

*“Building one world class  
health system for the Gold Coast.”*

# HARD TO REACH GROUPS

Needs  
Assessment  
Summary



# 2018

**phn**  
GOLD COAST

An Australian Government Initiative

# Hard to Reach Groups

Overall, the Gold Coast has good service coverage and relatively unimpeded access. However, there are people in the community who are vulnerable and/or experience circumstances that can prevent them accessing services without additional support. The term 'hard to reach' is commonly used within the spheres of social care and health, especially in discourse around health and social inequalities.

These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the particular barriers they may face. Some of the key factors that can impact people's ability to access and successfully engage in services include: language, age, gender identity, geographic location, income, ethnicity, education, residential status, sexual orientation, health and religion. As a result careful consideration of services to best meet their needs are required.

## Identified local health needs and service issues

Data, research and consultation with service users, service providers and community members identified the following groups as high risk / hard to reach on the Gold Coast;

- People who are currently homeless, or are at risk of homelessness
- Culturally and Linguistically Diverse people (CALD)
- People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)
- Women experiencing perinatal depression
- Aboriginal and Torres Strait Islander people
- Children (aged 0-12) who have, or are at risk of developing a mental, childhood behavioral or emotional disorder (including children in care)
- People who self-harm or who are at increased risk of suicide

### In addition

- Housing options are needed to stabilise and support effective engagement with primary care mental health supports for the homeless population (out of scope but will be progressed by PHN)
- Access to psychological services for the homeless population is limited
- Access to psychological services for the CALD population is limited
- Interpreters used in psychological interventions would benefit from training in mental health
- Access to psychological services specifically for LGBTIQAP+ people is limited

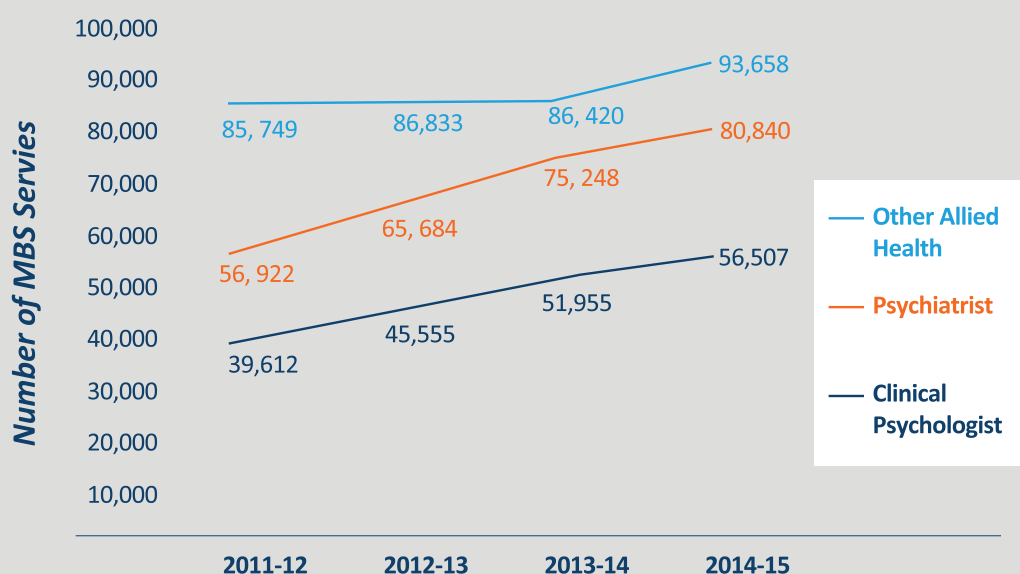


# Key Findings

- A broad range of languages are spoken in the Gold Coast region, including growing numbers from countries where trauma and torture issues can impact an individual's ability to access appropriate services.
- Use of interpreter services can be difficult, particularly telephone based services, as interpreters may have limited understanding of mental health issues and cultural sensitivity coupled with the limited capacity of existing CALD services to support mental health clients.
- Stigma, privacy concerns and cultural issues present barriers to people accessing services.
- Flexibility of service provision, such as outreach, is necessary to engage homeless people and those at risk of becoming homeless. There are a high number of homeless people in Southport, Surfers Paradise and Coolangatta. There are high number of soci-economically disadvantaged people in Southport and Gold Coast North.
- Training and education is required for services to ensure safe and appropriate service provision for LGBTIQAP+ people.
- Children (Ages 0-12) particularly children in care have high needs (see Mental Health – Children and Young People Needs Assessment Summary)
- Perinatal depression may affect quite a large number of women but they may seek services due to stigma.

## Prevalence, service usage and other data

Australia's MBS system subsidises access to psychological support provided by Psychiatrists, Clinical Psychologists and other allied health professionals (psychologists, occupational therapists and social workers). There has been an increase in the number of these services claimed on the Gold Coast since 2011 with the largest number of claims being for psychological services provided by allied health professionals (Figure 1).



Source: ABS, MBS Mental Health Data by SA3, provided through Department of Health

To support access to psychological services by priority population groups, the Commonwealth Government introduced the Access to Allied Psychological Services Program (ATAPS) in 2001. Although superseded by the Psychological Services Program in 2017, ATAPS data has been included to provide service utilisation context for hard to reach groups in the Gold Coast.

The Psychological Services Program provides short term psychological interventions for financially disadvantaged people with non-crisis, non-chronic, moderate mental health conditions or for people who have attempted, or at risk of suicide or self-harm. This program particularly targets a number of hard to reach groups including children. From the 1<sup>st</sup> July 2017 to 30<sup>th</sup> June 2018:

- 1068 referrals (249 repeated clients)
- 690 exits
- 5004 sessions delivered

The regions with the highest number of children using the service were Upper Coomera (62), Pimpama (50), Coomera (46) and Nerang (24). This data also is consistent with the clients using the service for suicide prevention (which includes adults) with the highest numbers in Upper Coomera (50), Pimpama (40), Nerang (28) and Coomera (31). This data highlights the need for resources in the Northern Gold Coast.

**Table 1. Number of persons accessing Psychological Services Program on the Gold Coast, 1<sup>st</sup> July 2017 to 30<sup>th</sup> June 2018.**

FY 2017/18	Children (under 12)	Adult Suicide Prevention	All other target groups
Referrals	395	515	158
Sessions	2733	1690	581

## People who are or are at risk of homelessness

Quantifying the prevalence of mental illness among homeless populations is difficult, and estimates have varied considerably. Australia’s Welfare 2011 published by the Australian Institute of Health and Welfare (AIHW), reviewed the evidence and observed that while some studies estimated the prevalence of mental illness in the homeless population to be between 72% and 82%, others have found it to be between 12% and 44%. A 2015-16 report on specialist homelessness services found a quarter of all people receiving assistance from these agencies were experiencing a current mental health issue<sup>1</sup>.

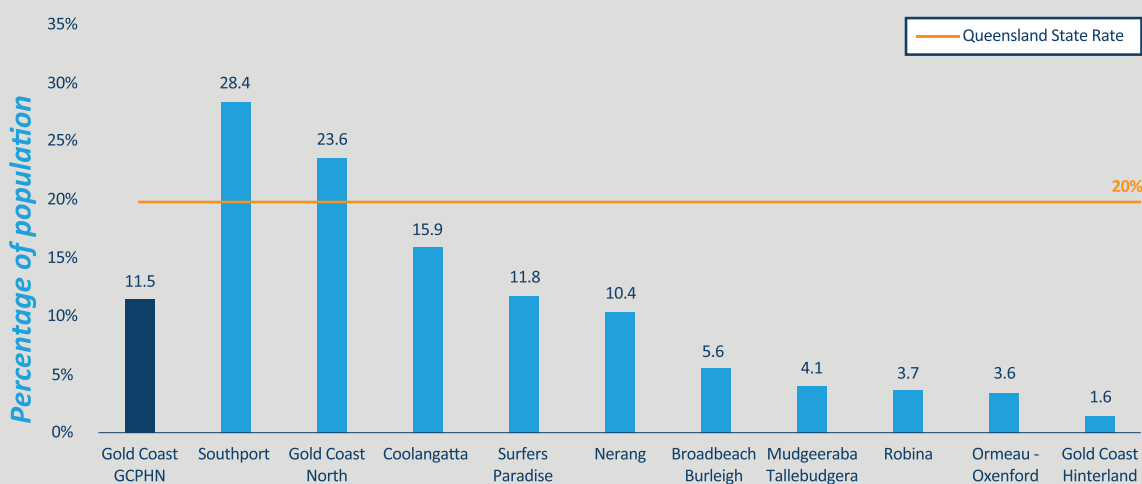
A 2016 study by Australian Institute of Health and Welfare highlights the complexity of people in this group finding that over the 3-year period 2011-2013, more than 1 in every 5 alcohol and drug treatment clients also accessed homelessness assistance, while about 1 in 12 of all homelessness clients received alcohol and drug treatment<sup>2</sup>. The report’s analysis further reveals that over three-quarters (77%) of the study population, in addition to their housing and drug and alcohol issues, experienced an additional vulnerability, including mental health problems or domestic and family violence issues.

In 2016, there were 1,723 homeless people on the Gold Coast, a rate of 2.4 per 10,000<sup>3</sup>. This was lower than the Queensland rate of 45.6 per 10,000. However, within the Gold Coast, Southport exceeded the state rate of homelessness with 71.5 persons per 10,000. Two other areas had rates above that of the broader Gold Coast, Surfers Paradise (41.9 per 10,000) and Coolangatta (35.8 per 10,000). Service providers report that this is likely to be an under-representation of the true numbers.

The 2014 Home for Good study found that of the 382 homeless Gold Coasters that participated, 53% reported experiencing physical, emotional or sexual abuse and trauma that they had not sought help for, or that had caused their homelessness<sup>4</sup>.

Socio-Economic Indexes for Areas (SEIFA) is a summary measure of the social and economic conditions of geographic areas across Australia. SEIFA comprises a number of indexes, generated by the ABS from the Census of Population and Housing. People in the most disadvantaged quintiles are at greater risk of homelessness. Overall, the Gold Coast had 9.0% of people in the most disadvantaged quintile, half the Queensland figure of 20%. Despite this, the areas of Southport (25.9%) and Gold Coast North (22.6%) exceeded both the broader Gold Coast and Queensland figures as shown in Figure 2 below.

**Figure 2. Percentage of population by SEIFA quintile 1 (most disadvantaged), by SA3 area, Gold Coast and Queensland, 2011**



Source: ABS 2033.0.55.001, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia - Data only, 2011, (Queensland Treasury derived)

<sup>1</sup> Australian Institute of Health and Welfare. 2016. Report on Specialist Homelessness Services, 2015–16

<sup>2</sup> Australian Institute of Health and Welfare. 2016. Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014. Cat. no. CSI 23. Canberra: AIHW

<sup>3</sup> ABS. 2011. Census. Gold Coast (SA4). Quick Stats.

<sup>4</sup> Queensland Council of Social Services. 2014. Home for Good. Gold Coast Registry Week Report.

# People from culturally and linguistically diverse (CALD) backgrounds

The prevalence of mental disorders for people born in Australia was higher (19.5% for males and 24.0% for females) than people born overseas (17.7% for males and 19.9% for females)<sup>5</sup>. For people born in non-English speaking countries the prevalence of mental disorders was 8.4% for males and 16.2% for females<sup>6</sup>. While the reasons are not clear it may relate to the fact that people who successfully migrate to Australia are required to complete rigorous health checks and testing which means they are more likely to be physically healthier than the remainder of the population. This may also be true for mental disorders.

Refugees and asylum seekers are at high risk of mental health problems as a direct result of the refugee experience and their displacement. In addition, they come from a range of countries and cultures and have a wide range of experiences that may affect their mental health. While there has been very limited direct resettlement of refugees in the Gold Coast region, there are growing numbers resulting from intra-national migration.

In 2016, 28% of the Gold Coast population were born overseas with 12% of those from a non-English speaking country<sup>7</sup>. Twelve per cent of Gold Coast residents speak a language at home other than English with 10.6% speaking English well or very well, comparable to Queensland figured. For the 1.6% who do not speak English well, or at all, additional support may be required to ensure access to health services, including those related to mental health. Within the Gold Coast, Southport, Surfers Paradise, Gold Coast North and Robina have the greatest number of people who do not speak English well or at all. The most common non-English languages spoken at home for the total population of Gold Coast were Chinese languages (2.3%), Japanese (1%) and Indo Aryan languages (0.9%).

Gold Coast Health data indicates an increase in the number of requests for interpreter services across the health service from 2016 to 2017 with interpreter bookings for mental health almost doubling<sup>8</sup>. The most frequently requested non-English language interpreters across the Gold Coast Health service were Mandarin, Japanese, Korean, Cantonese, Bosnian and Spanish, particular increases for Arabic language have also been observed.

## LGBTIQAP+ community

The challenges faced by the LGBTIQAP+ community and the subsequent mental health impacts are well documented. At least 36.2% of transgender people and 24.4% of gay, lesbian and bisexual people were found to meet the criteria for experiencing a major depressive episode, compared with 6.8% of the general population<sup>9</sup>. This rate increases to 59.3% among transgender women in a La Trobe University study.

Lesbian, gay and bisexual Australians are twice as likely to have a high/very high level of psychological distress as their heterosexual peers (18.2% v. 9.2%)<sup>10</sup>. More than twice as many homosexual or bisexual Australians experience anxiety disorders as heterosexual people (31% vs 14%) and over three times as many experience affective disorders (19% vs 6%). The rates are higher across any age group, country of birth, income level, area of residence or level of education/employment<sup>11</sup>. Suicide and self-harm have a disproportionate impact among the LGBTIQAP+ community and are covered in further detail in the 'Suicide Prevention Summary'.

<sup>5</sup> ABS. 2007. National Survey of Mental Health and Wellbeing: Summary of Results 2007

<sup>6</sup> Ibid

<sup>7</sup> ABS. 2016. Census. Gold Coast (SA4). Quick Stats.

<sup>8</sup> Internal GCH data

<sup>9</sup> Rosenstreich, G. (2013) LGBTI People Mental Health and Suicide. Revised 2nd Edition. National LGBTI Health Alliance. Sydney

<sup>10</sup> Ibid

<sup>11</sup> Ibid

# Women experiencing perinatal depression

The perinatal period is a highly volatile time and addressing the complex needs of the mother and baby both as individuals and as a dyad is essential to ensure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby. Data from the 2012, showed that 1 in 7 mothers of children aged 24 months or under had been diagnosed with depression. More than half of these mothers reported that their diagnosed depression was perinatal (that is, the depression was diagnosed from pregnancy until the child's first birthday). Considering that in 2015 there were nearly 7,000 births on the Gold Coast, this leads to an estimate of around 1,000 women experiencing perinatal depression.

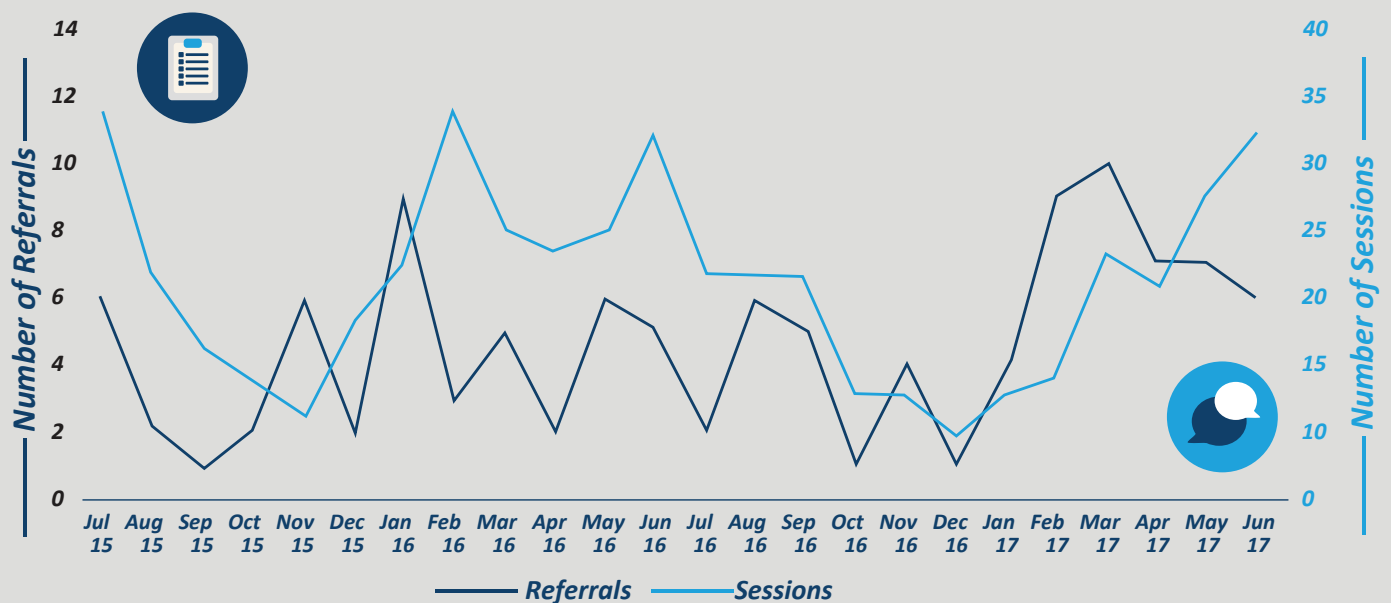
The majority of mothers suffering from perinatal depression sought treatment from their General Practitioner and support from family and friends. Perinatal depression was more commonly reported among mothers who:



- Were younger (aged under 25)
- Were smokers
- Came from lower income households
- Spoke English at home
- Were overweight or obese
- Had an emergency caesarean section

Over the period July 2015 to June 2017, ATAPS referral rates for perinatal issues were low compared to other ATAPS streams and fluctuated greatly. 3 shows the ATAPS referral and service frequency relating to perinatal issues over this period.

**Figure 3. ATAPS perinatal referral and service frequency per month, GCPHN region, July 2015 to June 2017**



# Service Mapping

Hard to reach	Services	Number in GCPHN region	Distribution	Capacity discussion
<b>Children (Ages 0-12) particularly children in care</b>	See summary for 'Mental Health, Youth including children'			
<b>People who are or are at risk of Homelessness</b>	Gold Coast Health Community Services - specifically for homeless persons or those at risk.	1 (Homeless Health Outreach Team).	Outreach, whole of Gold Coast region.	There is one service on the Gold Coast that specifically provides mental health and AOD support to homeless people or those at risk of homelessness.
	Community NGO services, (predominantly accommodation, crisis support and case management).	9 NGO providers who provide specific homeless services or refer into mental health services.	5 in Southport, 2 in Bilinga, 1 in Robina, 1 in Miami.	While not specifically mental health or AOD services themselves, many homeless support services refer their clients to appropriate providers due to high need among this demographic.
<b>Culturally and linguistically diverse (CALD) backgrounds</b>	ATAPS psychological services - Culturally and Linguistically Diverse Service	Of the 67 ATAPS Providers (2016-17), 7 are contracted to provide the Culturally and Linguistically Diverse Service. All 67 providers can utilise Translating and Interpreter Services (TIS National) where required.	CALD providers are based in Coomera, Nerang, Benowa, Worongary, Varsity Lakes and Coolangatta (2).	There are 2 CALD facilitators involved in the PIR program. This enables CALD participants with severe and complex mental health needs to choose a CALD facilitator if they wish.
	Partners In Recovery (PIR) - service coordination/facilitation program.	There are 2 PIR workers who identify as CALD.	Program is outreach.	There is one program specifically providing mild to moderate support to CALD people, however eligibility is narrow.
	Pharmacies	13 of the 148 Queensland pharmacies registered with the National Translating and Interpreting Services (TIS) are on the Gold Coast.	They are clustered in the central coastal region, the most southern in mermaid, most northern in Hope Island and most western in Carrara/Arundel.	There is a handful of pharmacies on the Gold Coast registered with the National Translating and Interpreting Service.



<b>LGBTIQAP+</b>	Community NGO LGBTI service - support group and information service for young people ages 13-24.	1 drop-in service for youth providing support groups and information.	Southport	There is one service providing support specifically targeted at LGBTIQ youth (13-24). Based in Southport, the drop- in service offers two support groups (ages 13-17 and 18-24) and also information and resources on health, specifically suicide prevention.
	Online health services and information targeted at LGBTI mental health.	4 (Qlife, LGBTIQ Alliance, Queensland AIDS Council, Minus 18).	Online Services. Public knowledge of these services would drive uptake/demand.	
<b>Women experiencing perinatal depression</b>	ATAPS psychological services - perinatal service	Of the 67 ATAPS Providers (2016-17), 23 are contracted to provide the Perinatal Service.	Providers are across the region but more limited in southern Gold Coast. Last year, based on referrals specific effort was made to recruit additional providers in the Northern Gold Coast.	Two specific services support perinatal depression on the Gold Coast. Both have flexible locations however eligibility requirements of one service may limit access.
	Gold Coast Health Community services (support through pregnancy until 2 years post birth).	1 (Perinatal Infant Mental Health).	Palm Beach	



# Consultation

Various consultation activity was undertaken during 2016 with the Gold Coast community, clinicians and service providers. Mechanisms included broad scale community briefing, consumer journey mapping, one to one interviews, industry presentations, working groups and co-design processes.



## People who are or are at risk of homelessness Service provider consultation

- Some community based organisations provide a soft entry point to cater for the homeless and provide an initial point of contact through which to identify and deliver health care.
- Homelessness is on the rise and that it becomes more problematic in winter as the weather which drew people to the Gold Coast in the first instance turns colder.
- The homeless population do not present to mainstream services yet have physical health issues that require regular primary care.
- Domestic violence is often a significant reason behind homelessness and on the Gold Coast, women are more likely to have unstable accommodation due to this problem.
- Service providers identify that it takes considerable time and consistency of staff to develop trust and relationships with this group as many are suspicious of service providers due to past negative experiences. Once trust has been established, engagement with services to provide mental health care is more likely and effective.
- Flexibility on behalf of the service provider was also identified as critical, as keeping appointment times can be challenging for people who are homeless.

## Service user consultation

- Consumer journey mapping indicated that for people with mental health conditions who were homeless, often contact with a trusted staff member was the thing that put them on a trajectory to recovery in addition to finding accommodation and taking the step of seeking treatment.

As similarly identified by the service providers, engagement of this group into services often occurred when the service provider had an informal presence where the homeless population visits, such as the food vans and emergency accommodation.

# People from culturally and linguistically diverse (CALD) backgrounds

## Service provider consultation

- Consultation identified many services for people of CALD backgrounds are concentrated in Brisbane and only limited ones on the Gold Coast.
- Providers indicated providing psychological services to the CALD population was identified as important along with the need to ensure appropriately trained interpreters. Engagements of
- CALD clients with mental health problems is better if the interpreter has a mental health background or mental health training

## Service user consultation

- Service users identified that the lived experience of mental health issues of the CALD worker helps relationship building.
- The Community Briefing also revealed that where cross cultural relationships exist and not well accepted, having mental health needs further disenfranchises the individual from their community and the positive effect of a family and friendship network in their recovery.
- Additionally, sections of the CALD community can be affected by myths and falsehoods linked to mental health issues, resulting in stigma

Concern about accessing culturally sensitive interpreters and a further concern about privacy may be compromised in smaller communities.

## LGBTIQAP+ community

Research has demonstrated that a disproportionate number of Lesbian, Gay, Bisexual, Transgender, Intersex Queer, Asexual and Pansexual (LGBTIQAP+) people experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTIQAP+.

While Australian and international research provide evidence that raises significant concern about mental health outcomes and suicidal behaviours among these groups, it is vital to note that significant knowledge gaps remain. This is due to lack of inclusion of sexual orientation, gender identity and intersex status in population research and data collection by mental health and mainstream services. As data informs evidence-based policy, this exclusion has led to inaccuracy in reporting and significant underestimates that has left this group relatively invisible in mental health and suicide prevention policies, strategies and targeted programs.

Consequently, Australian evidence on the health and wellbeing of the LGBTIQAP+ population nationally relies on a growing but limited number of smaller studies that target the LGBTIQAP+ populations, or part thereof. While uniquely valuable, these can have methodological issues relating to representative data collection and limited ability to provide a comprehensive data analysis that is therefore unable to represent a holistic picture of LGBTIQAP+ people.

When considering data provided in this document it is important to note that this is not a comprehensive literature review, and we urge the reader to consider this broader context where adequately estimating the mental health outcomes and suicidal behaviours for the LGBTIQAP+ populations remains highly challenging.

## Service provider consultation

- Lack of local services that specifically focus on service delivery for this group across all ages.
- Mainstream services often do not have the specific skill set, confidence or knowledge to work with this group.
- Administration / intake processes can create a barrier or cause a traumatic experience hindering access e.g. male or female options only on forms.
- Nursing staff are often “too scared to ask the questions” limiting appropriate referral and service options for clients.

## Service user consultation

- Service users state from a lived experience perspective that there are limited local services that meet their needs.
- Staff including reception, intake and administration at mainstream services do not always respond appropriately leading to reluctance to engage with services.
- Staff are embarrassed and lack knowledge of how to diffuse conflict and provide a service that the LGBTIQAP+ person requires at the point of patient registration.

A consumer journey for this group was captured from a client who had experienced the full spectrum of experiences from service providers from poor to excellent. Useful interventions were when key people such as guidance counsellors and school nurses reached out to new LGBTIQAP+ students to provide support.

## Women experiencing perinatal depression

### Service provider and consumer consultation

- Consultation indicates the stigma of not being a good mother and limited outreach options prevents some from accessing support.

Barriers exist for women to access mainstream mental health services in circumstances where they are caring for other children, are isolated due to no transport (for example in Upper Coomera) or are too unwell.



# Gold Coast Primary Health Network

Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network.

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: [info@gcphn.com.au](mailto:info@gcphn.com.au) | [www.healthygc.com.au](http://www.healthygc.com.au)

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