

Gold Coast Primary Health Network
NEEDS ASSESSMENTS 2020

MENTAL HEALTH SEVERE AND COMPLEX



phn
GOLD COAST

An Australian Government Initiative

SEVERE AND COMPLEX

People with severe and complex mental illness have varying needs requiring a range of supports. Some have episodic illness which can be supported through time-limited clinical services in the primary care setting. Others have persistent illness requiring acute hospital-based services coupled with some form of social support, ranging from group-based activities to extensive and individualised disability support.

Within the primary care setting, almost half the people with severe mental illness are currently supported by a Psychiatrist ¹. Many others rely primarily on General Practitioners (GPs) to provide both mental and physical health services. Given many people with severe and complex mental illness also experience poor physical health outcomes, it is critical that Psychiatrists and GPs are supported to deliver care to this vulnerable group.

Local health needs and service issues

- Coordinated shared care planning that is available across primary care, community and the hospital and health service.
- Clear and efficient health pathways to better support severe and complex patients through primary care, community and the hospital and health service.
- Increased opportunities to support greater engagement in service delivery by peer workers and people with a lived experience.
- Centralised referral and triage across the stepped care model to ensure people receive the appropriate support and referral based on their needs.
- Efficient pathways required to support person centered transfer of care between acute and primary services (general practice, allied health and community services).



SEVERE AND COMPLEX

Key findings

- General Practice is a key point of contact for people with mental health needs, however many GPs feel they do not have the information and resources required to assist patients with severe and persistent mental illness. Time limited consultations and appropriate referral pathways were identified as issues.
- Improved pathways are needed to support person centered care and effective transfer between acute, specialist and primary care.
- Southport is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex mental health.
- Pharmaceutical Benefits Scheme (PBS) data indicates rates of prescriptions for medication for adults are higher than national average for anxiolytics but lower for anti-depressants and anti-psychotics. Southport and Gold Coast-North had the highest rate of prescriptions across all three medication types.
- There are three regions within the Gold Coast with rates of mental health overnight hospitalisations per 100,000 people above the national rate.
- Peer workers are acknowledged by both providers and consumers as important support for people with severe and complex mental health needs, however the present workforce is small.
- A greater focus on early intervention is required to prevent escalation of mental health conditions to avoid crisis and hospital presentations, with a focus on improving health literacy and self-management. This is relevant for both community and service providers.
- It is important for consumers to feel empowered to be involved in decision-making about their care, providers have a key role to act as facilitators to enable this.
- Current service needs that have emerged from COVID-19 is related to service delivery (providing web-based support, PPE access and use, access to technology for participants etc)
- Clinical care coordination is consistently at capacity and has a waitlist of 6 to 8 weeks generally

Prevalence, service usage and other data

The Australian Bureau of Statistics 2017-18 National Health Survey estimated 1 in 5 (20%) Australians reported they had a mental or behavioral condition during the collection period (July 2017 to June 2018). The National Health Survey estimates are based on self-reported data, and record a survey participant as having a mental or behavioural condition during the collection period only if it was also reported as long-term (had lasted, or was expected to last, a minimum of 6 months).

Another insight into the mental health and wellbeing of Australians is provided by measures of psychological distress. Psychological distress can be described as unpleasant feelings or emotions that affect a person's level of functioning and interfere with the activities of daily living.

In 2017/18, around one in eight (13% or 2.4 million) Australians aged 18 years and over were currently experiencing high or very high levels of psychological distress, an increase from 2014-15 (11.7%). Between 2014-15 and 2017-18, rates of high or very high psychological distress remained reasonably stable across most age groups, except for an increase in 55-64-year-old women (from 12.3% to 16.9% respectively) ².

Applying the above figure to the 2016 Gold Coast estimated resident population, 58,040 Gold Coast people aged 20 years and over are currently experiencing high or very high levels of psychological distress.

It is difficult to pinpoint the areas of the Gold Coast with the greatest severe and complex mental health need. However, a review of Medicare Benefits Schedule (MBS), PBS, hospital, and service usage data indicate Southport is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex mental health. In addition to this, Southport is a highly disadvantaged area with multiple characteristics of vulnerability. The Socio-Economic Indexes for Areas (SEIFA) is a summary measure of social and economic conditions including low-income, education attainment, high unemployment, and dwellings without motor vehicles. Southport has the largest percentage of people ranked as being the most disadvantaged using SEIFA. This disadvantage is further compounded by Southport accounting for the highest percentage and number of people who are homeless, people who did not speak English well or at all, the largest percentage of one parent families and the second highest percentage of people requiring assistance with a profound or severe disability on the Gold Coast.

Partners in Recovery

The Partners in Recovery (PIR) program supported people with severe mental illness, experiencing severe and persistent symptoms. This group of people had significant functional impairment and psychosocial disability, may be disconnected from social or family support networks and have complex multiagency needs. Many of these people were the focus of the National Disability Insurance Scheme (NDIS) Tier 3 individual support packages.

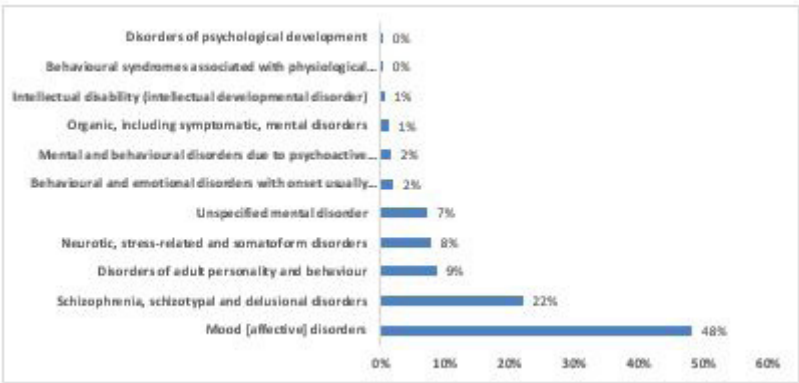
The GCPHN PIR program supported 1,363 people with severe mental illness from November 2013 to June 2019. While this does not represent the entire Gold Coast population with severe and complex mental health conditions, PIR program data provides insight to the health needs of this group of service users.

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

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

Among PIR participants, (48%) identified a mood (affective) disorder as their primary mental health diagnosis with schizophrenia, schizotypal and delusional disorders the second most common at 22% (Figure 1). These figures indicated that Gold Coast participants were more likely to have a primary mental health diagnosis of mood (affective disorder) compared to the PIR national average reported in 2015 (38%). Gold Coast participants were also somewhat less likely to have a diagnosis of schizophrenia (PIR national average was 25%), they were also more likely to have a diagnosis of adult personality and behavior (PIR national average was 6%).

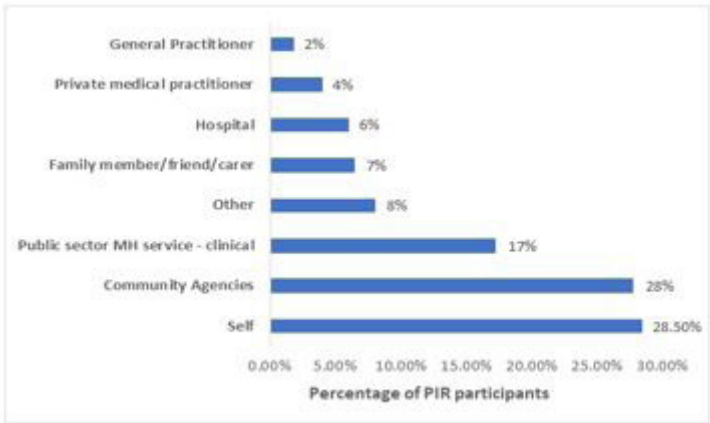
Figure 1. Primary Mental Health Diagnosis for Closed and Active Participants (N = 1,363), November 2013-June 2019



Source: PIR-FIXUS

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

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

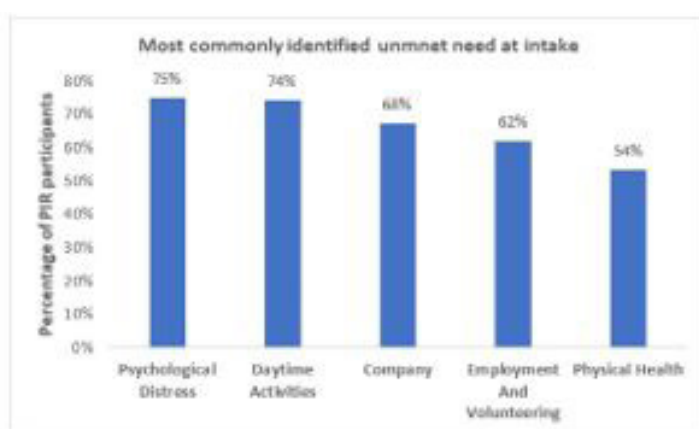


Source: PIR-FIXUS

PIR participants identified their unmet needs at intake of the program. Psychological distress (75%) was the most common unmet need at intake closely followed by daytime activities (74%) (Figure 3).

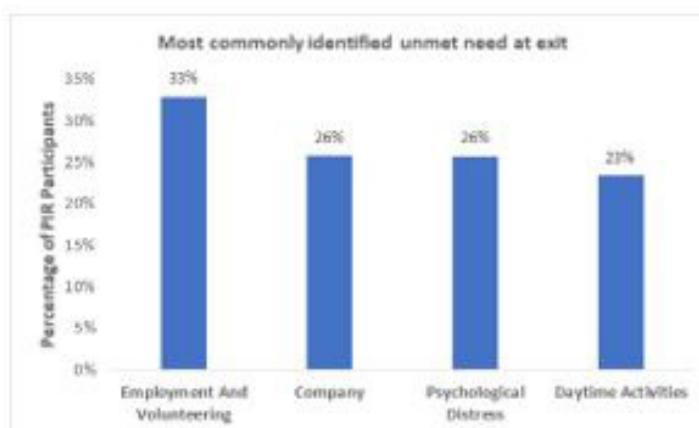
Among PIR participants exiting the program, 33% stated their unmet need was employment/volunteering followed by company (26%) (Figure 4). This change in unmet needs from intake and exit identifies that participants in the PIR program received the care they required which changed their unmet needs from intake to exit.

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



Source: PIR-FIXUS

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



Source: PIR-FIXUS

The Partners in Recovery program was decommissioned in June 2019. As that point in time, there was a total of 197 participants in the PIR service.

These 197 participants transitioned into:

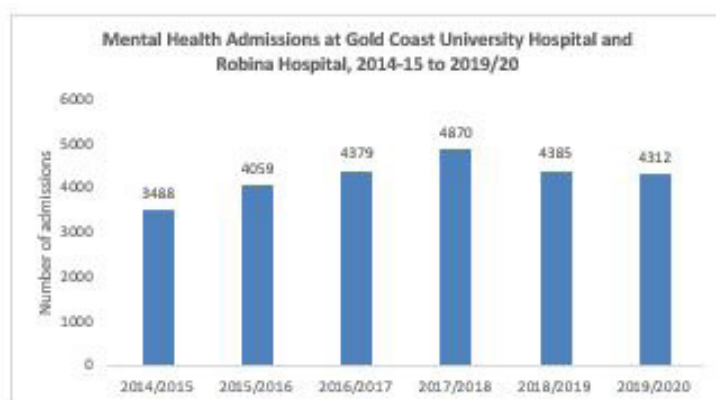
- 29 (14.7%)- Continuity of Support Program (found not eligible for NDIS)
- 65 (33%)- National Psychosocial Support Program (Yet to test eligibility for NDIS)
- 103 (52.3%)- NDIS (found eligible for NDIS)

Mental health overnight hospitalisations

Just as people may require admission to hospital for assessment and treatment of their physical health problems, some people may require admission to a mental health (psychiatric) inpatient unit for the assessment and treatment of their mental health. For most people, an admission to a mental health unit is planned between themselves and their doctor or mental health care specialist. For others it is the result of a person being in a mental health crisis requiring immediate treatment or access and manage risk and alleviate stress. This may be the person's first experience of mental illness, a repeat episode, or the worsening symptoms of an often-continuing mental illness. Admission under these circumstances may be voluntary or involuntary.

Figure 5 shows Gold Coast University and Robina Hospital mental health admissions from 2014/15 to 2019/20. The data indicates the number of mental health admissions has been increasing from 2014/15 to where they remained stable in 2018-19 and 2019-20.

Figure 5. Mental Health Admissions at Gold Coast University Hospital and Robina Hospital, 2014/15 to 2019/20



Source. Gold Coast Hospital and Health Service

Eating disorders

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

- Anorexia nervosa- characterised by the persistent restriction of food and water intake, intense fear of gaining weight and disturbance in self-perceived weight or body shape
- Bulimia nervosa- characterised by repeated binge-eating episodes followed by compensatory behaviours like self-induced vomiting or laxative misuse
- Binge eating disorder- characterised by repeated episodes of binge-eating, often with a sense of loss of control while eating

Other specified feeding or eating disorder- people with this disorder present with many of the symptoms of anorexia nervosa, bulimia nervosa or binge-eating disorder, but may not meet the full criteria for diagnoses for one or more of the disorders.

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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. Eating disorders such as anorexia and bulimia can be treated. The treatment outcomes are best when the disorder is identified early and treated promptly. Best outcomes are achieved when treatment plans are comprehensive and include media care, psychological intervention, and nutritional counselling.

On the 1st November 2019, eating disorders became the first diagnostic category among mental illness to have their own item numbers under the MBS. The eating disorder treatment plan (EDP) items describe services for which Medicare rebates are payable where practitioners undertake the development of treatment and management plan for patients with a diagnosis of anorexia nervosa and patients with other specified eating disorders diagnoses who meet the eligibility of criteria.

The EDP items trigger eligibility for items which provide delivery of eating disorders psychological treatment (EDPT) services (up to 40 psychological services in a 12 month period) and dietetic services (up to a total of 20 hours in a 12 month period).

Data extracted through Primary Sense data extraction and Population Health Management Clinical Audit Tool identified slightly over 200 MBS items have been claimed by individuals for eating disorders from the 1st November 2019 to 30th June 2020 through the 81 General practices submitting data on the Gold Coast. Of all the eating disorders MBS items claimed on the Gold Coast, 91% were claimed by females while younger people aged 20 to 29 had the highest number of items claimed which mirrors national trends.

Medicare Benefits Schedule

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 the patient to a psychiatrist or other mental health professional
- Giving the patient a prescription for medicines to treat the illness

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.

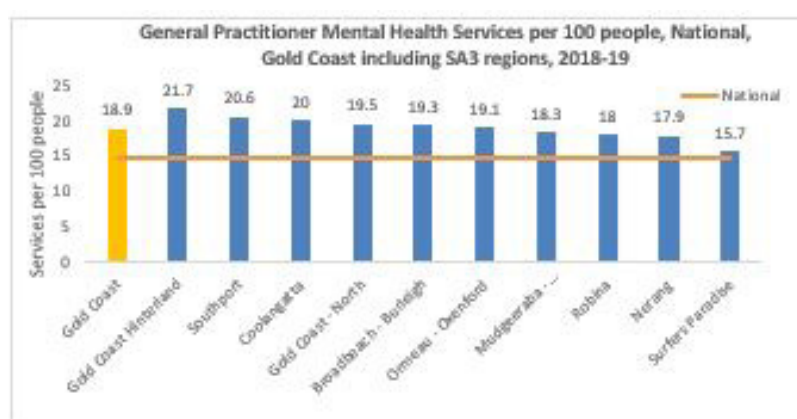
The Gold Coast rate for General Practitioner mental health services per 100 people (18.9) was above the national rate (14.6) in 2018-19 (Table 1). All Gold Coast SA3 regions were above the national rate in 2018-19 for claiming General Practitioner Mental Health Medicare Benefits Schedule services. Gold Coast Hinterland SA3 region had the highest rate per 100 people (21.7) while Surfers Paradise had the lowest rate on the Gold Coast (15.7) claimed per 100 people. Although Gold Coast Hinterland had the highest number of General Practitioner mental health services per 100 people, the total number of services claimed was 4,282, while Ormeau-Oxenford had 27,007 services claimed in the same period.

Table 1. General Practitioner Mental Health Services per 100 people (age standardised), by national, Gold Coast and SA3, 2013-14 to 2018-19

SA3	2018-19	2017-18	2016-17	2015-16	2014-15
Gold Coast	18.9	17.8	16.9	15.7	14.7
National	14.6	14.4	13.9	13.3	12.1
Broadbeach - Burleigh	19.3	17.7	17.3	16	15.4
Coolangatta	20	19.8	18.4	17.8	17
Gold Coast - North	19.5	18.2	17.2	16.5	15.1
Gold Coast Hinterland	21.7	20	18.9	19	17.8
Mudgeeraba - Tallebudgera	18.3	16.8	15.5	14.6	13.6
Nerang	17.9	16.7	16.5	15	13.8
Ormeau - Oxenford	19.1	18.3	17.5	15.6	14.4
Robina	18.0	16.2	15.6	13.4	13
Southport	20.6	19.4	17.4	16.5	15.6
Surfers Paradise	15.7	14.9	14.2	13.6	13.2

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population, please note all data is mapped to the patients Medicare residential address

Figure 6. General Practitioner Mental Health Services per 100 people, National, Gold Coast including SA3 regions, 2018-19



Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population, please note all data is mapped to the patients Medicare residential address

Allied mental health services provided by other allied health professionals such as occupational therapists, mental health nurses, Aboriginal health workers and some social workers. Psychologists (clinical or other) may also provide some of these services, however they cannot be readily separated from the other mental health workers included in the group. These services cover Focussed Psychological Strategies—allied mental health (occupational therapist and social worker items) and enhanced primary care—allied health (mental health worker item). Includes individual attendances, group therapy, and telehealth video consultations.

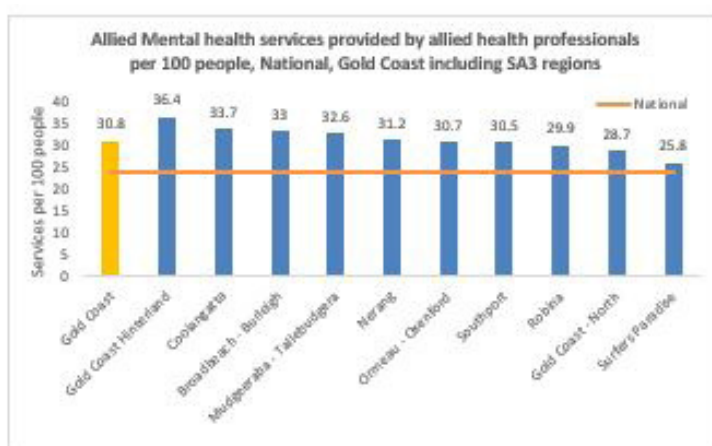
The Gold Coast rate for allied health mental health services per 100 people (30.8) was above the national rate (23.6) in 2018-19 (Table 2). All Gold Coast SA3 regions were above the national rate in 2018-19 claiming Allied Health Mental Health services. Gold Coast Hinterland SA3 region had the highest rate per 100 people (36.4) while Surfers Paradise had the least on the Gold Coast (25.8) claimed per 100 people. Although Gold Coast Hinterland had the highest number of allied health mental health services per 100 people, the total number of services claimed was 7,167, while Ormeau-Oxenford had 43,505 services claimed in the same period.

Table 2. Allied Health Mental Health Services per 100 people, National, Gold Coast and SA3, 2014-15 to 2018-19

	2018-19	2017-18	2016-17	2015-16	2014-15
Gold Coast	30.8	30	28.3	28.8	26.7
National	23.6	22.9	21.9	21.1	19.5
Broadbeach - Burleigh	33.0	32	29.2	29.3	27.9
Coolangatta	33.7	33	32.4	31.7	28.6
Gold Coast - North	28.7	29.3	27.2	28.6	27
Gold Coast Hinterland	36.4	32.7	31.9	31.7	30.2
Mudgeeraba - Tallebudgera	32.6	30.5	27.8	28.4	26
Nerang	31.2	30.3	28.6	28.2	26.4
Ormeau - Oxenford	30.7	29.7	28.4	29.4	26
Robina	29.9	29.9	26.8	26.1	25.4
Southport	30.5	30.4	28.7	29.9	27.7
Surfers Paradise	25.8	23.2	22.9	25	23

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population, please note all data is mapped to the patients Medicare residential address.

Figure 7. Allied Mental Health services provided by allied health professionals s per 100 people (age-standardised), by national, Gold Coast including SA3 regions, 2018-19



Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population, please note all data is mapped to the patients Medicare residential address.

Pharmaceutical Benefits Scheme

Pharmaceutical Benefits Scheme (PBS) data provides insight into medication dispensing relating to anxiety, depression and psychosis. Compared to state and national figures, the Gold Coast had lower rates for antidepressant and antipsychotic medication dispensing but higher rates for anxiolytics (Table 3).

Table 1 below provides the incidence of a sample of cancer types across each sub-region of the Gold Coast. The data shows that the Gold Coast region has a slightly higher rate of new cancers diagnosed compared to the Queensland rate for breast, colorectal, lung, melanoma, and prostate cancer.

Table 3. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for antidepressant, anxiolytic and antipsychotic medicines per 100,000 people aged 18-64, by Gold Coast, state and national, 2013-14

Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions per 100,000 people aged 18-64 for:	Gold Coast	Queensland	National
Antidepressant medicines	96,751	113,350	101,239
Antipsychotic medicines	15,253	18,599	19,420
Anxiolytic medicines	22,119	19,091	17,201

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

Further analysis of PBS data reveals significant variation of these medication dispensing rates between areas within the greater Gold Coast region. Table 4 below identifies Gold Coast sub-regions with rates exceeding those for the greater Gold Coast, state and/or nationally. Southport has the highest rate across all three medication types with antipsychotic and anxiolytic rates 1.2 and 1.6 times the national figures, respectively. Similarly, Gold Coast North stands out as an area with high rates, exceeding national figures for all three medication types.

Table 4. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for antidepressant, anxiolytic and antipsychotic medicines per 100,000 people aged 18-64, by Queensland, Gold Coast GCPHN including Sa3 regions, 2013-14, (2015-16 data for Antipsychotic medicines)

Region	Antidepressant medicines	Antipsychotic medicines	Anxiolytic medicines
Gold Coast	96,751	15,253	22,119
Queensland	113,350	18,599	19,091
Broadbeach-Burleigh	94,720	13,748	23,802
Coolangatta	96,506	18,510	26,048
Gold Coast-North	104,711	21,246	26,578
Gold Coast Hinterland	102,009	14,813	17,627
Mudgeeraba-Tallebudgera	92,484	11,628	19,442
Nerang	99,275	14,598	18,881
Ormeau-Oxenford	99,385	8,965	14,882
Robina	88,169	11,261	18,210
Southport	107,558	24,210	28,102
Surfers Paradise	82,697	13,549	27,620

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

Mental health on the Gold Coast

More objective data is available through the Gold Coast PHN's PATCAT system, which captures de-identified patient data submitted by registered general practices throughout the region. As of June 2020, 162 (79%) of Gold Coast General Practices submitted data. Of these practices submitting data, slightly over 550,000 patients were active (3 visits in the last 2 years). Of these patients, 71,647 (12.8%) have been diagnosed with anxiety, 55,635 (10.4%) with anxiety, 2,248 (0.4%) with schizophrenia, 4,068 (0.7%) with Bipolar and 7,763 (1.4%) with ADHD. Patients can be included twice in the above data who have been diagnosed with more than one condition. (Please note the accuracy of PATCAT data extracted from General Practices electronic patient records, is dependent upon individual practices data quality procedures. Some Practices electronic patient records do not have the functionality to record all the measures available in PATCAT reports)

Cognitive Impairment and Mental Illness

Cognition refers to the mental capabilities or thinking skills that allow a person to perceive, acquire, understand, and respond to information from their environment ³. Cognitive impairment can be mild, or severe, or anything in between. There are long-standing gaps in health system information on cognitive impairment. These data gaps limit the ability to know the full extent and impacts of cognitive impairment and mental illness.

Research on Cognitive Impairment indicates that it is a primary symptom or core feature of schizophrenia and affective disorders ^{4,5}. Studies reporting on bipolar disorder indicate that increased cognitive dysfunction is associated with greater severity of symptoms, the number of affective episodes and the overall duration of illness ⁶. There is also evidence suggesting that depression is associated with several deficits in cognitive functions such as memory and learning ⁷.

A Project between the Mental Health Coordinating Council and the University of Sydney Faculty of Health Sciences identified no standards, guidelines or key studies could be found regarding the training and knowledge needs of mental health workers in regard to working with people with mental illness and cognitive impairment despite a comprehensive search strategy internationally ⁸.

COVID-19

From early April, the Australian Bureau of Statistics conducted surveys to provide a snapshot about how people in Australian households were faring in response to the changing social and economic environment caused by the COVID-19 pandemic.

Although the panel selection methodology was not strictly a random sample, the coverage of selections included all Australian geographies (excluding very remote locations) to ensure national estimates could be produced.

Of the 1,180-starting panel of applicants for the survey, 1,059 adequately completed the questionnaire, achieving an overall panel response rate of 91.5%. These surveys were completed every two weeks by +participants to capture the rapidly changing environment and the impact it had on Australians.

The second survey captured the panel's emotional and mental wellbeing during 14th to 17th April. The survey results were benchmarked against the Australian Bureau of Statistics 2017-18 National Health Survey. The seventh survey which took place on 24th to 29th June also asked the panel the same questions as they did previously and benchmarked against the previous survey. Please see table 5 for results.

Table 5. Household Impacts of COVID-19 survey, emotional and mental wellbeing, Australian Bureau of Statistics, 2020

	Household Impacts of COVID-19 Survey, 14-17 Apr 2020	Household Impacts of COVID-19 Survey, 24-29 June 2020	ABS 2017-18 National Health Survey
Felt restless or fidgety at least some of the time	42%	25%	24%
Felt nervous at least some of the time	35%	25%	20%
Felt everything was an effort at least some of the time	26%	19%	22%
Felt hopeless at least some of the time	11%	8%	9%
Felt worthless at least some of the time	7%	6%	6%
Felt so depressed that nothing could cheer them up at least some of the time	8%	7%	8%

Source. Australian Bureau of Statistics, Household Impacts of COVID-19 Survey, 2020

3. Medalia, A., & Revheim, N. (2002). Dealing with cognitive dysfunction associated with psychiatric disabilities: A handbook for families and friends of individuals with psychiatric disorders. New York State Office of Mental Health. DOI:10.5014/ajot.63.6.797

4. Green, M. F. (2006). Cognitive impairment and functional outcome in schizophrenia and bipolar disorder. Journal of Clinical Psychiatry, 67(10), e12-e12. DOI:10.4088/JCP.1006e12

5. O'Carroll, R. (2000). Cognitive impairment in schizophrenia. Advances in Psychiatric Treatment, 6(3), 161-168. DOI:10.1007/978-3-642-25758-2_2

6. Trivedi, J. K. (2006). Cognitive deficits in psychiatric disorders: Current status. Indian Journal of Psychiatry, 48(1), 10. DOI:10.4103/0019-5545.31613.

7. Austin, M. P., Mitchell, P., & Goodwin, G. M. (2001). Cognitive deficits in depression: Possible implications for functional neuropathology. British Journal of Psychiatry, 178(3), 200-206. DOI:10.1192/bjp.178.3.200

8. Mental Health Coordinating Council Inc. (MHCC) 2015, Cognitive functioning: supporting people with mental health conditions, Authors: Henderson C (edit), Clements, S Corney, S Humin, Y & Karmas, R.

As can be seen above in table 5, during April, 42% of responses of the survey stated that they felt restless or fidgety at least some of the time compared to 24% who stated this during the 2017-18 National Health Survey. When this survey was completed again in late June when lockdown restrictions had eased during the first wave of COVID-19, people reported feeling less restless or fidgety (25%). This trend was consistent with other indicators of the survey with peoples reported mental health and wellbeing improving from the first survey compared to the second survey. The survey responses indicated that only 12% had discussed these feelings with a doctor or other health professional.

Beyond Blue support services increased 66% in April and 60% in May compared to the same period in 2019 nationally. In June, calls were up 47% on June 2019 further reinforcing the mental health needs of the community throughout COVID-19.

Service System

Services	Number in GCPHN region	Distribution	Capacity discussion
Plus Social service funded by GCPHN	1 which offers after hours safe space as well as clinical care coordination.	Mermaid Beach	The Plus Social clinical care coordination program can assist people to apply for NDIS, whereas psychosocial support targets people who do not meet eligibility for NDIS (two different programs)
Lighthouse Youth Enhanced	1	Southport	Provides trauma informed, recovery orientated clinical care coordination and specialised treatment
headspace Early Psychosis	2	Southport and Upper Coomera	Multidisciplinary service of consultant psychiatrists, peer workers and clinicians that support young people 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.
Crisis helplines.	6 (lifeline, suicide call-back service, men's line, kids' helpline, 13 health, 1300 MH call).	24hour telephone services. Public knowledge of these services would drive uptake/demand.	
Gold Coast Health crisis services.	3 (1 Acute Care Treatment Team [ACT], 2 emergency departments).	Emergency departments at Robina and Southport. ACT team telephone service available 24hrs. Clinic in Southport and outreach to all of Gold Coast region.	

Gold Coast Health Inpatient services	5 (Acute Adult (16-65), Older Persons (65+, 16 beds) and an Extended Treatment Unit (16 bed) all located at Robina. Acute Adult unit (16-65) Available in Southport. A 27-bed mental health rehabilitation unit is located at Robina and focuses on adults with severe and complex needs that cannot be serviced by current community support).	4 in Robina, 1 in Southport	
Gold Coast Health Community services	4 (Mobile intensive rehabilitation team, Older persons mental health, Continuing Care Teams, Eating Disorder Service).	Southport, Palm Beach and outreach.	Education programs and groups are run by various NGOs aimed at supporting consumers and carers. 4-5 peer navigators and a mental health navigator to be appointed by Gold Coast Health in 2018.
Gold Coast Health Consumer and Carer consultants	1 team comprising both consumer and carer peer consultants.	Across all Gold Coast Health locations as needed.	
Private mental health facility	2 (fully comprehensive private mental health facilities equipped to support people with severe and complex needs).	1 in Currumbin and 1 in Robina.	

Consultation

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

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 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:

- Northern corridor
- Stepped Care Approach – care of those with Chronic Conditions that are not ‘severe’
- Access to psycho-social and community support
- Physical Health & Care Coordination and Navigation
- Assessment and Referral
- Gender Diverse Services for Adults
- Vulnerability/Life Triggers
- Alternate Crisis Response

Service provider consultation

The following key findings emerged through the consultation process with community mental health service providers, Gold Coast Health and community members.

- Psychological services don’t adequately meet the needs of someone with severe and persistent mental illness, childhood trauma or complexity in their lives.
- Often limited capacity to be responsive to consumer needs and provide timely access due to demand and existing waitlists.
- Current services are limited in their ability to support people who are escalating and require face to face support in a non-clinical environment.
- Concern that implementation of the National Disability Insurance Scheme (NDIS) will create gaps in service delivery particularly for individuals that are not eligible for NDIS.
- Multi agency care plans, or shared care planning, identified as a priority throughout the sector to support sharing of information and timely communication between services.
- Existing integration, communication and coordination across services, including non-health services can be improved.
- Variation exists among providers as to how they define and therefore service the needs of, people with severe and complex mental health conditions.
- Recognise the value of including Peer Workers in the care approach, however capacity to do so is limited.
- Addressing the physical wellbeing of people with severe and complex mental health conditions must be prioritised, the collaboration between mental health and primary care services should be strengthened.
- Some GPs reported limited confidence in working with severe and complex mental illness, not having access to enough information about most appropriate services available and referral pathways into the community.

- Emerging as more families move out towards the main freeway to access cheaper housing options, populations are increasing in more isolated suburbs of the northern corridor such as Coomera, Ormeau, Pimpama etc. Access to services therefore becomes limited to the individual's ability to access personal forms of transport or timely public transport
- Drug and alcohol concerns continue to present in this (and most communities). The emergence of increased ease of access to and low-cost methamphetamines such as Ice, Fantasy (Frank), GBH, MDMA and Flakka brings its problems for families and individuals
- The introduction and rollout of the NDIS and more recently COVID-19 impacts have seen a marked and decreased capacity of services to be able to connect regularly to support extreme complexity in cases
- People presenting with acute intoxication to mental health services for short term crisis support
- Current service needs that have emerged from COVID-19 is related to service delivery (providing web-based support, PPE access and use, access to technology for participants etc)
- Clinical care coordination is consistently at capacity and has a waitlist of 6 to 8 weeks generally

Service user consultation

- Consumers often feel they do not have adequate support to actively participate in the decision-making and planning of their care.
- There is a desire for more formalised opportunities to build confidence in their ability to self-manage.
- The importance of including families and carers in the care planning process was identified.
- Families and carers require support to maintain their capacity to assist loved ones.
- Consumer, families and carers want opportunities to be involved in the planning, design, delivery and evaluation mental health service.
- Consumers have limited options to access face to face support outside an emergency department or clinical setting when they are feeling distressed, particularly acute in the after-hours.
- Consumers identify accessing the right information and services at the time they need it is challenging due to a lack of local centralised system navigation.
- The capacity of GPs to respond to the needs of this client group was variable.
- GPs don't have the time to adequately meet the needs of severe and complex or acutely ill patients in the brief, time limited consultations that are generally available.
- Trust in the worker, consistency in the support provided, having someone available to provide advice, care coordination, and flexibility made a significant difference to user satisfaction and outcomes.
- Stigma was identified as a significant issue and a barrier to seeking support and maintaining wellness.
- Broader social determinants of health such as access to transport, employment, adequate housing and effective social support impact on the capacity to recover and remain well.

Consultation and feedback from stakeholders:

- Limited awareness for some clinicians of the services and supports available.
- It has been identified that clients can become dependent on one support provider, making it difficult to move to new provider and some clinicians may at times enable client dependence, not referring to services that may better suit their non-clinical needs.
- Emerging issues / concerns regarding NDIS
 - o Concerns remain around the adequate training and experience of Mental Health support workers. .
 - o The impact of the closure of FSG a large NGO service provider in 2018 reducing choice for participants who will need to access NDIS services.
 - o Primary Health Clinicians are supporting patients with their NDIS application but there is no suitable MBS item number given the time required.
 - o Limited understanding for some of the role primary health care providers in assisting people to access NDIS for lifelong support.
- 25% of patients with frequent presentations to the ED have a mental health issue.
- Limited access to safe spaces in the northern Gold Coast with the large and growing population.
- Concern with homeless with clients with mental health issues and accessing services or meeting with service providers.
- Psychosocial supports with a focus on accessing training and education, increased physical activity and well-being groups, social groups and activities that are flexible to access and is inclusive of family and carers, and use of peer workers to step individuals up for more intense support or less support as needed.
- The lack of self-referring psychosocial support services has been reported as a community concern by all organisations
- There is evident need for education and awareness of cultural training, focusing on ATSI and CALD specific issues and interactions for the Gold Coast region.

Gold Coast Primary Health Network

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

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