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People at risk of
developing mild
and moderate
mental illness

Needs Assessment

phn
GOLD COAST

An Australian Government Initiative

➤ People at risk of developing mild and moderate mental illness

Depression and anxiety are the leading global causes of burden of disease in young people and considerable illness burden across the lifespan^{1, 2}. Effective prevention and early intervention can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of depression and anxiety^{3, 4}. Fewer than half of Australians with depression or anxiety seek help from a health professional, which means important opportunities for intervention are being missed⁵.

Low intensity mental health services aim to target the most appropriate psychological interventions to people experiencing or at risk of developing mild mental illness (primarily low acuity anxiety and/or depressive disorders). Defining target populations, educating consumers and providers and developing low intensity service models will contribute to improved outcomes for a wide group of consumers. Within a stepped care approach, low intensity mental health services target lower intensity mental health needs. This enables the provision of an evidence based and cost-efficient alternative to the higher cost psychological services available through programs such as Better Access and other primary mental healthcare services.

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.
- Limited promotion and support of low intensity services to general practice to support complementary use with other primary health interventions.
- Limited use and accessibility of evidence based electronic (digital) mental health services.
- System navigation is difficult for general practitioners and people.
- Timely access to services for people seeking mental health support.
- Increasing demand for all mental health services.

Key findings

- Gold Coast Primary Health Network (GCPHN) rate of general practitioner (GP) mental health service above the national rate per 100 people in 2018-19.
- GCPHN rate of clinical psychologists' services above the national rate per 100 people in 2018-19.
- GCPHN rate of psychiatrist services above the national rate per 100 people in 2018-19
- Top reasons for Gold Coast residents people using Beyond blue services included anxiety, depression, and family/relationships.
- While there are a broad range of quality online and telephone services (eMH services) available for people with low acuity mental health issues, there is limited data on local usage.

1 Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *The Lancet*. 2013;382(9904):1575-86

2 Gore FM, Bloem PJ, Patton GC, Ferguson J, Joseph V, et al. Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet*. 2011;377(9783):2093-102.

3 Muñoz RF, Cuijpers P, Smit F, Barrera AZ, Leykin Y. Prevention of major depression. *Annual Review of Clinical Psychology*. 2010; 6:181-212.

4 Caele AL, Christensen H. Systematic review of school-based prevention and early intervention programs for depression. *Journal of adolescence*. 2010;33(3):429-38.

5 Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Pirkis JE, et al. Estimating treatment rates for mental disorders in Australia. *Australian Health Review*. 2014;38(1):80-85.

- There is limited integration of eMH services as complementary service options within existing primary healthcare service delivery.
- Consultation indicates effective early intervention can prevent deterioration but there are limited soft entry point models (coaching, wellness focused, and peer-support) that focus on social and community connectedness.

Prevalence, service usage and other data

One in seven Australians (15 per cent) aged 16 to 85 have experienced depression in their lifetime⁶. This is equivalent to 61,295 Gold Coast residents aged 20 to 84 years old. One quarter of Australians (26.3 per cent) aged 16 to 85 have experienced an anxiety disorder⁷. This is equivalent to 107,471 Gold Coast residents aged 20 to 84 years old.

Low intensity services can include online, telephone, individual and group-based interventions. As depicted through the below service mapping table, there are myriad telephone and online services that could be accessed by people in the GCPHN region. While there is limited local usage data for these services a 2015 sample from Beyond Blue's telephone counselling service indicated approximately 44 per cent of calls from the GCPHN region related to depression (26 per cent) and anxiety (18 per cent).

Access to online low intensity service options requires internet connectivity, which may present a barrier for some people. In 2016, Gold Coast households that did not access the internet was 11.4 per cent, lower than the state average of 13.6 per cent. Within the GCPHN region, the areas with the most households that did not access the internet were Coolangatta (15.6 per cent, 3,194 households) and Gold Coast North (14.9 per cent, 3,915 households)⁸.

Medicare Benefits Schedule

Patients suffering from poor mental health can see their GP 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 GP and mental health workers are captured in Medicare-subsidised data. GP 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.

A mental health treatment plan is a support plan for someone who is going through mental health issues. If a doctor agrees that the individual requires additional support, the patient and the doctor will make the plan together.

⁶ ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (2008), p 27

⁷ ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (2008), p 27

⁸ Australian Bureau of Statistics, 2016, Gold Coast (SA 4), Quick Stats

GCPHN acknowledge that people may not always see a clinical psychologist and may see a general psychologist, counsellor, or social worker for a consultation. General psychologists, counsellors and social workers data is limited due to psychologists (clinical or other) may also provide some services listed for general psychologist, counsellors, and social workers. Implications of this is (psychologists (clinical or other) cannot be readily separated from other mental health workers and leading to duplication in reporting. Due to this GCPHN will report on GP mental health services, clinical psychologists and psychiatrists MBS services provided and acknowledge data is not included for services delivered by general psychologist, counsellors, or social worker services.

General Practitioner

The GCPHN region rate for GP mental health services per 100 people (18.9) was above the national rate (14.6) in 2018-19. In 2018-19, 68,466 Gold Coast residents had a mental health consultation with a GP leading to 117,860 mental health consultations in total.

Table 1. General Practitioner Mental Health Services per 100 people, Gold Coast 2013-14 to 2018-19

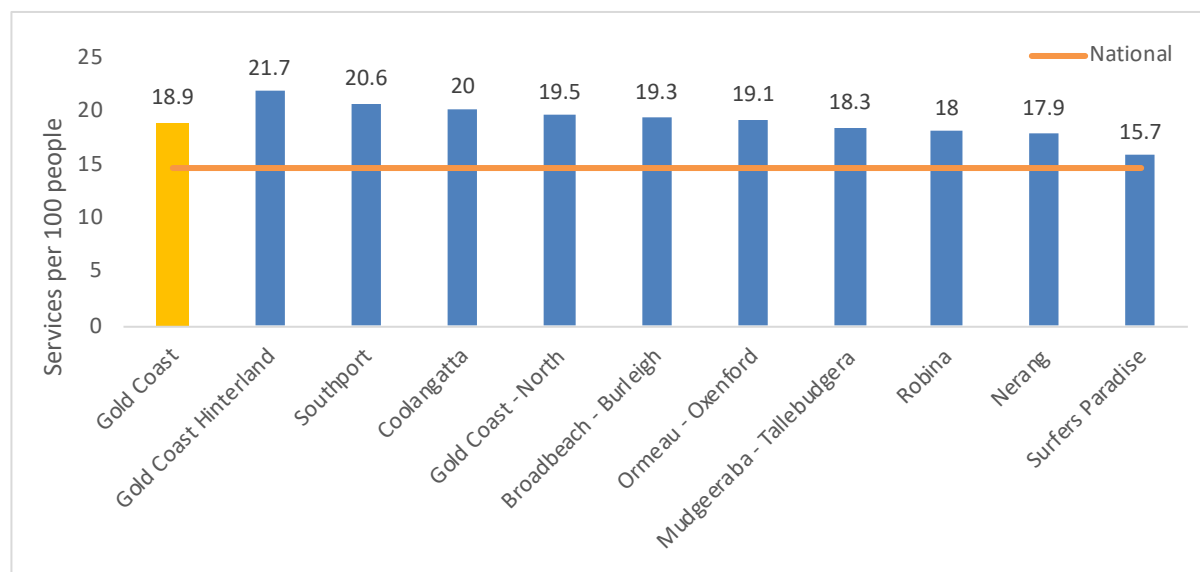
Year	Services per 100 people	No. of patients	No. of services
2018-19	18.95	68,446	117,860
2017-18	17.82	63,051	108,020
2016-17	16.94	59,253	99,886
2015-16	15.68	54,586	90,289
2014-15	14.73	49,980	83,219
2013-14	14.23	46,226	78,886

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

All GCPHN region Statistical Area Level 3 (SA3) regions were above the national rate in 2018-19 for claiming GP 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 among the ten GCPHN SA3 regions. (15.7).

Although Gold Coast Hinterland had the highest number of GP mental health services per 100 people, the total number of services claimed was 4,282, while Ormeau-Oxenford had the highest with 27,007 services claimed in the same period.

Figure 1. 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

Clinical Psychologists

Psychologists are health professionals who can work in a range of areas such as clinical, neuropsychology, health, community, forensic, organizational and sports and exercise psychology. clinical psychologists have skills in the following areas:

- assessment and diagnosis
- treatment
- learning

For the purpose of this report psychological therapy services provided by eligible clinical psychologists includes individual attendances, group therapy, and telehealth video consultations.

The GCPHN region rate for clinical psychologists' services per 100 people (12.9) was above the national rate (9.7) in 2018-19 (Table 2). In 2018-19, 19,101 Gold Coast residents had a consultation with a psychologist leading to 80,083 consultations in total.

Table 2. Clinical Psychologists services per 100 people, number of patients and number of services, Gold Coast 2013-14 to 2018-19

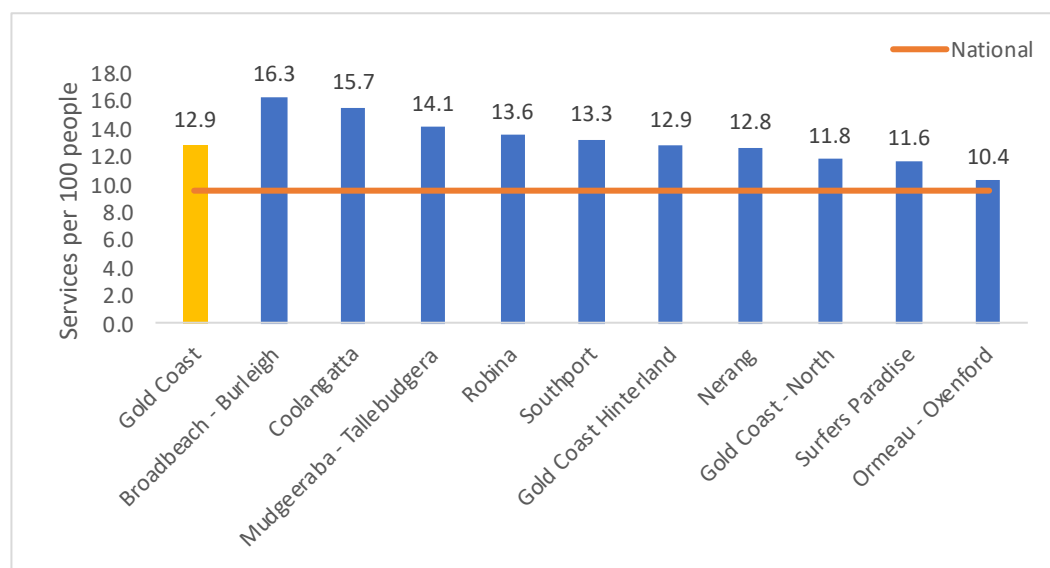
Year	Services per 100 people	No. of patients	No. of services
2018-19	12.88	19,101	80,083
2017-18	12.37	17,790	74,999
2016-17	11.64	16,283	68,665
2015-16	11.26	15,214	64,842
2014-15	10.05	13,146	56,791
2013-14	9.38	12,144	52,027

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.

All GCPHN region SA3 regions were above the national rate in 2018-19 claiming clinical psychologists' services. Broadbeach-Burleigh SA3 region had the highest rate per 100 people (16.3) while Ormeau-Oxenford had the least on the Gold Coast (10.4) claimed per 100 people.

Although Gold Coast Hinterland had the highest number of clinical psychologists' services per 100 people, the total number of services claimed was 2,547 while Ormeau-Oxenford had 14,684 services claimed in the same period.

Figure 2. Clinical Psychologists services 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.

Psychiatrists

Psychiatrists are doctors who have undergone further training to specialise in the assessment, diagnosis, and treatment of mental health conditions. Psychiatrists can make medical and psychiatric assessments, conduct medical test, provide therapy, and prescribe medication.

For the purpose of this report Medicare-subsidised services provided by a psychiatrist, included patient attendances (or consultations), group psychotherapy, tele-psychiatry, case conferences and electroconvulsive therapy. Electroconvulsive therapy may be provided by either a psychiatrist or another medical practitioner together with an anaesthetist.

The GCPHN region rate for clinical psychologists' services per 100 people (9.7) was above the national rate (7.5) in 2018-19 (Table 3). In 2018-19, 14,667 Gold Coast residents had a consultation with a psychiatrist leading to 60,272 consultations in total.

Table 3. Psychiatrist's services per 100 people, number of patients and number of services, Gold Coast 2013-14 to 2018-19

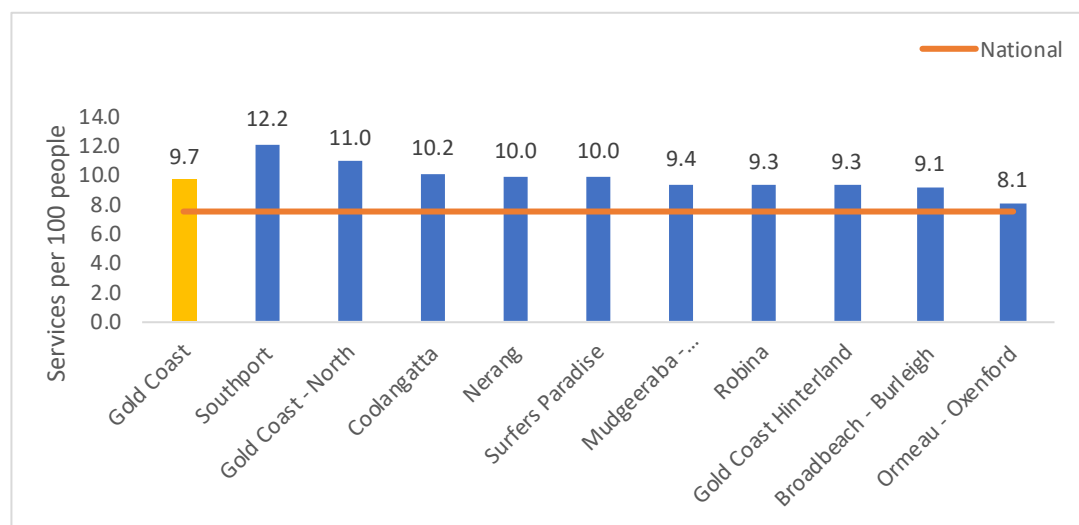
Year	Services per 100 people	No. of patients	No. of services
2018–19	9.69	14,667	60,272
2017-18	10.42	14,332	63,134
2016-17	11.15	13,784	65,774
2015-16	11.63	13,364	66,960
2014-15	11.69	12,815	66,019
2013-14	11.08	11,723	61,446

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.

All GCPHN SA3 regions were above the national rate in 2018-19 claiming Psychiatry services. Southport SA3 region had the highest rate per 100 people (12.2) while Ormeau-Oxenford had the least on the Gold Coast (8.1) claimed per 100 people.

Although Ormeau-Oxenford had the lowest rate of services per 100 people, it had the highest number of actual services among Gold Coast SA3 regions with 11,427.

Figure 3. Psychiatrist's 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.

Social isolation and loneliness

Social isolation and loneliness can be damaging to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on people's lives.

- social isolation: state of having minimal contact with others
- loneliness: subjective state of negative feeling about having a lower level of social contact than desired⁹

Both concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel isolated¹⁰.

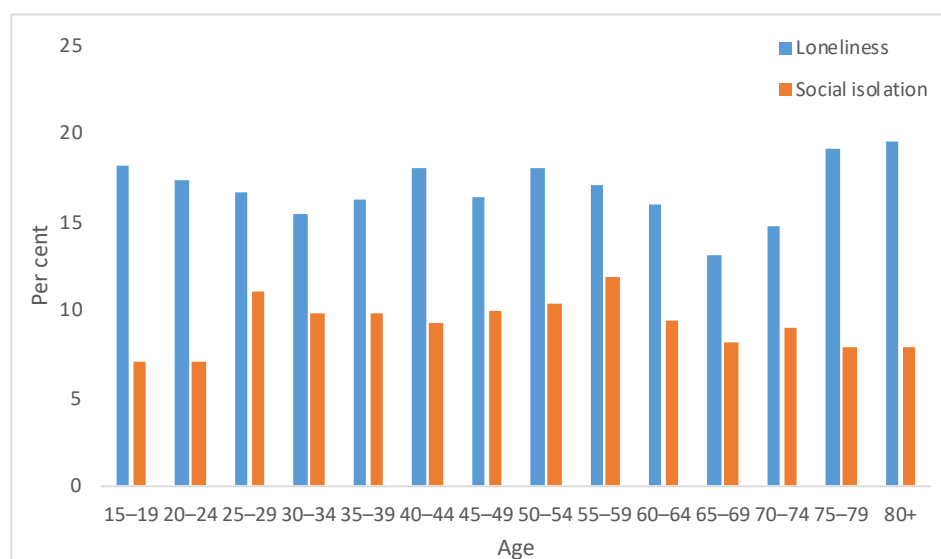
One in three Australians reported an episode of loneliness between 2001 and 2009, with 40 per cent of these people experiencing more than one episode¹¹.

- one in ten Australians aged 15 and over report lacking social support¹²
- one in four report they are currently experiencing an episode of loneliness¹³
- one in two report they feel lonely for at least one day each week

Social distancing during the pandemic was never meant to prevent social connections, but many people were staying away from friends and family to avoid exposing their loved ones to the virus.

Loneliness and social isolation have been linked to mental illness, emotional distress, suicide and development of dementia¹⁴. Part of the challenge in reporting on social isolation and loneliness comes from no universally agreed upon definitions. Figure four shows how social isolation and loneliness vary across age groups.

Figure 4. Proportion of people experiencing social isolation and loneliness by age, 2018



Source: Relationships Australia 2018. *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*. Canberra: Relationships Australia.

9 Peplau L & Perlman D 1982. Perspectives on loneliness. In: Peplau L & Perlman D (eds). *Loneliness: A sourcebook of current theory, research, and therapy*. New York: Wiley.

10 Australian Psychological Society 2018. *Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing*. Melbourne: APS.

11 Baker D 2012. *All the lonely people: Loneliness in Australia, 2001-2009*. Canberra: The Australia Institute.

12 Relationships Australia 2018. *Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey*. Canberra: Relationships Australia.

13 Australian Psychological Society 2018. *Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing*. Melbourne: APS.

14 Hawthorne G 2006. Measuring social isolation in older adults: development and initial validation of the friendship scale. *Social Indicators Research* 77:521-48

NewAccess

NewAccess is a mental health coaching program. Designed to provide accessible, quality services for anyone finding it hard to manage life stresses such as work, study, relationships, health, or loneliness. People can access six coaching sessions delivered over the phone, via skype or in person by trained mental health coaches.

The program uses low-intensity psychological therapy and aims to help people break the cycle of negative or unhelpful thoughts. Developed by Beyond Blue and delivered by Primary and Community Care Services (PCCS). NewAccess provides support from a coach, who will assess the person's needs, then work with them in setting practical, effective strategies to help get them on track. This program provides support for individuals aged 16 years and over. Individuals can self-refer to the program.

Data from Beyond Blue identified there was an increase of average recovery rate and average retention rate from 2019-20 to 2020-21 in the program in the GCPN region. Consultation has suggested that there is limited promotion and support of low intensity mental health services to general practice to support complementary use with other primary health interventions, data identified there is no waitlist to NewAccess on the Gold Coast.

Single session of psychological support and/or referrals

Beyond Blue works with the community to improve mental health and prevent suicide, so that all people in Australia can achieve their best possible mental health.

Beyond Blue offers a support service, 24 hours a day, seven days a week. This support service is offered through phone, chat online and email. All calls and chats are one-on-one with a trained mental health professional, and confidential. In 2020, there was more than 254,000 services delivered.

Locally in the GCPHN region, between 6-7-20 – 14-3-21, it was estimated 2,871 people used the above services. The top three reasons for people calling were anxiety, depression, and family/relationships. People aged between 15 to 24 and 25 to 34 had the highest rate of usage with females using the service at a higher rate compared to males.

The role of primary care including general practice

General practice plays a central role in the delivery of mental healthcare. In Australia, people in distress regularly turn to a general practice. In 2018-19, 68,466 Gold Coast residents saw a GP for a mental health-related service which led to 117,860 services¹⁵. Mental healthcare in general practice is easily accessed without referral.

As general practice can be the first and/or only setting an individual seeks help for their mental health it is vital that promotion and support of low intensity services to general practice to support complementary use with other primary health interventions is evident to GPs and general practice staff.

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

Flexible evidence-based services for at risk and mild illness needs are required

Effective prevention and early intervention can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of depression and anxiety¹⁶. Researchers, policy makers and health service providers are turning their attention to the development, testing and implementation of programs that can promote better mental health and prevent mental ill-health. If implemented well, and in line with the evidence, these interventions may help avoid or reduce the substantial adverse individual, social and economic effects of depression and anxiety.

Low intensity interventions are critical in bridging the need–treatment gap for depression and anxiety disorders

Fewer than half of Australians with depression or anxiety seek help from a health professional, which means important opportunities for intervention are being missed¹⁷. The costs of providing mental health services are increasing, providing the motivation to develop more efficient intervention modes of delivery that do not place more pressure on the existing systems of care. Rapid developments in treatment models employing low intensity support to people in earlier phases of illness show potential for meeting this need, particularly for depression and anxiety¹⁸.

Accessibility of evidence based electronic (digital) mental health services

The term electronic mental health (e-mental health) refers to the use of the internet and related technologies to deliver mental health information, services, and care¹⁹. The use of online interventions for the prevention and treatment of mental illness is one of the major applications of e-mental health.

There is strong evidence to suggest that these e-mental health interventions are effective for use in the management of mild to moderate depression and anxiety and can be distributed in the primary care setting²⁰.

Benefits of evidence based electronic mental health services

- convenient and flexible
- low, or no service cost to patients
- fill service gaps
- saves practitioner's time
- cost effective to the health system
- easily accessible

16 Muñoz RF, Cuijpers P, Smit F, Barrera AZ, Leykin Y. Prevention of major depression. Annual Review of Clinical Psychology. 2010; 6:181-212

17 Whiteford HA, Buckingham WJ, Harris MG, Burgess PM, Parkas JE, et al. Estimating treatment rates for mental disorders in Australia. Australian Health Review. 2014;38(1):80-85.

18 DOH. Low intensity mental health services for early intervention. [http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/2PHN%20Guidance%20-%20Low%20Intensity%20services.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/2PHN%20Guidance%20-%20Low%20Intensity%20services.pdf): Australian Government Department of Health

19 Eisenach G. What is e-health? J Med Internet Res 2001;3(2):e20.

20 Richards D, Richardson T. Computer-based psychological treatments for depression: a systematic review and meta-analysis. Clin Psychol Rev 2012;32(4):329–42

There are numerous considerations that need to be managed for evidence based digital mental health services to be fully and effectively integrated into Australia mental healthcare services including:

- training in evidence based digital mental health services
- confidentiality
- record keeping
- clinical risk
- healthcare planning
- reimbursement
- establishing care boundaries

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.

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 GPs, 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)^{21[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 on 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)^{22[2]}.

Table 4. Number of Medicare-subsidised mental health-specific services on the Gold Coast 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 five 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.

21 ^[1] Queensland Government Population Projections, 2018 edition (medium series)

22 ^[2] Sources: Department of Health 2020; ABS 2018

Table 5. Number of General Practitioner Medicare-subsidised mental health health-specific services, Gold Coast 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 six 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 6. Number of Clinical Psychologists Medicare-subsidised services, Gold Coast 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 Better Access

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 subsidised 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.

COVID-19

The potential for COVID-19 to impact mental health and wellbeing was recognised early in the pandemic²³. In addition to concerns around contracting the virus itself, some of the pressures necessary to contain its spread were also likely to negatively impact mental health²⁴. The sudden loss of employment and social interaction and the added stressors of moving to remote work or schooling.

Use of MBS subsidised mental health items

Between 16 March 2020 and 24 January 2021, almost 11.5 million MBS-subsidised mental health-related services were delivered nationally (\$1.3 billion paid in benefits); almost 3.7 million (32.1 per cent) of these services were delivered via telehealth (as opposed to face to face) and \$428 million was paid in benefits for telehealth services²⁵.

In the 4 weeks to 24 January 2021, 736,344 services were delivered, slightly exceeding the services provided in the 4-week periods to 26 January 2020 and 27 January 2019 (noting that in 2019 and 2020 these weeks include a national public holiday). Services in the 4 weeks to 31 January were 3.4 per cent and 6 per cent higher than services in the 4 weeks to 2 February 2020 and 3 February 2019 respectively.

²³ WHO (World Health Organization) 2020a. Substantial investment needed to avert mental health crisis, <https://www.who.int/news-room/detail/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>

²⁴ NMHC (National Mental Health Commission) 2020. National mental health and wellbeing pandemic response plan, <https://www.mentalhealthcommission.gov.au/getmedia/1b7405ce5d1a-44fc-b1e9-c00204614cb5/National-Mental-Health-and-Wellbeing-Pandemic-Response-Plan>

²⁵ Medicare Benefits Schedule data

Pharmaceutical Benefits Scheme (PBS) prescriptions

In the 4 weeks to 20 December 2020, there was a 3.6 per cent increase in mental health-related prescriptions dispensed under the PBS compared to the 4 weeks to 19 Dec in 2019. Prescriptions for antidepressants increased by 4.6 per cent in this period. A spike in PBS-subsidised prescriptions and under co-payments, including all mental health-related prescriptions, was observed in March 2020. This represented an 18.6 per cent increase in the number of prescriptions dispensed in the 4 weeks to 29 March 2020 compared to the 4 weeks to 28 March 2019²⁶

Use of crisis/support organisations and online mental health information services

There are a range of crisis, support, and information services to support Australians experiencing mental health issues. These services have reported an increase during the COVID-19 pandemic.

In the four weeks to 24 January 2021:

- Over 85,000 calls were made to Lifeline (call data only), which is a 10.0 per cent increase from the 4 weeks to 26 January 2020 and 21.4 per cent from the 4 weeks to 27 January 2019.
- Kids Helpline received almost 23,000 answerable contact attempts (call, web chat and email), which is an 8.7 per cent decrease from the 4 weeks to 26 January 2020 and a 1.3 per cent increase from the 4 weeks to 27 January 2019.
 - In the same period, 2.9 per cent of contacts with Kids Helpline were related to COVID-19.
- Over 22,000 contacts were made to Beyond Blue (call, web chat and email), which is a 27.2 per cent increase from the 4 weeks to 26 January 2020 and 29.6 per cent from the 4 weeks to 27 January 2019.
 - Contacts to the Coronavirus Mental Wellbeing Support Service accounted for 11.6 per cent of all contacts to Beyond Blue in the 4 weeks to 24 January 2021.

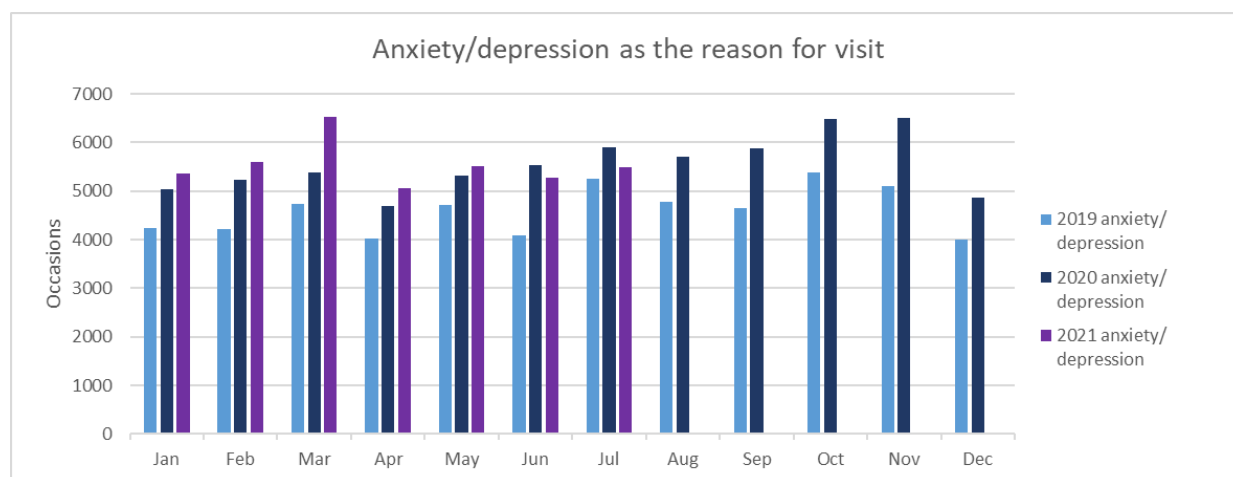
Increasing demand management across the Stepped care approach

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.

²⁶ PBS/RPBS data maintained by the Department of Health and sourced from Services Australia

Figure 5. Mental health consultations in 80 Gold Coast General Practices



Source. Primary Sense

Underserved Groups

Many underserved 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. As a result, careful consideration of services to best meet their needs are required.

A current barrier for underserved 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 long-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers²⁷. An increasing number of people delay visits to GPs and psychologists because of cost consideration²⁸.

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 less²⁹

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 claimed³⁰

²⁷ Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020

²⁸ Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics

²⁹ Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016-17

³⁰ Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018-19

Data, research and consultation with service users, service providers, community members and Clinical Council identified the following groups as potentially underserved 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

Service system

Services	Number in GCPHN region	Distribution	Capacity Discussion
NewAccess, Beyondblue, Low intensity CBT Coaching (funded by GCPHN)	1 service	Online, outreach locations based in Mermaid Beach	<ul style="list-style-type: none"> NewAccess is a new service with increasing referrals. Service offers online, telephone and face to face services Due to the paucity of local service usage, it is unclear if there are significant capacity issues with telephone or online services.
Counselling helplines and websites	10 national help lines (men's line, Veterans and veterans families counselling service, Qlife, CAN, Carers Australia, eheadspace, 1800 Respect, Relationships Australia, Counselling online, Child abuse preventions service)	Online and telephone services. Public knowledge of these services and connectivity capacity would drive uptake/demand. Service offers online, telephone and face to face services. Outreach locations based in Northern corridor and Varsity lakes.	<ul style="list-style-type: none"> Issues may arise during peak periods of call volumes and web activity. Potential access barriers include internet infrastructure and associated costs, digital literacy and consumer and health provider awareness.
Information and referral helplines and websites.	9 national (MindHealthConnect, Mi networks, SANE Australia, beyond blue, ReachOut.com, R U Ok? Black Dog Institute, Mental Health Online, Commonwealth Health Website)	Online and telephone services. Public knowledge of these services and connectivity capacity needed to drive uptake/demand. Online and telephone services. Public knowledge of these services and connectivity capacity would drive uptake/demand.	
eTherapy. Information and referral helplines and websites.	57 (online programs recommended through MindHealth Connect to promote eTherapy and self-care).	Online. Public knowledge of these services and connectivity capacity needed to drive uptake/demand. Online and telephone services. Public knowledge of these services and connectivity capacity needed to drive uptake/demand.	
General practice	206	Clinics are generally distributed across the Gold Coast, with the majority located in coastal and central areas	<ul style="list-style-type: none"> General practice is a key point of contact for people with mental health needs

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.

Service provider consultation

- The ability of the GP to maintain an awareness of local services and confidently refer clients has a significant positive impact on recovery. It means that the care of the GP can be augmented with services that best fit the needs of the client. Examples are coaching services, community-based self-help groups and soft entry e-services that use activities to engage clients and build skills and confidence.
- If GPs know about and refer patients to online, self-help, low intensity services, it can assist the recovery journey for the patient.
- Balanced against service provider feedback, a comment received from a GP is - “If patients are able to articulate what their needs are this is associated with a level of satisfaction, but sometimes they don’t want what is offered, so it is difficult to find the most appropriate solution or referral pathway”.
- High numbers of child and youth service need (mild to moderate intensity)
- Possible gap with mild to moderate service availability (e.g., brief intervention).
- 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

Service users report the identification and development of flexible evidence-based services, would add value to existing available options. Additionally, a campaign to inform general practice about the services available would add value for consumers. Digital mental health services do fulfil a need for some consumers, and effective pathways can increase the accessibility of these evidence based electronic services.

Consultation and feedback from stakeholders:

- Increasing numbers evident of middle-aged females who are exhibiting potentially harmful numbers use of alcohol which have been frequently reported to be in relation to increased psycho-social stressors.
 - Underserved groups including Aboriginal and Torres Strait Islander, LGBTIQAP+ people from CALD communities and individual's using substances experiencing psychosocial stressors can benefit low intensity services.
 - Low intensity mental health services must be supported to be the primary referral point for mental health support.
 - Concerns with health literacy and awareness of prevention and recognising when people are
- Primary and Community Care Community Advisory Group

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.

Stepped care approach to mental health service

Stepped care is an evidence-based approach that aims to match people to the right level of support to meet their current need. In a stepped care system, the care and supports around a person 'expand' as their needs increase. As a person recovers and their needs change, the level of care and supports can be decreased. Throughout a person's recovery journey, there are different supports available to compliment support from their GP.

Stepped care provides guidance to Primary Health Networks in our role in planning, commissioning, and coordinating primary mental healthcare services. Embedding a stepped care approach is fundamental objective for mental health and service planning and commissioning to be undertaken by Gold Coast Primary Health Network. The joint regional plan completed by Gold Coast Primary Health Network and Gold Coast Health offered an opportunity for both organisations to partner in identifying gaps and priorities against the stepped care framework, and to identify workforce and service needs to address these.

While there are multiple levels within a Stepped Care approach, they do not operate in silos or as one directional step, but rather offer a continuum of service interventions matched to the spectrum of mental health. The spectrum and the levels of needs associated with it at a population level are illustrated below.



Consultation indicated some elements of a Stepped Care approach are functioning well in the Gold Coast region; however, commitment is required to continue to engage local stakeholders in a shared understanding. The Stepped Care model was primarily developed within the mental health sector. While it does not preclude suicide prevention or alcohol and other drugs services it does not specifically address some of the unique issues within these specialist areas. While some services are associated with a single level of care, most contribute to multiple levels.



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Gold Coast Primary Health Network

"Building one world class health system for the Gold Coast."

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