

Gold Coast Primary Health Network  
NEEDS ASSESSMENTS 2020  
SUICIDE PREVENTION



**phn**  
GOLD COAST

An Australian Government Initiative

# SUICIDE PREVENTION

Suicide is a complex issue with long-lasting impacts on individuals, families and communities. Causes of suicide ideation and behaviour can stem from a mix of factors such as adverse life events, trauma, social and geographical isolation, socio-economic disadvantage, mental and physical health, lack of support structures and individual levels of resilience.

## Local health needs and service issues

- Gold Coast suicide rate is consistent with the state rate, it is greater than the national rate
- PHN funded suicide prevention psychological services are well utilised, but opportunity exists to better target those most at risk
- Workforce education and support is required for general practice and mental health services to ensure consistent approaches to risk assessment and safety planning
- Partnership with Gold Coast Health to ensure care planning and discharge processes are inclusive for all participants.
- Clear referral pathways and supported connections to appropriate community supports.
- Limited knowledge about what evidence-based treatments are being delivered, by whom or what the quality of these services are
- A coordinated, integrated and compassionate response across the whole community
- Improve the support for carers and families impacted by suicide
- Services and responses need to particularly focus on:
  - Males
  - Northern Gold Coast
  - LGBTIQAP+
  - Aboriginal and Torres Strait Islander population
  - Culturally and Linguistically diverse population



# SUICIDE PREVENTION

## Key findings

- While the Gold Coast suicide rate is consistent with the state rate, it is greater than the national rate.
- Local data indicates need for additional services in northern corridor of the Gold Coast
- Males accounted for 65% of suspected deaths by suicide on the Gold Coast in 2017-2019 compared to 35% for females in the same period.
- National data indicates the Lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others, Aboriginal and Torres Strait Islander and culturally and linguistically diverse community is particularly vulnerable.
- The interface with acute services remains problematic, including: patients requiring support may not meet the service threshold for admission; people are not connected or referred to more appropriate services; limited collaborative discharge planning and discharge information; discharge information may not always be received in a timely way by the patient's regular general practitioner (GP).
- For the 2019-20 period, 60% of all referrals to the Psychological Services Program were made through the suicide prevention stream, accounting for 69% of all sessions delivered.
- Services that support people struggling with relationship and family breakdowns, financial problems and bereavement are essential elements of the suicide prevention system.

## Prevalence, service usage and other data

Suicide was the leading cause of death for young Queenslanders in 2018 with 129 deaths among people aged 15-24 years. It was also the leading cause of death for people aged 25-34 years with 139 deaths and 35-44-year olds with 149 deaths in Queensland.

In the 2019 calendar year, there were 757 suspected suicides of Queensland residents. This is just under 15 suspected suicides for every 100,000 people. The number of male suspected suicides decreased by 23 from 593 in 2018 to 570 in 2019. Female suspected suicides increased by 12, from 175 in 2018 to 187 in 2019.

Suspected suicide rates of Queensland residents have decreased since 2017 with a 2.8% decrease from 2018 to 2019 in Queensland. It reduced by 5.6% for males but increased by 7.4% for females. Suspected suicide numbers and rates were highest in males aged 40-49 and females aged 45-49

During the period 2017-2019, there were 278 suicides in the Gold Coast Primary Health Network catchment area, representing an age- standardised suicide rate of 14.5 per 100,000 people <sup>2</sup>.



**Table 1. Suicides and age-standardised suicide rates per 100,000 people in regions covered by Primary Health Network catchment areas in Queensland, 2017–2019**

Primary Health Network Catchment area	Suspected Suicides	2017-19 ASR
Northern Queensland	423	20.6
Western Queensland	35	20
Darling Downs and West Moreton	303	18.3
Central Queensland, Wide Bay, Sunshine Coast	424	16.8
Gold Coast	278	14.5
Brisbane North	407	13.1
Brisbane South	545	12.9

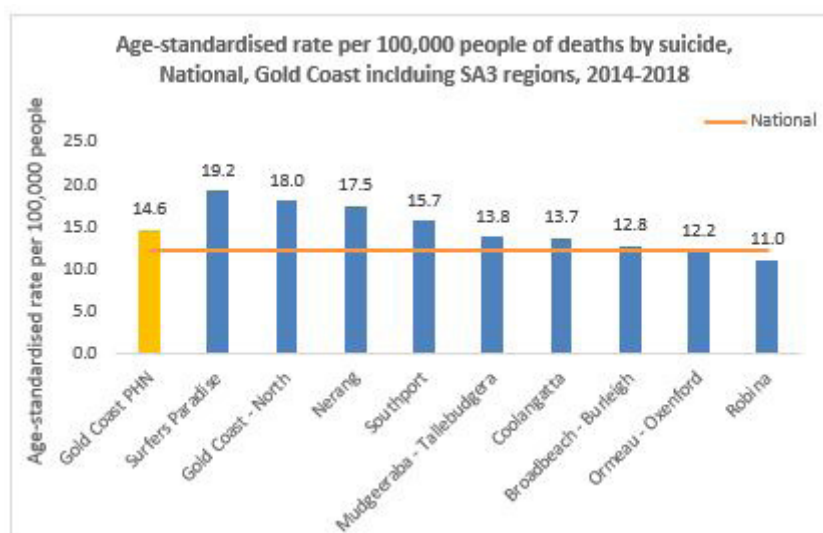
Source. Leske, S., Adam, G., Schrader, I., Catakovic, A., Weir, B., & Crompton, D. (2020). *Suicide in Queensland: Annual Report 2020*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University

## Gold Coast

The release of the 2014-2018 leading cause of death in Australia by Australian Institute of Health and Welfare indicated suicide was the 11th leading cause of death in this period with 15,100 deaths (12.3 per 100,000 age standardised rate) in Australia. Suicide was the 8th leading cause of death on the Gold Coast in the same reporting period with 438 deaths (14.6 per 100,000 age standardised rate).

As can be seen in Figure 1, the Gold Coast rate of deaths by suicide from 2014 to 2018 was above the national rate while Surfers Paradise had the largest rate of deaths by suicide with 19.2. Although the age-standardised rate of deaths by suicide identified that Ormeau-Oxenford had the second lowest rate the Gold Coast PHN region, the region did have the highest total number of deaths by suicide from 2014 to 2018 as can be seen below in table 2.

**Figure 1. Age-standardised rate per 100,000 people of deaths by suicide, National, Gold Coast including SA3 regions, 2014-2018**



Source. Deaths in Australia/Grim MORT Books, Australian Institute of Health and Welfare, 2020

The release of the 2014-2018 leading cause of death in Australia by Australian Institute of Health and Welfare indicated suicide was the 11th leading cause of death in this period with 15,100 deaths (12.3 per 100,000 age standardised rate) in Australia. Suicide was the 8th leading cause of death on the Gold Coast in the same reporting period with 438 deaths (14.6 per 100,000 age standardised rate).

As can be seen in Figure 1, the Gold Coast rate of deaths by suicide from 2014 to 2018 was above the national rate while Surfers Paradise had the largest rate of deaths by suicide with 19.2. Although the age-standardised rate of deaths by suicide identified that Ormeau-Oxenford had the second lowest rate the Gold Coast PHN region, the region did have the highest total number of deaths by suicide from 2014 to 2018 as can be seen below in table 2.

**Table 2. Suicides in Gold Coast PHN including SA3 regions, 2014–2018**

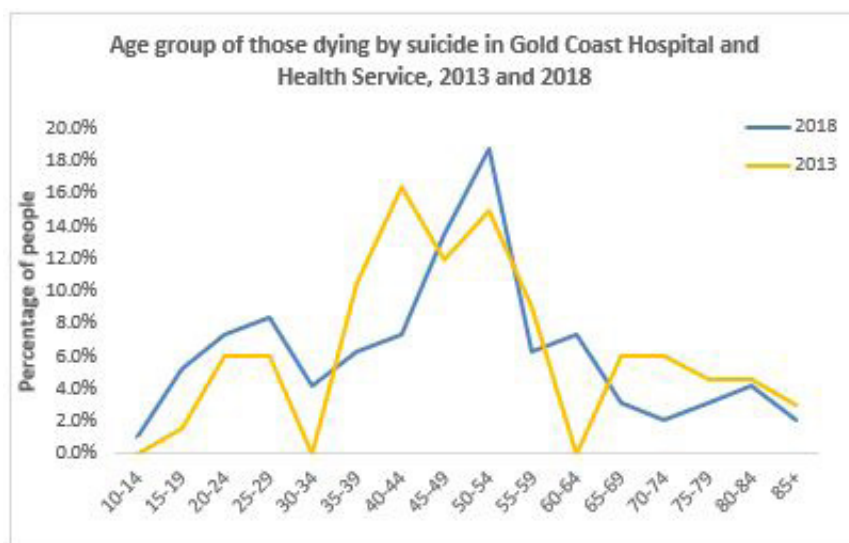
	Number of deaths
Gold Coast PHN	438
Ormeau - Oxenford	69
Gold Coast - North	62
Nerang	61
Southport	51
Surfers Paradise	45
Broadbeach - Burleigh	45
Coolangatta	38
Robina	28
Mudgeeraba - Tallebudgera	24
Gold Coast Hinterland	15

Source. Deaths in Australia/Grim MORT Books, Australian Institute of Health and Welfare, 2020

## Gold Coast - Gender (Male/Female) & Age

In 2018, the age group of 50-54 had the highest number people dying of suicide in the Gold Coast Hospital and Health Service compared to 2013, which the age group of 40-44 had the highest number of people dying by suicide as can be seen in figure 2.

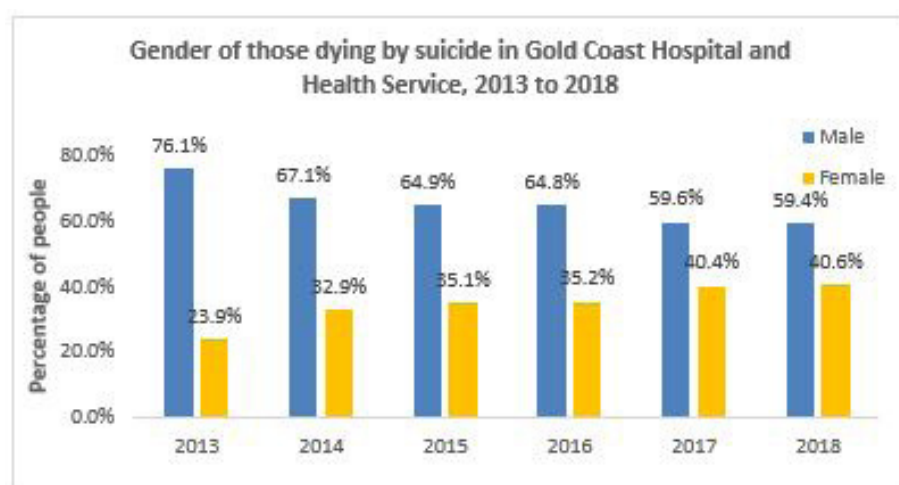
**Figure 2. Age group of those dying by suicide in Gold Coast and Hospital and Health Service, 2013 and 2018**



Source. Leske, S., Crompton, D., & Kölves, K. (2019). Suicide in Queensland: Annual Report 2019. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University

The male rate of deaths by suicide has been decreasing on the Gold Coast in recent years while the female rate has been increasing. Males accounted for 59.4% of deaths by suicide on the Gold Coast in 2018 compared to 76.1% in 2013. In 2018, the female rate of deaths by suicide was 40.6% which has increased from 23.9% in 2013.

**Figure 3. Gender of those dying by suicide in Gold Coast and Hospital and Health Service, 2013 to 2018**



Source. Leske, S., Crompton, D., & Kölves, K. (2019). *Suicide in Queensland: Annual Report 2019*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University

## Queensland Aboriginal and Torres Strait Islanders

The suicide rate in Queensland Aboriginal and Torres Strait Islander peoples is twice that of the non-Indigenous population, and suicide occurs at a much younger age. Intentional self-harm is the fifth highest cause of death for Indigenous people, with males representing the vast majority (83%) of suicide deaths<sup>3</sup>.

Of the 757 suicides reported in 2019 in Queensland, Aboriginal and Torres Strait Islander females living in Queensland accounted (11.9%) of all female suicides while males accounted for 8.3% of all male suicides<sup>4</sup>. The age group of 20-24 had the highest number of suspected suicides by Aboriginal and Torres Strait Islander Queenslanders.

Gold Coast recorded the lowest number of suicides by Aboriginal or Torres Strait Islander people in Queensland for the 2011-13 period. True suicide mortality figures in Aboriginal and Torres Strait Islander populations remain poorly understood due to incomplete data collection processes and inaccurate classification systems. (Please see Mental Health & Suicide Aboriginal & Torres Strait Islander needs assessment)

3. Australian Bureau of Statistics (2018). Catalogue 3303.0—Causes of Death. Canberra, Australia.

4. Leske, S., Adam, G., Schrader, I., Catakovic, A., Weir, B., & Crompton, D. (2020). *Suicide in Queensland: Annual Report 2020*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith

## Lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)

LGBTIQAP+ are far more likely to attempt suicide than heterosexual people. LGBTIQAP+ people are between 3.5 and 14 times more likely to try and die by suicide compared to heterosexual people <sup>5</sup>.

Of the 757 suicides reported in 2019 in Queensland, 36 (1.5% of all) suspected suicides by persons identifies as LGBTIQAP+ <sup>6</sup>. Australian Bureau of Statistics data indicates a heightened risk of poor mental health that may lead to suicidal behaviour in LGBTIQAP+ communities <sup>7</sup>. This increased risk of poor mental health and suicidality among LGBTIQAP+ people is not attributable to sexuality, sex, or gender identity, but rather due to experiences of discrimination and exclusion <sup>8</sup>.

One in six young LGBTIQAP+ people has attempted suicide and one third have harmed themselves. 16% of LGBTIQAP+ Australians aged between 16 and 27 have attempted suicide and 33% have self-harmed <sup>9</sup>. Looking at transgender young people, around 3 in every 4 transgender young people have experienced anxiety or depression, 4 out of 5 transgender young people have ever engaged in self-harm and almost 1 in 2 have ever attempted suicide (48%) <sup>10</sup>.

## Culturally and Linguistically diverse (CALD)

Australia's CALD communities have diverse views of suicide and suicidal thinking, and vary in the way that their community, family, and friends respond to suicide. Multicultural differences, past trauma and experiences of discrimination are acknowledged and related to effective suicide prevention strategy. Limited data is available on this group although stigma around mental health and the topic of suicide, as well as language barriers and the difficulty of maintaining privacy and confidentiality can affect people in CALD communities.

## Prevalence of life events

There are multiple factors recognised as contributing to suicidal behaviour or someone being at risk of suicide. These include personal hardship, difficult life events, poor physical and mental health, harmful substance use and previous self-harm or suicide attempts<sup>6</sup>. It is important to understand these factors when considering suicide prevention.

Data from the Australian Institute for Suicide Research and Prevention identified the prevalence of life events among people who died by suicide (2013-2015). Relationship separation was the most frequently recorded life event (32.5%) among all ages and for both women and men. This was followed by financial problems (27.3%), recent or pending unemployment (19.5%).

5. Suicide Prevention Australia Position Statement, Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities 2009

6. Leske, S., Adam, G., Schrader, I., Catakovic, A., Weir, B., & Crompton, D. (2020). Suicide in Queensland: Annual Report 2020. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith

7. Skerrett, D., Kolves, K., De Leo, D. (2015). Are LGBT Populations at a Higher Risk for Suicidal Behaviors in Australia? Research Findings and Implications. Journal of Homosexuality, Vol. 62, Issue 7.

8. Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd Edition. National LGBTI Health Alliance: Sydney.

9. Robinson, KH, Bansel, P, Denson, N, Ovenden, G & Davies, C 2014, Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne

10. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia.

**Table 3. Life events reportedly experienced by those dying by suicide in Gold Coast Hospital and Health Service, 2013 to 2015**

		2013	2014	2015
Relationship problems	Conflict	17.9%	14.1%	18.2%
	Separation	22.4%	29.4%	32.5%
Bereavement	Spouse	9.0%	3.5%	3.9%
	Family	6.0%	7.1%	5.2%
	Other	1.5%	1.2%	3.9%
	Multiple	1.5%	0.0%	0.0%
Conflict	Familial	6.0%	8.2%	10.4%
	Interpersonal	7.5%	3.5%	7.8%
Other	Pending legal matters	4.5%	8.2%	5.2%
	Financial problems	14.9%	20.0%	27.3%
	Recent or pending unemployment	9.0%	8.2%	19.5%
	Work/school problems (not financial)	4.5%	7.1%	5.2%
	Child custody dispute	6.0%	4.7%	6.5%
	Childhood trauma	6.0%	0.0%	3.9%
	Sexual abuse	1.5%	0.0%	2.6%

Source: Leske, S., Crompton, D., & Kölves, K. (2019). *Suicide in Queensland: Annual Report 2019*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University

## Emergency Department Presentations

Presentations to Gold Coast University Hospital and Robina Hospital Emergency Department for suicidal ideation between June 2019 to July 2020 was slightly above 2,000 presentations. Of these, 49% were males while 51% were females with 7% of presentations identifying as Aboriginal and or Torres Strait Islander. People aged between 20 to 29 years old had the largest rate of presentation of people for suicidal ideation with 29% followed by people aged 7 to 19 with (23%).

## Intentional self-harm

Intentional self-harm is often defined as deliberately injuring or hurting oneself, with or without the intention of dying. Intentional self-harm comes in many forms, and affects people from different backgrounds, ages and lifestyles. The reasons for self-harm are different for each persons and are often complex. Most people who self-harm do not go on to end their lives- but previous self-harm is a strong risk factor for suicide. Therefore, monitoring of intentional self-harm is key to suicide prevention.

As can be seen in table four, the Gold Coast PHN region was below the Queensland rate per 100,000 people for all intentional self-harm for all age cohorts except males aged 0-24 and females aged 65 years and over in 2018/19.



**Table 4. Number of intentional self-harm hospitalisations and rate per 100,000 people, Gold Coast and Queensland, 2018-19**

		Gold Coast	Queensland	Gold Coast	Queensland
		Number		Rate per 100,000 people	
Male	0-24	102	856	103.5	102.4
	25-44	142	1,308	170.9	194
	45-64	70	736	95	122
	65+	21	181	43.8	49.4
	All ages	335	3,081		
Female	0-24	230	2,351	238.9	293.6
	25-44	167	1,747	189.8	251.6
	45-64	110	1,058	136.5	167.4
	65+	35	197	65	48.8
	All ages	542	5,353		

Source. National Hospital Morbidity Database, Australian Institute of Health and Welfare, 2020

## Psychological Services Program

The Psychological Services Program (PSP) 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 targets seven underserved and priority groups including children, people at risk of homelessness and suicide prevention. From the 1st July 2019 to 30th June 2020 there were 761 referrals to the Adult Suicide Prevention Psychological Services Program (PSP) stream leading to 3,971 sessions. Suicide prevention is by far the most common cause for referral by General Practitioners and services users include a range of people in distress. These services users also complete the most number of sessions (average 5.2 sessions per client). Perinatal, Aboriginal and Torres Strait Islander streams had particularly low rates of sessions with 1.8 and 2.6 respectively.

**Table 4. Number of persons accessing Psychological Services Program on the Gold Coast, suicide prevention 1st July 2019 to 30th June 2020.**

FY 2019/20	Referrals	Rate of referrals from specified group	Sessions	Rate of total sessions delivered from referrals from specified group
Adult Suicide Prevention	761	60%	3,971	69%
Other PSP streams	512		1,745	

Referrals came from 375 (45%) of Gold Coast general practitioners to PSP interventions. Of those referred to the adult suicide prevention stream, 16% came from clients located in Coomera, Pimpama, and Upper Coomera followed by 15% from Labrador and Southport.

## Suicide Prevention Pathway

The Gold Coast Mental Health and Specialist Services Suicide Prevention Pathway assist patient's recovery from suicidal thoughts and behaviors. Between January and November 2019, a total of 1,681 placements on the Suicide Prevention Pathway (on average, 153 placements per month). This represented a total of 1,498 persons (average of 136 / month). Of these people, 84.2% were aged 18 years and over.

## COVID-19 and suicide

There is much uncertainty around the medium- and long-term impacts of the COVID-19 Pandemic on suicide mortality in Australia. Duration and intensity of restrictions, timeframe of economy recovering and the impact of state and federal government interventions to reduce the economic and social effects will all affect suicide mortality. As the Gold Coast is a region dependent on tourism this may have more of an impact on the Gold Coast compared to other regions depending on ongoing social distancing practices.

As previously mentioned, suicide is not influenced or caused by one factor but results from complex interaction between multiple risk factors, consequently it is difficult to understand the impact COVID-19 on suspected suicides. As can be seen in table five, the year to date comparisons for suicides from January to July in 2020 is comparable to 2019.

**Table 5. Year to date comparisons for suicides from January to July, by sex, 2015-2020, Queensland**

Year	Males	Females
2015	315	106
2016	290	92
2017	340	116
2018	341	89
2019	343	102
2020	352	102

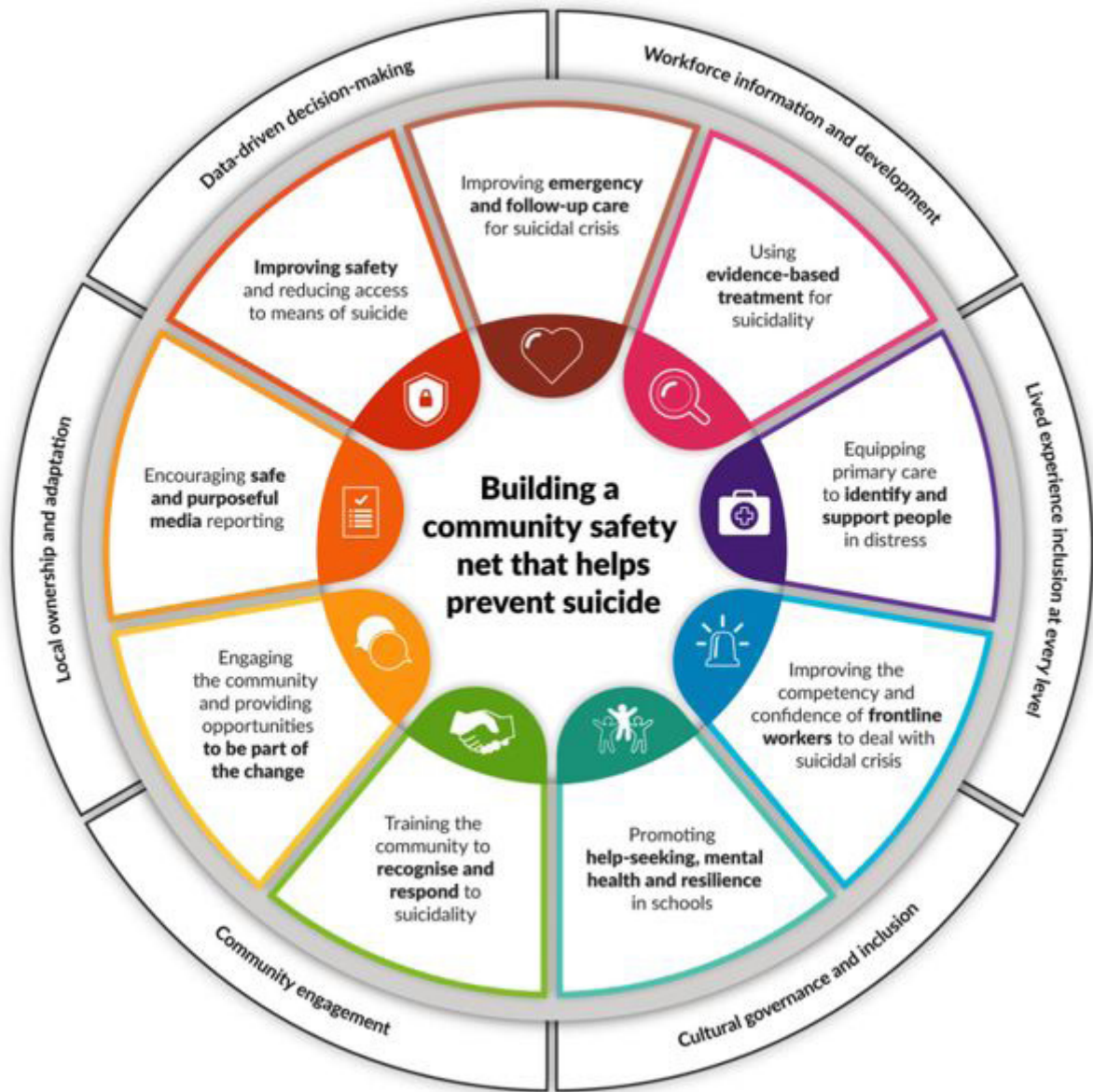
Source. Leske, S., Adam, G., Schrader, I., Catakovic, A., Weir, B., & Crompton, D. (2020). *Suicide in Queensland: Annual Report 2020*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith University

## Community Approach

Reducing the rate and impact of suicide in the Gold Coast community is not something any single agency or level of government can do alone. The health system plays a vital role in suicide prevention, particularly through the delivery of specialised mental health care. However, equally important roles are played by a wide range of social and human services, law enforcement agencies, industry bodies, education providers, private and non-government service providers, community services and workplaces.

The Lifespan model was an initiative of the Black Dog Institute Centre of Research and Excellence in Suicide Prevention which aims to reduce the suicide rates in Australia. The framework combines nine strategies that have strong evidence for suicide prevention into one community-led approach incorporating health, education, frontline services, business, and the community. The framework takes a whole of community view, aligns to the Living is For Everyone Framework and World Health Organization guidelines. Black Dog Institute reports that, based on scientific modeling, it has six overarching principles and when implemented together, this approach is predicted to reduce suicide death by 20% and suicide attempts by 30%. Gold Coast Primary Health Network adopted the LifeSpan framework to guide the joint regional planning for suicide prevention.

Figure 4. LifeSpan: Integrated Suicide Prevention



Source: LifeSpan: Integrated Suicide Prevention, Black Dog Institute

## Service System

Services	Number in GCPHN region	Distribution	Capacity discussion
GCPHN funded Psychological Services Program (PSP) suicide prevention	Of the 20 contracted organisations, 16 are contracted to provide suicide prevention services	Providers are distributed across the region	Dedicated suicide prevention services on the Gold Coast appear to be limited; however, some mental health services provide information and referral advice on suicide prevention.
Gold Coast Health crisis helpline	1 phone hotline (13 MH CALL) for the Acute Care Treatment (ACT) Team	ACT team telephone service available 24hrs	A 2018 review of clients accessing Psychological Services Program (PSP) suicide prevention service stream indicates strong use but those using the service tend to be females and younger people, which are not the most at risk cohorts in the region.
Emergency Departments (ED)	5	Southport and Robina (public)  Southport, Benowa and Tugun (private)	
Support and Transition Program - Suicide Prevention (coordination support for those at-risk of suicide, recently attempted or are recently discharged)	1	Accessible via contact with public hospitals in Robina and Southport	
Crisis helplines	4 national (Lifeline, Suicide Call Back Service, Mensline, Kids Helpline)	24-hour, 7-day telephone services. Public knowledge of these services would drive uptake/demand.	Crisis services on the Gold Coast are available through the public health system in the form of hospital emergency departments and specific crisis support (Acute Care Treatment team, 24hr phone line).  There are numerous well-known national suicide prevention (and crisis) services that are likely to be accessed by the Gold Coast community. For example, Lifeline (phone and online), Suicide call back service (phone and online) and Beyond blue (phone and online).
Counselling helplines and websites	12 national helplines (Mensline, Kids Helpline, Open Arms formerly Veterans and Veterans Families Counselling Service, QLife, Carers Australia, eheadspace, 1800 Respect, Relationships Australia, SANE Australia, ReachOut, BeyondBlue, Counselling Online, Child abuse prevention service)	Online and telephone services.	There are no specialised suicide prevention or crisis services for Aboriginal and Torres Strait Islander people on the Gold Coast although the Acute Care Team does employ an Aboriginal and Torres Strait Islander Mental Health Worker.

## Consultation

Various consultation activity was undertaken during 2019/20 with the Gold Coast community, clinicians and service providers. Mechanisms included broad scale community briefing, consumer journey mapping, one to one interview, industry presentations, working groups and co-design processes.

### Joint regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services

- Gold Coast Primary Health Network (GCPHN) and Gold Coast Health jointly led the development of the Joint Regional Plan
- This Joint Regional Plan is a foundational plan for the Gold Coast region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol and other drugs services in the Gold Coast region
- The process brought together cross-sectoral and community stakeholders to develop, agree and document a shared understanding of the issues our region faces, a shared vision for the future, and a roadmap for change
- The Joint Regional Plan took a person-centred approach to consultation because we understand that whilst there are unique elements to mental health, suicide prevention, alcohol and other drugs, and Aboriginal and Torres Strait Islander social and emotional wellbeing, many of the issues people face are interrelated and multifactorial.
- Suicide prevention is recognised as a significant public health concern for Australia, Queensland and at a Gold Coast regional level. To reflect this, the Joint Regional Planning process recognised the need for a related but unique response
- This included as part of the overall governance, the formation of a specific Suicide Prevention Leadership Group. This group advised on the Suicide Prevention components of this Joint Regional Plan and developed a more in-depth Community Action Plan for Suicide Prevention
- Community Action Plan highlighted the need for a systems or whole of community approach

### Service provider consultation (2019/20)

- People presenting to hospital feeling at risk of self-harm but whose mental health issues are not seen as serious enough for admission with limited follow up provided.
- Training and skills development for school staff that supports enhanced early identification, intervention and referrals was also acknowledged as an important requirement, as was enhancing the skills of mainstream services, GPs, and clinicians to work with at risk and vulnerable populations.
- Limited community support systems and services available for those that have attempted suicide
- Early identification of at-risk people who identify as LGBTIQAP+ was also reported as key to suicide prevention.



- Lotus staff have described emerging impacts of COVID-19 on service delivery. This includes increased number of people requiring supports and connections to Centrelink and additional time required to support clients in the use of technology to facilitate connections and access to other services and supports during this time.
- The Social and Economic fallout of COVID-19 is anticipated to have significant impacts on service demand and need.
- The Way Back service will result in duplication of the current Lotus model. The Lotus model will need to be reviewed to identify how funding can best be repurposed for suicide prevention. This will be identified in part through the work of the Joint Regional Plan and discussions scheduled for December.
- Responses for 45-56-year age demographic remains a definite gap. People are left highly vulnerable due to unplanned/unforeseen circumstances with little support from the community.
- Access to Domestic Violence services have been an issue especially with carer's and violence orders, gaps evident and challenges with this sector.
- General Practitioners refer to the PSP program on "need", usually distress rather than personal attributes (such as being LGBTIQAP+ or CALD)

### **Service user consultation (2019/20)**

- Inadequate response for individuals presenting to hospital feeling unsafe/at risk of self-harm but who are not admitted as their immediate health issues are not seen as serious or acute enough.
- Limited community support systems or services for those that have attempted suicide
- People who have survived suicide attempts want more support, particularly with non-health related issues such as financial support, relationships and housing.
- Individuals being discharged feel excluded from the hospital discharge planning process.
- Due to high numbers of persons presenting with high mental health needs and/or risk of suicide there are periods of increased length of response times from the Acute Care Team.

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.gcphn.org.au](http://www.gcphn.org.au)

“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

**phn**  
GOLD COAST

---

An Australian Government Initiative