2021

Severe and complex mental illness

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

Severe and complex mental illness

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 psychosocial 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. 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

- Evolving service system results in general practitioners being unclear about available services and the pathways to access these services.
- Current electronic systems limit communication and shared care planning with consumers across the network or services.
- System navigation is difficult for general practitioners and people.
- People may need ongoing support (e.g., personality disorders) but do not meet the criteria for care coordination or supports designed for severe and complex mental illness.
- Limited access to mental health clinicians who have a high degree of understanding of domestic violence issues.
- Many general practitioners feel they do not have the information and resources required to assist patients with severe and persistent mental illness.
- Timely access to services for people seeking mental health support.
- Increasing demand for all mental health services.

Key findings

- 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.
- Southport is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex metal health.
- Gold Coast patients had the 13th highest rate of patients prescribed a mental health-related medication among the 31 PHNs with 19 per cent of the Gold Coast population being prescribed a mental health medication.
- Gold Coast PHN rate of mental health overnight hospitalisations were in line with the national rate in 2018-19.
- Mood (affective) disorders most common primary mental health diagnoses for participants in the

Gold Coast Partners in Recovery program.

- Estimated prevalence of eating disorders on the Gold Coast is consistent with national trends.
- 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.
- It is import 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.
- 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 per cent) Australians reported they had a mental or behavioural 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 per cent 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 per cent). 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 per cent to 16.9 per cent respectively)[1] .

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 Statistical Area Level 3 (SA3) region is the area most frequently identified as having the highest rates and greatest numbers related to severe and complex metal 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.

1 Australian Bureau of Statistics. (2018). National Health Survey: First Results 2017-18. Canberra: ABS

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.

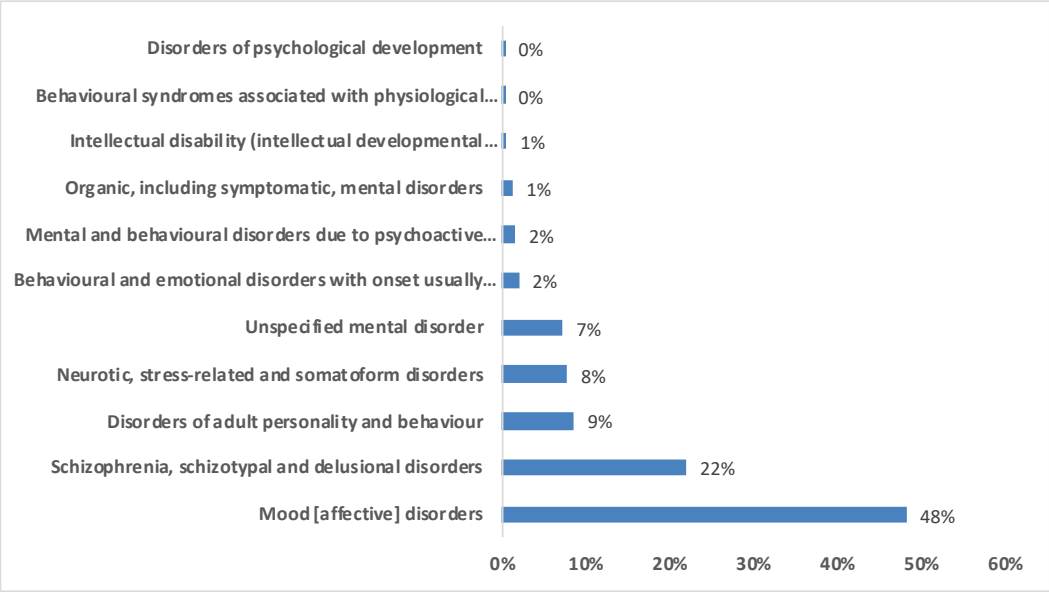
The GCPHN PIR program supported 1,363 people with severe mental illness from November 2013 to June 2019. While this does not represent the entire Gold Coast population with severe and complex mental health conditions, PIR program data provides insight to the health needs of this group of service users.

Among the PIR participants, 59.1 per cent were female, 40.8 per cent male and 0.1 per cent other. The age group of the participants:

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

Among PIR participants, (48 per cent) identified a mood (affective) disorder as their primary mental health diagnosis with schizophrenia, schizotypal and delusional disorders the second most common at 22 per cent 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 per cent). Gold Coast participants were also somewhat less likely to have a diagnosis of schizophrenia (PIR national average was 25 per cent), they were also more likely to have a diagnosis of adult personality and behavior (PIR national average was 6 per cent).

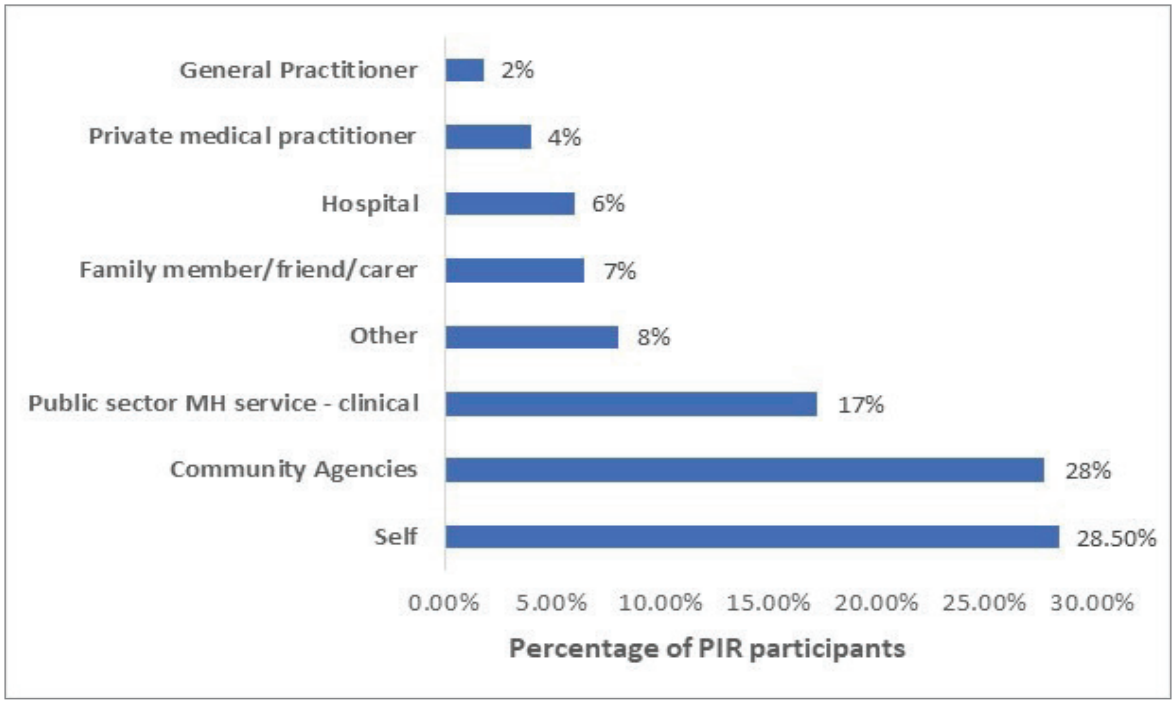
Figure 1. Primary Mental Health Diagnosis for Closed and Active Participants (N = 1,363), November 2013-June 2019



Source: PIR-FIXUS

Figure 2 illustrates 29 per cent of the participants were self-referred, 28 per cent by community agencies and 17 per cent 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

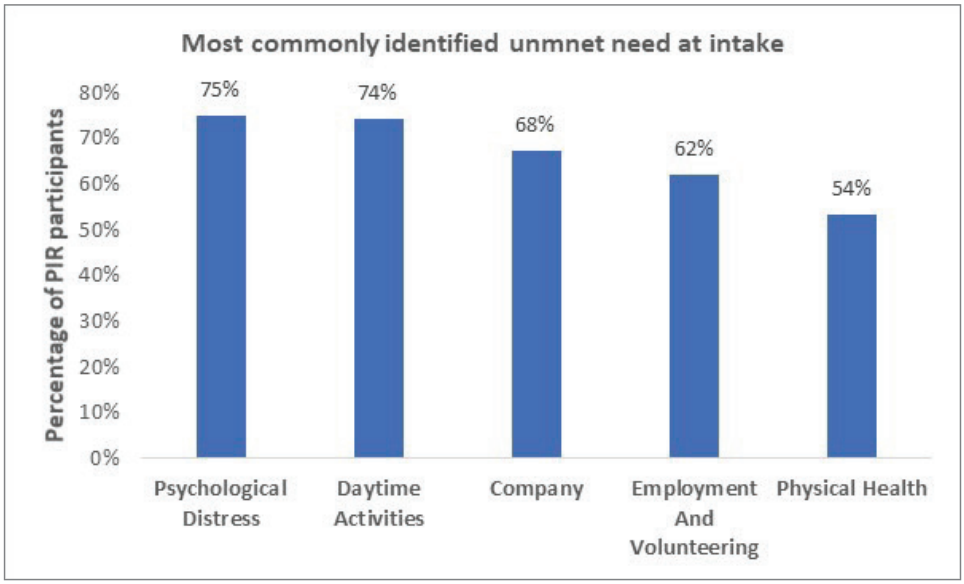


Source: PIR-FIXUS

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

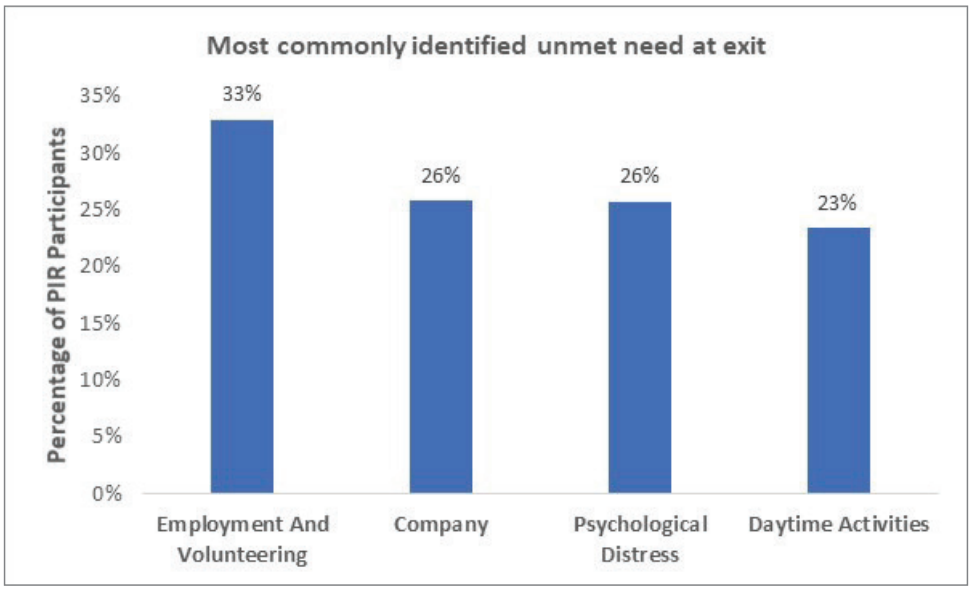
Among PIR participants exiting the program, 33 per cent stated their unmet need was employment/ volunteering followed by company (26 per cent) Figure 4. This change in unmet needs from intake and exit identifies that participants in the PIR program received the care they required which changed their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

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



Source: PIR-FIXUS

Figure 4. Most 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 per cent) - Continuity of Support Program (found not eligible for NDIS)
- 65 (33 per cent) - National Psychosocial Support Program (Yet to test eligibility for NDIS)
- 103 (52.3 per cent) - 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 healthcare 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.

Comparing the Gold Coast Primary Health Network (GCPHN) region to the other 30 Primary Health Networks, the rate of separations (episode of admitted patient care) per 10,000 people on the Gold Coast (108) which was in line with the national rate 107.6 in 2018-19. In total in 2018-19 on the Gold Coast, there was a total of:

- 6,742 separations on the Gold Coast
- 96,757 patient days
  - 1,556 patient days per 10,000 population which was above the national rate of 1,214.
- 83,540 Psychiatric care days
  - 1,343 Psychiatric care days per 10,000 population which was above the national rate of 1,207.
- 16,657 Procedures
  - 268 procedures per 10,000 population which was above the national rate of 170.

Table 1 shows 31 Primary Health Networks and the number and rate per 10,000 for separations, patient days, psychiatric care days and procedures, please refer to appendices one for key concepts for overnight admitted mental health-related care.

Table 1. Overnight admitted mental health-related population rates of separations, bed days, psychiatric care days, and procedures, with and without specialised psychiatric care, by Primary Health Network, 2018-19

2018/19	Separations	Patient days	Psychiatric care days	Procedures	Separations per 10,000 population	Patient days per 10,000 population	Psychiatric care days per 10,000 population	Procedures per 10,000 population	Population
Western Queensland	859	4,757	2,827	868	137.2	760.3	451.8	138.7	62,571
North Coast	6,589	88,498	70,425	14,535	125.5	1,685.4	1,341.2	276.8	525,084
Country SA	6,235	55,467	36,124	10,547	124.3	1,105.3	719.9	210.2	501,821
Brisbane North	12,687	164,021	138,243	35,671	123.7	1,599.8	1,348.4	347.9	1,025,244
Perth North	12,804	198,926	173,030	28,617	119.5	1,857.3	1,615.5	267.2	1,071,047
South-eastern Melbourne	18,506	240,982	190,824	42,480	117.0	1,523.0	1,206.0	268.5	1,582,258
South-eastern NSW	7,250	97,123	78,788	17,329	116.0	1,554.4	1,260.9	277.3	624,844
Hunter New England and Central Coast	14,391	211,961	177,105	34,257	113.4	1,669.8	1,395.2	269.9	1,269,404
Nepean Blue Mountains	4,285	56,799	45,753	11,915	113.2	1,500.6	1,208.7	314.8	378,516
Tasmania	5,803	97,346	79,165	9,412	109.9	1,843.0	1,498.8	178.2	528,201
Gippsland	3,091	37,268	29,407	6,974	109.2	1,316.7	1,039.0	246.4	283,039
Gold Coast	6,742	96,757	83,540	16,657	108	1,556	1,343	268	621,931
Northern Territory	2,678	23,365	15,972	2,244	108.3	944.7	645.8	90.7	247,327
Western NSW	3,349	47,531	40,098	8,187	108.1	1,534.9	1,294.9	264.4	309,663
Adelaide	13,212	160,047	124,372	29,878	107.0	1,296.3	1,007.4	242.0	1,234,601
Brisbane South	12,417	170,414	145,640	35,165	106.8	1,465.5	1,252.5	302.4	1,162,811
Northern Queensland	7,446	99,627	85,112	14,745	106.7	1,427.0	1,219.1	211.2	698,145
Country WA	5,552	53,271	40,468	8,654	104.6	1,003.7	762.5	163.0	530,753
Darling Downs and West Moreton	6,013	78,992	66,251	12,587	104.1	1,367.6	1,147.0	217.9	577,620
Central and Eastern Sydney	16,848	254,728	191,990	44,126	103.3	1,561.4	1,176.8	270.5	1,631,412
Murrumbidgee	2,522	32,396	26,521	4,392	102.8	1,320.6	1,081.1	179.0	245,309
Southwestern Sydney	10,359	131,354	102,033	17,538	102.4	1,298.5	1,008.7	173.4	1,011,547
Murray	6,242	84,620	63,641	12,125	101.2	1,371.4	1,031.4	196.5	617,025
Perth South	10,016	142,658	123,078	25,569	100.6	1,432.5	1,235.9	256.8	995,858
Central Queensland, Wide Bay, Sunshine Coast	8,416	95,876	76,751	19,942	97.5	1,111.1	889.5	231.1	862,894
Northern Sydney	9,027	156,815	132,217	26,015	95.9	1,665.9	1,404.6	276.4	941,303
Australian Capital Territory	3,984	56,131	47,187	8,430	94.6	1,333.4	1,120.9	200.3	420,960
Eastern Melbourne	14,582	200,125	158,753	39,121	93.8	1,287.6	1,021.4	251.7	1,554,267
North-western Melbourne	16,862	255,033	205,344	39,357	92.3	1,396.0	1,124.0	215.4	1,826,824
Western Victoria	5,937	85,890	64,802	12,644	91.2	1,319.8	995.8	194.3	650,777
Western Sydney	8,290	153,994	133,983	20,391	82.9	1,540.2	1,340.1	204.0	999,805

Source: National Hospital Morbidity Database.

Analysing the ten Gold Coast SA3 regions, the Ormeau-Oxenford SA3 region the largest number of separations with 1,004 although the rate per 10,000 population was the lowest among the ten GCPHN SA3 regions as can be seen in Table 2.

Table 2. Overnight admitted mental health-related population rates of separations, bed days, psychiatric care days, and procedures, with and without specialised psychiatric care, by GCPHN SA3 regions, 2018-19

SA3 name	Separations	Patient days	Separations per 10,000 population	Patient days per 10,000 population	Population
Coolangatta	866	12,030	152.8	2,122.9	56,667
Southport	919	11,709	146.2	1,862.1	62,879
Gold Coast - North	939	13,891	134.0	1,982.5	70,068
Robina	665	15,098	123.9	2,812.2	53,688
Surfers Paradise	501	7,108	111.7	1,584.7	44,853
Broadbeach - Burleigh	725	9,960	110.5	1,518.0	65,614
Nerang	687	8,596	96.5	1,207.0	71,216
Gold Coast Hinterland	171	2,221	86.8	1,127.4	19,700
Mudgeeraba - Tallebudgera	266	3,709	74.6	1,039.5	35,680
Ormeau - Oxenford	1,004	12,448	70.9	878.6	141,683

Source: National Hospital Morbidity Database

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.

In 2015-16, 95 per cent 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 per cent). 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 of 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 though 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 of 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 per cent were claimed by females while younger people aged 20 to 29 had the highest number of items claimed which mirrors national trends.

Pharmaceutical Benefits Scheme

Pharmaceutical Benefits Scheme (PBS) data provides insight into medication dispensing relating to anxiety, depression, and psychosis. Of the 39 million mental-health related prescriptions (subsidised and under co-payment) provided in 2018-19, the majority (86.3 per cent) were prescribed by GPs, 7.7 per cent prescribed by psychiatrists and 4.5 per cent by non-psychiatrist's specialist.

The majority of subsidised and under co-payment mental health-related prescriptions were for Antidepressants (70.9 per cent, or 27.6 million) in 2018–19, followed by Antipsychotics (10.7 per cent), Anxiolytics (9.0 per cent), Hypnotics and sedatives (5.6 per cent) and Psychostimulants, agents used for ADHD and nootropics (3.8 per cent).

The Gold Coast had the 13th highest rate of patients prescribed a mental health-related medication among the 31 PHNs with 19 per cent of the 621,931 people living on Gold Coast population. Additionally, the Gold Coast had the 15th highest rate of rate of prescriptions (per 1,000 of the specific population) with 1,612 in 2018-19.

The drug groups defined for this report as mental health-related medications in the PBS and RPBS are:

- psycholeptics
- anxiolytics
- hypnotics and sedatives
- psychoanaleptics
- antidepressants
- psychostimulants, agents used for ADHD and nootropics

Table 3. Patients and mental health-related prescriptions (subsidised and under co-payment), by PHN, 2018–19

PHN name	Number of patients	Number of prescriptions (subsidised and under co-payment)	Rate of patients (per cent of the specific population)	Rate of prescriptions (per 1,000 of the specific population)	Population
Tasmania	118,421	1,112,643	22.4	2,106.5	528,201
North Coast	116,897	1,059,065	22.3	2,016.9	525,084
Central Queensland, Wide Bay, Sunshine Coast	187,038	1,712,166	21.7	1,984.2	862,894
Hunter New England and Central Coast	272,518	2,571,436	21.5	2,025.7	1,269,404
Murray	131,995	1,259,823	21.4	2,041.8	617,025
Gippsland	59,803	581,788	21.1	2,055.5	283,039
Western Victoria	136,568	1,309,902	21.0	2,012.8	650,777
Darling Downs and West Moreton	118,128	1,161,999	20.5	2,011.7	577,620
Western NSW	62,587	588,263	20.2	1,899.7	309,663
Murrumbidgee	49,168	459,341	20.0	1,872.5	245,309
South-eastern NSW	122,873	1,113,039	19.7	1,781.3	624,844
Country SA	98,521	916,343	19.6	1,826.0	501,821
Gold Coast	118,406	1,002,660	19.0	1,612.2	621,931
Brisbane North	194,278	1,779,774	18.9	1,736.0	1,025,244
Adelaide	230,494	2,107,275	18.7	1,706.8	1,234,601
Perth North	190,861	1,706,442	17.8	1,593.2	1,071,047
Northern Queensland	123,411	1,094,672	17.7	1,568.0	698,145
Country WA	93,692	838,352	17.7	1,579.6	530,753
Perth South	172,506	1,529,208	17.3	1,535.6	995,858
Nepean Blue Mountains	65,336	596,375	17.3	1,575.6	378,516
Brisbane South	200,069	1,796,075	17.2	1,544.6	1,162,811
South-eastern Melbourne	260,425	2,332,031	16.5	1,473.9	1,582,258
Australian Capital Territory	67,627	592,006	16.1	1,406.3	420,960
Eastern Melbourne	234,632	2,105,750	15.1	1,354.8	1,554,267
Western Queensland	9,229	76,514	14.8	1,222.8	62,571
North-western Melbourne	252,294	2,302,786	13.8	1,260.5	1,826,824
Northern Sydney	129,534	1,037,562	13.8	1,102.3	941,303
Southwestern Sydney	133,198	1,131,471	13.2	1,118.6	1,011,547
Central and Eastern Sydney	206,595	1,685,402	12.7	1,033.1	1,631,412
Western Sydney	114,495	985,985	11.5	986.2	999,805
Northern Territory	22,520	172,124	9.1	695.9	247,327

Source: PBS/RPBS data maintained by the Department of Health and sourced from DHS.

Among the ten GCPHN SA3 region, the Ormeau-Oxenford SA3 region had the highest number of patients who were prescribed a mental health medication (24,150) and the largest number of prescriptions (subsidised and under co-payment) with 198,447 in 2018/19. Gold Coast-North had the second largest number of patients who were prescribed a mental health medication (15,337), the second largest number of prescriptions (subsidised and under co-payment) with 137,295 and the largest rate of patients who were prescribed a mental health medication of the regions total population with 21.9 per cent. Gold Coast-North SA3 region had the highest rate of people aged 65 and over (23.7 per cent) amongst the GCPHN SA3 regions data identified that people aged 85 years and over had the highest prescription rate per 1,000 population among the age cohorts[2] as can be seen in Table 4.

Table 4. Patients and mental health-related prescriptions (subsidised and under co-payment), by GCPHN SA3 regions, 2018–19

SA3 name	Number of patients	Number of prescriptions (subsidised and under co-payment)	Rate of patients (per cent of the specific population)	Rate of prescriptions (per 1000 of the specific population)	Population
Gold Coast - North	15,337	137,295	21.9	1,959.5	70,068
Broadbeach - Burleigh	13,340	106,071	20.3	1,616.6	65,614
Southport	12,660	117,929	20.1	1,875.5	62,879
Gold Coast Hinterland	3,959	32,983	20.1	1,674.3	19,700
Coolangatta	11,293	98,533	19.9	1,738.8	56,667
Nerang	13,483	115,386	18.9	1,620.2	71,216
Surfers Paradise	8,152	65,038	18.2	1,450.0	44,853
Mudgeeraba - Tallebudgera	6,438	51,663	18.0	1,448.0	35,680
Robina	9,622	79,527	17.9	1,481.3	53,688
Ormeau - Oxenford	24,150	198,447	17.0	1,400.6	141,683

Source: PBS/RPBS data maintained by the Department of Health and sourced from DHS.

2 ABS 3235.0, Population by Age and Sex, Regions of Australia

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 regarding working with people with mental illness and cognitive impairment despite a comprehensive search strategy internationally[8].

Ongoing support

People with severe and complex mental illness (personality disorder) often have long treatment histories. A coordinated ongoing community treatment model, which supports continuity of care and is understood within a relational model, is essential to the effective treatment of severe and complex mental illness[9].

It has been recognised that people with severe and complex mental illness needs may not meet the criteria for care coordination or supports designed for severe and complex mental illness. Due to this, some people may become more vulnerable resulting in exacerbation of issues and higher use of treatment services.

Peer workers

Peer workers are an essential workforce within the Queensland public mental health system, come from a wide variety of backgrounds and have a range of skills, knowledge, and life experience. Peer workers provide a unique perspective and offer hope to individuals on their recovery journey by showing that recovery is possible.

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: 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

9 Project Air Strategy for Personality Disorders* (2015). Treatment Guidelines for Personality Disorders 2nd Ed. Wollongong: University of Wollongong, Illawarra Health and Medical Research Institute.

Peer workers draw on their lived experience to play unique roles in encouraging and supporting the recovery of people experiencing mental health issue by:

- Offering hope and supporting consumers and carers to develop a recovery-oriented perspective.
- Supporting consumers and carers to develop important life skills.
- Supporting consumers and carers to move beyond being a patient or carer to develop a personal sense of empowerment.
- Empathising with consumers and carers from a position of experience[10].

A key recommendation from the National Mental Health Commission national review of mental health programmes and services was the development of the mental health peer workforce to work together with consumers, families, support people, and multi-disciplinary teams to provide proactive and person-centred services and support[11].

Exposure or victim to domestic and family violence

Being exposed or a victim of family and/or domestic violence can have a wide range of detrimental impacts on one's mental and physical health, housing situation and general wellbeing. It is well recognised that health issues are linked with exposure to family and/or domestic violence including:

- depressive disorder
- anxiety
- sufficient self-harm
- alcohol use disorders

Data of reported domestic violence made by Police or through private applications identified that 26 per cent (760) of all domestic violence reported cases were reported in Ormeau-Oxenford SA3 region. It has been identified that a local service issue is access to a mental health clinician who have a high degree of understating family and domestic violence issues.

Adolescent to parent abuse

Adolescent-to-parent abuse is any behaviour used by a young person to control, dominate, or persuade parents. It is intended to threaten and intimidate and puts family safety at risk. Most abused parents have difficulty admitting even to themselves that their child is abusive. They feel ashamed, disappointed, and humiliated and blame themselves for the situation which has led to this imbalance of power. There is also an element of denial where parents convince themselves that their son or daughter's behaviour is part of normal adolescent conduct. Abuse is broadly defined to three categories – verbal, emotional/ psychological and physical.

It is recognised that when a parent or other adult is concerned, they should arrange for an evaluation by a mental health professional, early treatment by a professional can often help. Anecdotal feedback is there is limited services on the Gold Coast for adolescent to parent abuse.

10 Austin, E., Ramakrishnan, A. & Hopper, K. (2014). Embodying recovery: A qualitative study of peer work in a consumer-run service setting. Community Mental Health Journal, 50(8), 879-885

11 National Mental Health Commission (2014). The National Review of Mental Health Programmes and Services. Sydney.

Underserviced Groups

Many underserviced groups have higher rates of psychological distress and may not access services due to numerous determinants including location, cost, culturally appropriateness of the service provider and language barrier.

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.

A current barrier for underserviced population groups accessing the Medicare Benefits Schedule Better Access initiative is the out-of-pocket cost for the patient. Australian Bureau of Statistics survey identified that high out-of-pocket cost prevent people with log-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers[12]. An increasing number of people delay visits to (GP) and psychologists because of cost consideration[13].

In 2016-17, 43.1 per cent of Gold Coast residents out an out-of-pocket cost for a non-hospital Medicare service. For these patients with a cost, the median amount spent in the year was $145 per patient. This means that half of patients with cost spent more than $145, and half spent less[14]. In 2018-19, $12,148,391 was the total fees charged by the clinical psychologists, comprising the benefits paid by Medicare and patients' out-of-pocket cost with 80,083 services being claimed[15].

Data, research and consultation with service users, service providers, community members and Clinical Council 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 Islanders
- Culturally and Linguistically Diverse
- LGBTIQAP
- perinatal – have had a baby in the last 12 months
- children up to 12 years old
- children in out of home care (up to 12 years old)
- experiencing or at risk of homelessness
- people who have attempted, or are at risk of suicide or self-harm
- veterans
- youth justice
- older adults (aged 65 and over)
- children with autism
- people with a dual diagnosis
- complex families
- people with an eating disorder
- men linked to family court
- victims of family and/or domestic violence

12 Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020

13 Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics

14 Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016–17

15 Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018–19

MBS changes and workforce issues

The Better Access initiative aims to improve treatment and management for people who have mild to moderate mental health conditions through Medicare rebates for people accessing care. GPs are encouraged to work more closely and collaboratively with psychiatrist, clinical psychologists, registered psychologists, occupational therapists, and appropriately trained social workers to support patients.

The three tables below highlight the increase in Medicare-subsidised mental health-specific services from 2015-2016 to 2019-20 on the Gold Coast. This increase in GP, clinical psychologists, and other allied health providers Medicare-subsidised mental health-specific services is above the Gold Coast population growth rate and employment rate for clinical psychologists and medical practitioners.

- On the Gold Coast in this same period the Gold Coast population increased by 10.3 per cent (575,629 in 2015 to 635,191 in 2020)16[1].
- Number of medical practitioners (working in all settings) employed on the Gold Coast working as a medical practitioner increased by 23.3 per cent (2,070 in 2015 to 2,552 in 2020)
- Number of clinical psychologists (working in all settings) employed on the Gold Coast working as a clinical psychologist increased by 23.2 per cent (514 in 2015 to 633 in 2020)[17][2].

Table 5. Number of Medicare-subsidised mental health-specific services on the GCPHN from 2015-16 to 2019-20

Provider type	2015–16	2016–17	2017–18	2018–19	2019–20	Rate change from 2015-16 to 2019-20
Psychiatrists	82,241	84,033	84,162	85,276	87,138	6.0%
General practitioners	93,462	102,199	110,186	120,163	122,516	31.1%
Clinical psychologists	65,549	69,438	75,266	80,405	85,333	30.2%
Other psychologists	95,942	92,091	100,336	105,059	106,073	10.6%
Other allied health providers	5,790	7,422	7,675	7,484	8,501	46.8%
All providers	342,984	355,183	377,625	398,387	409,561	19.4%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

The number of GP Medicare-subsidised mental health-specific services (Mental Health Treatment items, review of a GP Mental Health Treatment Plan, and GP Mental Health Treatment Consultation) have increased 31.1 per cent from 2015-16 to 2019-20 on the Gold Coast. Table 6 shows that Robina had the largest per cent with 42.6 per cent (7,720 in 2015-16 to 10,295 in 2019-20). Ormeau-Oxenford had the greatest number of GP Medicare-subsidised mental health-specific services with 28,221 in 2019-20.

16 [1] Queensland Government Population Projections, 2018 edition (medium series)
17 [2] Sources: Department of Health 2020; ABS 2018

Table 6. Number of General Practitioner Medicare-subsidised mental health health-specific services, GCPHN SA3 regions, 2015-16 to 2019-20

	2015–16	2016–17	2017–18	2018–19	2019–20	Rate change from 2015-16 to 2019-20
Broadbeach - Burleigh	10,026	10,828	11,489	12,686	13,232	32.0%
Coolangatta	9,829	10,403	11,229	11,530	11,424	16.2%
Gold Coast - North	11,562	12,276	13,082	14,102	14,559	25.9%
Gold Coast Hinterland	3,449	3,538	3,874	4,349	4,302	24.7%
Mudgeeraba - Tallebudgera	4,998	5,388	5,967	6,643	6,869	37.4%
Nerang	10,008	11,350	11,676	12,700	13,028	30.2%
Ormeau - Oxenford	20,416	23,149	25,135	27,788	28,221	38.2%
Robina	7,220	8,243	8,865	9,991	10,295	42.6%
Southport	10,248	11,031	12,350	13,173	13,154	28.4%
Surfers Paradise	5,726	6,012	6,544	7,227	7,457	30.2%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

The number of clinical psychologists Medicare-subsidised services have increased 30.2 per cent from 2015-16 to 2019-20 on the Gold Coast. Table 7 shows that Broadbeach-Burleigh had the largest percentage increase with 47 per cent per cent (7,830 in 2015-16 to 11,508 in 2019-20). Ormeau-Oxenford had the greatest number of clinical psychologists' services with 15,872 in 2019-20.

Table 7. Number of Clinical Psychologists Medicare-subsidised services, GCPHN SA3 regions, 2015-16 to 2019-20

	2015–16	2016–17	2017–18	2018–19	2019–20	Rate change from 2015-16 to 2019-20
Broadbeach - Burleigh	7,830	8,987	9,832	10,616	11,508	47.0%
Coolangatta	7,836	7,943	8,318	8,982	9,422	20.2%
Gold Coast - North	7,346	7,678	8,286	8,390	9,061	23.3%
Gold Coast Hinterland	2,114	2,287	2,393	2,442	2,438	15.4%
Mudgeeraba - Tallebudgera	3,892	4,066	4,481	5,009	5,386	38.4%
Nerang	7,975	8,109	7,841	8,990	9,342	17.1%
Ormeau - Oxenford	11,652	12,222	14,912	14,922	15,872	36.2%
Robina	5,956	5,971	6,495	7,452	8,011	34.5%
Southport	7,038	7,664	8,379	8,445	8,780	24.8%
Surfers Paradise	3,926	4,525	4,349	5,177	5,531	40.9%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

COVID-19

As part of the Australian Government's COVID-19 response, changes were made to the Better Access initiative including:

- an increase from 10 to 20 in Medicare subsisded individual psychological services each calendar year
- expanded eligibility to include residents of aged care facilities
- expanded access to telehealth

Early data suggest utilisation of MBS funded psychological services remained high during 2020-21 on the Gold Coast.

Local stakeholders report that the changes to Better Access have impacted on the workforce and consequently, timely access to services for people seeking mental health support. NGOs service providers report increased wait times for their services due to difficulty in recruiting staff as many private practitioners are choosing to work from home and see patients through Better Access. This is particularly an issue in the northern corridor of the Gold Coast as there is already a limited workforce and high demand in the area.

System Navigation

Consultation throughout the 2020 Gold Coast Joint Regional Plan between Gold Coast Health and Gold Coast Primary Health Network identified that there is a high demand for system navigation support and to support people to assess and determine suitable options. There are two elements to services navigation that have been identified:

1) Uncoordinated and inconsistent approach to assessment, referrals, and intake.

- Most services operate an assessment and intake component for their service meaning individuals and referrers often have to share their story at each transition point or when ascertaining eligibility. When people are not matched to the right service initially, they have to retake the intake process, which can be a system inefficiency and can contribute to a poor experience and poor outcomes. Additionally, the frustrating experience of trying to find the right fit can result in disengagement and opportunities for early intervention may be lost with people presenting to the system later in crisis.
- An inconsistent approach to assessment (e.g various tools) leads to inconsistent assigned levels of care, resulting in discrepancies in the type of care provided across providers and regions, for similar clinical presentations
- Referrals to services are often inappropriate, resulting in people being under or over serviced.

2) Limited awareness/understanding of service infrastructure, including availability and capability of services.

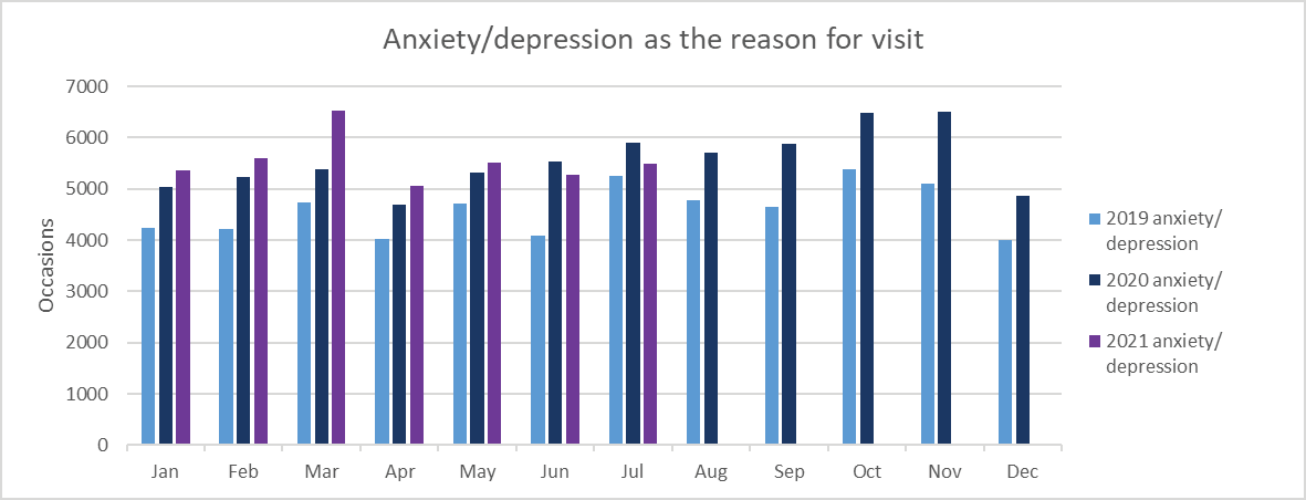
- Referrals to services are often inappropriate, resulting in people being under or over serviced.
- There are many pathways to mental health, AOD and suicide prevention and support services. Community members and service providers perceive that the local service system changes frequently due to funding changes, resulting in providers and people being unclear about available services and the pathways to access these services. There is a need for timely and accurate information and easily identifiable access points for individuals seeking care, so that they can be matched with the service which optimally meets their needs.

Increasing demand management across the Stepped care approach

In 2020-21, GCPHN funded providers saw over 8,000 unique clients access the Stepped Care programs. The rate of referrals to PHN funded services across low intensity, psychological therapy and clinical care coordination continued to rise in Q4 as compared to Q3. These high referral rates are placing significant pressure on all services.

Additionally, utilisation of MBS funded psychological services remained high in 2021. The figure below indicates this. Demand on services as evidenced by presentations to general practice for anxiety and depression, which flow onto community mental health services, remains well above 2019 data. This presents a challenge as some GCPHN Psychological Service providers (PSP) have very high waiting times for appointments. Psychological Services have continued to express their preference to take MBS clients over PSP clients as the administrative burden of the MBS program is less with no reporting, or performance monitoring requirements.

Figure 5. Mental health consultations in 80 Gold Coast general practices



Source. Primary Sense

National Psychosocial Support (NPS)

In June 2018, the Commonwealth government announced funding for national psychosocial support measures for people with severe mental illness who are not more appropriately supported through the National Disability Insurance Scheme (NDIS), to be matched by State and Territory governments through bilateral agreements.

The Commonwealth component of the NPS measure is being implemented through purpose specific funding to Primary Health Networks (PHN) to commission these services. The PHN commissioned services will need to be implemented in a flexible way to complement the State and Territory funded psychosocial support.

People with a severe mental illness can access several Commonwealth funded psychosocial support services that provide support which aim to help people increase their ability to do everyday activities.

Psychosocial support can be provided individually or in a group and might focus on one or more of the following areas:

- developing social skills and friendships
- building relationships with family
- managing money
- finding and looking after a home
- building skills and qualifications
- developing work goals
- staying physically well, including exercise
- support with drug alcohol and smoking issues
- building life skills including confidence and resilience

Local health needs and service issues

- Short-term, non-clinical, recovery-focused psychosocial support services for people of all ages.
- The most frequently identified areas of unmet psychosocial needs include:
    - obtaining employment/volunteering opportunities
    - managing physical health issues
    - engaging in a fulfilling social life
    - participating in daytime activities
- Limited engagement in services with people who
    - identify as Aboriginal and/or Torres Strait Islander
    - are from culturally and linguistically diverse (CALD) backgrounds
    - identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)

- Diverse workforce required including peer support workers, life coaches and support workers able to provide client-centred, trauma-informed, culturally appropriate, and recovery-orientated support in both outreach and centre-based settings.
- Limited office space available for psychosocial and clinical services to collocate.
- Improved service coordination for individuals with severe mental illness and associated psychosocial functional impairment, while considering supports available across levels of governments, the community, and relevant sectors.
- Increased awareness of psychosocial services in primary care to support complementary use with other primary health interventions.
- Efficient referral pathways required to increase accessibility to new psychosocial services.

Key findings

- Individual and group psychosocial support and rehabilitation services for clients and their carers/ families that is focused on building capacity and connectedness at times when it is most needed rather than providing ongoing support.
- Greater support and intervention are required to prevent escalation of mental health conditions to avoid crisis and hospital presentations.
- Peer workers are acknowledged by both providers and consumers as important supports for people with severe mental health needs, however the present workforce is small.
- It is important for consumers to feel empowered to be involved in decision-making about their care and providers have a key role to act as facilitators to enable this.
- 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 mental illness to access psychosocial supports.

Eligible for assistance

People whose mental health condition severely affects their ability to function day to day can benefit from support that meets their individual needs through the National psychosocial support programs for people with severe mental illness.

People with severe mental illness who are not accessing psychosocial supports through the National Disability Insurance Scheme (NDIS) or state and territory funded services can get support through:

- The National Psychosocial Support Measure
- The National Psychosocial Support Transition program
- The Continuity of Support program for psychosocial support

It's anticipated that the above three programs will be consolidated into one program at the end of 2021 - The Commonwealth Psychosocial Support Program.

It has been recognised there are unmet psychosocial needs for people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through National Psychosocial Support Measure programs. Due to this, some people may become more vulnerable resulting in exacerbation of issues and higher use of treatment services.

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
Plus Social service funded by GCPHN	1 which offers psychosocial support, after hour's safe space, as well as clinical care coordination.	Mermaid Beach	• Plus Social is a comprehensive clinical support service for people who experience the impact of severe mental illness. The program supports individuals who are finding it difficult to maintain their regular day to day activities using clinical care coordination. The program includes structured, recovery and goal-oriented services focused on creating significant improvements in quality of life, health and wellbeing.
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.	• Support for people in crisis.
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 GCPHN 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.	

Employment and volunteering	A number of federally-funded employment providers support clients with a disability and these providers also support clients whose primary disability is a mental health issue	Office locations are based across the Gold Coast	• Mental Health NGOs provider support and programs for individuals to engage with employment and volunteering, however, most do not have specific programs dedicated to this area. • Education programs and groups are run by various NGOs aimed at supporting consumers and carers. • Active and Healthy Providers who have undertaken Mental Health First Aid Training are noted in the listing on City of Gold Coast website.
Social life/company	9 services (8 are NGO providers, 1 is an Aboriginal Medical Service, 1 is an Aboriginal & Torres Strait Islander service, 1 is a culturally and linguistically diverse (CALD) service, 2 are peer- based providers, A number employ peer workers).	Programs are a combination of outreach and centre-based activities. 3 in Southport, 1 in Arundel, 1 in Mermaid Beach, 1 in Varsity Lakes, 1 in Miami, 2 in Robina, 1 in Oxenford, 1 in Bilinga (11 listed due to multiple locations).	
Physical health (non-clinical)	8 (7 NGO providers and 1 community-based program, “Active and Healthy,” funded by City of Gold Coast with 15 providers available)	Activities funded by City of Gold Coast are located across the entire GCPHN region.	
Daytime activities	5 providers (3 NGO providers, 1 private provider, 1 community-based program funded by City of Gold Coast with 15 providers available)	Distribution is predominately in Palm Beach, Southport and Currumbin. Activities funded by City of Gold Coast are located across the entire GCPHN region.	

Consultation

Various consultation activity was undertaken across 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

- 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.
- Affordability may be a barrier but not sure if people's expectation of therapy is realistic i.e, a quick fix for complex issues.
- It seems like, at times, patients must wait for an extended time to access social workers through the plus social program.
- Mental illness is not always been able to be quantified as simply many people think it is normal, or typical and do not realise they could get help.
- If all GPs screened every new client and routine screened existing clients for mental health concerns, there is simply not enough mental health workers to refer to. Most referrals come from a very few GPs and therefore if they all become as aware of the issues, we would be inundated with referrals, which has clearly become the case since COVID has brought the attention of mental health to many primary health assessors.
- QAS and QPS response times for clients experiencing psychotic episodes or severely unwell remain inadequate.
- Ongoing challenge to recruit suitably qualified and experienced clinicians.
- Need to look at service options in northern corridor on the Gold Coast
    - Most services tend to end around Southport yet there is significant growth in Northern Corridor (Pimpama and Ormeau).
    - Since COVID, single practitioners in the Northern Corridor area are attending to mental health issues for 20-30 per cent of daily practice.
    - Northern corridor community actively seeking after hours options, when crisis happens Southport is too far away, especially for young families. Many of these young families include migrants and FIFO workers, with additional challenges in accessing services.

- GC PHN's Clinical Council provided feedback during consultation session in May 2021 that there is significant strain on GPs in the Coomera, Ormeau and Oxenford area:
    - Number of consultations GPs are having with patients with mental health concerns has significantly increased over the past 2 years (particularly in the past 12 months)
    - GPs report that they deliver increased number of consultations due to significant lack of allied health service availability in the GCPHN region.
    - GPs in this area also report very high levels of work stress due to patients' mental health needs escalating over time, and GPs "holding" a reasonable degree of patient risk whilst the patient/s are waiting to access a service.

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:
    - Concerns remain around the adequate training and experience of Mental Health support workers.
    - 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.
    - Primary Health Clinicians are supporting patients with their NDIS application but there is no suitable MBS item number given the time required.
    - Limited understanding for some of the role primary healthcare providers in assisting people to access NDIS for lifelong support.
- 25 per cent of patients with frequent presentations to the ED have a mental health issue.
- Limited access to safe spaces in the northern Gold Coast with the large and growing population.
- Concern with homeless with clients with mental health issues and accessing services or meeting with service providers.
- Psychosocial supports with a focus on accessing training and education, increased physical activity and wellbeing groups, social groups and activities that are flexible to access and is inclusive of family and carers, and use of peer workers to step individuals up for more intense support or less support as needed.
- 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 GCPHN region.
- Challenges in both recruitment and sustainability of the peer workforce as this is an extremely limited workforce and not a clearly defined.
- People with intellectual disability, autism and acquired brain Injury are often not able to get psychological support
    - Some private psychologists do not feel confident or have skills to provide support to these people.
    - These people fall through the gaps as they are not able to access disability services for mental health support, but mental health services won't provide services.

Primary and Community Care Community Advisory Group

Primary needs/gaps identified:

- Crisis accommodation, particularly for domestic violence.
- Domestic violence services to support people to access safety.
- Transport options for homeless. Many of the foodbanks etc require transport. An idea that was raised was transport concession cards for homeless people.
- Advocacy for the homeless particularly in regard to the Council. We are aware the Gold Coast council now has 2 Public Space liaison workers (for the whole Gold Coast). But it is identified that homeless people are being served notice to move on from an area, but then their belongings are confiscated when they're not looking (so to speak) and there doesn't seem to be a pathway to get their belonging back. We identified that this cohort need advocacy to prevent it getting to the point where all their worldly possessions are taken from them.
- bulk billing psychiatrists
- bulk billing psychology
- Cardiometabolic monitoring – this is interesting because we are developing our cardiometabolic monitoring & deprescribing clinic.

COVID-19 Impacts

The Wesley Mission Queensland COVID-19 Recovery Service was established to provide responsive wellbeing support for people aged 16 years and over living in the GCPHN region whose wellbeing has been impacted by the ongoing effects of COVID-19. Below are some of the common presentations to the service:

- loneliness and social isolation
- suicidal ideation
- problems with secure housing
- Financial barrier's such as loss of employment/struggles to secure adequate ongoing employment.
- overall anxiety and depressive presentations – low mood and lack of motivation
- struggles with accessing services such as Centrelink and NDIS
- loss of routine
- grief and Loss
- Difficulties in accessing appropriate higher mental health services in a timely manner due to long waitlists.

In addition to the above, very early on in the rollout of this service it became apparent that schools needed support as children's anxiety levels had increased; anecdotally home-schooling had a massive impact on some students finding it difficult to re-engage in face-to-face learning. Parents were also struggling with how to deal with the impact of COVID-19 on the mental health and wellbeing of their children.

Appendices 1.

Key concept	Description
Separation	**Separation** is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital, or changing type of care. Each record includes information on patient length of stay. A same-day separation occurs when a patient is admitted and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates. The numbers of separations and patient days can be a less reliable measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.
Patient day	**Patient day** means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by subtracting the date the patient was admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. The patient day data presented in this report include days within hospital stays that occurred before 1 July provided that the separation from hospital occurred during the relevant reporting period (that is, the financial year period). This has little or no impact in private and public acute hospitals, where separations are relatively brief, throughput is relatively high and the patient days that occurred in the previous year are expected to be approximately balanced by the patient days not included in the counts because they are associated with patients yet to separate from the hospital and therefore yet to be reported. However, some public psychiatric hospitals provide very long stays for a small number of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred before the relevant reporting period and may not be balanced by patient days associated with patients yet to separate from the hospital.
Psychiatric care days	**Psychiatric care days** are the number of days or part days the person received care as an admitted patient in a designated psychiatric unit or ward.
Procedure	**Procedure** refers to a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. Procedures are grouped together in blocks (**Procedure blocks**) based on the area of the body, health professional or intervention involved.

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Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network. Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.