

2019

Needs Assessment Summary SEVERE AND COMPLEX



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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.



Local health needs and service issues

- Coordinated shared care planning that is available across primary care, community and the hospital and health service.
- Clear and efficient health pathways to better support severe and complex patients through primary care, community and the hospital and health service.
- 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. Southport and Gold Coast-North 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.
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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. 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 1,363 people with severe mental illness from November 2013 to June 2019. 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.

¹ National Mental Health Commission, 2014: The National Review of Mental Health Programs 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.

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

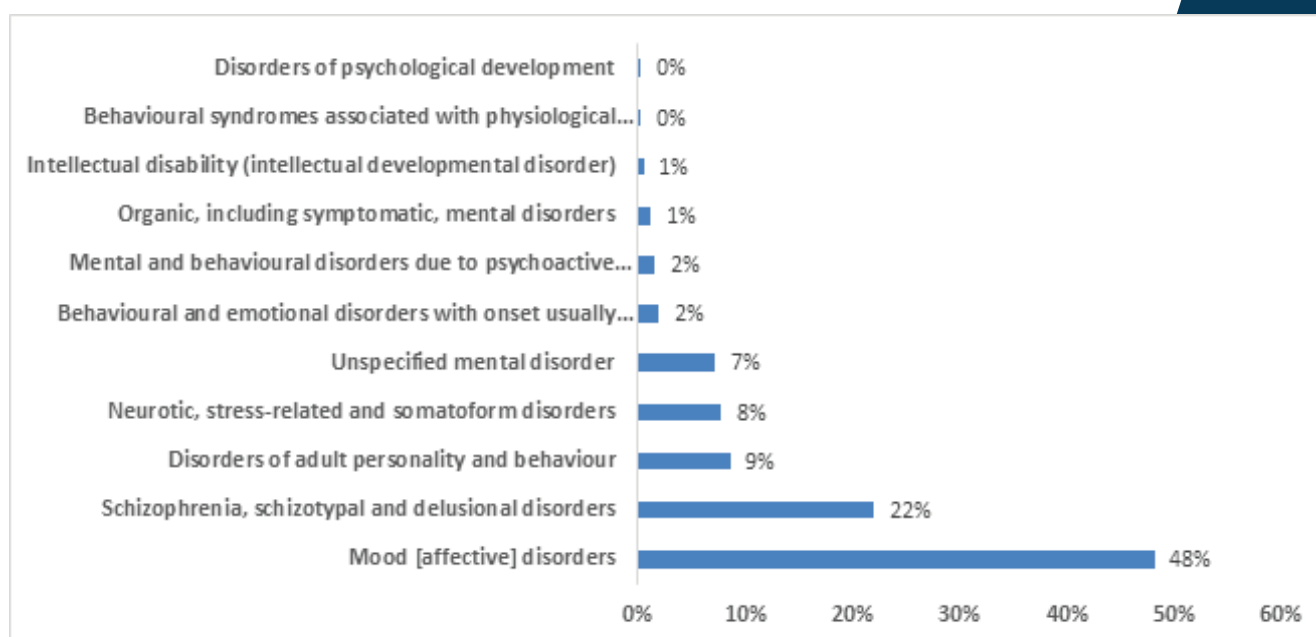
⁴ Ibid.

Among the PIR participants, 59.1% were Female, 40.8% Male and 0.1% other. The age group of the participants:

- 4.5% of registered participants aged 25 and under
- 42.4% of registered participants aged 25 to 44
- 46.8% of registered participants aged 45 to 64
- 6.2% of registered participants aged 64 and over

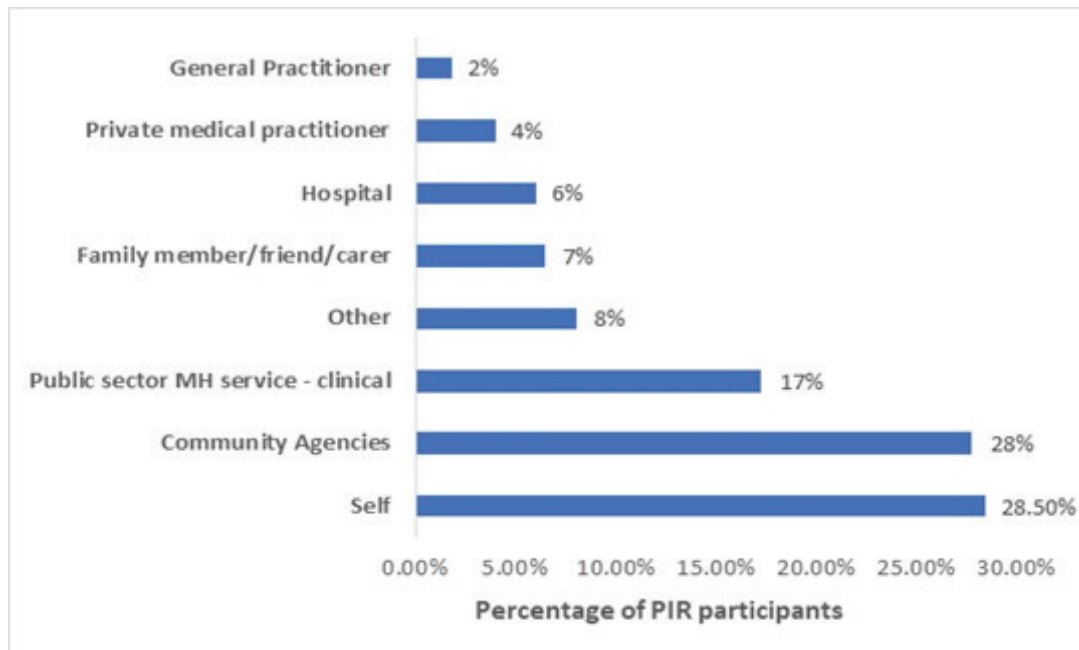
Among PIR participants, (48%) identified a mood (affective) disorder as their primary mental health diagnosis with schizophrenia, schizotypal and delusional disorders the second most common at 22% (Figure 1). These figures indicated that Gold Coast participants were more likely to have a primary mental 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 behavior (PIR national average was 6%).

Figure 1. Primary Mental Health Diagnosis for Closed and Active Participants (% N = 1,363), November 2013-June 2019



Source: PIR-FIXUS

Figure 2. PIR Participant Principal Mental Health Service Providers for Closed and Active Participants (% N = 1,363), November 2013 to June 2019

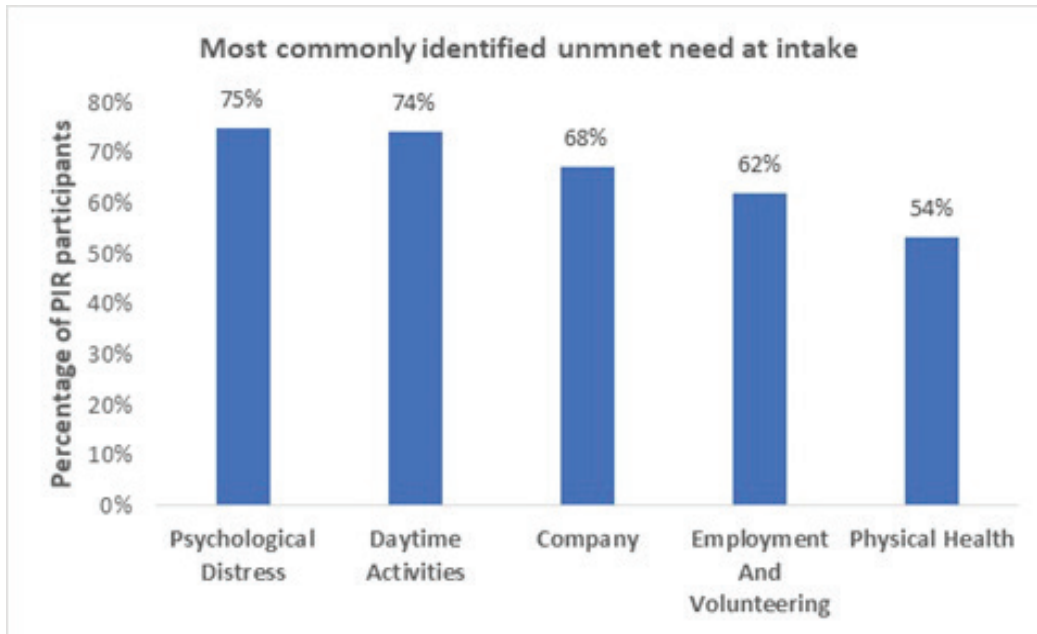


Source: PIR-FIXUS

Figure 2 illustrates 29% of the participants were self-referred, 28% by community agencies and 17% by public sector mental health service- clinical.

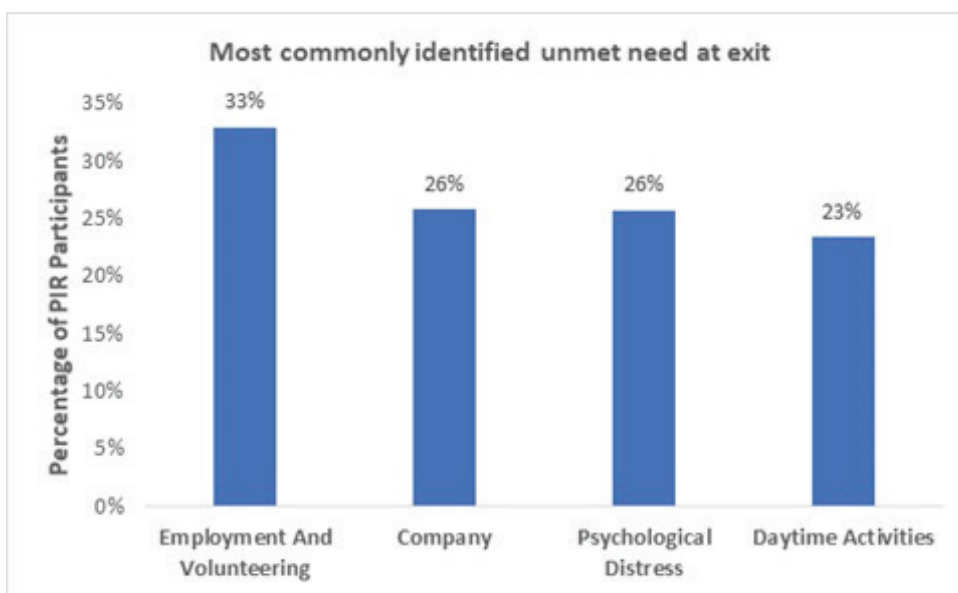
PIR participants identify their unmet needs at intake of the program. Psychological distress (75%) was the most common unmet need at intake closely followed by daytime activities (74%) (Figure 3). Among PIR participants exiting the program, 33% stated their unmet need was employment/volunteering followed by company (26%) (Figure 4). This change in unmet needs from intake and exit identifies that participants in the PIR program are receiving the care they require which is changing their unmet needs from intake to exit.

Figure 3. Most commonly identified unmet needs at intake, November 2013 to June 2019



Source: PIR-FIXUS

Figure 4. Most commonly identified unmet needs at exit, November 2013 to June 2019



Source: PIR-FIXUS

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 1).

Table 1. 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	Broadbeach-Burleigh	90
Gold Coast	92	Robina	90
Southport	139	Gold Coast Hinterland	80
Gold Coast North	113	Nerang	75
Coolangatta	112	Mudgeeraba-Tallebudgera	66
Surfers Paradise	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.

Eating disorders are group of mental illness typically characterised by problems linked with distributed eating or body weight control, and a severe concern with body weight or shape. Eating disorders may occur at any stage of life, research suggest that they may occur most often in young women. Eating disorders require a comprehensive, multi-disciplinary approach from both mental and medical health disciplines

There are four types of commonly recognised eating disorders:

- Anorexia nervosa- characterised by the persistent restriction of food and water intake, intense fear of gaining weight and disturbance in self-perceived weight or body shape
- Bulimia nervosa- characterised by repeated binge-eating episodes followed by compensatory behaviours like self-induced vomiting or laxative misuse
- Binge eating disorder- characterised by repeated episodes of binge-eating, often with a sense of loss of control while eating
- Other specified feeding or eating disorder- people with this disorder present with many of the symptoms of anorexia nervosa, bulimia nervosa or binge-eating disorder, but may not meet the full criteria for diagnoses for one or more of the disorders.⁵

In 2015-16, 95% of Australian hospitalisations with a principal diagnosis of an eating disorder were for Females. Females aged 15-24 made up the largest proportion of these hospitalisations (57%) ⁶. Local data suggest that the prevalence on the Gold Coast of eating disorders is in line with the national rate.

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 2). 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 2. 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 3).

Table 3. 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 standardized 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	15,253	18,599	19,420
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 4 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 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 SA3, Gold Coast, state and national, 2013-14, (2015-16 data for Antipsychotic medicines)

Region	Antidepressant medicines	Antipsychotic medicines	Anxiolytic medicines
Broadbeach-Burleigh	94,720	13,748	23,802
Coolangatta	96,506	18,510	26,048
Gold Coast-North	104,711	21,246	26,578
Gold Coast Hinterland	102,009	14,813	17,627
Mudgeeraba-Tallebudgera	92,484	11,628	19,442
Nerang	99,275	14,598	18,881
Ormeau-Oxenford	99,385	8,966	14,882
Robina	88,169	11,261	18,210
Southport	107,558	24,210	28,102
Surfers Paradise	82,697	13,549	27,620
National	101,239	19,420	17,201
QLD	113,350	18,599	19,091
Gold Coast	96,751	15,253	22,119

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
Plus Social service funded by GCPHN	1 which offers after hours safe space as well as clinical care coordination.	Mermaid Beach	Psychosocial services are for available for people who are experiencing the impacts of serious mental illness. do not meet the eligibility criteria for the NDIS and who would like assistance with their recovery journey.
Lighthouse Youth Enhanced	1	Southport	Lighthouse provides recovery oriented, clinical care coordination specialized treatment services for young people aged 12 to 18 years with or at risk of, severe mental illness.
Community based NGO programs - specifically for severe and complex mental health.	4 (predominantly psychosocial support services, non-clinical care coordination/facilitation programs, provided through multiple services).	Programs are outreach.	Outside of emergency departments or police stations, there is one community based, non-clinical service 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 (lifeline, suicide call-back service, men's line, kids helpline, 13 health, 1300 MH call).	24hour telephone services. Public knowledge of these services would drive uptake/demand.	

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

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