

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

**SEVERE
AND
COMPLEX**

**Needs
Assessment
Summary**



2018

phn
GOLD COAST

An Australian Government Initiative

Severe and Complex

Approximately 690,000 Australians are estimated to have severe mental illness¹. The needs of people with severe mental illness are not homogenous. Some have episodic illness which can be supported through time-limited clinical services in the primary care setting. Others have persistent illness requiring acute hospital-based services coupled with some form of social support, ranging from group-based activities to extensive and individualised disability support.

Within the primary care setting, almost half the people with severe mental illness are currently managed by a Psychiatrist². Many others rely primarily on General Practitioners (GPs) to provide both mental and physical health services. Given many people with severe and complex mental illness also experience poor physical health outcomes³, it is critical that Psychiatrists and GPs are supported to deliver care to this vulnerable group.

Identified local health needs and service issues

- Coordinated shared care planning that is available across primary care, community and the hospital and health service.
- Education and training for General Practice to better support severe and complex patients, including physical health and referral pathways.
- Increased opportunities to support greater engagement in service delivery by peer workers and people with a lived experience.
- Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs.
- Develop efficient pathways to support person centered transfer of care between acute and primary services (general practice, allied health and community services).
- Transition to NDIS creates uncertainty for providers in their sustainability to provide services to individuals that are not NDIS eligible.



¹ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC

² Australian Government. Department of Health, PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance

³ Equally Well Consensus Statement, 2017

Key Findings

- General Practice is a key point of contact for people with mental health needs, however many GPs feel they do not have the information and resources required to assist patients with severe and persistent mental illness. Time limited consultations and appropriate referral pathways were identified as issues.
- Improved pathways are needed to support person centered care and effective transfer between acute, specialist and primary care.
- Southport is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex mental health.
- PBS data indicates rates of prescriptions for medication for adults are higher than national average for anxiolytics but lower for anti-depressants and anti-psychotics. Further exploration required to understand variation. Southport had the highest rate of prescriptions across all three medication types.
- There are three regions within the Gold Coast with rates of mental health overnight hospitalisations per 100,000 people above the national rate.
- There is variation between regions within the Gold Coast area of Psychiatry services per patient.
- Peer workers are acknowledged by both providers and consumers as important support for people with severe and complex mental health needs, however the present workforce is small.
- A greater focus on early intervention is required to prevent escalation of mental health conditions to avoid crisis and hospital presentations, with a particular focus on improving health literacy and self-management. This is relevant for both community and service providers.
- It is important for consumers to feel empowered to be involved in decision-making about their care, providers have a key role to act as facilitators to enable this.

Prevalence, service usage and other data

The National Mental Health Commission estimate 3.45% of Australians aged 16-85 experience severe mental illness at any one time¹. While differing age breakdowns between data sets prevent an exact comparison, applying this to the Gold Coast equates to an estimate of 16,095 people aged 15 and over in 2016². This can further be described as;



9,331 people with severe episodic mental illness



4,665 people with severe and persistent mental illness



2,099 people with severe and persistent illness with complex multiagency needs

It is difficult to pinpoint the areas of the Gold Coast with the greatest severe and complex mental health need. However, a review of PBS, MBS, hospital and service usage data indicate Southport is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex mental health. In addition to this, Southport is a highly disadvantaged area with multiple characteristics of vulnerability.

¹ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC

² Numbers are synthetic estimates based on the National Mental Health Commission 2014 Review of Mental Health Programs and Services and Census 2016 usual residence population and are intended as a guide only.

The Socio-Economic Indexes for Areas (SEIFA) is a summary measure of social and economic conditions including low-income, education attainment, high unemployment and dwellings without motor vehicles. Southport has the largest percentage of people ranked as being the most disadvantaged using SEIFA³. This disadvantage is further compounded by Southport accounting for the highest percentage and number of people who are homeless, people who did not speak English well or at all, the largest percentage of one parent families and the second highest percentage of people requiring assistance with a profound or severe disability on the Gold Coast⁴.

The Partners in Recovery (PIR) program supports people with severe mental illness, experiencing severe and persistent symptoms. This group of people have significant functional impairment and psychosocial disability, may be disconnected from social or family support networks and have complex multiagency needs. It is likely many of these people will be the focus of the National Disability Insurance Scheme (NDIS) Tier 3 individual support packages in the future.

The GCPHN PIR program has supported 1025 people with severe mental illness. While this does not represent the entire Gold Coast population with severe and complex mental health conditions, PIR program data provides insight to the health needs of this group of service users.

Among PIR participants, more than half (52.1%) identified a mood (affective) disorder as their primary mental health diagnosis with schizophrenia the second most common at 19% (Figure 1). These figures indicated that Gold Coast participants were more likely to have a primary mental health diagnosis of mood (affective disorder) compared to the PIR national average reported in 2015 (38%). Gold Coast participants were also somewhat less likely to have a diagnosis of schizophrenia (PIR national average was 25%), they were also more likely to have a diagnosis of adult personality and behaviour (PIR national average was 6%).

Figure 1. Primary Mental Health Diagnosis for Closed and Active Participants (% N = 1025), 2013-2017

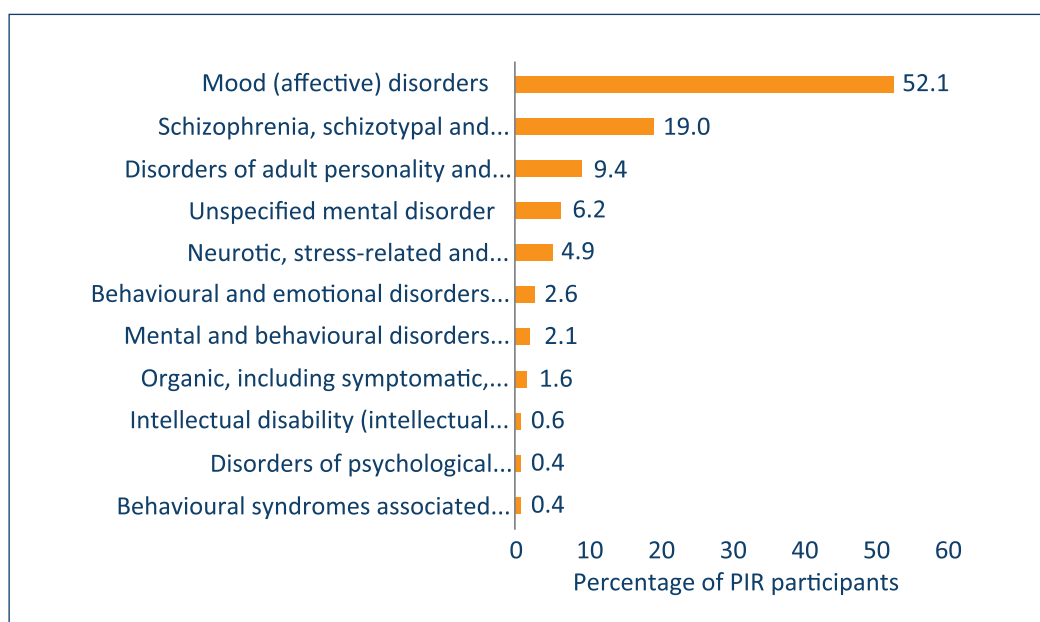
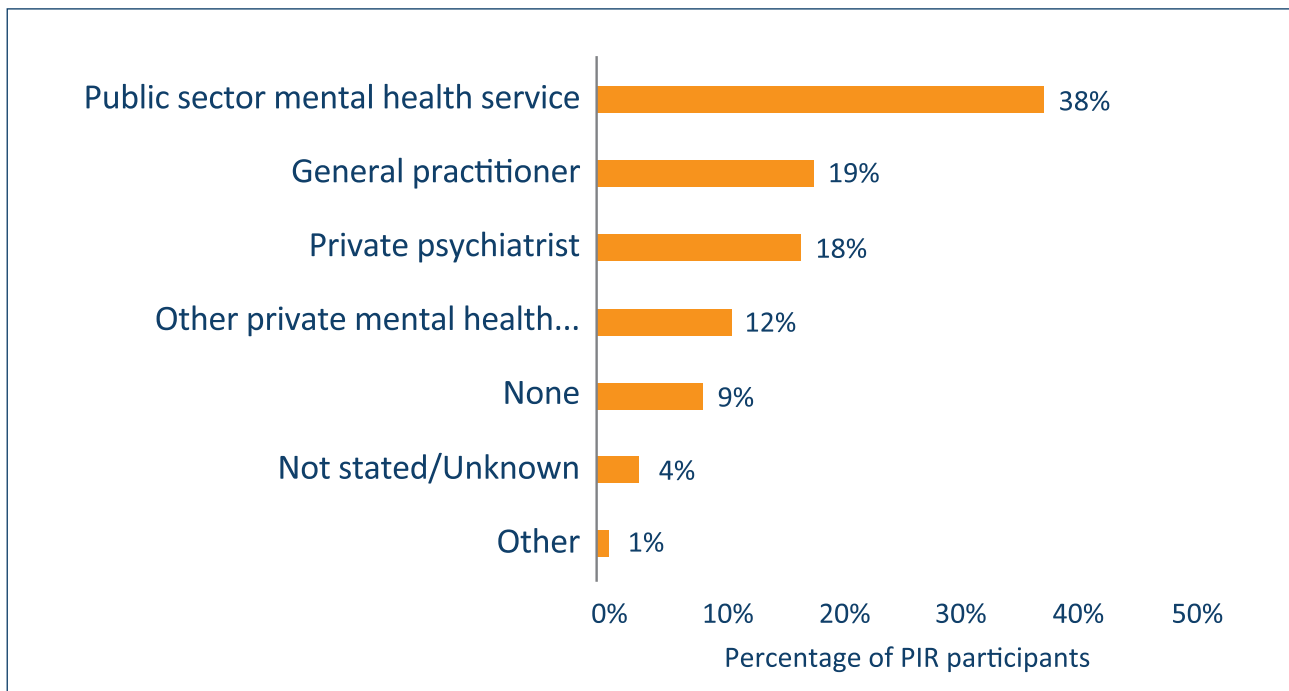


Figure 2 illustrates 38% of the participants were principally being supported by public sector mental health services, 19% by a GP and 18% by a private psychiatrist. Notably, one in nine are not being supported by any mental health service at the time of intake. When compared to national averages, Gold Coast participants appeared to be more likely to have a public sector mental health service supporting them (35% of all PIR participants were supported by the public sector in the 2015 annual report). Furthermore, Gold Coast participants were less likely to be supported by a GP (28% for all PIR participants nationwide) but more likely to be supported by a private psychiatrist (9% nationwide).

³ Queensland Government Statistician's Office, Queensland Treasury, Queensland Regional Profiles: Resident Profile for Gold Coast Statistical Area Level 4

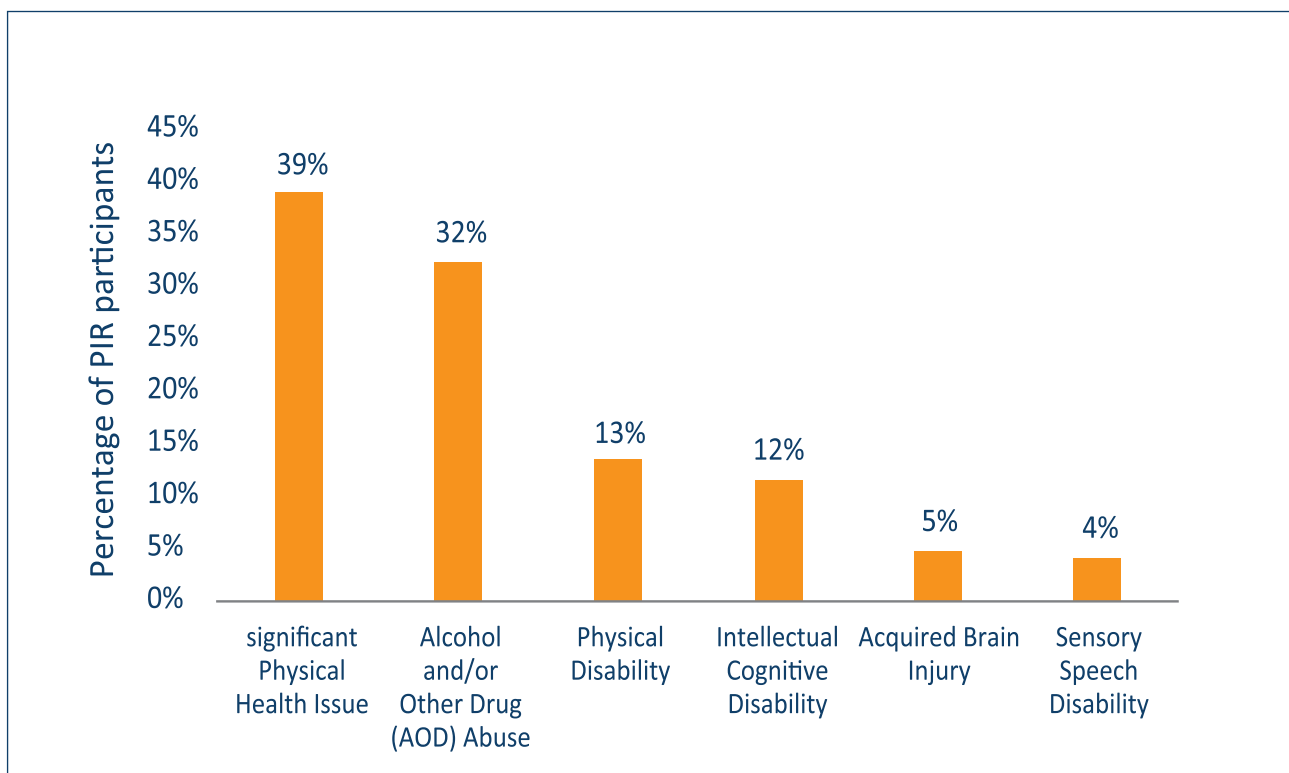
⁴ Ibid.

Figure 2. PIR Participant Principal Mental Health Service Providers for Closed and Active Participants (% N = 1025), 2013-2017



People living with mental health illness often experience poor physical health and this reflected among the PIR population with 40.1% reporting a significant physical health issue and 13.5% a physical disability (Figure 3). Multiple other co-existing factors contributing to disadvantage were reported by PIR participants including 12.8% living with an intellectual disability and just under one third (29%) with alcohol or other drug abuse (AOD).

Figure 3. Co-existing factors for Closed and Active Participants (N = 1025), November 2013 to August 2017



The complexity and high level of support required by people experiencing severe and complex mental illness is further exemplified by the prevalence of co-morbid AOD abuse among PIR participants (Table 1). Unfortunately, national PIR comparator data was not available.

Table 1. Closed and Active Participants with co-morbid AOD abuse and/or Physical Health Concerns (N = 556), November 2013 to August 2017

| Co-existing factors | GCPHN rate |
|---|------------|
| AOD and significant physical health issue | 13.0% |
| AOD and physical disability | 3.3% |
| AOD and significant physical health issue and physical disability | 2.8% |

The rate of mental health overnight hospitalisations per 100,000 people on the Gold Coast was below the national figure across the 2015-16 period. However, for 2015-16, within the Gold Coast region there were three areas with rates above the greater national rate, with the highest recorded in Southport (139) (Table 2).

Table 2. Mental health overnight hospitalisations per 100,000 people (age standardised), by national, local and SA3, 2015-16

| Region | Overnight Hospitalisations per 100,000 people (age standardised) 2015-16 | Region | Hospitalisations per 100,000 people (age standardised) 2014-15 |
|-----------------------|--|---------------------------|--|
| National | 102 | Gold Coast Hinterland | 90 |
| Gold Coast | 92 | Surfers Paradise | 90 |
| Southport | 139 | Robina | 80 |
| Coolangatta | 113 | Mudgeeraba - Tallebudgera | 75 |
| Gold Coast - North | 112 | Nerang | 66 |
| Broadbeach - Burleigh | 102 | Ormeau - Oxenford | 66 |

Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2015–16; and Australian Bureau of Statistics Estimated Resident Population 30 June 2015.

Gold Coast Health report increasing episodes of hospital care in terms of numbers and rates for anxiety and depression, schizophrenia and personality disorder across the ten years from 2002-2012. In the 2013-14 period, approximately 4,500 episodes of care were provided through Gold Coast Health for anxiety and depression, schizophrenia and personality disorders.

The Commonwealth Government’s Medicare Benefits Schedule (MBS) supports subsidised access to a limited number of psychiatry visits. Across the 2011-2012 to 2014-2015 period, the number of visits to Psychiatrists on the Gold Coast increased by 42% across all age groups. The number of individuals visiting Psychiatrists also increased by 38% over the same period, resulting in a small increase (3%) in services per patient. This increase in service coverage is contrary to the national trend (6% decrease).



The rate of psychiatry services per patient for the Gold Coast (2014-15) was 6.4 (Table 3). Within the Gold Coast, Ormeau-Oxenford is the most populated area and had the greatest number of both patients and services, however the lowest services per patient (5.9). The reverse was true for Gold Coast Hinterland which is the least populated area and had the lowest number of patients and services, yet the highest services per patient (7.6). This finding requires further investigation to understand the variation.

Table 3. MBS visits to Psychiatrists, number of patients, services and service rate for Gold Coast by area, 2014-15

| Region | Patients | Services | Services per patient |
|---------------------------|----------|----------|----------------------|
| Gold Coast | 12,958 | 80,842 | 6.4 |
| Broadbeach - Burleigh | 1,499 | 9,460 | 6.3 |
| Coolangatta | 1,381 | 9,012 | 6.5 |
| Gold Coast - North | 1,703 | 10,542 | 6.2 |
| Gold Coast Hinterland | 363 | 2,757 | 7.6 |
| Mudgeeraba - Tallebudgera | 702 | 4,206 | 6.0 |
| Nerang | 1,540 | 9,462 | 6.1 |
| Ormeau – Oxenford | 2,095 | 12,366 | 5.9 |
| Robina | 1,011 | 6,125 | 6.1 |

Pharmaceutical Benefits Scheme (PBS) data provides insight into medication dispensing relating to anxiety, depression and psychosis. Compared to state and national figures, the Gold Coast had lower rates for antidepressant and antipsychotic medication dispensing but higher rates for anxiolytics (Table 4).

Table 4. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for antidepressant, anxiolytic and antipsychotic medicines per 100,000 people aged 18-64, by Gold Coast, state and national, 2013-14

| Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions per 100,000 people aged 18-64 for: | Gold Coast | Queensland | National |
|---|------------|------------|----------|
| Antidepressant medicines | 96,751 | 113,350 | 101,239 |
| Antipsychotic medicines | 14,566 | 16,961 | 17,844 |
| Anxiolytic medicines | 22,119 | 19,091 | 17,201 |

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

Further analysis of PBS data reveals significant variation of these medication dispensing rates between areas within the greater Gold Coast region. Table 5 below identifies Gold Coast sub-regions with rates exceeding those for the greater Gold Coast, state and/or nationally. Southport has the highest rate across all three medication types with antipsychotic and anxiolytic rates 1.2 and 1.6 times the national figures respectively. Similarly, Gold Coast North stands out as an area with high rates, exceeding national figures for all three medication types.

Table 5. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for antidepressant, anxiolytic and antipsychotic medicines per 100,000 people aged 18-64, by Gold Coast SA3, Gold Coast, state and national, 2013-14

| Region | Antidepressant medicines | Antipsychotic medicines | Anxiolytic medicines |
|---------------------------|--------------------------|-------------------------|----------------------|
| National | 101,239 | 17,844 | 17,201 |
| Queensland | 113,350 | 16,961 | 19,091 |
| Gold Coast | 96,751 | 14,566 | 22,119 |
| Broadbeach - Burleigh | 94,720 | 12,648 | 23,802 |
| Coolangatta | 96,506 | 18,168 | 26,048 |
| Gold Coast - North | 104,711 | 19,540 | 26,578 |
| Gold Coast Hinterland | 102,009 | 14,049 | 17,627 |
| Mudgeeraba - Tallebudgera | 92,484 | 11,802 | 19,442 |
| Nerang | 99,275 | 13,581 | 18,881 |
| Ormeau - Oxenford | 99,385 | 8,906 | 14,882 |
| Robina | 88,169 | 9,510 | 18,210 |
| Southport | 107,558 | 24,181 | 28,102 |
| Surfers Paradise | 82,697 | 13,279 | 27,620 |

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

Service Mapping

The below information excludes youth specific services, see summary 'Youth Mental Health, including Children' for more detail relating to services for this population group.

| Services | Number in GCPHN region | Distribution | Capacity discussion |
|---|---|--|---|
| PlusSocial service funded by GCPHN | 1 which offers after hours safe space as well as clinical care coordination. | Mermaid Beach | Currently still building towards full capacity. |
| Community based NGO programs - specifically for severe and complex mental health. | 2 (predominantly service coordination/facilitation programs, provided through multiple services). | Programs are outreach. | Outside of emergency departments or police stations, there is one community based, non-clinical services available after-hours for people experiencing mental health related distress to go to for face to face assistance. |
| Community NGO services, mental health focus | 6 NGO providers (predominantly case coordination, brief intervention, counselling and referral services). 2 of these employ peer workers. | 3 in Southport, 1 in Arundel, 1 in Varsity Lakes, 1 in Miami, 2 in Robina, 1 in Oxenford, 1 in Bilinga (10 listed due to multiple locations). | While peer workers are acknowledged as important elements of the service system, current capacity and access are limited. |
| Crisis helplines. | 6 (life line, suicide call-back service, mens line, kids helpline, 13 health, 1300 MH call). | 24hour telephone services. Public knowledge of these services would drive uptake/demand | Large provider FSG ceased operations in 2018. Clients were transferred to other providers but there was confusion and concern. |
| Gold Coast Health crisis services. | 3 (1 Acute Care Treatment Team [ACT], 2 emergency departments). | Emergency departments at Robina and Southport. ACT team telephone service available 24hrs. Clinic in Southport and outreach to all of Gold Coast region. | |
| Gold Coast Health Inpatient services | 5 (Acute Adult (16-65), Older Persons (65+, 16 beds) and an Extended Treatment Unit (16 bed) all located at Robina. Acute Adult unit (16-65) available in Southport. A 27-bed mental health rehabilitation unit is located at Robina and focuses on adults with severe and complex needs that cannot be serviced by current community support). | 4 in Robina, 1 in Southport. | |

| Services | Number in GCPHN region | Distribution | Capacity discussion |
|--|--|---|---|
| Gold Coast Health Community services | 4 (Mobile intensive rehabilitation team, Older persons mental health, Continuing Care Teams, Eating Disorder Service). | Southport, Palm Beach and outreach. | Education programs and groups are run by various NGOs aimed at supporting consumers and carers. |
| Gold Coast Health Consumer and Carer consultants | 4 (Mobile intensive rehabilitation team, Older persons mental health, Continuing Care Teams, Eating Disorder Service). | Southport, Palm Beach and outreach. | 4-5 peer navigators and a mental health navigator to be appointed by Gold Coast Health in 2018. |
| Gold Coast Health Consumer and Carer consultants | 1 team comprising both consumer and carer peer consultants. | Across all Gold Coast Health locations as needed. | |
| Private mental health facility | 2 (fully comprehensive private mental health facilities equipped to support people with severe and complex needs). | 1 in Currumbin and 1 in Robina | |

Consultation

Various consultation activity was undertaken 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.

Service provider consultation

The following key findings emerged through the consultation process with community mental health service providers, Gold Coast Health and community members.

- Psychological services don't adequately meet the needs of someone with severe and persistent mental illness, childhood trauma or complexity in their lives.
- Often limited capacity to be responsive to consumer needs and provide timely access due to demand and existing waitlists.
- Concern there are people utilising Mental Health Nurses who do not have severe and/or complex needs, this impacts access for people who do.
- Current services are limited in their ability to support people who are escalating and require face to face support in a non-clinical environment
- Concern that implementation of the National Disability Insurance Scheme (NDIS) will create gaps in service delivery particularly for individuals that are not eligible for NDIS
- Multi agency care plans, or shared care planning, identified as a priority throughout the sector to support sharing of information and timely communication between services.
- Existing integration, communication and coordination across services, including non-health services can be improved
- Variation exists among providers as to how they define and therefore service the needs of, people with severe and complex mental health conditions.
- Recognise the value of including Peer Workers in the care approach, however capacity to do so is limited.
- Addressing the physical wellbeing of people with severe and complex mental health conditions must be prioritised, the collaboration between mental health and primary care services should be strengthened.
- Some GPs reported limited confidence in working with severe and complex mental illness, not having access to enough information about most appropriate services available and referral pathways into the community.

Service user consultation

- Consumers often feel they do not have adequate support to actively participate in the decision-making and planning of their care.
- There is a desire for more formalised opportunities to build confidence in their ability to self-manage.
- The importance of including families and carers in the care planning process was identified.
- Families and carers require support to maintain their capacity to assist loved ones.
- Consumer, families and carers want opportunities to be involved in the planning, design, delivery and evaluation mental health services.



- Consumers have limited options to access face to face support outside an emergency department or clinical setting when they are feeling distressed, particularly acute in the after-hours.
- Consumers identify accessing the right information and services at the time they need it is challenging due to a lack of local centralised system navigation.
- The capacity of GPs to respond to the needs of this client group was variable.
- GPs don't have the time to adequately meet the needs of severe and complex or acutely ill patients in the brief, time limited consultations that are generally available.
- Trust in the worker, consistency in the support provided, having someone available to provide advice, care coordination, and flexibility made a significant difference to user satisfaction and outcomes.
- Stigma was identified as a significant issue and a barrier to seeking support and maintaining wellness.
- Broader social determinants of health such as access to transport, employment, adequate housing and effective social support impact on the capacity to recover and remain well.

Consultation and feedback from stakeholders throughout 2018:

- Limited awareness for some clinicians of the services and supports available.
- It has been identified that clients can become dependent on one support provider, making it difficult to move to new provider and some clinicians may at times enable client dependence, not referring to services that may better suit their non-clinical needs.
- Emerging issues / concerns regarding NDIS
 - o Limited service providers to provide support coordination in national disability insurance scheme plans.
 - o The impact of the closure of FSG a large NGO service provider in 2018 reducing choice for participants who will need to access NDIS services.
 - o Primary Health Clinicians are supporting patients with their NDIS application but there is no suitable MBS item number given the time required.
 - o Limited understanding for some of the role primary health care providers in assisting people to access NDIS for life long support.
 - o A lag time has been identified between NDIS services commencing for eligible patients and current service ceasing.
- 25% of patients with frequent presentations to the ED have a mental health issue.
- Limited access to safe spaces in the northern Gold Coast with the large and growing population.
- Concern with homeless with clients with mental health issues and accessing services or meeting with service providers.
- Psychosocial supports with a focus on accessing training and education, increased physical activity and wellbeing groups, social groups and activities that are flexible to access and is inclusive of family and carers, and use of peer workers to step individuals up for more intense support or less support as needed.

Gold Coast Primary Health Network

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