

# 2019

## Needs Assessment Summary YOUTH MENTAL HEALTH INCLUDING CHILDREN



## Youth Mental Health

Intervention early in life and at an early stage of illness can reduce the duration and impact of mental illness. Services that recognise the significance of family and social support and functional recovery in the care that is provided are particularly important for children and young people.

In line with a stepped care model it is likely there will be a need to support region-specific, cross sectoral approaches to early intervention for children and young people experiencing, or at risk of mental illness including those with severe mental illness who are being managed in primary care.

While Gold Coast Primary Health Network (GCPHN) generally defines children as 0-14 and youth as 15-25 years, it is not possible to consider age cohorts given age and other access and eligibility criteria vary across service providers and individual programs.



### Local health needs and service issues

- Enhanced coordination for services to enable wrap around support for youth through outreach opportunities and flexible service entry points
- Low rate of engagement in early intervention and therapeutic services including after the point of referral for children aged 0 to 14.
- Limited services in the northern part of the region where there are large child and youth populations and significant demand for Mental Health (MH) services for this cohort, including services for Aboriginal and Torres Strait Islander child services
- Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. Addressing these issues is hampered by:



- Long wait times for assessment and treatment in the public system
- Cost of private services
- Barriers to transfer client information securely

Limited knowledge of and adherence to guidelines /frameworks by health care providers for the CALD population is limited



## Key findings

- Data indicates geographic areas that potentially have higher numbers of vulnerable young children are in the northern growth corridor areas of Upper Coomera and Pacific Pines, as well as the central Southport areas. Consultation indicates service gaps in the northern growth corridor.
- Broadbeach-Burleigh, Southport and Ormeau-Oxenford are highlighted areas with higher than national rates for prescribing mental health medication for those under 18.
- Services report an increase in high complexity for young service users requiring coordinated, family-based and multiple agency response.
- There are limited services that provide support for young people with highly complex situations (family, housing, justice, education etc.) but have mild and moderate mental health conditions. The few care coordination and case management-based services available, are targeted towards those with severe and complex mental health conditions.
- There is a concentration of services in the Southport area including the large youth health service, head-space. Age and other access criteria vary across the sector and consultation and service mapping indicates that access to services for younger children (aged 0 to 14) is more difficult, particularly for primary school aged children. Consultation highlighted the importance of schools as an early intervention opportunity for young people.
- On some indicators, the GCPHN region fairs slightly better than state and national comparators such as: lower rates of prescriptions for antidepressant and anti-psychotic medication for under 18's and a lower rate of youth suicide.
- GCPHN needs to work with stakeholders to improve regional specific data on prevalence and service usage by children and young people for future analysis.
- Children in care are a particularly vulnerable group and service delivery for this cohort is particularly complicated.
- Be You incentive is aimed at education, training and support to engage schools and broader education workforce in early identification and intervention that is appropriate in the context of the education environment.

## Prevalence, service usage and other data

Findings from the Young Minds Matter Survey (2013-14) indicated 1 in 7 Australians aged 4-17 had a mental disorder in the previous 12 months. Severity of disorders varied with 8.3% mild, 3.5% moderate and 2.1% severe. Anxiety and Attention Deficit Hyperactivity Disorder (ADHD) disorders were more likely to be rated as having a mild and moderate impact, whereas major depressive disorder was more commonly rated as having a moderate to severe impact.

While differing age breakdowns between data sets prevent an exact comparison, it is estimated in 2016 there were 14,681 Gold Coast children aged 5-19 years who experienced a mental disorder in the previous 12 months. Students with mental disorders achieve poorer NAPLAN results and have more absences from school. Applying the severity percentages reported in the Young Minds Matter Survey results in an estimated 1,219 mild, 514 moderate and 308 severe cases<sup>1</sup>.

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development. Most recent data (2018) indicates the rates of developmentally vulnerable Gold Coast children in the domains of social competence (9.5%) and emotional maturity (8.2%) are comparable to both Queensland and National figures with small variations (Table 1.)

**Table 1. Percentage of developmentally vulnerable children across the Gold Coast, Queensland and Australia, by domain, 2018**



	GOLD COAST (%)	QUEENSLAND (%)	AUSTRALIA (%)
Social competence	9.5	11.9	9.8
Emotional maturity	8.2	10.5	8.4



The three regions within the Gold Coast with the highest rate of developmentally vulnerable children in the social competence and emotional maturity domains fluctuated. However, the regions with greatest percentage of developmentally vulnerable children across both domains were Ormeau-Oxenford, Nerang and Gold Coast-North. Furthermore, increasing numbers of children and young people are entering into the child protection system from the northern corridor. This is reflective of the larger populations in these areas.

Analysis of Medicare Benefits Schedule (MBS) data by the Australian Bureau of Statistics (2017-18) found the Gold Coast had a slightly higher rate per 100 people of children aged 0-14 and youth aged 15-24 accessing MBS General Practitioner Mental Health Treatment Plans (Table 2).

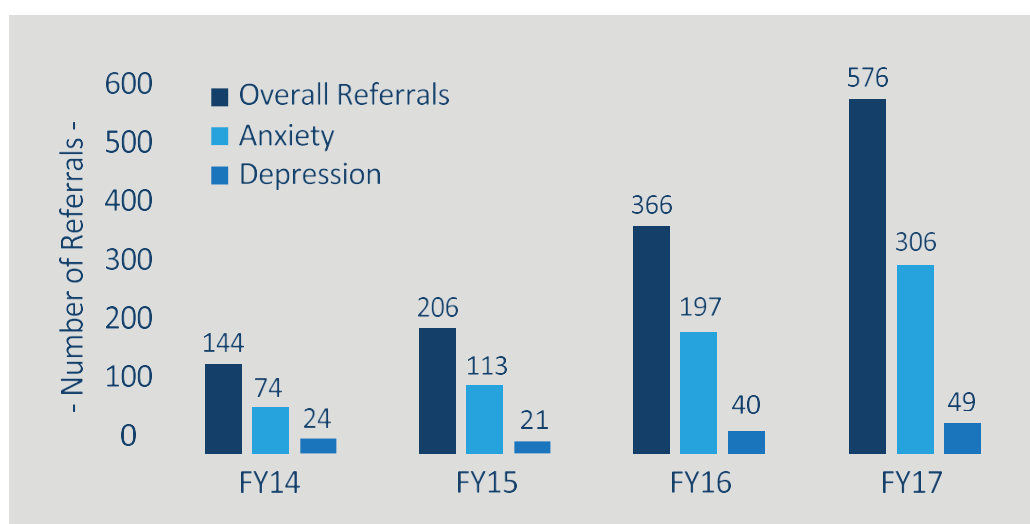
**Table 2. Persons accessing MBS General Practitioner Mental Health Treatment Plans , GCPHN region and National, 2017/18**

Persons accessing MBS General Practitioner Mental Health Treatment plans		GCPHN Services per 100p eople	National Services per 100p eople
	Population aged <b>0-14</b>	<b>7.54</b>	<b>5.39</b>
	Population aged <b>15-24</b>	<b>21.51</b>	<b>18.93</b>

Gold Coast children aged 0-12 years with mild to moderate mental health needs could access psychological services through the Psychological Services Program. Program data indicates a steady increase in referrals across financial years from 2013-2017.

While this is likely due to increased awareness among referrers resulting from significant promotion, it demonstrates an ongoing demand within the target population. Most referrals were for children aged 5-12 years, seeking support for anxiety.

**Figure 1. The ATAPS program ceased as of 30 June 2017 and has been replaced by the Psychological Services Program.**



Source: Unpublished ATAPS/Psychological Services Program data

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 1st July 2018 to 30th June 2019 there were:

- 1,530 referrals
- 5,849 sessions delivered

The region with the highest number of children using the service were Ormeau-Oxenford (178 people), Nerang (50), Gold Coast-North (42) and Coolangatta (41).

**Table 3. Number of persons accessing Psychological Services Program on the Gold Coast, 1st July 2018 to 30th June 2019.**

FY 2018/19	Children (under 12)	All other target groups	Percentage of referrals and sessions for children in PSP program
Referrals	408	1,122	36%
Sessions	199	5,650	4%

Anecdotal evidence from clinicians is that one of the reasons that PSP is so highly used by the youth population in this area is because of the lack of Hospital / state specialist services in the area. The data may also suggest a deficit of alternative therapeutic support options for children and families to address issues such as behavioural, emotional and social challenges. Further evidence suggest youth are referred for behavioral management where a parenting program may be a better referral option among community-based options.

In relation to prescriptions dispensed for anti-depressant, antipsychotic and ADHD medicines for people aged 17 years and under, the Gold Coast rate was lower than Queensland and comparable to national rates (Table 4). Within the Gold Coast, the highest rates for both anti-depressant (9,408) and antipsychotic (2,485) medicines were in Broadbeach–Burleigh, well exceeding national figures.

**Table 4. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for anti-depressant, antipsychotic and ADHD medicines per 100,000 people aged 17 and under, by Gold Coast, state and national, 2013-14**

Age standardized rate of Pharmaceutical Benefit Scheme (PBS) prescriptions per 100,000 people aged 17 and under for:	Gold Coast	Queensland	National
Anti-depressant medicines	8,021	9,072	7,989
Antipsychotic medicines	1,971	2,544	2,070
ADHD medicines	10,799	12,555	10,780

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

There was a noticeable variation between rates among sub-regional areas of the Gold Coast with some exceeding both state and national figures. For anti-depressant medicine dispensing, the three areas within the Gold Coast with the highest rates were Broadbeach–Burleigh (9,408), Southport (8,874) and Ormeau-Oxenford (8,871).

These were above both the national and Gold Coast rates, with Broadbeach–Burleigh also exceeding the Queensland rate. For antipsychotic medicine dispensing, the three areas within the Gold Coast with the highest rates were Broadbeach–Burleigh (2,485), Coolangatta (2,327) and Mudgeeraba-Tallebudgera (2,299).

These were above both the national and overall Gold Coast rates.

For ADHD medicine dispensing, the three areas within the Gold Coast with the highest rates were Nerang (12,621), Gold Coast North (12,525) and Southport (11,810). These were above both the national and overall Gold Coast rates with Nerang also exceeding the Queensland rate.

*Source: National survey of Mental Health and Wellbeing*

Children in care (children subject to Child Safety orders) are likely to have poorer mental health as well as physical and developmental health, than their peers, with only 3% of young people in care without health problems<sup>2</sup>.

- More than half (54%) have emotional or behavioral problems.
- 14% have abnormal growth.
- 45% aged 10-17 years have moderate or high health risks associated with substance use.
- 24% have incomplete vaccinations.
- Up to 63% have an eating disorder or obesity.
- 20% have abnormal vision screening.
- 28% have an abnormal hearing test.
- 30% have dental problems.

**Table 5. Infant and child mental health, current service provision, 2015**

Age (years)	Meet criteria for a diagnosis	Multiple risk factors indicative of requiring specialist mental health support	Current level of population accessing specialist mental health services
0-5	16-18%	16.1% (0-1 years) 12.1% (2-3 years)	<b>Commonwealth</b> MBS any provider 0.9% (0-4 years) ATAPS 0.3% (0-11 years) <b>State</b> Ambulatory 0.4% (0-4 years)
4-11	13.60%	19.2% (4-5 years) 25.2% (6-7 years) 28.9% (8-9 years) 32.8% (10-11 years)	<b>Commonwealth</b> MBS any provider 5.7% (5-11 years) ATAPS 0.3% (0-11 years) <b>State</b> Ambulatory 1.4% (5-11 years)





## Service Mapping

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services Program (PSP), Child (0-12) stream. Focus is moderate.	Of the 27 contracted organisations, 22 are registered with PSP to provide psychological services to children.	Organisations are available across the region and are evenly spread	Community and Gold Coast Health services providing mental health care for youth and children are clustered in Robina and Southport with one located in Burleigh and some outreach.
headspace (12-25 years) general practice services, psychological, dietetics, vocation/educational support, family and peer support, home-based care. Focus is mild to moderate.	1 on the Gold Coast. Neighboring facilities in Tweed Heads to the south and Meadowbrook to the north.	Southport, with potential for southern Gold Coast to access headspace in Tweed Heads. Northern Gold Coast residents may have to travel North to access Meadowbrook service or south to Southport center.	The majority of child and youth mental health services focus on ages 12-25 with eligibility cut offs varying within this age bracket. This can make transitioning between services challenging.
headspace Early Psychosis 12-25 years) psychiatry and psychology, group, family and peer support, case management, community education. (hYEPP) Focus is young people at risk of or experience first episode of psychosis.	1 on the Gold Coast. Neighboring facilities in Meadowbrook to the north.	Hub and spoke model – Hub is headspace Southport with spoke being at Meadowbrook (which is located south of Brisbane). Also accessible via outreach. Service has a Mobile Assessment Treatment Team to ensure access.	Mental health services for children aged 0-12 are very limited. While a mix of mild to moderate and severe and complex providers exist, eligibility requirements limit access.
E-mental health services.	E-headspace target to youth.	Online Services. Public awareness knowledge of these services would drive uptake/demand and could bridge gap between services.	The services delivered by the Gold Coast Health are largely located in Robina and Southport.
Gold Coast Health inpatient services, ages 0-25 years (varied age and other access/eligibility criteria)	3 (Robina has 2: child and youth and acute young adult aged 18-25 years. Southport has 1 acute adult unit for ages 16-65 years).	2 in Robina, 1 in Southport.	Overall limited services in the northern part of the Region.
Gold Coast Health community services, ages 0-25 years (varied age and other access/eligibility criteria across programs/services)	8 (Child and Youth Mental Health Service [CYMHS], Evolve therapeutic services, child and youth access, perinatal infant mental health, early psychosis, continuing care teams (18+), eating disorder service (18+), acute care treatment team (18+).	2 CYMHS clinics (Robina and Southport), Early Psychosis (Robina), rest outreach	Wait times for FASD assessments can be very lengthy (over a year).
Community based mental health NGO services (majority focus on ages 12 -25 with age and other access/eligibility criteria varying within this. 2 services cater to ages 0-18, predominantly facilitator/ service coordination and counselling).	5 separate NGO providers with programs and services specifically for youth mental health.	1 in Southport, 1 in Burleigh, 3 outreach to all of Gold Coast	Mental health services have limited capacity or are not funded to provide the family work required in some cases. There are some private providers who offer these services.
Community NGO services, (predominantly counselling and referral services)	8 NGO providers who provide counselling services or refer into specific youth mental health services.	3 in Southport, 2 in Arundel, 1 in Labrador, 1 in Miami, 1 in Robina, 1 in Burleigh.	
Fetal Alcohol Syndrome Disorder (FASD) clinic	1 (1 of 2 in the country).	Gold Coast Health service	
Psychologists	598, across all settings and job roles, in labor force on the Gold Coast in 2017	Psychologists generally distributed across the Gold Coast, with the majority located in coastal and central areas	<ul style="list-style-type: none"> <li>Psychologists can be a point of referral for individuals.</li> </ul>
Parenting programs for behavior management	10 providers of varying programs 1 online	Across the Gold Coast	<ul style="list-style-type: none"> <li>Run regularly, some are limited to the clients of the service</li> </ul>



## Consultation

Consultation activity has been undertaken from 2016-2019 in various forms and intensity 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

- Services and support for children who are undergoing gender transitioning or who identify early as LGBTIQAP+ are sparse. Local psychosocial support is difficult to find.
- Family re-unification programs for children with child safety issues whose parents have mental health and alcohol and other drugs needs are managed by community-based agencies; reports that current services in this space are not able to meet demand.
- Increasing complexity and/or acuity of presentations to service providers, reported by Gold Coast Health, Department of Child Safety Youth and Women and school guidance officers and school counsellors reported. Not all are eligible for referral to Child and Youth Mental Health Service (CYMHS) and there are limited options for age-specific services.
- The complex needs assessment panel (CNAP) on the Gold Coast were identified as a critical piece of the service system providing a coordinated and multi-service response for youth with the most complex needs. The CNAP for < 10s has been defunded but is still running with increasing demand for the service.
- Spikes in presentations to services occur for early intervention and therapeutic services between the ages of 10-17 years; these children can fall through the gaps as they don't easily fit eligibility criteria. Furthermore, service providers report that the psychological treatment can have limited outcomes for complex cases due to the time it takes build rapport and the time/session limitations for funded services.
- Transport is an access barrier for youth as public transport can be too costly or not available.
- Alcohol and drug treatment options are limited for the youth and there are no withdrawal management options for those under 18 years.

- Collaboration between mental health nurses and school nurses could be improved to support identification and intervention. Education and information around referral options is needed for people working in the school system.
- Primary Health Care Improvement Committee November 2018 indicate:
  - difficulty in accessing services for children, including Aboriginal and Torres Strait Islander Children with or at risk of mental health issues, particularly in the northern growth corridor area (Coomera, Upper Coomera, Oxenford and surrounds)
  - approximately 2 out of 3 families needing mental health support for children are in “chaos” hindering ability to access services
- Reports of barriers for re-entry to school as part of the young person’s recovery
- There is widespread limited understanding of infant mental health – identification of dys-regulation and knowledge of referral pathways.

## Service user consultation

Children themselves were not engaged in providing direct feedback. Dialogue occurred with young people, adult carers, adults with a lived experience of child/adolescent mental illness and service providers.

- School was often identified as a critical early intervention opportunity that was missed or neglected. This was also the case for those with experiences of sexual abuse, childhood trauma and domestic violence who are broadly accepted as being ‘at-risk’, highlighting that these target groups can still slip through cracks.
- School identification/intervention relating to mental health is limited and can be dependent on which school a child attends.
- Limited opportunities for children or young people to speak out or seek help.
- There are not enough community-based support options for children with mild to moderate needs, therefore these children miss out on the benefit of early intervention.
- Children and young people not connected with education or engaged with other support are hard to reach.
- Access to family support services is limited due to capacity issues.
- Young people reported experiencing severe distress and chaos resulting from the impact of social determinants and contributing to mental health issues and AOD use.
- Many young people stated that meeting a significant adult at the right time was a key factor marking the commencement of their recovery journey.

Significant stakeholder consultation was undertaken in 2018 as part of a project focused on strengthening the health assessment response for children and young people in Care and found:

- Limited health professional awareness of the National Clinical Assessment Framework for children and young people in out of home care.
- There are no MBS Items numbers for conducting health assessments for children and young people in out of home-care despite widespread evidence of the poor health outcomes upon entry to care and throughout life.
- Care coordination of health needs would be highly beneficial for these children with complex needs, young people in residential care particularly need a coordinated approach
- Many children enter the protection system without any documentation such as Medicare number thus, detrimentally postponing their access to health care including the public health system and primary care.
- Paediatric health is recommended in the National Clinical Assessment Framework
- Reliance on the public health system for paediatric referrals does not enable timely health assessments in accordance of the three-month guideline recommended in the National Clinical Assessment Framework for Children and Young people in Out of Home care.
- High cost is associated with cognitive and behavioral assessments, done privately with no specific MBS funding for the assessments.
- A long waiting list (approximately 2 years) at Gold Coast University Hospital for fetal alcohol spectrum disorder (FASD) for 7-10-year old. Limited services are doing FASD assessments due to the need for a multidisciplinary team and the time to do testing is 32-64 hours a week.
- Limited availability of appropriate and targeted therapy for FASD and it is often misdiagnosed as behavioural issues such as ADHD, finding the right therapy for the disorder is difficult.
- Carers are often not shared information about the child's health needs by health professionals, including appointment times and reports. This has no relation to the information sharing provisions and medical decision making guidelines for child protection. Carers have a right to information to support the day-to-day health needs of the children they care for. My Health Record has not solved this as carers generally do not have access.

- Concern that funding allocations are a barrier for carers supporting the health needs for their children and especially those with complex needs. This is compounded by limited MBS and PHN funded services that meet the intensity required for long term health outcomes.
- Misdiagnosis of trauma as ADHD and ASD is an extensive problem for children in care meaning they may not receive the right treatment at the right time leading to long term complex problems.
- Some children are referred to other health services that cannot provide treatment until the trauma is addressed by a psychologist.
- Information sharing is a barrier to managing health needs for this cohort and there are multiple challenges with the My Health Record as a tool to do this. Challenges also relate to health care teams working together to support the outcomes of the child/young person.
- Limited understanding of trauma-informed care among some professionals, including lack of screening for trauma, re-traumatisation and clinical approaches/environment leading to children and young people's disengagement from the health system.
- Parents of children in care feel stigmatised and disempowered by the health system due to the power imbalances between carers, Child Safety, health professionals and parents. Parents want to be provided opportunities to be involved in the health care of the children and evidence suggests that doing so increases long term positive health outcomes for the young person.
- While there are some exemplars in delivery of services to Aboriginal and Torres Strait Islander children in care, many mainstream services may have more limited understanding of what is culturally appropriate.
- Limited understanding of referral pathways for behavior management by primary care

## Gold Coast Primary Health Network

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

Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.

