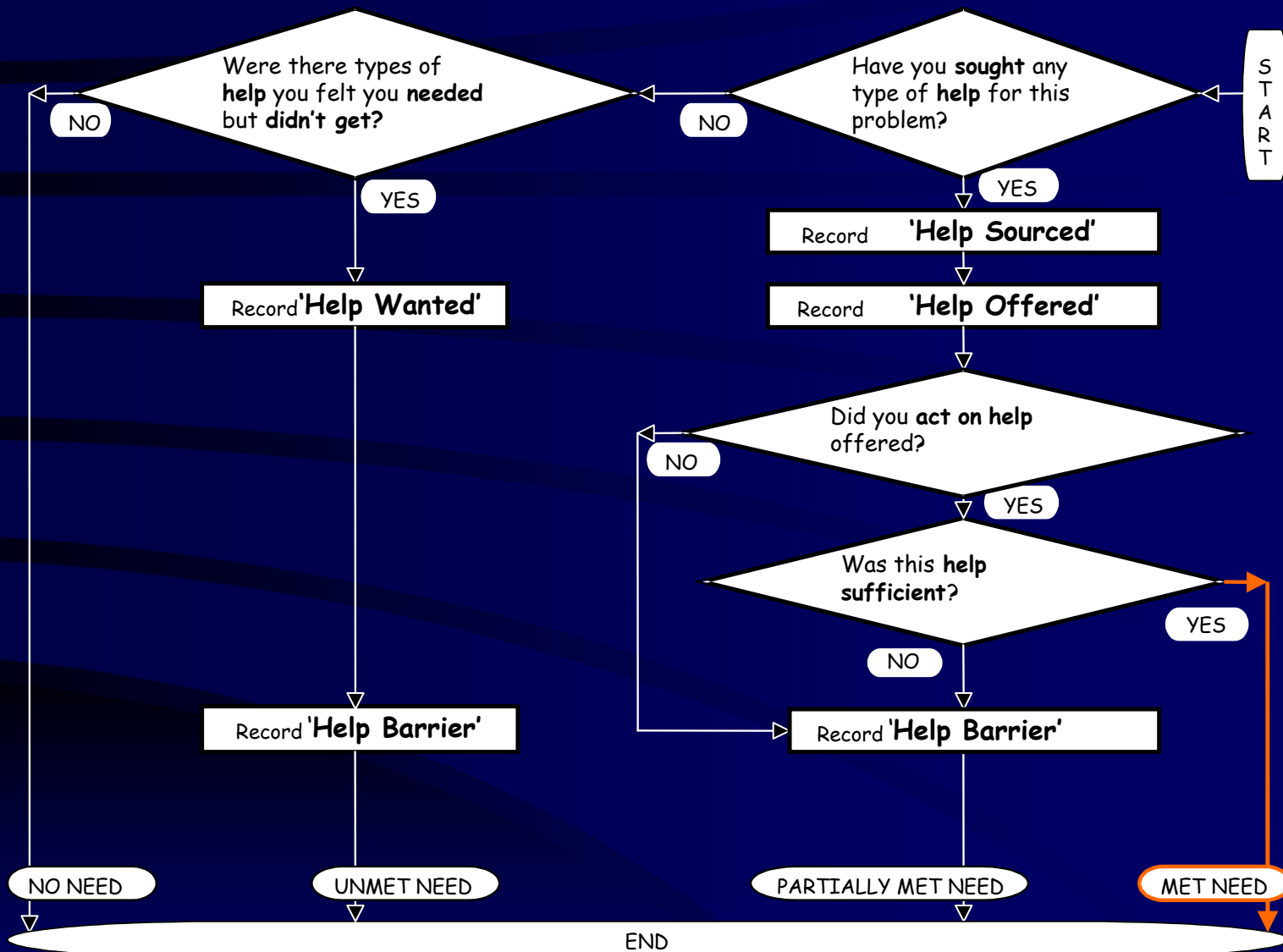
Selected NSMHWB outcomes:

- 2,383,000 or 17.7% of Australians met CIDI criteria for mental disorders in the previous 12 months; ~20% if low prevalence disorders added
- 1,858,142 or 13.8% of Australians expressed a perceived need for mental health care
- 1,481,128 adults (11.0%) met CIDI criteria and had used no service (i.e. untreated prevalence);
- Of these, 484,733 adults (3.6%) expressed a perceived need for mental health care

(Andrews et al., 1999; Meadows et al., 2000)

PNCQ process (as used in the NSMHWB)

- Asks for details on;
 - The types of mental health care received (more detail later) and;
 - Barriers to care (more detail later);
- Respondents were then classified as having either;
 - **No need** for mental health care,
 - **Unmet need** (needed care but didn't get it),
 - **Partially met need** (needed care but didn't get enough) or,
 - **Met need** (got all the care they needed)



Present study method

- JA averages 350 contacts/month (including e-mails, faxes or phone messages; a mix of 'self' & 'other' calls)
- Volunteers log the calls on the JA database (our thanks to Dave Webster – Access specialist)
- Perceived need data is assessed through the PNCQ query process equivalent embedded in the JA database
- Data analysis based on calls logged from April 2003 to mid February, 2004
- All identifying information fields are deleted from the data file prior to analysis
- Non-Metro/Metro postcode split using ABS data and software carried out by Illawarra Regional Information Service
- Some missing data as not all callers cite a specific mental health problem or call wanting counselling

JA Call Breakdown

All contacts: April '03 to mid-Feb '04
= 3,237

Phone contacts only
= 2,717

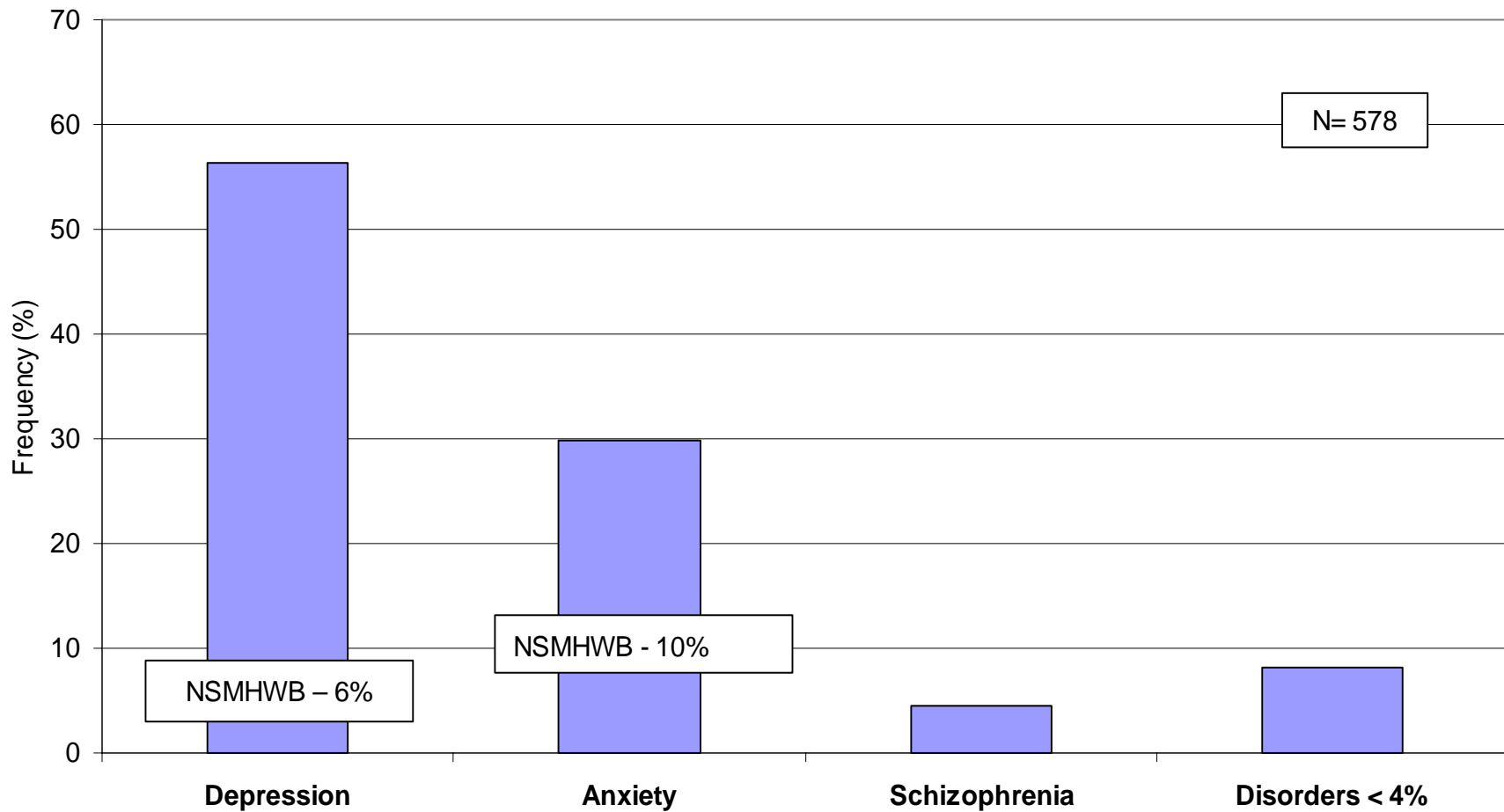
First-party (self) callers
only = 1,358

Callers with
mental health
problems only
= 578

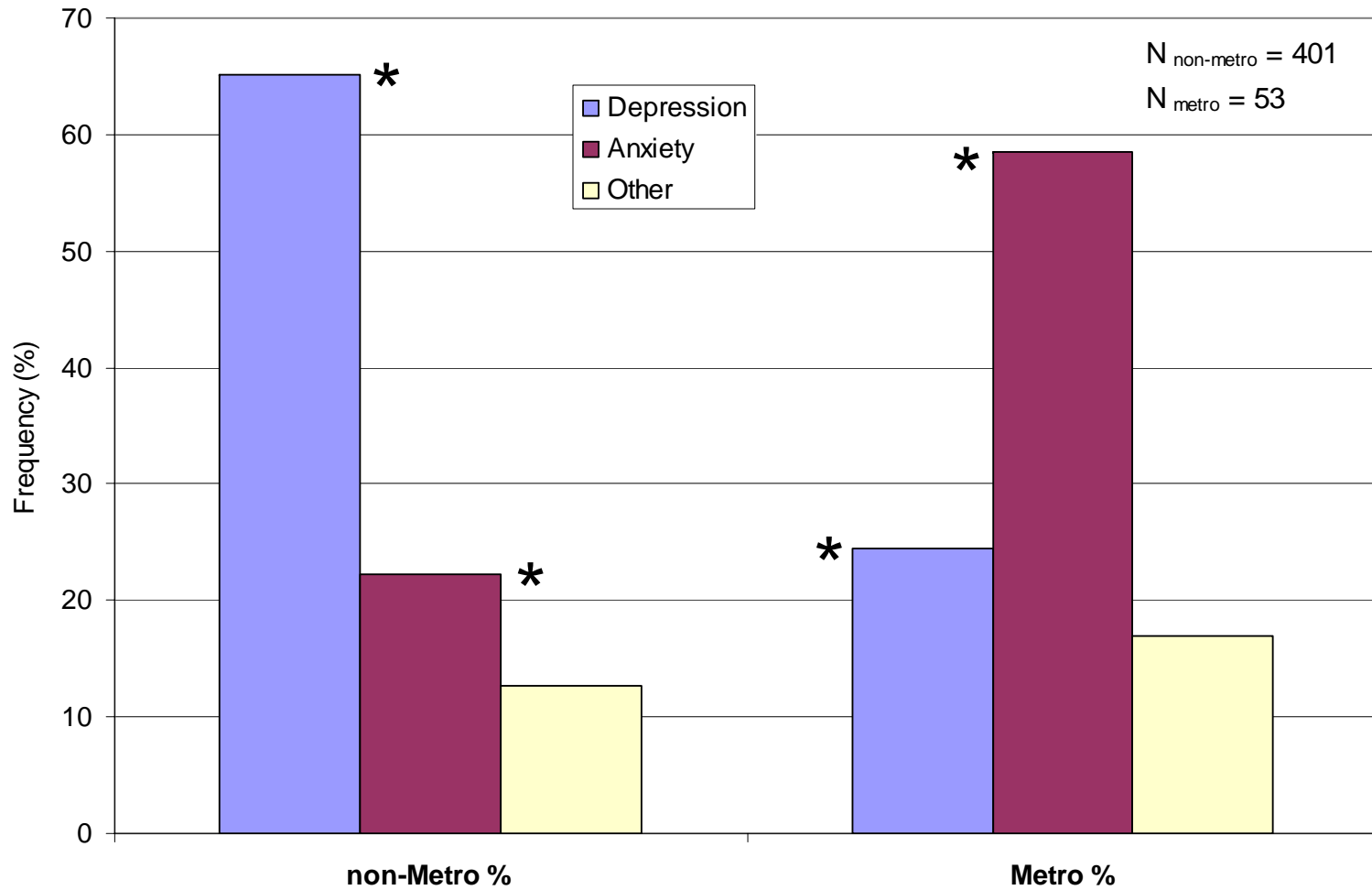
Calls with
postcode
identifiers
= 454



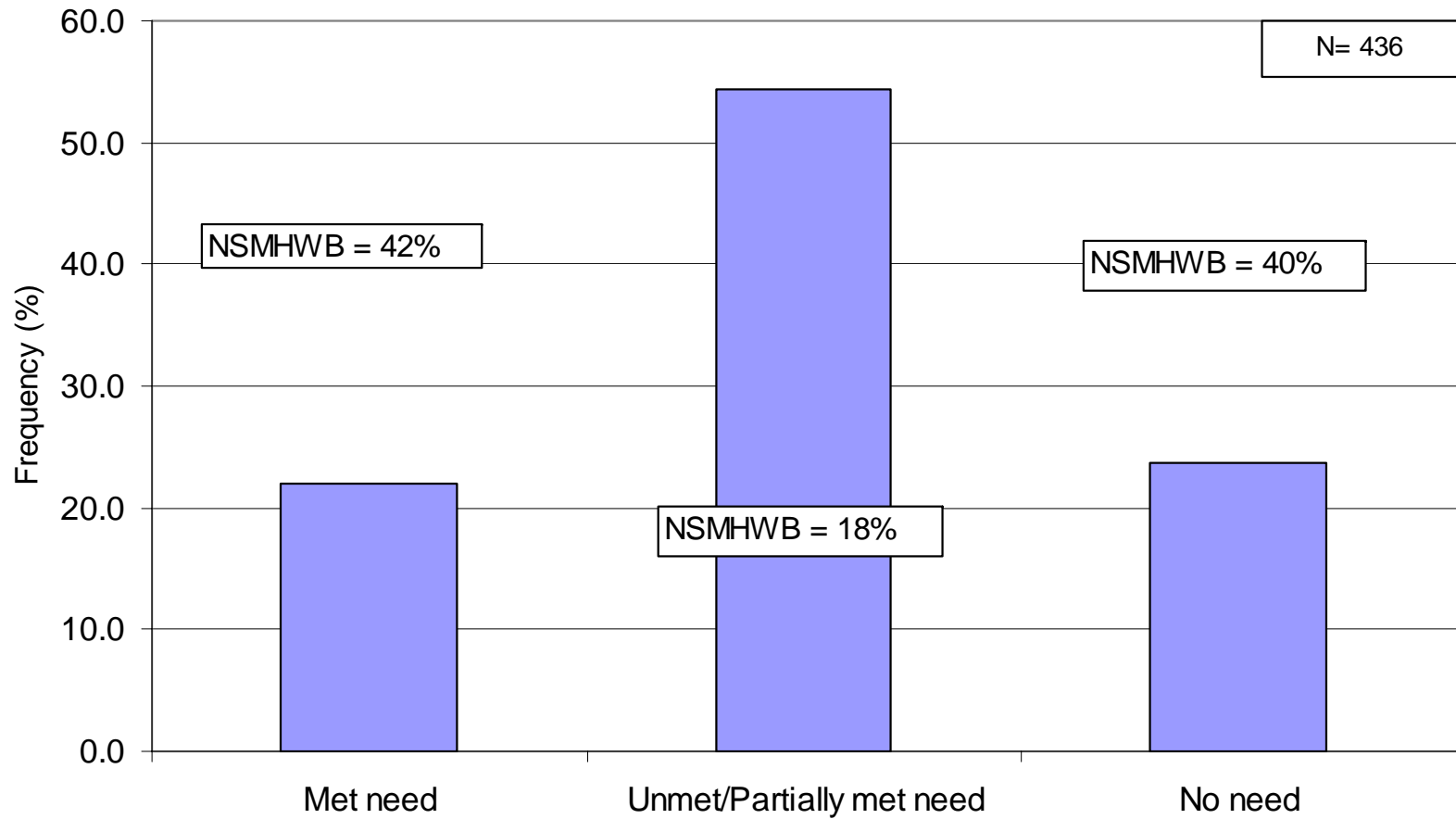
JA Callers; Mental Health Problem Prevalence - JA / NSMHWB



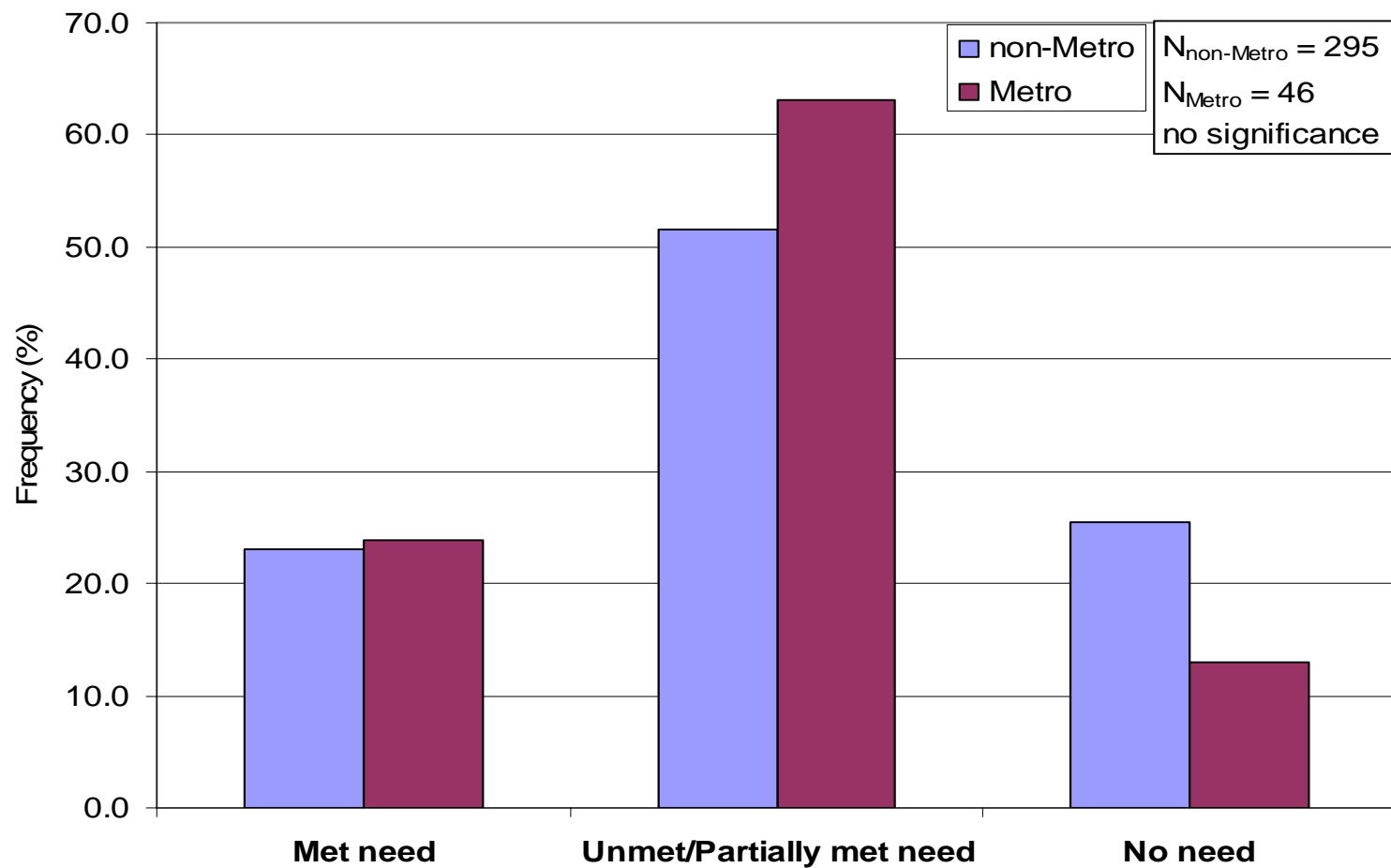
JA Callers; Mental Health Comparison - non-Metro/Metro



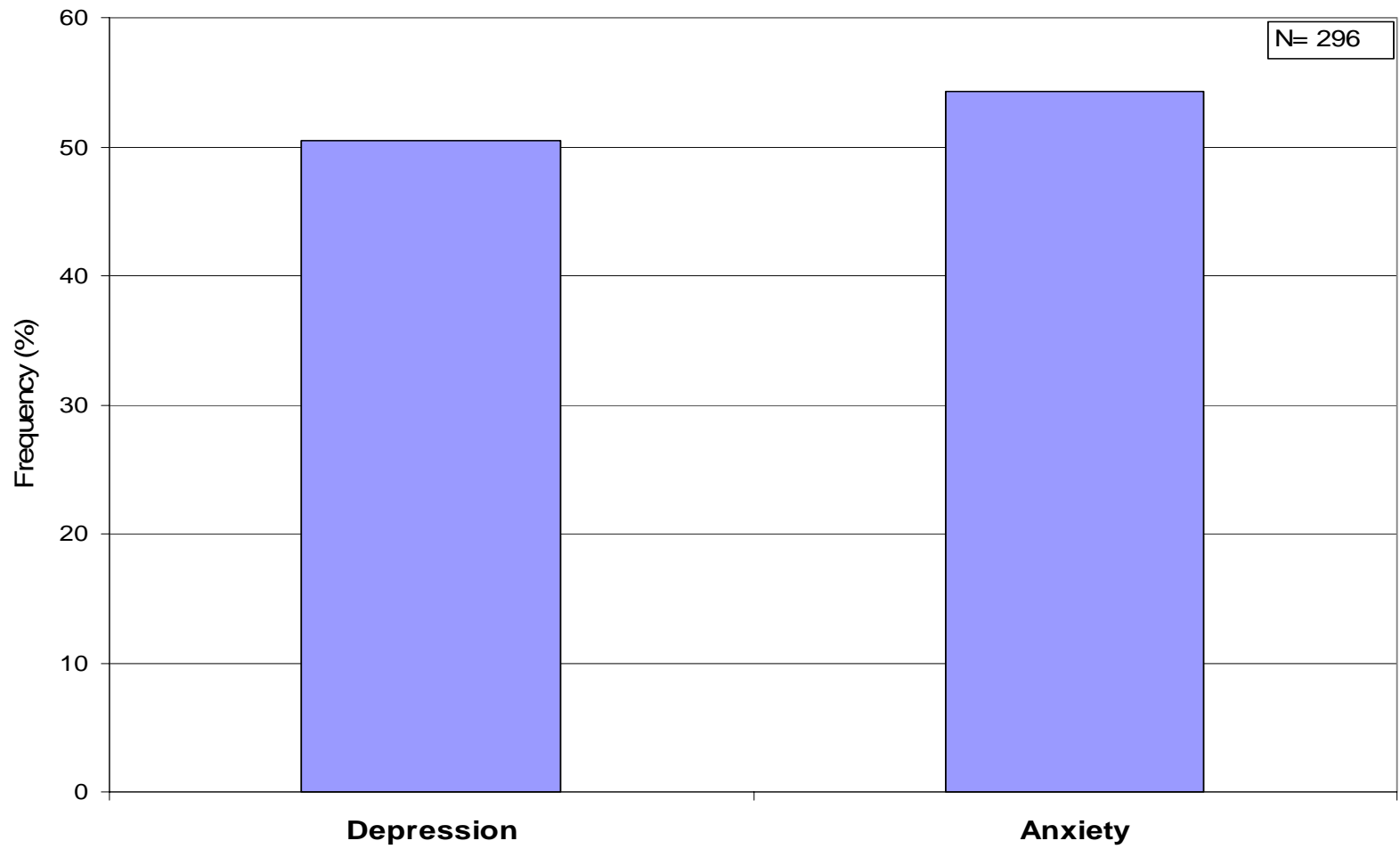
JA Callers; Perceived Need - JA / NSMHWB



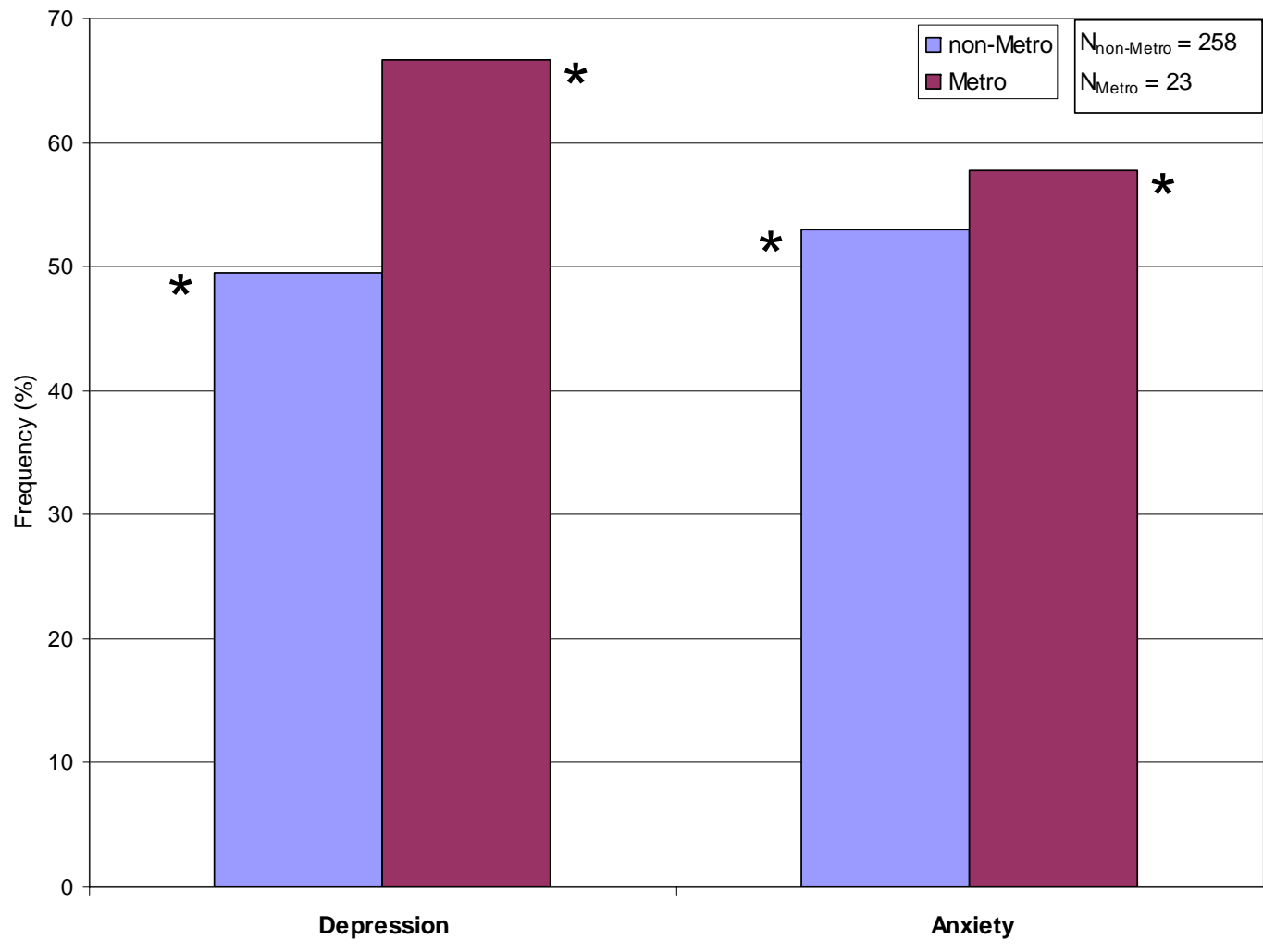
JA Callers; Perceived Need: non-Metro/Metro



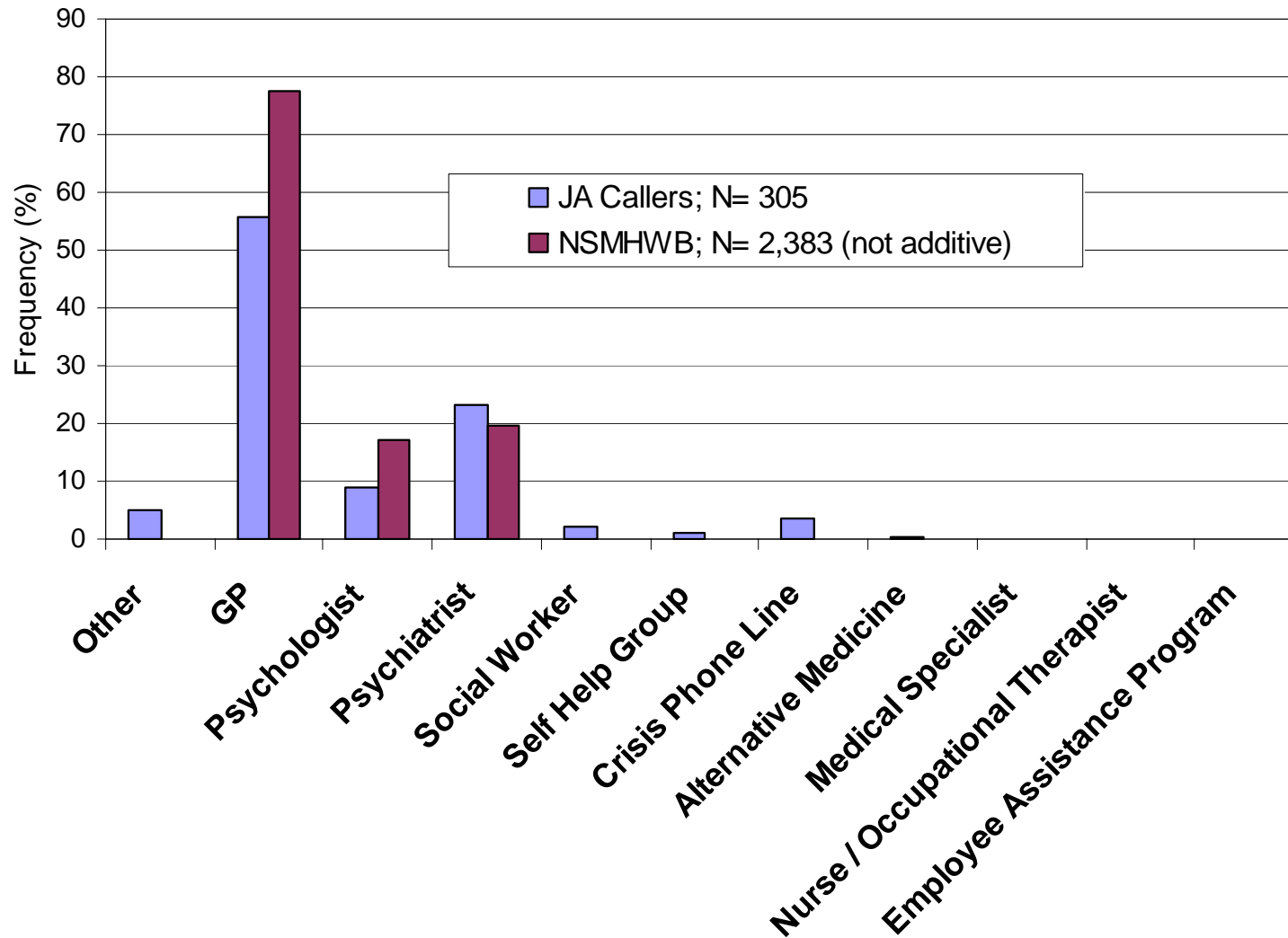
JA Callers; Partially Met / Unmet Need



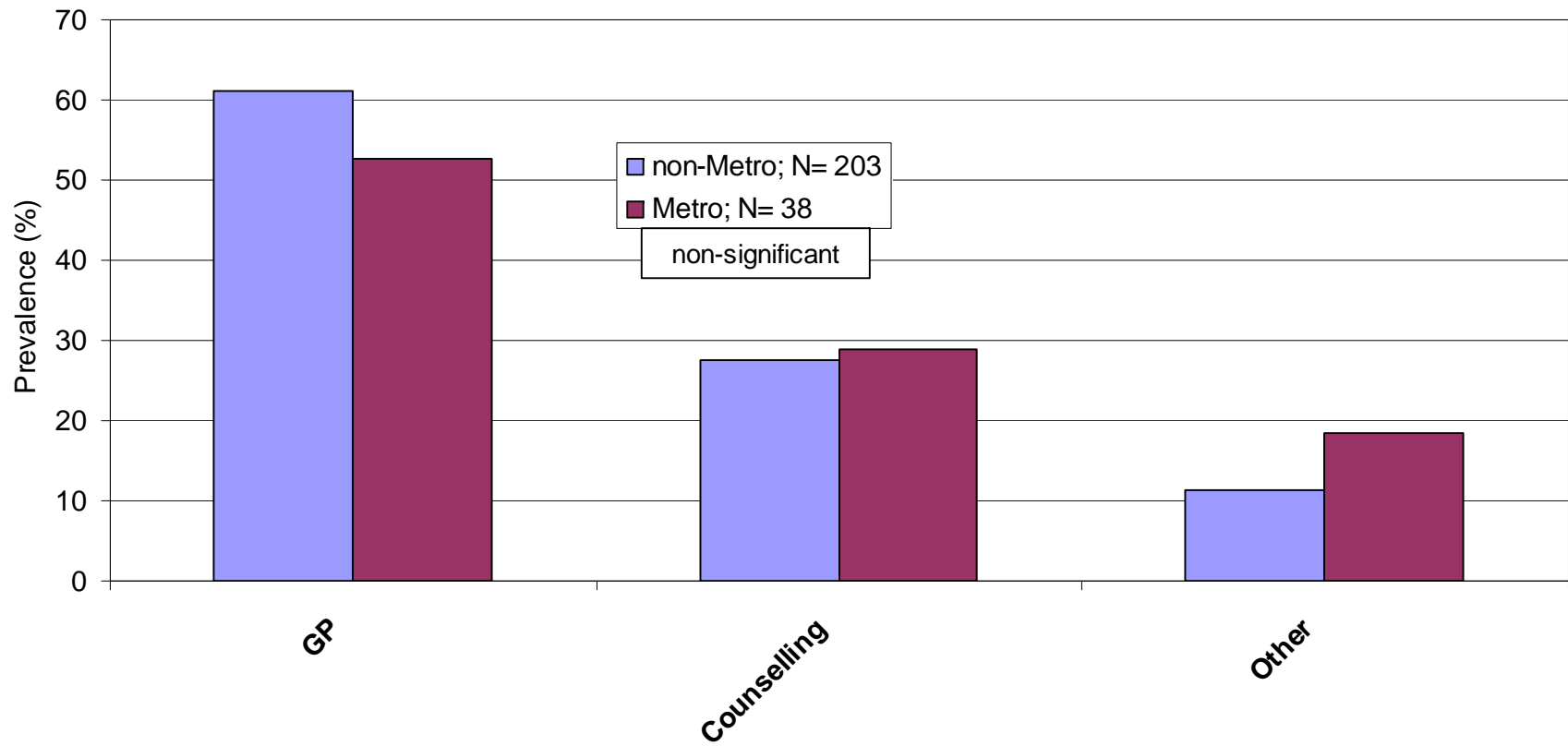
JA Callers; Partially Met / Unmet Need - non-Metro/Metro



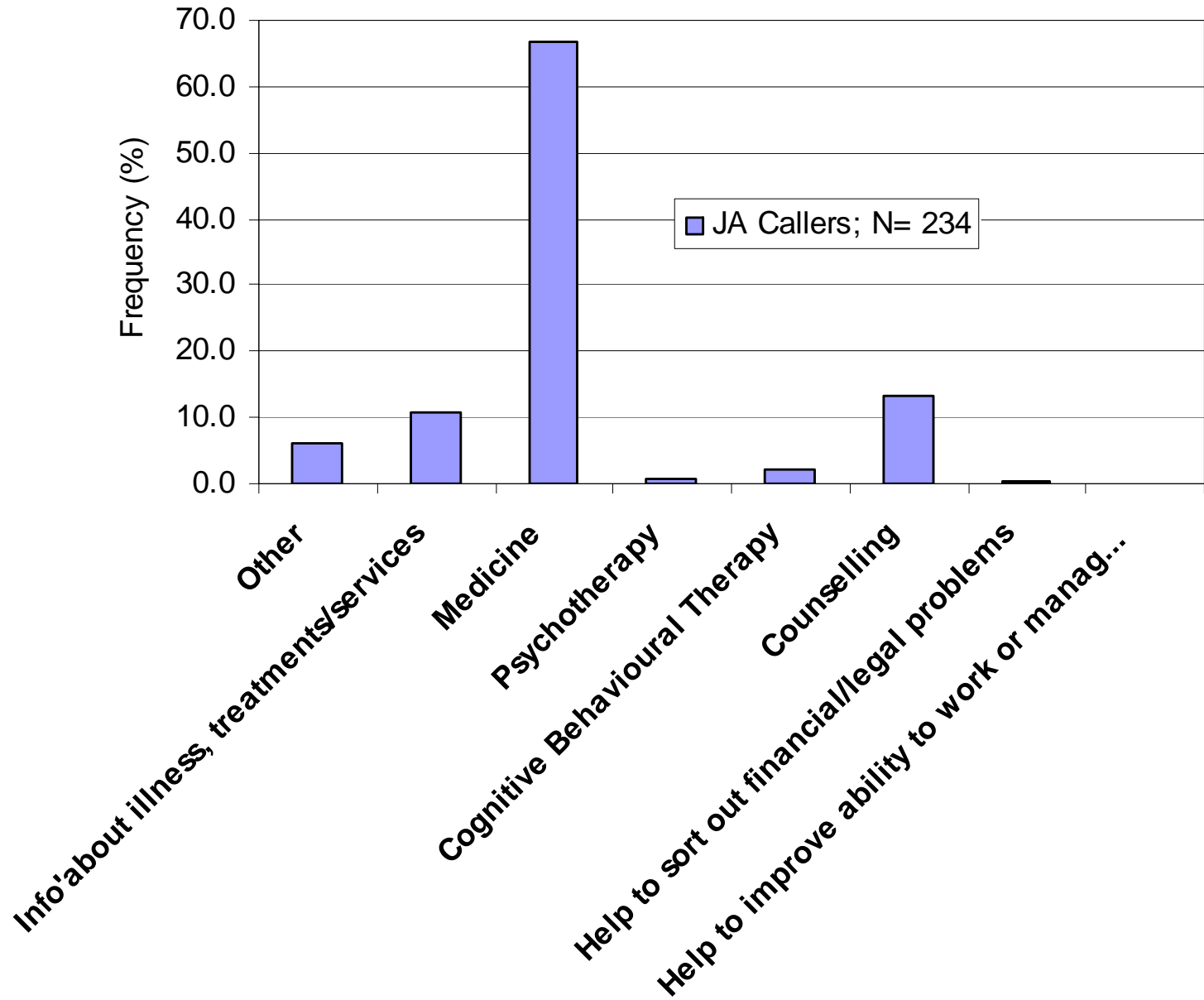
JA Callers; Mental Health Care Source - JA / NSMHWB



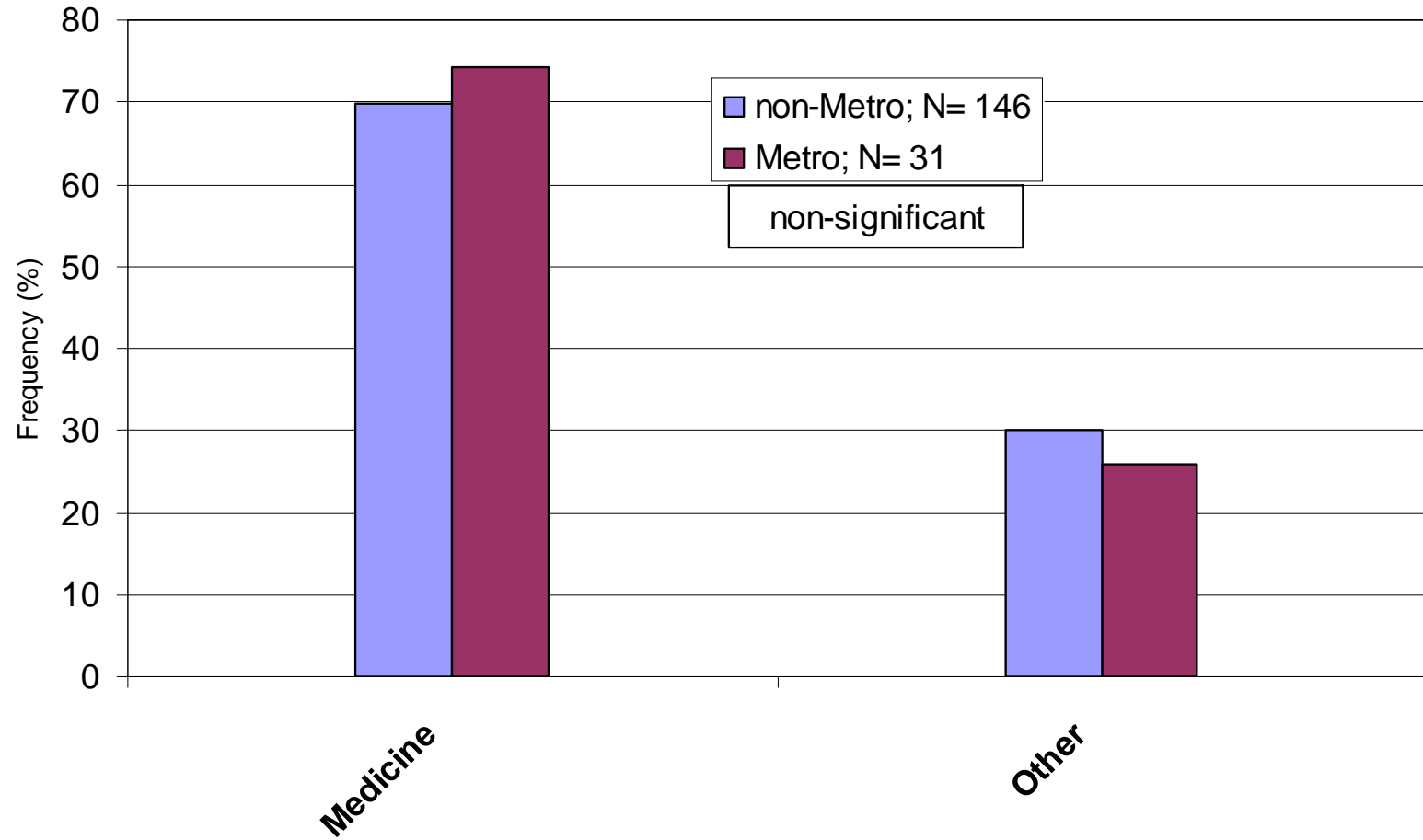
JA Callers; Mental Health Care Source - non-Metro/Metro



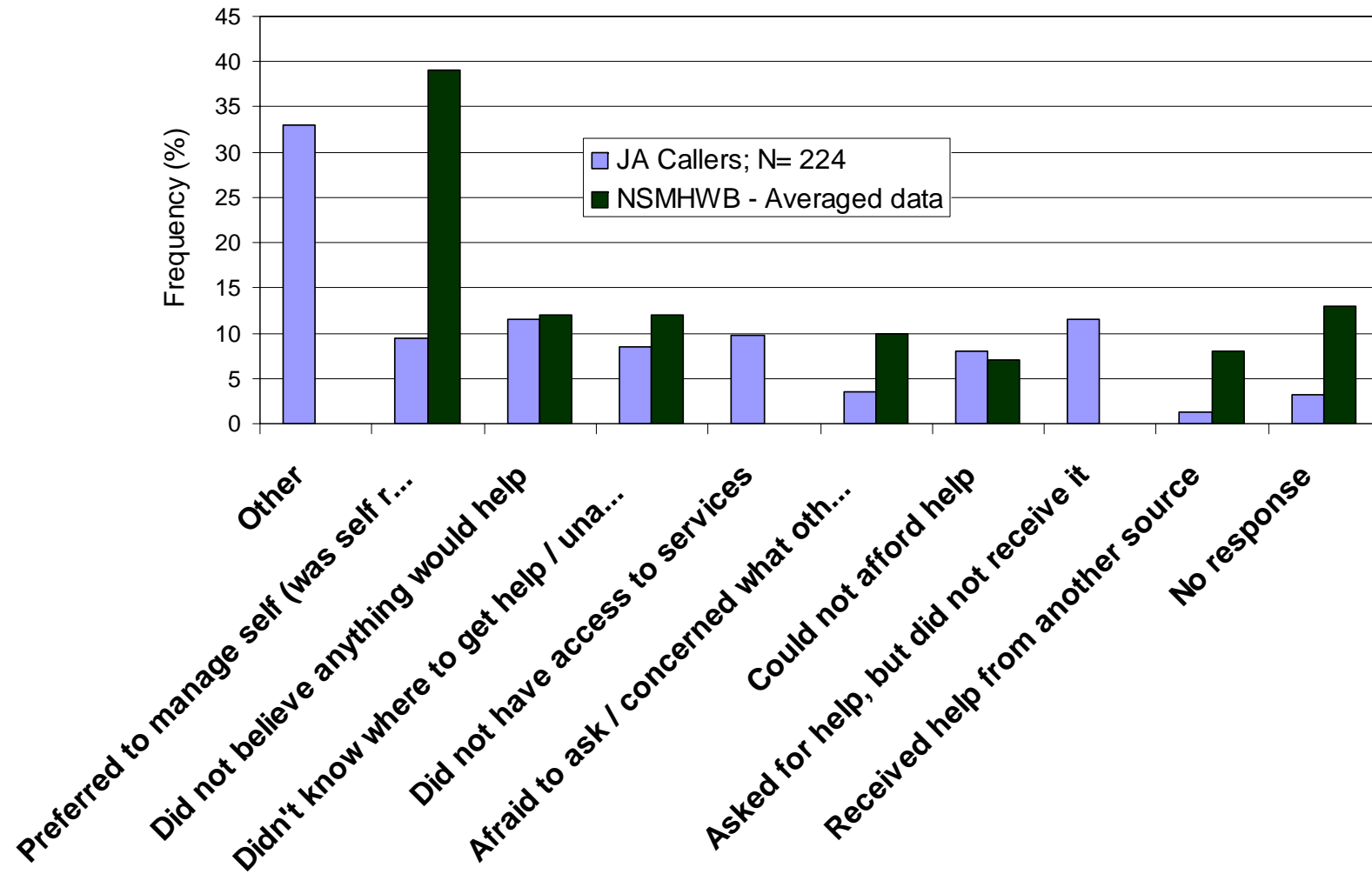
JA Callers; Types of Need



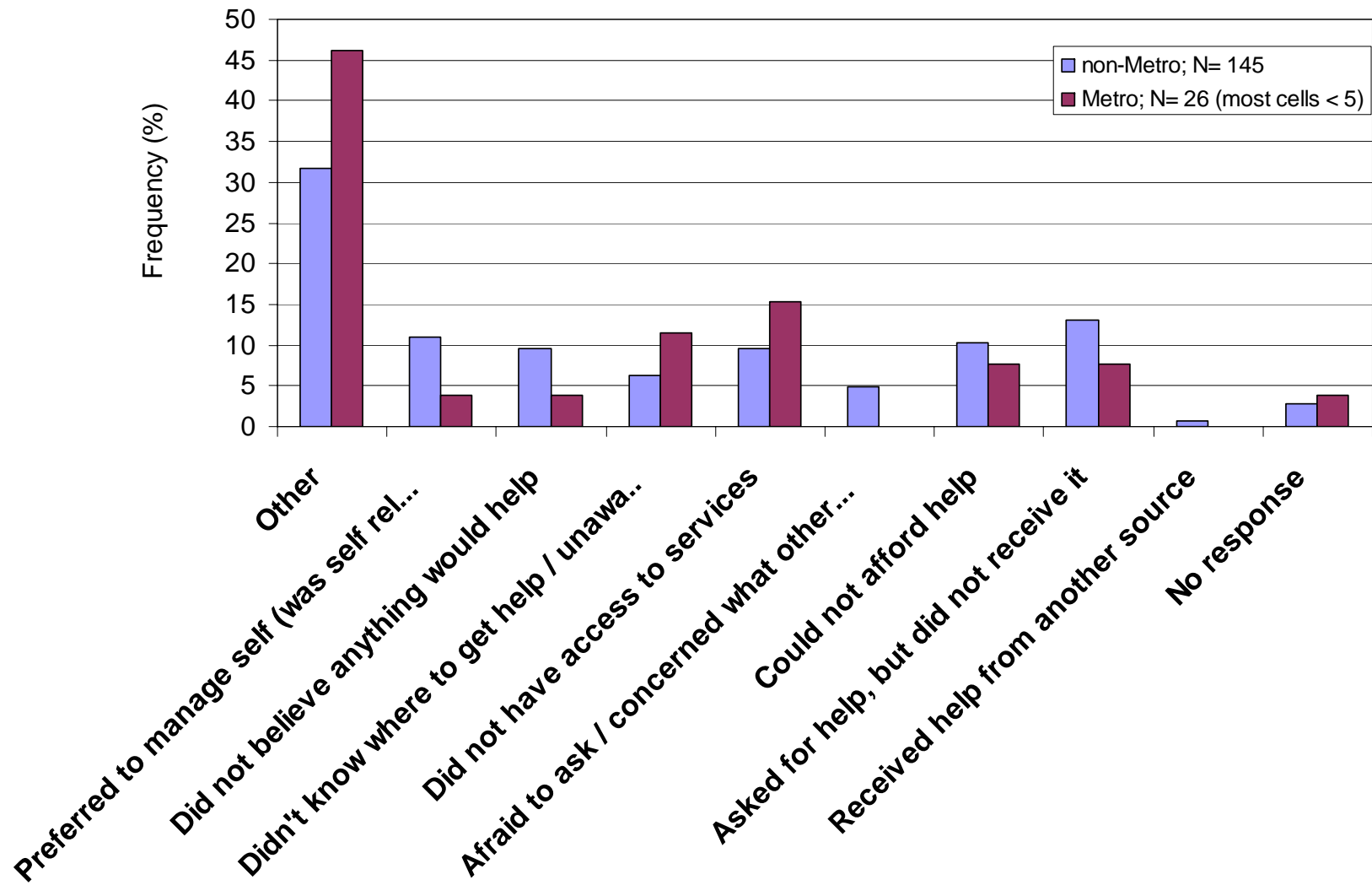
JA Callers; Types of Need - non-Metro/Metro



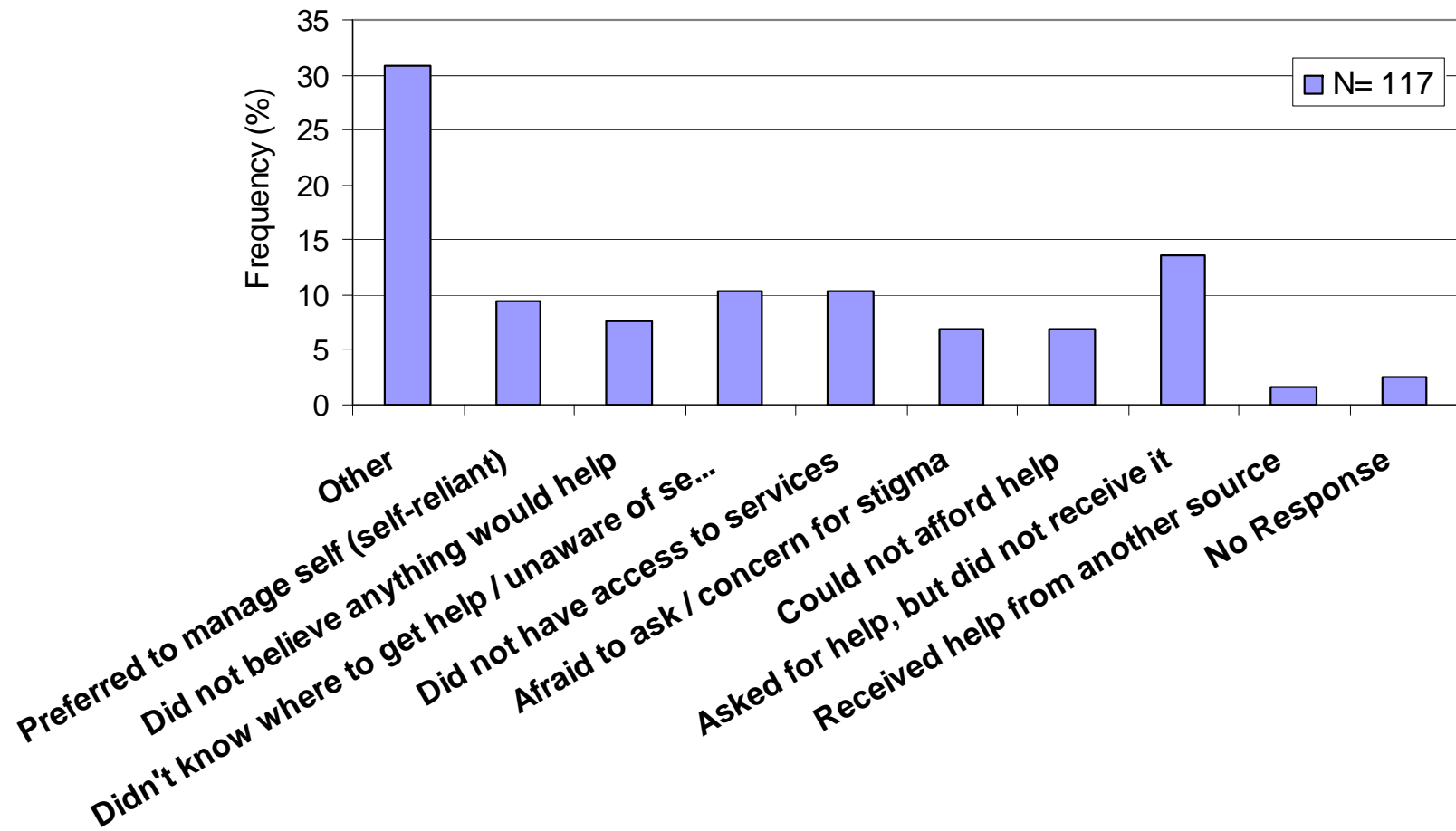
JA Callers; Barriers to Care - JA / NSMHWB



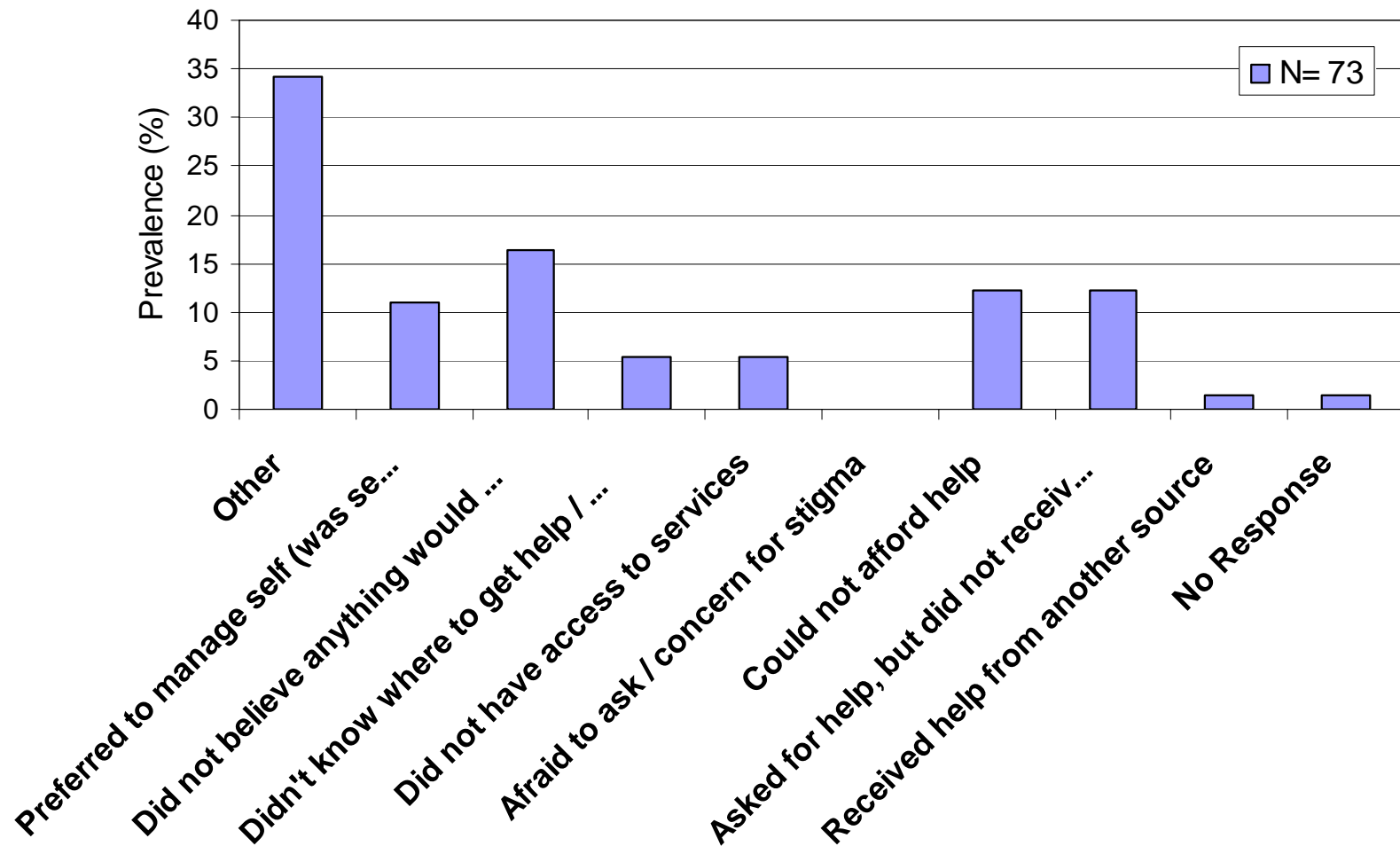
JA Callers; Barriers to Care - non-Metro/Metro



JA Callers; Barriers to Care - Depression



JA Callers; Barriers to Care - Anxiety



- A picture of the JA caller is beginning to emerge as a person;
 - Most likely to suffer from depression, (then anxiety)
 - Having high levels of dissatisfaction with past attempts at seeking mental health care
 - Dissatisfied with medication more than any other perceived type of need.
- Details of types of need and barriers to that need can be used to inform JA service development e.g.:
 - Depression and anxiety self help kits
 - Developing strong formal links with related specialist organisations such as Beyond Blue
 - Mental health carers' tool kit & Carers Australia link (~30% 'others')
 - Detailed barriers to care analysis can be factored into future strategic planning