Gold Coast Primary Health Network

NEEDS ASSESSMENTS 2020

MENTAL HEALTH - UNDERSERVICED GROUPS

phn GOLD COAST

An Australian Government Initiative

MENTAL HEALTH - UNDERSERVICED GROUPS

Overall, the Gold Coast has good service coverage and relatively unimpeded access. However, there are people in the community who are vulnerable and/or experience circumstances that can prevent them accessing services without additional support.

These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the barriers they may face. Some of the key factors that can impact people's ability to access and successfully engage in services include language, age, gender identity, geographic location, income, ethnicity, education, residential status, sexual orientation, health and religion. As a result, careful consideration of services to best meet their needs are required.

Local health needs and service issues

Data, research and consultation with service users, service providers and community members identified the following groups as potentially underserviced and people in distress (including those who do not have a current mental health diagnosis and maybe at increased risk of suicide on the Gold Coast:

- Aboriginal and Torres Strait Islander people
- People who are currently homeless, or are at risk of homelessness
- Culturally and Linguistically Diverse people (CALD)
- People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)
- Children (aged 0-12) who have, or are at risk of developing a mental, childhood behavioral or emotional disorder (including children in care)
- People who self-harm or who are at increased risk of suicide

In addition

- Housing options are needed to stabilise and support effective engagement with primary care mental health supports for the homeless population (out of scope but will be progressed by PHN)
- Access to psychological services for the homeless population is limited
- Access to psychological services for the CALD population is limited
- Interpreters used in psychological interventions would benefit from training in mental health
- Access to psychological services specifically for LGBTIQAP+ people is limited

MENTAL HEALTH - UNDERSERVICED GROUPS

Key findings

• A broad range of languages are spoken in the Gold Coast region, including growing numbers from countries where trauma and torture issues can impact an individual's ability to access appropriate services.

• Use of interpreter services can be difficult, particularly telephone-based services, as interpreters may have limited understanding of mental health issues and cultural sensitivity coupled with the limited capacity of existing CALD services to support mental health clients.

• Stigma, privacy concerns and cultural issues present barriers to people accessing services.

• Flexibility of service provision, such as outreach, is necessary to engage homeless people and those at risk of becoming homeless. There are a high number of homeless people in Southport, Surfers Paradise and Coolangatta. There are high number of socio-economically disadvantaged people in Southport and Gold Coast North.

• Training and education are required for services to ensure safe and appropriate service provision for LGBTIQAP+ people.

• Children (Ages 0-12) particularly children in care have high needs (see Mental Health – Children and Young People Needs Assessment Summary)

• Perinatal depression may affect quite a large number of women, but they may not seek services due to stigma. Use of GCPHN funded services is low.

Prevalence, service usage and other data

The Psychological Services Program provides short term psychological interventions for financially disadvantage 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 priority groups including children. From the 1st July 2019 to 30th June 2020:
• 1,273 referrals
• 5,716 sessions delivered

Table 1. Psychological Services Program referrals and sessions, GCPHN region, 2019-2020

FY 2019/20	Referrals	Rate of referrals from specified group	Sessions	Rate of total sessions delivered from referrals from specified group	Average number of sessions per client
Adult Suicide Prevention	761	60%	3,971	69%	5.2
Children	258	20%	1,016	18%	3.9
Aboriginal and Torres Strait Islander	92	7.2%	237	4.1%	2.6
Homeless	42	3.3%	147	2.6%	3.5
CALD	30	2.4%	126	2.2%	4.2
Perinatal	63	4.9%	112	2.0%	1.8
LGBTIQAP+	27	2.1%	107	1.9%	4.0
Total	1,273		5,716		4.5

Suicide Prevention is by far the most common cause for referral by General Practitioners and service users include arrange 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.

The Royal Commission into Victoria's Mental Health System interim report found that a disproportionate number of people with mental health issues have a low income. The commission findings revealed that this, combined with the high cost of mental health services was a major barrier to people accessing the care they require.

Availability of psychology appointments and out-of-pocket cost are the two key issues that may impact a person with a mental health care plan (MHCP) engaging in clinical services. There is no requirement to bulk bill sessions under a MHCP and when a gap fee is charged patients may be unable to afford to access the service. Currently there are higher than average wait times for MBS supported services due to an increase in referral numbers.

Further distress can be felt by the individual when they are not unwell enough for hospital services yet cannot afford to pay the out of pocket cost for mental healthcare through Medicare-subsidised psychological sessions. They may access free telephone counselling (Beyond Blue, Kids Help Line) and/or digital e-mental health services to manage their mental health but the level of care they receive may not match the care they require.

People who are or are at risk of homelessness

Quantifying the prevalence of mental illness among homeless populations is difficult, and estimates have varied considerably. A 2020 Australian Institute of Health and Welfare report on mental health services in Australia identified the prevalence of mental health issues among homelessness people accessing specialist homelessness services which assistance is provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness.

This report identified 81,004 (about 1 in 3) of the 241,113 specialist homelessness services clients aged 10 years and over in 2017-18[1] had a current mental health issue. The national rate of specialist homelessness with a current mental health issue has increased each year from 2012-12 to 2017-18 . In total, 28,000 (about 1 in 10) of specialist homelessness services clients aged 10 years and over reported problematic alcohol and/or drug use.

The Journeys Home project (a longitudinal survey of Australians), found that of those people who had experienced housing instability or homelessness, risky use of substances was also reported (57%), illicit drug use (39%) and the injection of drugs (14%) in the previous 6 to 12 months[2] .

A 2016 study by Australian Institute of Health and Welfare highlights the complexity of people in this group finding that over the 3-year period 2011-2013, more than 1 in every 5 alcohol and drug treatment clients also accessed homelessness assistance, while about 1 in 12 of all homelessness clients received alcohol and drug treatment [3]. The report's analysis further reveals that over three-quarters (77%) of the study population, in addition to their housing and drug and alcohol issues, experienced an additional vulnerability, including mental health problems or domestic and family violence issues.

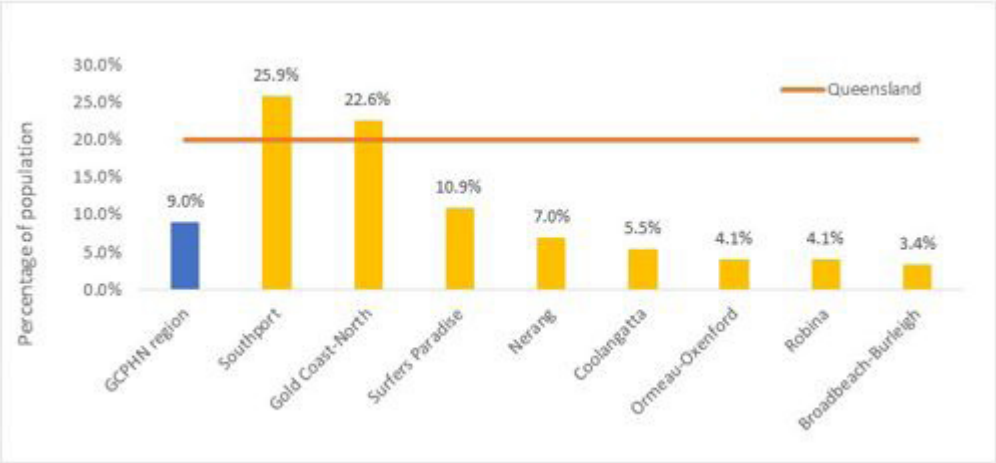
In 2016, there were 1,723 homeless people on the Gold Coast, a rate of 29.4 per 10,000[4]. This was lower than the Queensland rate of 45.6 per 10,000. However, within the Gold Coast, Southport exceeded the state rate of homelessness with 71.5 persons per 10,000. Two other regions had rates above that of the broader Gold Coast, Surfers Paradise (41.9 per 10,000) and Coolangatta (35.8 per 10,000). Service providers report that this is likely to be an under-representation of the true numbers.

The 2014 Home for Good study found that of the 382 homeless Gold Coasters that participated, 53% reported experiencing physical, emotional or sexual abuse and trauma that they had not sought help for, or that had caused their homelessness[5].

Socio-Economic Indexes for Areas (SEIFA) is a summary measure of the social and economic conditions of geographic areas across Australia. SEIFA comprises several indexes, generated by the ABS from the Census of Population and Housing. People in the most disadvantaged quintiles are at greater risk of homelessness. Overall, the Gold Coast had 9.0% of people in the most disadvantaged quintile. Southport (25.9%) and Gold Coast North (22.6%) exceeded both the broader Gold Coast and Queensland figures as shown in figure 1 below.

1. Australian Institute of Health and Welfare, Mental Health Services in Australia
2. Scutella R, Chigavazra, A Killackey E, Herault N, Johnson G, Moschion J et al. 2014. Journeys home research report no. 4. Melbourne: University of Melbourne.
3. Australian Institute of Health and Welfare. 2016. Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014. Cat. no. CSI 23. Canberra: AIHW
4. ABS. 2011. Census. Gold Coast (SA4). Quick Stats.
5. Queensland Council of Social Services. 2014. Home for Good. Gold Coast Registry Week Report.

Figure 1. Percentage of population by SEIFA quintile 1 (most disadvantaged), by SA3 area, Gold Coast and Queensland, 2016



Source: ABS 2033.0.55.001, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia - Data only, 2016, (Queensland Treasury derived) Please note, Gold Coast Hinterland and Mudgeeraba-Tallebudgera were not included in this figure as their rate was not included in the source.

People from culturally and linguistically diverse (CALD) backgrounds

The prevalence of mental health and wellbeing issues for people born in Australia is higher (19.5% for males and 24.0% for females) than people born overseas (17.7% for males and 19.9% for females)[6]. While the reasons are not clear it may relate to the fact that people who successfully migrate to Australia are required to complete rigorous health checks and testing which means they are more likely to be physically healthier than the remainder of the population. This may also be true for mental health issues.

For immigrants from some countries, especially refugees- migration can be a source of trauma and refugees have been found to have high rates of mental health issues[7]. Rates of post-traumatic stress disorder, depression and anxiety were 3-4 times higher among Tamil asylum seekers than other immigrants[8] . Iraqi and sub-Saharan African refugees in Australia were found to have lower levels of mental health literacy compared with the general Australian population, indicating that targeted mental health promotion would benefit these refugee populations. While there has been very limited direct resettlement of refugees in the Gold Coast region, there are growing numbers resulting from intra-national migration.

In 2016, 28% of the Gold Coast population were born overseas with 12% of those from a non-English speaking country. Twelve per cent of Gold Coast residents speak a language at home other than English. For the 1.6% who do not speak English well or at all on the Gold Coast, additional support may be required to ensure access to health services, including those related to mental health. Within the Gold Coast, Southport, Surfers Paradise, Gold Coast north, and Robina have the greatest number of people who do not speak English well or at all. The most common non- English languages spoken at home for the Gold Coast were Chinese languages (2.3%), Japanese (1%) and Indo Aryan languages (0.9%).

Language barriers may hinder an individual's access to health services. It can also have an impact on employment, which has broader socioeconomic implications. Gold Coast Health data indicates an increase in the number of requests for interpreter services across the health service from 2016 to 2017 with interpreter bookings for mental health almost doubling[9] . The most frequently requested non-English language interpreters across the Gold Coast Health service were Mandarin, Japanese, Korean, Cantonese, Bosnian and Spanish, particular increases for Arabic language have also been observed.

6. ABS. 2007. National Survey of Mental Health and Wellbeing: Summary of Results 2007
7.Shawyer F, Enticott JC, Block AA, Cheng I-H & Meadows GN. The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. BMC Psychiatry 17:76
8. Minas H, Kakuma R, Too LS, Vayani H, Orapeleng S, Prasad-Ildes R, Turner G, Procter N & Oehm D 2013. Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. International Journal of Mental Health Systems 20137:23.
9.Internal Gold Coast Health Data

Australia's Refugee and Humanitarian Program helps people in humanitarian need who are:
• Outside Australia (offshore) and need to resettle to Australia when they do not have any other durable solution available

• Already in Australia (onshore) and who want to seek protection after arriving in Australia

From 2000 to August 2016, Australia has allocated 199,009 applications to the refugee and humanitarian program of which 0.5% were located to Gold Coast [10]. See table 2 below for Gold Coast SA3 breakdown.

Table 2. Permanent migrants entering Gold Coast under the Offshore Humanitarian Program, arrived between 2000 and 9th August 2016

	Number	Rate
Gold Coast	993	
Broadbeach-Burleigh	6	0.6%
Coolangatta	0	0.0%
Gold Coast-North	414	41.7%
Gold Coast Hinterland	5	0.5%
Mudgeeraba-Tallebudgera	0	0.0%
Nerang	44	4.4%
Ormeau-Oxenford	114	11.5%
Robina	46	4.6%
Southport	301	30.3%
Surfers Paradise	63	6.3%

Source. Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016

As can be seen in table 2 above, the vast majority of permanent residents entering Gold Coast under the off-shore humanitarian program are residing in Gold Coast-North and Southport which are the two lowest socio-economic status regions on the Gold Coast.

Data and studies have identified that low socioeconomic status households have higher number of people with mental and behavioural problems, higher rates of overnight hospitalisations for mental health care and intentional self-harm hospitalisations [11 12 13] .

10. Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016
11. PHIDU, Social Health Atlas, http://phidu.torrens.edu.au/social-health-atlases/data
12. AIHW, Hospitalisations for mental health conditions and intentional self-harm in 2015-16 via my healthy communities
13. : AIHW, Hospitalisations for mental health conditions and intentional self-harm in 2015-16 via my healthy communities,

LGBTIQAP+ Community

According to the 2016 Census, there are approximately 47,000 same-sex couples in Australia, an increase of 42% since 2011. This may be an underrepresentation as it is known that people identifying as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQAP+) may hide their sexuality or gender due to discrimination, harassment or hostility [14].

LGBTIQAP+ Australians are far more likely to be psychologically distressed than non- LGBTIQAP+ Australians, one study of 3,835 LGBTIQAP+ Australians found that they scored noticeably higher than the national average on the K10 scale, with a score of 19.6 versus 14.5 [15] . The K10 is a widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders.

A rate of 19.2% amongst homosexual/bisexual Australians aged 16 to 85 have experienced an affective disorder in the last 12 months. An affective disorder is defined by the Australian Bureau of Statistics as one or more of the following: depressive disorder, dysthymia, and bipolar disorder. This is more than triple the rate of heterosexual Australians (6%) aged 16 to 85[16] . Among homosexual/bisexual Australians aged 16 to 85, 31.5% have experienced an anxiety disorder in the last 12 months. An anxiety disorder is defined by the Australian Bureau of Statistics as one or more of the following: panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive compulsive disorder, and post-traumatic disorder. That is more than double the rate of heterosexual Australians (14.1%) aged 16 to 85 [17]

There is a lack of publicly available and comprehensive data examining the use of alcohol and other drugs by people identifying as LGBTIQ. The AIHW's National Drug Strategy Household Survey (NDSHS) is the only national data source that specifically disaggregates by sexual identity and provides comprehensive estimates. However, the NDSHS does not include estimates for people identifying as transgender, intersex or queer.

Since 2010, the NDSHS has consistently shown high rates of substance use among people who identify as gay, lesbian, or bisexual relative to the heterosexual Australian population. After adjusting for differences in age, people who were homosexual or bisexual were still far more likely than others to smoke daily, consume alcohol in risky quantities, use illicit drugs and misuse pharmaceuticals[18]. Suicide and self-harm have a disproportionate impact among the LGBTIQAP+ community and are covered in further detail in the 'Suicide Prevention Summary'.

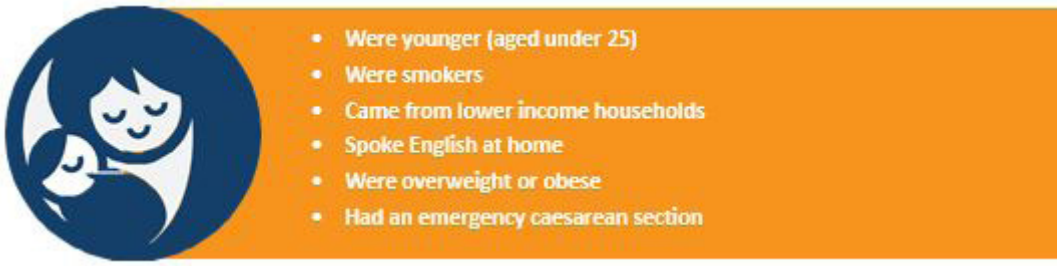
14. Australian Human Rights Commission 2014. Face the facts: lesbian, gay, bisexual, trans and intersex people. Sydney: AHRC, Viewed 3 November 2017
15. Private Lives 2, The second national survey of the health and wellbeing of GLBT Australians 2012 p VII
16 ABS National Survey of Mental Health and Wellbeing: Summary of Results 2007 p 32
17 ABS National Survey of Mental Health and Wellbeing: Summary of Results 2007 p 32
18 Australian Institute of Health and Welfare (AIHW) 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

Women experiencing perinatal depression

The perinatal period is a highly volatile time and addressing the complex needs of the mother and baby both as individuals and as a dyad is essential to ensure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby:

- 1 in 10 women will experience depression during pregnancy [19]
- 1 in 6 women will experience postnatal depression [20]
- 1 in 6 women will experience postnatal anxiety [21]
- 1 in 10 fathers experience postnatal depression [22]

Most mothers suffering from perinatal depression sought treatment from their General Practitioner and support from family and friends. Perinatal depression was more commonly reported among mothers who:



19. Buist A, Bilszta J, Milgrom J, Condon J, Speelman C, Hayes B, Barnett B, Ellwood D. (2006). The beyondblue National Postnatal Depression Program, Prevention and Early Intervention 2001–2005, Final Report. Volume 1: National Screening Program. Melbourne: beyondblue- The National Depression Initiative.
20. Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.
21. Austin M-P, Highet N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.
22. Paulson JF, Bazemore SD. (2010), Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. Jama. May 19;303(19):1961-

Service System

Priority groups	Services	Number in GCPHN region	Distribution	Capacity discussion
Children (Ages 0-12) particularly children in care	See summary for 'Mental Health, Youth including children'			
People who are or are at risk of Homelessness	Gold Coast Health Community Services - specifically, for homeless persons or those at risk.	1 (Homeless Health Outreach Team).	Outreach, whole of Gold Coast region.	There is one service on the Gold Coast that specifically provides mental health and AOD support to homeless people or those at risk of homelessness. While not specifically mental health or AOD services themselves, many homeless support services refer their clients to appropriate providers due to high need among this demographic.
	Community NGO services, (predominantly accommodation, Crisis support and case management).	9 NGO providers who provide specific homeless services or refer into mental health services.	5 in Southport, 2 in Bilinga, 1 in Robina, 1 in Miami.	
Culturally and linguistically diverse (CALD) backgrounds	GCPHN funded Psychological Services Program (PSP)	Of the 20 PSP contracted organisations, 18 are contracted to provide services to culturally and linguistically diverse backgrounds	Providers are distributed across the region	There is one program specifically providing mild to moderate support to CALD people, however eligibility is narrow.
	Pharmacies	13 of the 148 Queensland pharmacies registered with the National Translating and Interpreting Services (TIS) are on the Gold Coast.	They are clustered in the central coastal region, the most southern in mermaid, most northern in Hope Island and most western in Carrara/ Arundel.	
	GCPHN funded Community Pathway Connector Program	1 NGO	Operates in the GCPHN region	

LGBTIQAP+	Community NGO LGBTI service - support group and information service for young people Ages 13-24.	1 drop-in service for youth providing support groups and Information.	Southport	There is one service providing support specifically targeted at LGBTIQ youth (13-24). Based in Southport, the drop- in service offers two support groups (ages 13-17 And 18-24) and information and resources on health, specifically suicide prevention.
	Online health services and information targeted at LGBTI mental Health.	4 (Qlife, LGBTIQ Alliance, Queensland AIDS Council, Minus 18).	Online Services. Public knowledge of these services would drive uptake/ Demand.	
	GCPHN funded Psychosocial Services Program (PSP) LGTIQAP+	20 contracted organisations	Providers are distributed across the region	

Consultation

Various consultation activity was undertaken during 2020 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.

People who are or are at risk of homelessness

Service provider consultation

• Some community based organisations provide a soft entry point to cater for the homeless and provide an initial point of contact through which to identify and deliver health care.

• Homelessness is on the rise and that it becomes more problematic in winter as the weather which drew people to the Gold Coast in the first instance turns colder.

• The homeless population do not present to mainstream services yet have physical health issues that require regular primary care.

• Domestic violence is often a significant reason behind homelessness and on the Gold Coast, women are more likely to have unstable accommodation due to this problem.

• Service providers identify that it takes considerable time and consistency of staff to develop trust and relationships with this group as many are suspicious of service providers due to past negative experiences. Once trust has been established, engagement with services to provide mental health care is more likely and effective.

• Flexibility on behalf of the service provider was also identified as critical, as keeping appointment times can be challenging for people who are homeless.

Service user consultation

• Consumer journey mapping indicated that for people with mental health conditions who were homeless, often contact with a trusted staff member was the thing that put them on a trajectory to recovery in addition to finding accommodation and taking the step of seeking treatment.

As similarly identified by the service providers, engagement of this group into services often occurred when the service provider had an informal presence where the homeless population visits, such as the food vans and emergency accommodation.

People from culturally and linguistically diverse (CALD) backgrounds

Service provider consultation

• Consultation identified many services for people of CALD backgrounds are concentrated in Brisbane and only limited ones on the Gold Coast.

• Providers indicated providing psychological services to the CALD population was identified as important along with the need to ensure appropriately trained interpreters. Engagements of CALD clients with mental health problems is better if the interpreter has a mental health background or mental health training

Service user consultation

• Service users identified that the lived experience of mental health issues of the CALD worker helps relationship building.

• The Community Briefing also revealed that where cross cultural relationships exist and not well accepted, having mental health needs further disenfranchises the individual from their community and the positive effect of a family and friendship network in their recovery.

• Additionally, sections of the CALD community can be affected by myths and falsehoods linked to mental health issues, resulting in stigma

Concern about accessing culturally sensitive interpreters and a further concern about privacy may be compromised in smaller communities.

LGBTIQAP+ community

Service provider consultation

• Lack of local services that specifically focus on service delivery for this group across all ages.

• Mainstream services often do not have the specific skill set, confidence or knowledge to work with this group.

• Administration / intake processes can create a barrier or cause a traumatic experience hindering access e.g. male or female options only on forms.

• Nursing staff are often "too scared to ask the questions" limiting appropriate referral and service options for clients.

• Access to web-based support required phone, phone credit and access to data/WIFI – this can be a barrier for some people, particularly young people. All support offered via phone/internet including groups – however access to suitable devices, data etc may be a barrier for some participants as public WIFIs at cafes are now closed due to COVID.

Service user consultation

• Service users state from a lived experience perspective that there are limited local services that meet their needs.

• Staff including reception, intake and administration at mainstream services do not always respond appropriately leading to reluctance to engage with services.

• Staff are embarrassed and lack knowledge of how to diffuse conflict and provide a service that the LGBTIQAP+ person requires at the point of patient registration.

A consumer journey for this group was captured from a client who had experienced the full spectrum of experiences from service providers from poor to excellent. Useful interventions were when key people such as guidance counsellors and school nurses reached out to new LGBTIQAP+ students to provide support.

Women experiencing perinatal depression

Service provider and user consultation

• Consultation indicates the stigma of not being a good mother and limited outreach options prevents some from accessing support.

Barriers exist for women to access mainstream mental health services in circumstances where they are caring for other children, are isolated due to no transport (for example in Upper Coomera) or are too unwell.

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"Building one world class health system for the Gold Coast."
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An Australian Government Initiative