Gold Coast Primary Health Network

NEEDS ASSESSMENTS 2020

YOUTH MENTAL HEALTH INCLUDING CHILDREN

phn GOLD COAST

An Australian Government Initiative

YOUTH MENTAL HEALTH

At a regional, state and national level there is increasing recognition that a focus on preventing or intervening early in the progression of mental health difficulties not only benefits infants and children, but also creates a solid foundation for health outcomes later in life. Services that recognise the significance of family and social support and functional recovery 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.

The Gold Coast region is relatively well-serviced with a wide range of service providers that contribute to children, young people and families' wellbeing. Mental health concerns may first be identified through primary healthcare services, including General Practice, Aboriginal Medical Services, or Community Health Centres. Other initial contact points for identifying mental health concerns include Early Childhood Care Centres, schools, neighbourhood centres and other human services, including family support, child safety and non-government welfare agencies. For children and young people with a mental health concern that requires specific expertise and skills, services are available through private allied health providers, non-government agencies and PHN funded primary mental healthcare services. For children and young people who require more comprehensive support, public and privately funded specialist services provide both inpatient and community-based treatment options.

The Child and Youth sector incorporates all agencies that are delivering services to the child and youth population. For the purposes of the needs assessment the age cohort is defined as 0 – 17 years. It is acknowledged that government agencies define the child and youth sectors differently e.g. Education (completes at Year 12), Department of Child Safety, Youth and Women's (0-18 years), Department of Health (0-12 years and 12-25 years), Queensland Health (0-18 years – with exceptions in specialist services e.g. Early Psychosis).

YOUTH MENTAL HEALTH

Local health needs and service issues

• Wrap around support for youth through outreach opportunities and flexible service entry points

• Collaborative service development for youth specific services limited

• Limited services (though growing) 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

• Services targeted at helping families and carers to support the health of young people are limited

• 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 sharing information and centralised depository from medical history that non-health professionals can contribute to
- Limited availability of low-cost assessments for diagnosis and NDIS applications

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, headspace. 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 Initiative 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 (2016-17) indicated 1 in 7 Australians aged 4 to 17 had a mental disorder in the previous 12 months with slightly higher prevalence in males than females. ADHD was the most common emotional or behavioural disorder in Australian school students and was more common in males than females. ADHD affected 1 in 10 males but fewer than 1 in 20 females. After ADHD, the most prevalent disorders affecting students were anxiety disorders, and oppositional problem behaviours. Major depressive disorder was uncommon in children aged 4 to 11 years although was more common in adolescents 12 to 17 years, affecting almost 1 in 20 adolescents, and was also the most common disorder in older adolescent girls[1] .

Mental disorders are more common in students living in families experiencing various forms of socio-economic disadvantage including low household income, parental unemployment, and family breakup. In general, students from lower socio-economic status backgrounds had lower test scores, for both students with and without mental disorders. Similarly, students with a mental disorder generally had lower test scores than students without a mental disorder, irrespective of their socio-economic status. The impact of both socio- economic factors and mental disorders compound, meaning that in general, students with no mental disorder in better socio-economic situations scored the highest, and students with mental disorders and in lower socio-economic situations scored the lowest[2] .

Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J (2017) Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Perth: Graduate School of Education, The University of Western Australia
Child and Adolescent Mental Health and Educational Outcomes, An analysis of educational outcomes from Young Minds Matter, the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

Adverse childhood experiences (ACE) correspond to sources of stress that people may suffer early in life usually before the age of 18. They are recognised as a public health problem, which can affect children's health and wellbeing not only at the time the ACE is experienced, but also later in life ..Robust prospective epidemiological and neurological studies confirm that adverse childhood experiences (ACE's) namely physical and emotional (including non-verbal interactions) abuse and neglect, sexual abuse, witnessing sibling or maternal abuse, peer bullying, and household dysfunction with one or more parents absent, intoxicated, hospitalised or incarcerated) have long term health impacts[4].

The impacts of these forms of trauma and neglect include changes to health risk behaviour such as marked increase in suicidality, substance abuse, aggression and intimate partner violence, promiscuity and work-absenteeism, as well as health impact independent of behaviour change that include increased cancer rates, autoimmune diseases, cardiac death rates, obesity, panic, anxiety, depressed affect and multiple somatic complaints[5].

A study completed in 2017 of 279 children attending community Paediatric clinics with ACE checklist completed by patients. Of the 279, 167 (60%) attended child developmental clinics and 112 (40%) attended vulnerable child clinics. Among people attending the clinics, more than a quarter had a significant burden of ACE. Those attending specialised clinics for vulnerable children, those from particular ethnic groups and from older age groups, had the highest burden of ACE [6].

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development. Most recent data (2018) indicate 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 on 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.

3.Felitti V.J., Anda R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., Marks J.S. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998;14(4):245–258
4. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. (n.d.). ScienceDirect.com | Science, health and medical journals, full text articles and books. https://www.sciencedirect.com/science/article/abs/pii/S0749379798000178
5.Felitti, V.J., et al., Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 2019. 56(6): p. 774-786.
Anda, R., et al., The enduring effects of abuse and related adverse experiences in childhood. European Archives of Psychiatry and Clinical Neuroscience, 2006. 256(3): p. 174-186.
Teicher, M.H., et al., The effects of childhood maltreatment on brain structure, function and connectivity. Nature Reviews Neuroscience, 2016. 17(10): p. 652-666.
Wickramasinghe YM, Raman S, Garg P, et al
6.Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit
BMJ Paediatrics Open 2019;3:e000330. doi: 10.1136/bmjpo-2018-000330

Medicare Benefits Schedule

Analysis of Medicare Benefits Schedule (MBS) data by the Australian Bureau of Statistics (2018-19) found the Gold Coast had a 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).

Patients suffering from poor mental health can see their General Practitioner who will assess the patient and what may be of assistance for the patient. This could include:

- Making a mental health assessment
- Creating a mental health treatment plan
- Referring you to a psychiatrist or other mental health professional
- Giving you a prescription for medicines to treat depression or anxiety

These interactions with General Practitioners and mental health workers are captured in Medicare-subsidised data.

General Practitioner mental health services may include early intervention, assessment, and management of patients with mental disorders. These services include assessments, planning patient care and treatments, referring to other mental health professionals, ongoing management, and review of the patient's progress. Allied mental health care includes assessment, treatment, and management of patients with mental disorders by clinical psychologists, other psychologists, and other allied mental health workers.

The Gold Coast rate of GP mental health and allied mental health care was above the national rate for people aged 0 to 14 and 15 to 24 for services per 100 people. Additionally, there were more services per 100 people aged 15 to 24 years compared to 0 to 14 years on the Gold Coast which mirrored national trends.

Table 2. Persons accessing MBS General Practitioner and allied mental health care, GCPHN region and National, 2017/18

		Aged 0-14	Aged 15-24
GCPHN services per 100 people	Allied Health - Mental Health Care	25.2	40.8
	GP Mental Health	8.1	23.5
National services per 100 people	Allied Health - Mental Health Care	16.4	33.3
	GP Mental Health	5.5	20.0

Source. Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits claims data,, 2014–15, 2015–16, 2016–17, 2017–18 and 2018-19.

Psychological Services Program

Gold Coast children aged 0-12 years with mild to moderate mental health needs can access psychological services through the Psychological Services Program. Program data indicates a steady increase in referrals across years from 2013-2020. 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.

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 several underserviced groups including children.

From the 1st July 2019 to 30th June 2020 there were:

- 1,273 referrals
- 5,716 sessions delivered

Table 3. Number of persons accessing Psychological Services Program on the Gold Coast, 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%
Children	258	20%	1,016	18%
Aboriginal and Torres Strait Islander	92	7.2%	237	4.1%
Homeless	42	3.3%	147	2.6%
CALD	30	2.4%	126	2.2%
Perinatal	63	4.9%	112	2.0%
LGBTIQAP+	27	2.1%	107	1.9%
Total	1273		5,716	

Referrals came from 375 (45%) of Gold Coast General Practitioners to PSP interventions. Of those referred to the children stream, 31% came from clients located in Coomera, Pimpama, and Upper Coomera followed by 13% from Nerang.

Pharmaceutical Benefits Scheme

Prescriptions dispensed for anti-depressant, antipsychotic and ADHD medicines for people aged 17 years and under on 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 standardised 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. Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits claims data,, 2014–15, 2015–16, 2016–17, 2017–18 and 2018-19.

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.

Emergency Department Presentations

In 2019/20, there was just over 700 presentations from people aged 0 to 17 years to Gold Coast University and Robina Hospital for mental and behavioral disorders as outlined in the ICD-10-AM.

The leading presentation for mental and behavioral disorders were mental and behavioral disorders due to the use of alcohol, acute intoxication making up 18% of all mental health presentations. This was followed by acute stress reaction with 11%. Please note that alcohol intoxication data may be skewed by end of year school celebrations where many school leavers celebrate on the Gold Coast from around Australia

Children in care

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).

- 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)	**Commonwealth** MBS any provider 0.9% (0-4 years) ATAPS 0.3% (0-11 years) **State** 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)	**Commonwealth** MBS any provider 5.7% (5-11 years) ATAPS 0.3% (0-11 years) **State** Ambulatory 1.4% (5-11 years)

Family Therapy

Funded models of care within the Australian health system often require the service to work with an individual and do not have the capacity to work with the family unit. This was identified as a gap within the joint regional plan for mental health, suicide prevention, alcohol, and other drugs. The current literature indicates that there is strong evidence of success when family involvement is integrated in interventions reducing time spent by juvenile delinquents in institutions, additionally family therapy for depression in general also shows promising results [7].

Currently there are three available psychological service MBS items numbers for multisystemic family therapy (MST), MBS item numbers 170, 171 and 172. These items numbers refer to family group therapy referred by a general practitioner, specialist or consultant physician (other than consultant psychiatrists). To be used, these items require a formal intervention with a specific therapeutic outcome. It should be noted that only one fee applies in respect of each group of patients.

The use of these MBS item numbers across Australia between July 2019 and June 2020 indicate that although there is limited service utilisation within Queensland (1,141 MBS items claimed) in comparison to both Victoria (3,184 MBS items claimed) and New South Wales (3,018 MBS items claims) [8].

Eating disorders

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%). Estimated prevalence of eating disorders in the Gold Coast PHN is consistent with the national prevalence. (Please see Mental Health – Severe and Complex needs assessment for additional information).

COVID-19

Since lockdown restrictions were introduced in March for COVID-19, the national 24/7 counselling and support service Kids Helpline received a significant increase in the volume of children and young people seeking help, up 24 per cent to the end of August 2020 compared to the same period in 2019 .

Concerns raised in counselling sessions provide important insights into how governments, parents and educators can better support children and young people through the pandemic. Data was analysed from 2,567 counselling sessions in which children and young people aged five to 25 discussed the impacts of COVID-19 on their lives.

Sex/gender was recorded for 2,449 contacts from children and young people aged 5-25 years, 118 were unknown. Of the 2,449 contacts, 1,882 were female, 500 were from males, and 67 were transgender or gender diverse.

Age was recorded for 2,448 contacts. Age for 119 contacts was unknown. Of all contacts, 43% of contacts were from those aged 18-25 years. While this cohort made up the largest percentage of contacts to Kids Helpline who raised COVID-19, most contacts where age was recorded (57%) were under 18.

The top five concerns related to COVID-19 raised by all children and young people were:

1. Mental health concerns resulting from COVID-19
2. Social isolation
3. Education impacts
4. Impacts on family life
5. Changes to plans and usual activities.

7. Woolfenden, S., Williams, K. J., Peat, J., & Woolfenden, S. (2001). Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17
8. http://medicarestatistics.humanservices.gov.au/statistics/do.jsp?_PROGRAM=%2Fstatistics%2Fmbs_item_standard_report&DRILL=ag&group=170%2C171%2C172&VAR=services&STAT=count&RPT_FMT=by+state&PTYPE=finyear&START_DT=201907&END_DT=202006
9. yourtown and the Australian Human Rights Commission 2020.

Service System

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services Program (PSP), Child (0-12) stream. Focus is moderate.	Of the 20 contracted organisations, 16 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. 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. 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 may limit access. The services delivered by the Gold Coast Health are largely located in Robina and Southport. Overall there is limited services in the northern part of the Region. Wait times for FASD assessments can be very lengthy (over a year). 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.
headspace (12-25 years)	2 on the Gold Coast. Upper Coomera and Southport, with potential for southern Gold Coast to access headspace in Tweed Heads.	An accessible 'one-stopshop' for young people aged 12-25 that helps promote wellbeing: mental health, physical health, work/ study support and alcohol and other drug services. A multidisciplinary service of consultant psychiatrists, peer workers and clinicians that support young people aged 12-25 at risk of or experiencing a first episode of psychosis. The Early Psychosis team is equipped to intervene early to improve the lives of young people, and their families, who are impacted by psychosis	
Youth Clinical Care Coordination - Lighthouse	1, Southport	Provides trauma informed, recovery orientated clinical care coordination and specialised treatment for young people aged 12-18	
E-mental health services.	headspace, Kids Helpline, Youth beyondblue, eheadspace, ReachOut .	Online Services. Public awareness knowledge of these services would drive uptake/demand and could bridge gap between services.	
Phone Services	Kids Helpline (1800 551 800) Beyond Blue (1300 224 636) Headspace (1800 650 890)		
Online Counselling	beyondblue online chat headspace online chat		
Coaching	Reachout (https://parents.au.reachout.com/one-on-one-support)	Phone coaching for parents and carers of 12 to 18 year olds	
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.	

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	
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	
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	• Psychologists can be a point of referral for individuals.
Parenting programs for behavior management	11 providers of varying programs 1 online	Across the Gold Coast	• Run regularly, some are limited to the clients of the service

Consultation

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.

• Consultation from the mental health regional plan discussed numerous priority areas on the Gold Coast including:

- The Gold Coast region is relatively well-resourced with a wide range of service providers that contribute to children, young people and families' wellbeing. For example, there is significant investment in youth early psychosis services in the Gold Coast region. Placing the young person and their families' needs first, there are opportunities to better coordinate these services to get the best benefit for young people.

- Additionally, the rapid population growth in the Northern Corridor makes this area important for service development. The area has an increasing population of young people with limited early intervention and therapeutic services available locally.

- Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. However, children in care do not have a dedicated health care coordinator and their health needs are not being met at the right time and with the right practitioner. This contributes to care arrangement failure, further traumatisation, service fatigue & disengagement.

- Schools play an important role in the community and early intervention has potential to prevent longer term ramifications

- Clinicians in schools often operate in silos and at the discretion of school principals. Involvement in the planning of school activities could facilitate and enhance coordination of activities

- People are aware of the important role of families and carers to support the health of young people. There are multiple barriers to that happening, including a consistent understanding of confidentiality and consent for sharing information.

- Additionally, funded models often require the service to work with an individual client and do not have the capacity to work with the family unit.

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.

• 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 dysregulation and knowledge of referral pathways.

• Gap for children that need mental health assessment/treatment when they have a neurodevelopment disorder.

• In relation to PSP interventions, GPs think about the suite of interventions that are available, they refer to PSP as easy option. Reason I think this: PSP allows 6 sessions, yet for children stream the full 6 sessions are rarely used, this would indicate that these referrals require a lower intensity service like a parenting program not a Hospital/state specialist service for higher intensity.

• There are many parenting programs available, some targeted at more extreme behaviours up to 14 year olds- these are free, easily accessible, low waits. They are family based interactions programs which for younger children is more important than addressing psychological needs of child as an individual,- no point if family environment doesn't support positive behavior.

• Categories and topics discussed at the Gold Coast local level alliance (includes representatives from government and non-government organisations) are listed below:
    o Housing- Supported housing for young parents
    o Housing- Youth Drop-in accommodation
    o Housing- Short-term accommodation
    o Housing- Crisis accommodation for under 15 year olds
    o Youth- Engaging with services (outreach)
    o Youth- Young Parents
    o Youth- Service capacity

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 2019/20 as part of a project focused on strengthening the health assessment response for children and young people in Care and found:
• 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

• Reliance on the public health system for children in care health services does not enable timely health interventions. There is a need for priority access to this service.

• 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 limited understanding of what is culturally appropriate.

• Limited understanding of referral pathways for behavior management by primary care

• COVID saw an increase in removal rate with child safety due to increased reporting on domestic violence, physical abuse and drug abuse. Health issues for children being removed are related to neglect, homelessness, development delays and nutrition/malnutrition

• Requests from GPs to extend PSP to people aged over 12 due to need for psychology services for financially disadvantaged adolescents who headspace may not meet needs/not enough sessions

• Low Paediatric skills set of GPs in northern GC- identified by the GPWSI at HHS, yet high rates of developmental vulnerability risk

• Low cost allied health services (OT and Speech therapy) for children. Group therapy is not readily available as a low-cost option

• Assessments from multiple health services- all are different, all require significant input. Need for s treamlining these questionnaires.

• Categories and topics discussed at the Gold Coast local level alliance are listed below, issues were identified, what's working well and what can be improved for all the category and topics:

- o Child Protection- Complex Families
- o Child Protection: Young people absconding from home
- o Child Protection- Actioning child safety investigations
- o Child Protection- Ongoing Support
- o Early Intervention- Mentoring services
- o Early Intervention- In-Home Support
- o Early Intervention- Targeted Case Management Support (Step down to IFS)
- o Health and Developmental- Universal Services (0-5 years)
- o Health and Developmental- Specialist Services Access
- o Health and Developmental- Trauma informed services
- o Health and Developmental- Private Practitioners
- o Disability

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

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