

PROJECT EVIDENCE

PROJECT EVIDENCE for Treatment of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[6] Standard Treatment

- a) Outpatient psychotherapies, medication and procedures
- b) Inpatient psychotherapies, medication and procedures
- c) Ancillary support services

[6 c] Ancillary support services

Ancillary Support Services is an umbrella term used in the mental health field which covers health, welfare and education programs which support the work of designated mental health services. They are programs in the community that may address the promotion of mental wellbeing and the prevention of the development of mental health problems, or may offer treatment/counselling regarding quite specific challenges experienced by some individuals and families, challenges known to lead on to mental health problems. While some ancillary support services are provided within the mental health system itself, they are largely provided by organisations outside the public and private mental health systems.

The MHYFVic Atlas of Best Practice discussion of the treatment of mental disorders has its main focus on psychotherapies, medication and procedures delivered by specialist mental health professionals in outpatient settings (PE6a, BP6a and POL6a) and inpatient facilities (PE6b, BP6b and POL6b). However, there are also ancillary services, often outside the specialist mental health services, which may have a hugely important contribution to a person's progress. Examples would include Amaze (the support organisation for young people with autism spectrum disorders) or the Butterfly Foundation (the support organisation for young people with eating disorders), and many others. Whilst the topic is being considered in this section of the Atlas it is important to realize that it actually has a much wider perspective.

Mental health is not merely the absence of illness but is a positive state of achievement and wellbeing. It is not just a static individual state but a dynamic interaction with family and societal involvement.

The Atlas has organised its discussion using the Mrazek & Heggarty hemispheric diagram as its roadmap. Early sections on prevention of mental disorders considered risks, threats and possible derailments of healthy developmental progress by various factors. It proposed ways of preventing those derailments. The subsequent section considered case identification, high quality assessment and planful involvement in Tier One, Two or Three treatment programs as deemed appropriate when mental disorders occurred. A later section on continuing care considered the organisation of community-based and residential treatment programs for affected persons. The current paper considers ancillary support services which, although brought to discussion alongside institutional services, are actually applicable throughout the whole range of services from universal to mandated.

The majority of young people and their families do not have mental disorders, and those who do may experience these to mild, moderate or severe degree. Ancillary support services are provided across the whole range of needs, within universal, indicated and targeted programs. Typical examples include:

- Universal services in the health, education and welfare fields,
 - Public health services, Medicare rebates, health information programs, newborn screening, etc.
 - School social development programs (mutual respect, anti-bullying, etc.), 'Mind Matters', etc.
 - Government and non-government welfare programs, legislation on minimum wages, etc.
- Indicated services for groups experiencing stressful life situations known to be risk factors for mental disorder,
 - Financial counselling, positive parenting programs, etc.

- Targeted programs for subjects whose experiences will produce further disorder unless assisted.
 - Substance abuse programs, Domestic violence counselling, 'Amaze' (Autism Vic) and similar programs.

Mental health professionals are not necessarily directly involved in the creation and administration of these ancillary services but do have important roles. The knowledge base on which the ancillary services are built generally comes from social science research undertaken by academics in the mental health field. Such research into the positive and negative effects on mental health also forms part of the training of the mental health professionals. Thus, the mental health professionals should be in a good position to collaborate with staff of the ancillary services.

Their main contribution is through mental health consultation. (See Project Evidence, Section 9, on Mental Health Promotion through Community Awareness programs and Mental Health Consultation programs).

The following quote from Lewis, M. "Child and Adolescent Psychiatry", 3rd Ed. (2007), Williams & Wilkins, p.1397, outlines the role:

"Child-serving agencies must deal with many children whose needs are varied and broad. Although these agencies are charged with meeting the needs of children, they are at times ill-equipped to do this. When these agencies are overwhelmed or faced with situations of crisis, they may call on mental health professionals for help. Quite often, these agencies have difficulty in articulating the type or degree of problem that they are having. First, the mental health consultant must help the requesting person or persons to define the problem and refine the questions that they wish to have addressed. Second, the consultant must be clear about his or her role as a helper in the problem-solving process. The consultant must recognize the limits of his or her knowledge and power and must be ready to assist in locating an appropriate source of help if the problem or problems encountered fall outside of the scope of the consultant's knowledge base."

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Last updated 23 June 2021