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Clients' experiences of receiving service navigation for mental health support in primary care: findings from a mixed-methods evaluation

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Abstract

Background The 'Service Navigation Measure' (SNM) initiative was introduced in 2020 as part of Commonwealth Psychosocial supports delivered through the Primary Health Networks (PHNs) in Australia. The aim of this study was to explore the experiences of clients who received this initiative.

Methods An exploratory sequential mixed method study was undertaken in the Australian primary care setting. Quantitative data, which involved closed-ended questions, were collected via a survey. Qualitative data were then collected through open-ended questions in the survey and during one-on-one, semi-structured interviews. This data was collected from clients (consumers, families, carers, and health practitioners) who accessed the service one or more times for mental health support. Interviews were audio recorded and transcribed verbatim. Methodological triangulation was employed to enhance the validity and credibility of the findings. This involved thematically analysing the qualitative data to identify emergent themes and sub-themes, and aligning the quantitative data, which were summarised using frequency (%), to these findings where appropriate.

Results A total of 349 clients (159 consumers, 43 family members, 70 carers or support workers, 72 health practitioners, 7 unknown) completed the survey and 8 of these participated in a follow-up interview (7 consumers and 1 health practitioner). Three overarching themes emerged from the data: (i) Receiving helpful and timely support, (ii) Appreciating empathetic and understanding support, and (iii) Valuing and enhancing follow-up support.

Conclusions Clients expressed overwhelmingly positive experiences, attributing their satisfaction to timely, helpful, and empathetic support, as well as the vital role of follow-up care. This appreciation extended not only to individuals facing mental health challenges but also to the carers and healthcare practitioners seeking information for those under their care. By incorporating these insights into service navigation practices, healthcare systems may enhance their ability to address the mental health needs of their communities, potentially contributing to improved experiences and outcomes for individuals facing mental health challenges.

Keywords Service navigation, Mental health, Psychosocial support, Service evaluation

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Introduction

Mental illness is a significant health burden [1]. In 2019, approximately 970 million people worldwide, or about 1 in every 8 individuals, were living with a mental disorder [2], with anxiety and depression being some of the most prevalent conditions [3]. In Australia, approximately 1 in 5 Australians aged between 16 and 85 each year experience a mental health disorder each year [4]. However, many individuals living with mental illness encounter challenges in accessing mental health care [5]. These barriers include perceived stigma, poor access to care, difficulty expressing concerns, challenges navigating help-seeking processes and/or a preference to be self-reliant [6, 7]. Enhancing access to mental health services and support is crucial for improving the quality of life for individuals. This is especially important given the detrimental effects mental illness can have on academic achievement [8], work performance [9], and overall quality of life [10]. Consequently, there has been growing evidence in recent years in developing targeted interventions to assist individuals experiencing mental illness and their families in identifying and accessing healthcare and social support services.

Service navigation models have emerged to support individuals to connect with, and engage with services promptly, not only in the Australian context but globally [11]. Service navigation refers to a process, system, or program designed to assist individuals, their families, and/or their treating healthcare practitioners in identifying, accessing, and effectively utilising various healthcare and social services [12]. It involves guiding and supporting individuals through the often complex and fragmented landscape of healthcare and social service systems. ‘Service Navigators,’ who can be laypersons (such as peers, parents, service users) or professionals (such as case managers, social workers), facilitate this process by identifying available resources, providing information about treatment options, coordinating care among different providers or settings, advocating for clients’ rights and needs, and supporting individuals in making informed decisions about their care [12]. These programs have demonstrated promise in enhancing access to comprehensive, strengths-based assessment, planning and referral [13, 14] and improvements in general health and wellness of those who access the service [15]. Service navigation models are similar to past initiatives like Australia’s Partners in Recovery (PIR) program, which also focused on person-centred care, service coordination, and reducing access barriers for individuals with severe mental health conditions. However, while PIR specifically targeted mental health recovery and long-term care coordination, service navigation is broader, supporting access to various services, including mental health, disability, aged care, and general healthcare [16].

Following the Productivity Commission’s Mental Health Inquiry report, which made recommendations to the Australian and State and Territory Governments aimed at enhancing access to mental health services and improving outcomes for individuals [17], the Department of Health and Aged Care introduced the ‘Service Navigation Measure’ (SNM) initiative. This program was introduced in 2020, as part of Commonwealth Psychosocial supports delivered through the Primary Health Networks (PHNs) in Australia. Thirty-one PHNs operate within Australia, and each has been assigned the crucial task of planning, commissioning, monitoring and evaluating primary healthcare services, including mental health programs and initiatives, within specific geographic regions. As such, each PHN was responsible for implementing a tailored SNM within their geographical region, with the overarching goal of providing better support to individuals, families, carers, and/or health practitioners seeking information or connections to mental health-related services, whether for themselves or others.

The aim of this paper is to explore the experiences of clients (consumers, families, carers, and health practitioners) who received the community based SNM in any geographical region in Australia. By examining the real-world experiences and perspectives of those involved, we hope to gain a deeper understanding of how service navigation activities are perceived by those who receive them. The results of this study will not only contribute to the existing body of knowledge on service navigation but also inform policymakers, healthcare providers, and stakeholders about the practical implications of such programs.

Methods

Overview

An exploratory sequential mixed-method approach was employed to explore clients’ experiences of receiving the SNM. Quantitative data included closed-ended survey responses, while qualitative data included semi-structured interviews and open-ended survey responses. The study was conducted in accordance with the Declaration of Helsinki of 1975 (revised 2013) and approved by the Flinders University Human Research Ethics Committee (reference number: blinded for peer review). This study is reported in accordance with the Mixed Methods Article Reporting Standards (MMARS) [18].

Service setting

The Department of Health and Aged Care provided flexible guidance material to each PHN in October 2020 to assist with the design of the SNM. PHNs are currently funded until 30 June 2025 to deliver the SNM. The evaluation was completed in June 2023. Approximately three-quarters of PHNs commissioned the service to one or

more Service Providers, while the rest employed staff to deliver it in-house. Key reasons for commissioning included: (1) the lack of existing clinical or governmental structures within PHNs to directly connect with consumers, which was seen as crucial for the SNM’s objectives, and (2) the ability to integrate funding into existing service navigation programs, enabling quicker and broader implementation. As such, many Service Navigators (i.e., the staff employed to deliver the SNM) were integrated within pre-established teams, however, some stood alone. Some staff held diplomas or degrees in relevant fields (e.g., mental health, disability, social work, psychology, counselling), while others did not have formal qualifications.

Service delivery

A description of the support provided by Service Navigators is depicted in Table 1. This information was collected as part of the broader evaluation project through a combination of self-reported logs and interviews with a sub-sample Service Navigators who delivered the SNM in 2022/2023. In total, 15 Service Navigators from 12 regions were interviewed. Most (67%) had been in the role for 8 months or more, and the majority (87%) were employed full-time. Additionally, 266 self-reported log entries were collected from 12 Service Navigators across seven Service Providers.

Sampling and recruitment

Participants were clients, including consumers, health practitioners, carers, family members or support workers, who accessed the service one or more times for mental health support. The survey was distributed by ‘Service Navigators’ who delivered the SNM following their conclusion of interaction with the client, if they felt it was considerate and appropriate for the participants. Completion of the survey was voluntary, with clients provided an electronic link or a paper-based version with a prepaid return envelope to complete after their encounter(s) with the Service Navigator. At the end of the survey, participants were asked to indicate if they were interested in

being contacted for a semi-structured interview to further explore their experiences with the SNM. If interested, they were asked to provide their contact details (e.g., name, phone, email), which the first author used to inform them about the interview protocol and invite them to participate. It was estimated that around 10–15 individuals would be interviewed; however, recruitment proved to be challenging. Despite this, data saturation appeared to be reached after the seventh interview, and thus one more interview was conducted before ceasing recruitment. Participants provided verbal consent prior to their interview.

Data collection

Online survey

The survey (see Additional file 1), which was designed to understand the experiences of clients who accessed the SNM, was developed by the authors in conjunction with the Department of Health and Aged Care and hosted through REDCap. It was based on the ‘Your Experience of Service (YES) Survey’ [19] and reviewed by PHNs prior to its launch, which resulted in minor changes to wording and formatting. The initial version of the survey (March 2021 to September 2022) included questions about clients’ demographics, three 5-point Likert scale questions about aspects of their experience, and two open-ended questions asking what they liked about their experiences / how it could have been better. In September 2022, two dichotomous questions concerning the outcome of their interaction with the service were added to the survey. This included questions around whether they perceived that their encounter had increased their knowledge of services available and whether it had increased their choice of services available to meet their needs. The survey was open for 27 months (March 2021 to June 2023).

Semi-structured interviews

The semi-structured interview guide (see Additional file 2) was developed by the authors and was underpinned by the YES Survey [19]. Questions in this guide were piloted by project staff ($n=2$) collaborating with the authors,

Table 1 Overview of the support provided by service navigators to clients

Highly tailored support through adjusting communication style, mode and time spent with clients
Interactions commonly occurred over the phone (80%), followed by face-to-face (9%), online (8%), email (2.5%), and SMS (0.5%)
Duration of interactions commonly lasted for an average of 44 min (SD: 22 min, min: 2 min, max: 120 min)
Common features of the interactions included identifying preferences and needs, building rapport, providing support with organising online appointments/referrals, offering brief interventions, setting goals, sharing information and/or identifying appropriate services
Information commonly provided to clients included details about mental health care, low-cost psychology and bulk billing, mental health strategies, National Disability Insurance Scheme processes, housing and homelessness supports, & pathways for lodging complaints / seeking advocacy
Most interactions (79%) resulted in the client being referred to ≥ 1 services; traditional supports, such as referrals to psychologists, psychiatrists, and general practitioners, were the most common pathway for onward referrals, however, other common referral pathways included housing, hording and rubbish removal services, community groups and programmes, youth, family and relational supports, and transport, food, finance and employment services
Follow-up / monitoring commonly provided following the interaction through phone or email

leading to revisions in wording and adjustments in the included questions. The purpose of these interviews were to gather data on the challenges faced by clients in accessing mental health care before the implementation of the SNM, as well as their experiences after receiving tailored service navigation. The interview consisted of three parts, addressing clients': (1) demographic information, (2) previous experiences with mental health supports, and (3) current experience with the SNM. The interviews were conducted one-on-one via telephone by the lead author, a female, PhD-qualified staff member experienced in semi-structured interviewing techniques. She had no prior relationship with the participants. A conversational style of interviewing was adopted, with the interview guide and participant responses providing direction for the interviewer. Prompts and follow-up questions were asked to elicit further information as needed. The interviews were conducted between September 2022 and June 2023 and ranged in duration from 26 to 56 min, with an average duration of 35 min.

Data analysis

Quantitative data was entered into Excel and analysed descriptively using frequency/percent and mean (+/- standard deviation, SD). Interviews were audio recorded and transcribed for analysis. Open ended survey responses and interview data was analysed using inductive thematic analysis to identify emerging themes. This was achieved through using Braun and Clarke's six-step guide to thematic analysis [20]. This involved the lead author reading and re-reading transcripts and survey responses for data immersion, developing codes based on participants' statements, and grouping codes according to similarity. The authors then reviewed groupings and generated a thematic map, which they iteratively discussed and revised. Quantitative survey data were triangulated and presented together where appropriate. Findings were reviewed by all authors.

Several strategies were employed to enhance the rigor and trustworthiness of data analysis [21]. Transferability was ensured by offering comprehensive descriptions of the data and by continuously examining our assumptions throughout the research process. Secondly, dependability was ensured by maintaining memos throughout the data analysis to record analytical decisions, which were

supported by direct quotes from participants to support our findings. Furthermore, frequent discussions were conducted among the researchers concerning codes, quotes, sub-themes, and themes to augment the credibility and dependability of the analysis. Lastly, an audit trail of the analysis process was consistently maintained.

Finally, it is essential to recognise our involvement in the data analysis process. The researchers identify as two women: one with a Dutch/Australian background and the other with an Australian background. Additionally, one of the authors has personal experience with mental illness, while the other does not identify as having lived experience and neither has a background as a treating professional. Although we strived to maintain a systematic and transparent approach in our data analysis, it is important to acknowledge the need for self-reflection regarding the methodological decisions we have made during this research endeavour. We acknowledge that these choices may have been influenced by our personal preferences.

Results

A total of 349 clients completed the survey. Among them, 159 respondents were consumers seeking information and services for themselves, 43 were family members, 70 were carers or support workers, 72 were health practitioners, and 7 were categorised as unknown. Most surveyed clients accessed the SNM once (46%), followed by 2–3 times (35%), and ≥ 4 times (19%).

Twenty-three clients expressed interest in participating in interviews, and of these, eight clients (35%) provided their consent and were subsequently interviewed. Most interviewed clients were consumers (*n* = 7), with one being a health practitioner — a Nurse Education Coordinator for mental health, working across both acute and community settings. Half of the interviewed clients were female (*n* = 4; 50%), and the consumers had an average age of 52.4 years (SD: 10.3), with an age range from 36 to 65 years. All interviewed clients reported English as their primary language at home, and most consumers (*n* = 6) had been accessing mental health support in Australia for over 15 years.

Client responses to the open-ended survey responses and interviews formed three themes and various sub-themes which are depicted in Table 2 and described in

Table 2 Themes and subthemes from survey and interview findings

1. Receiving helpful and timely support	1.1. Getting informative and clear information 1.2. Acquiring tailored and timely referrals
2. Appreciating empathetic and understanding support	2.1 Interacting with caring and encouraging staff 2.2 Feeling heard and establishing an understanding 2.3. Creating a comfortable and conducive environment
3. Valuing and enhancing follow-up support	3.1 Fostering a sense of care and support 3.2 Achieving closure regarding referral outcome

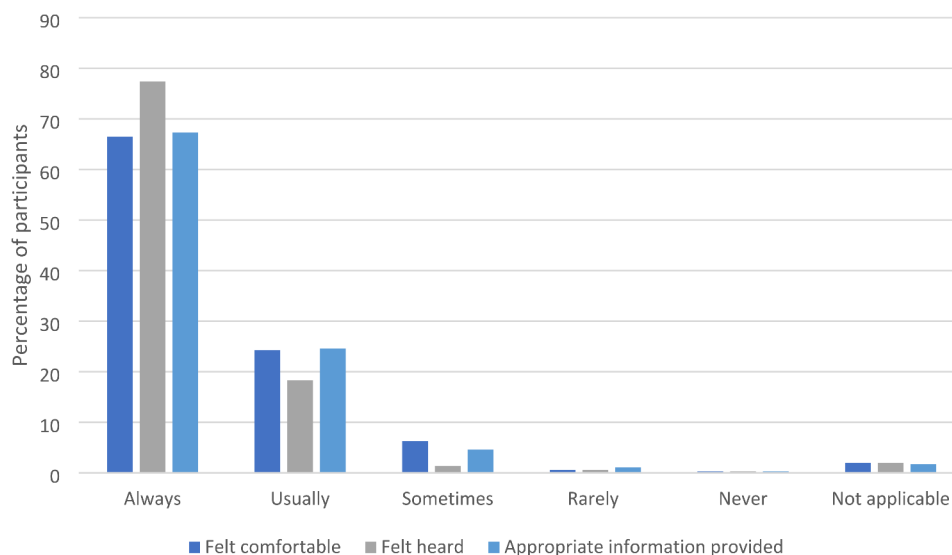


Fig. 1 Clients' feelings around engaging with the Service Navigation Measure

detail below. Quantitative survey findings can be found in Fig. 1 and are described throughout the themes/sub-themes below.

Theme 1: receiving helpful and timely support

Receiving helpful and timely support was a key theme that emerged from the interviews and was supported by survey findings. In fact, survey participants frequently used the opportunity in open-ended questions to express their gratitude for the “fast” and “effective” support they received. Two critical factors contributed to this positive perception: receiving clear and informative information and benefiting from tailored and timely referrals. Notably, most survey respondents felt that the information provided and the services they were referred to were always appropriate for their support needs, with 69% responding ‘always’ and 25% responding ‘usually’ (Fig. 1). Notably, health practitioners reported the highest percentage (83%) of respondents indicating that they “always” received appropriate information/services, followed by family members (70%), consumers (67%), and then carers/support workers (59%).

Getting informative and clear information

Survey responses from all four client groups underscored the value of receiving information that was both informative and easily comprehensible regarding the available mental health services in their area. This appreciation for clear communication extended to services meant for their own use or those aimed at assisting others.

“Very explanatory information given - thorough - not complicated.” – Surveyed family member

“The information sent to me has been both helpful and encouraging for two of my clients. I will continue to contact [identifying information removed] as needs arise.” – Surveyed carer or support worker

Interviewed clients shared their experiences of Service Navigators going above and beyond to provide tailored resources and information. For some, this experience was different from their past interactions with support services. For example, one consumer shared their experience, stating:

“It was almost like all of the information was available at the point of contact, so the person who I spoke with was really, really knowledgeable about all of the services in the sector... It was a really comprehensive conversation... and the Service Navigator was really good at targeting my needs and aligning my needs to service providers that were available. It was really useful and purposeful. I was pretty jaded when I first contacted the Service Navigation Measure, I wasn't expecting anything new. So I was pleasantly surprised with what they offered.” – Interviewed consumer (04)

While another client, a health practitioner, emphasised the value of the tailored information they received:

“The navigator knew that I was interested, so she would then actually personally send me emails or updates like on her network of different things that were happening. So it kind of broadened my knowledge of other services around and not just for services for our clinic... and she also tailored it [the

information] to what I needed. That was really helpful. – Interviewed health practitioner (03)

Survey findings support this sub-theme, with a majority (87%) of clients indicating that the SNM significantly increased their understanding of mental health services. Only a small percentage of consumers (11%) and support workers/caregivers (6%) reported feeling otherwise.

Acquiring tailored and timely referrals

In the survey, both health practitioners and support workers/careers commonly praised the SNM for its “helpful” and “quick” nature, specifically highlighting its role in reducing their workload for relevant services (and information). The Service Navigators acted as valuable intermediaries, simplifying the process of sourcing services for their clients.

“Lovely quick way to save me time on finding services.” – Surveyed health practitioner

“Fantastic service that makes life so much easier as a busy worker.” – Surveyed Carer/Support Worker

Further, consumers found the SNM to be profoundly helpful and effective in connecting them directly with appropriate services and programs at the right time.

“I really needed crisis support and you all went to the moon and back.” – Surveyed Consumer

This was particularly crucial, given that two interviewed consumers recalled past struggles when attempting to locate suitable services to support their mental health needs. One consumer stated that by the time he was looking for help, he was already experiencing mental health challenges which made it hard to “put in the extra effort” to locate appropriate services in an already complex sector.

Most consumers attested that their concerns were substantially alleviated through their engagement with the SNM. They expressed gratitude for being referred to the right supports, which significantly eased their experience. In their words, the support received was described as “really easy,” akin to “no shortage of a miracle.” A client shared their perspective:

“It was no shortage of a miracle [receiving support from the SNM]. Because it was kind of like banging your head against a brick wall for years with the different changes with different aspects of government and stuff. You know, things which were available, aren’t available, and, you know, there was no help for people within a certain age group.” – Interviewed consumer (06)

Survey findings further underscored this sub-theme, with most clients (91%) indicating that they felt they had more choices available due to the support received from the SNM. Nevertheless, a subset of participants reported “no” increase in choice, including consumers (12%), support workers/caregivers (19%), family members (8%), and health practitioners (17%).

Theme 2: appreciating empathetic and understanding support

This theme describes the impact of empathetic support and understanding during interactions with staff providing mental health support. It demonstrates the importance of offering not only information but also emotional support. Clients appreciated interacting with caring and encouraging staff, feeling heard and understood and receiving support in a comfortable and conducive environment.

Interacting with caring and encouraging staff

Survey respondents, especially consumers and carers/support workers, consistently highlighted the remarkable qualities displayed by Service Navigators during their interactions. Service Navigators were frequently described as having “warm,” “friendly,” and “caring” demeanours, attributes that played a pivotal role in creating a positive and safe atmosphere during engagements. These characteristics contributed significantly to clients feeling at ease, heard, and motivated to take proactive steps in their mental health journeys.

“Very caring and willing to help and listen. Was the best support I have received during this time.” – Surveyed family member

“[The Service Navigator] was kind and caring by phone and email.” – Surveyed Carer/ Support worker

Moreover, when recounting their experiences with the SNM, most interviewed consumers emphasised their gratitude for the support and encouragement they received from the Service Navigator. This was established through the empathetic approach that Service Navigators took, whereby they offered words of affirmation and facilitated future-oriented discussions, often centred around setting achievable goals. Breaking down the situation into manageable steps and providing reassurance contributed to improved well-being and confidence in navigating their challenges. For instance, a client shared their experience:

“It was really good working with [the Service Navigator] because she would write [it] down. And she said, you need to focus on one thing at a time. The

first one is your housing and she just really got it. And her just reinforcing that made it ok with me. She said I shouldn't be doing everything. I'm trying to do everything, but I am mentally exhausted. When everything's all happening at once, it just turns into sludge. But she was able to help me just divide it up a bit and say it will be okay." – Interviewed consumer (08)

Feeling heard and establishing an understanding

Another crucial aspect that emerged was the importance of feeling heard and understood. Many interviewed consumers revealed negative or mixed experiences in the past, where they felt misunderstood or dismissed in their interactions with mental health practitioners or support staff. It became evident that how staff listen and communicate, especially during crises when individuals are at their most vulnerable, significantly influences the overall support experience.

Interviewed consumers reiterated that staff should not only strive to understand their current circumstances but also consider their unique life journeys. Taking the time to delve into the root causes of their challenges was paramount. For example, one consumer with a history of drug use felt dismissed and labelled in the past because of their coping strategies. Another client with autism recounted being “brushed aside” because they presented “too well” to receive the support they sought. Both these experiences contributed to a reluctance to seek help again.

Conversely, when interviewed consumers reflected on their experiences with the SNM, they emphasised their appreciation for feeling understood. Active listening and a non-judgmental approach were key elements of this experience. One client mentioned that the Service Navigator had “a lot of awareness and insight into where you're coming from,” an approach they found respectful and helpful.

Survey findings further support this subtheme. For example, clients indicated that they felt listened to across all aspects of their support needs when using this service, with 79% responding ‘always’ and 18% responding ‘usually’. However, a few surveyed consumers indicated that their experience could have been enhanced if Service Navigators had considered their unique needs and circumstances more comprehensively. This could have included active listening, a deeper understanding of their situation and ensuring that the recommended services were local to the client.

Creating a comfortable and conducive environment

In addition to empathetic interactions, the creation of a comfortable and conducive environment played a significant role in enhancing the support experience. Most survey respondents reported feeling ‘always’ or ‘usually’

comfortable while using the SNM (68% and 25%, respectively) (Fig. 1). Health practitioners appeared to feel slightly more comfortable accessing the SNM, with 100% indicating ‘always’ or ‘usually’ feeling comfortable.

However, it is essential to recognise that a couple of surveyed consumers mentioned that their experience could have been improved by creating a more comfortable environment, free from distractions and with greater privacy. For instance, one consumer mentioned feeling uncomfortable when discussing personal matters in a shared office where passersby could witness their emotional struggles.

"I felt uncomfortable when talking in [anonymised] office and people walking and being able to see me having a meltdown or crying through the window." – Surveyed Consumer

Theme 3: valuing and enhancing follow-up support

This theme describes the appreciation clients have for follow-up support and correspondence after interactions with mental health practitioners and support staff. Consumers highly valued this aspect, finding it instrumental in fostering a sense of care and support. Additionally, it was seen as essential for health practitioners to achieve closure regarding the outcomes of their referrals.

Fostering a sense of care and support

Receiving follow-up support and correspondence following an interaction with mental health practitioners or support staff emerged as a vital aspect for consumers. This was particularly important given that previous supports often failed to provide adequate follow-up, especially during crisis situations. The absence of follow-up had negative repercussions on consumers’ emotional states at that point in time and influenced their willingness to seek help in future circumstances.

Two consumers shared their experiences of feeling disappointed when mental health practitioners or support staff promised callbacks but failed to follow through. One client expressed the importance of follow-up in crisis situations, emphasising the need for contact or a check-in to ensure the wellbeing of individuals, rather than leaving them feeling abandoned and vulnerable. For instance, one client stated:

"There's no follow up or checking in or touching base if anyone's okay or phone call or anything. I think in a crisis situation, some form of contact or even touching base to see if someone's okay is essential. You know, not to just leave someone hanging... Or even when they say someone's going to follow up and no one does... I know there might not be resources, but don't say it if you can't do it, because that can

have a big impact on people, especially when they [are] really shaky and vulnerable.” – Interviewed Consumer (06)

In contrast, clients highlighted the positive impact of follow-up support and correspondence provided by Service Navigators. Consumers felt genuinely cared for, rather than simply being “passed on” to the next support or service without consideration.

“They really went above and beyond with giving me some resources to pursue, and then they just went above and beyond to follow it all up and make sure that I got somewhere with that. They have followed me up a few times which is really nice. Nice to know that someone out there is caring about you in some way. – Interviewed Consumer (01)

Achieving closure regarding referral outcome

Health practitioners also expressed their frustration with the absence of follow-up, particularly in crisis situations. They viewed follow-up as essential not only for client care but also for gaining closure regarding the outcomes of their referrals. From their perspective, the lack of follow-up could make the entire process feel superficial and tokenistic. One health practitioner shared their perspective:

“I think we lack feedback or follow up as to whether or not that support has been accessed. So often, we identify what we think the client might need... but I feel that we don’t often get the feedback about whether or not they’ve engaged with that service... so we’re making referrals, and then we don’t even have... it is sort of just a paper-based tick box exercise. Like it can feel a bit tokenistic. Like what’s the value of actually doing the referral? Because it’s starting to make me feel like if we don’t... if we’re making referrals, and we don’t get the feedback from the referrer, then how do we know what’s happened to that client?” – Interviewed health practitioner (03)

As such, the follow-up support provided by Service Navigators was highly valued, as it alleviated their workload and provided closure regarding the outcomes of their referrals, enhancing the overall effectiveness of their work. One health practitioner shared their perspective:

“The psychosocial service navigator role was really good, because that was a way of actually checking in, did this client engage by using that service and [I could] actually refer to the psychosocial service navigator to do some of that work... that I would

have liked to have done as a clinician myself, but we just don’t either have time or we are not resourced... From the four referrals I made, I got personalised feedback from that role. They told me what happened to the clients.” – Interviewed health practitioner (03)

However, while the follow-up support provided by Service Navigators was generally praised, some surveyed health practitioners noted that their experience could have been further enhanced through improved follow-up.

“[My experience would have been better if...] I knew that things were followed up and perhaps an update a month later to the referrer would be helpful.” – Surveyed health practitioner

Discussion

This study investigated the experiences of consumers, families, carers, and healthcare practitioners who received service navigation for mental health concerns in the Australian primary care setting. Overall, the surveyed and interviewed clients expressed positive experiences with the SNM. These positive experiences were attributed to the timely, helpful, and empathetic support they received during their interactions with Service Navigators and the follow-up care they received after. The findings from this study offer valuable insights for policymakers and health providers seeking to improve the effectiveness and quality of mental health services.

One of the key themes that emerged from this study is the appreciation for timely and helpful support. Clients described receiving informative, clear, and tailored assistance, which they highly valued because it not only improved their understanding of mental health services but also simplified the process of accessing appropriate support services. This finding is not surprising, given that individuals facing mental health challenges often experience distress and uncertainty, making it crucial to receive prompt assistance [22]. Furthermore, this service was not only appreciated by clients experiencing mental health challenges themselves but also by those seeking information for individuals under their care, such as health practitioners. These staff members appreciated the SNM as it contributed to reducing their workload given Service Navigators could provide tailored information and recommendations for relevant services. In fact, health practitioners were the client group that reported the highest percentage of satisfaction with receiving appropriate information and services. These findings suggest that the SNM was effective in supporting those who accessed the service helping them connect to the services that needed in a timely manner, and that this was generally appreciated by all client groups. These findings align with other

research, demonstrating the value of service navigation activities within the mental health sector [23]. Furthermore, additional research is needed to determine if the scope and role of Service Navigators could be expanded to provide brief interventions, given the known benefits of early intervention [24], particularly considering the long waitlists that clients often encounter when seeking access to such services [25].

To effectively deliver low-intensity brief interventions, Service Navigators would require targeted training in foundational skills such as motivational interviewing, active listening, and basic counselling techniques. Depending on the interventions offered, further training in areas like mental health first aid or substance use interventions could be beneficial. While qualifications in relevant fields, such as social work or community services, would be helpful, the training should focus on equipping navigators with the specific skills needed for these tasks, with ongoing supervision and mentoring to ensure quality service delivery. Given this, it is essential to clearly define the roles and responsibilities of Service Navigators and educate other healthcare practitioners about their scope of practice to prevent confusion, avoid conflicts in care delivery, and ensure coordinated care.

Another key theme that emerged from the data was the importance placed on receiving empathetic support. Clients described their appreciation for Service Navigators who demonstrated genuine understanding and empathy, creating an environment where they felt heard, respected and validated when discussing their mental health needs; findings consistent with previous work [26]. This emphasis on empathy is perhaps not surprising, considering that mental health is a deeply personal and often stigmatised area of healthcare [27], making empathetic and compassionate support essential. Clients also emphasised the need for a comfortable and non-judgmental environment during their interactions with Service Navigators. This means that the physical and emotional setting in which these interactions occur plays a significant role in how clients perceive the quality of support they receive, which is supported by previous work [28, 29]. Overall, these findings illustrate the importance of the human aspect of service navigation and mental health support in the broader context, emphasising the importance of staff providing not only practical assistance but also emotional support. As such, staff who interact with individuals experiencing mental health challenges should be equipped with the necessary skills to provide both forms of support. Achieving this can be facilitated through training that includes active listening, empathy, de-escalation techniques, and understanding mental health conditions.

The high value placed on follow-up support was another key theme that emerged from the data. Follow-up

support was not only described as providing emotional reassurance to consumers but also as offering closure and valuable feedback to health practitioners. Previous studies have reported that a lack of continuity in care leads to feelings of loneliness and isolation [30], illustrating the significance of follow-up support. These findings highlight the importance of building and maintaining therapeutic relationships with clients facing mental health challenges, as well as fostering strong professional relationships with healthcare practitioners supporting these clients. Such relationships are pivotal in ensuring that clients receive ongoing assistance as they navigate the complexities of the mental healthcare system. Further, the provision of follow-up support can facilitate progress tracking, address emerging needs, and proactively prevent potential gaps in care [31]. While Service Navigators as reported in the current study excelled in this aspect for the most part, there remains room for further improvement to ensure that the follow-up process aligns precisely with clients' expectations. Therefore, it is important for other similar programs to carefully consider and prioritise the implementation of robust follow-up procedures that align with the unique needs of their clients. This approach is vital for advancing the effectiveness of mental health support services.

Limitations

A limitation of this study is that, although data saturation was achieved, only eight interviews were conducted. This represents a small fraction of the overall survey respondents and likely an even smaller proportion of those who accessed the SNMs, potentially introducing responder bias (e.g. those who agreed to be interviewed may have predominantly had positive feedback). Additionally, since Service Navigators distributed the survey at their discretion, they may have selectively provided the link to clients who they anticipated would offer favourable responses. Finally, because the distribution was left to the discretion of Service Navigators, the total number of clients invited to participate remains unknown, making it impossible to calculate a response rate.

Conclusion

This study explored the experiences of people who engaged with SNM within the Australian primary care setting. Participants expressed overwhelmingly positive experiences, attributing their satisfaction to timely, helpful, and empathetic support, as well as the vital role of follow-up care. This appreciation extended not only to individuals facing mental health challenges but also to the carers and healthcare practitioners seeking information for those under their care. These findings emphasise the significance of tailoring service navigation interventions to meet the unique needs and preferences of individuals

seeking mental health support. By incorporating these insights into service navigation practices, healthcare systems can better serve the mental health needs of their communities and improve overall outcomes for individuals facing mental health challenges.

Abbreviations

PHNs	Primary Health Networks
SD	Standard deviation
SNM	Service Navigation Measure
YES	Your Experience of Service

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12913-025-12622-y>.

Supplementary Material 1.

Supplementary Material 2.

Acknowledgements

We thank all individuals who supported and/or contributed to this study, in particular, David Branford, Georgia Rowley, Service Navigators, PHNs, Service Providers and clients.

Authors' contributions

M.R. and T.S.J. contributed to study design and conception and interpretation of data. M.R. wrote the main manuscript text, undertook data collection and analysis, prepared the figures and tables, and drafted the manuscript. Both authors approved the final version of the manuscript.

Funding

This work was supported by the Australian Government Department of Health and Aged Care.

Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

The University Human Research Ethics Committee approved all study procedures (reference number: blinded for peer review). Informed consent was obtained from all participants prior to data collection.

Consent for publication

Consent to publish was obtained from the funder of this work. However, the funder had no role in preparation of the data or manuscript.

Competing interests

The authors declare no competing interests.

Received: 28 November 2023 / Accepted: 20 March 2025

Published online: 27 March 2025

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