Gold Coast Primary Health Network
Needs Assessment 2022

People at risk of developing mild and moderate mental illness

phn
GOLD COAST

An Australian Government Initiative

People at risk of developing mild and moderate mental illness

Local health needs and service issues

- Evolving service system results in general practitioners (GPs) being unclear about available services and the pathways to access these services.
- Limited promotion and support of low intensity services to GP 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 GPs and patients.
- Timely access to services for people seeking mental health support is crucial.
- There is increasing demand for all mental health services.

Key findings

- In 2020-21, Gold Coast Primary Health Network (GCPHN) rate of GP mental health services, clinical psychologists' and psychiatrist services was above the national rate.
- Top reasons for Gold Coast residents accessing 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.
- There is limited integration of eMH services as complementary service options within existing primary healthcare service delivery.
- Consultations indicated that 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.

Low intensity interventions are critical in bridging the need–treatment gap

Depression and anxiety are the leading global causes of burden of disease in young people and contribute to considerable illness burden across the lifespan[1]. Effective prevention and early intervention can significantly reduce disease burden by halting, delaying, or interrupting the onset and progression of depression and anxiety[2]. Less than half of Australians with depression or anxiety seek help from a health professional, thus missing opportunities for intervention[3].

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 can 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.

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 anxiety[4].

The role of primary care

General practices play a central role in the delivery of mental healthcare In Australia. Mental healthcare in general practice is easily accessed without referral.

In 2018-19, 68,466 Gold Coast residents saw a GP for a mental health-related service which led to 117,860 services[5].

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.

Prevalence and service usage

One in seven Australians (15%) aged 16 to 85 have experienced depression in their lifetime[6]. This is equivalent to 61,295 Gold Coast residents.

One quarter of Australians (26.3%) aged 16 to 85 have experienced an anxiety disorder in their lifetime[4]. This is equivalent to 107,471 Gold Coast residents.

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

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

[3] 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.

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

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

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

accessed by people in the GCPHN region. While there is limited local usage data for these services, data from Beyond Blue's telephone counselling service indicated that in 2015, approximately 26% of calls from the GCPHN region were related to depression, and 18% to anxiety.

Access to online low intensity service options requires internet connectivity, which may present a barrier for some people. In 2016, 11.4% of Gold Coast households did not have access to the internet; areas with the most households without access to the internet were Coolangatta (15.6%, 3,194 households) and Gold Coast North (14.9%, 3,915 households)[7].

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 through 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.

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 because psychologists (clinical or other) may also provide some services listed for general psychologist, counsellors, and social workers. Implications of this is that psychologists (clinical or other) cannot be readily separated from other mental health workers, which creates duplication in reporting. Due to this, in Health Needs Assessment, GCPHN reports on GP mental health services, clinical psychologists and psychiatrists MBS services provided and acknowledge that this excludes services delivered by general psychologist, counsellors, or social worker services.

All data presented in this chapter are mapped to the patients Medicare residential address.

General Practitioners

In 2020-21, GCPHN's rate for GP mental health services (20.0 per 100 people) was above the national rate (15.4 per 100 people).

Between 2013-14 and 2020-21, there has been a 65% increase in the number of mental health services delivered by GPs on the Gold Coast. In 2020-21, 76,131 Gold Coast residents had a mental health consultation with a GP leading to 129,860 mental health consultations in total.

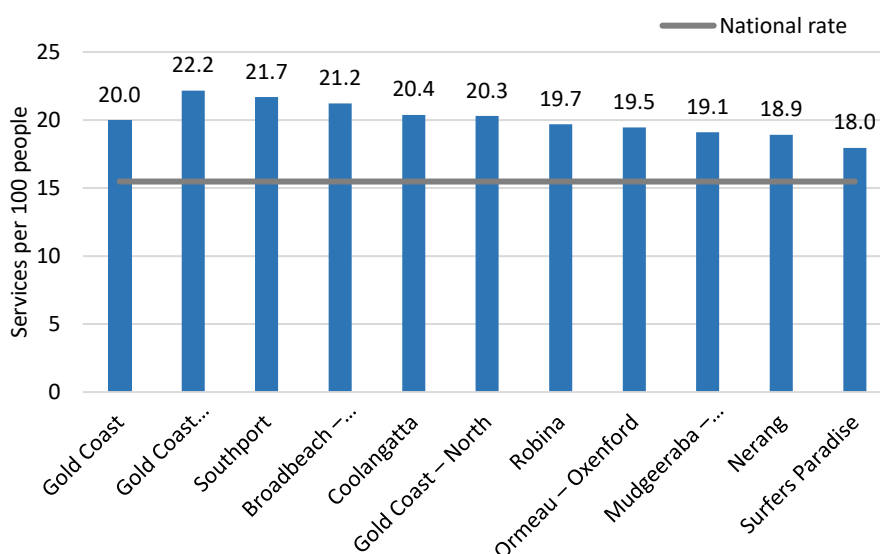[7] Australian Bureau of Statistics, 2016, Gold Coast (SA 4), Quick Stats

Table 1. GP mental health services per 100 people, Gold Coast, 2013-14 to 2020-21

Year	Number of patients	Number of services	Services per 100 people
2013-14	46,226	78,886	14.2
2014-15	49,980	83,219	14.7
2015-16	54,586	90,289	15.7
2016-17	59,253	99,886	16.9
2017-18	63,051	108,020	17.8
2018–19	68,446	117,860	19.0
2019-20	71,075	71,075	19.1
2020-21	76,131	129,860	20.0

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population.

All Gold Coast's Statistical Area Level 3 (SA3) regions were above the national rate in 2020-21 for claiming GP Mental Health Medicare Benefits Schedule services. Gold Coast Hinterland SA3 region had the highest rate (22.2 per 100 people) while Surfers Paradise had the lowest rate (18.0 per 100 people). Ormeau-Oxenford had the highest number of services claimed in the same period (30,640).

Figure 1. General Practitioner Mental Health Services per 100 people, Gold Coast SA3 regions, 2020-21

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, organisational 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.

In 2020-21, the GCPHN region rate for clinical psychologists' services (15.2 per 100 people) was above the national rate (11.8 per 100 people). Table 2 shows that 20,755 Gold Coast residents had a consultation with a psychologist, leading to 98,596 consultations in total.

Table 2. Clinical psychologists services per 100 people, number of patients and number of services, Gold Coast, 2013-14 to 2020-21

Year	Number of patients	Number of services	Services per 100 people
2013-14	12,144	52,027	9.4
2014-15	13,146	56,791	10.1
2015-16	15,214	64,842	11.3
2016-17	16,283	68,665	11.6
2017-18	17,790	74,999	12.4
2018-19	19,101	80,083	12.9
2019-20	19,990	85,793	13.5
2020-21	20,755	98,596	15.2

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population.

All GCPHN SA3 regions were above the national rate (11.8) in 2020-21 claiming clinical psychologists' services other than Ormeau – Oxenford (11.3). Broadbeach-Burleigh SA3 region had the highest rate per 100 people (20.1) while Ormeau-Oxenford had the least on the Gold Coast (11.3) claimed per 100 people.

Although Broadbeach-Burleigh 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, Gold Coast SA3 regions, 2020-21
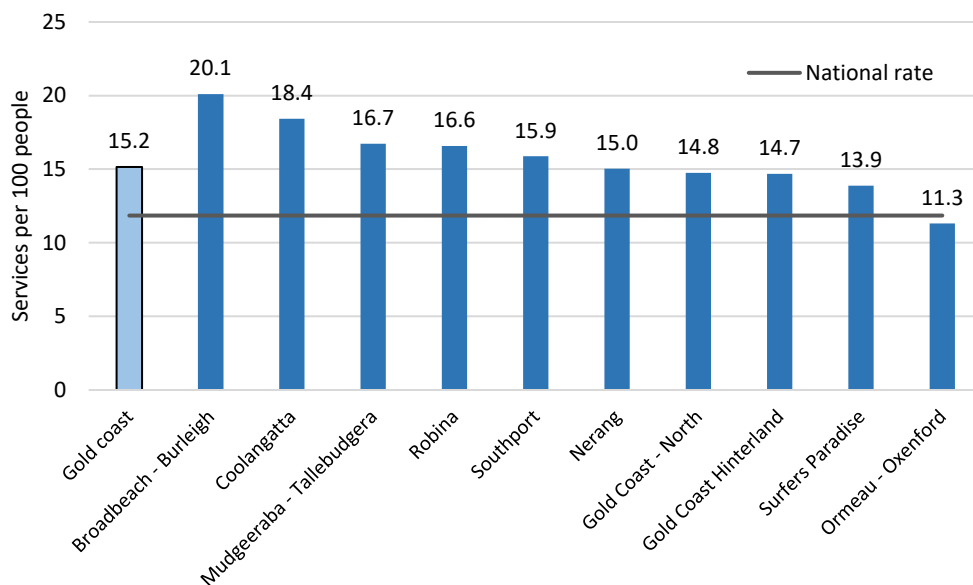
Source: AIHW analysis of Department of Health, Medicare Benefits claims data; and Australian Bureau of Statistics, Estimated Resident Population.

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.

The GCPHN region rate for clinical psychologists' services (8.4 per 100 people) was above the national rate (6.8 per 100 people) in 2020-21 (Table 3). In 2020-21, 15,507 Gold Coast residents had a consultation with a psychiatrist, leading to 54,332 consultations in total.

Table 3. Psychiatrist's services per 100 people, number of patients and number of services, Gold Coast, 2013-14 to 2020-2021

Year	Number of patients	Number of services	Services per 100 people
2013-14	11,723	61,446	11.1
2014-15	12,815	66,019	11.7
2015-16	13,364	66,960	11.6
2016-17	13,784	65,774	11.2
2017-18	14,332	63,134	10.4
2018-19	14,667	60,272	9.7
2019-20	15,079	57,262	9.0
2020-21	15,507	54,332	8.4

All GCPHN SA3 regions were above the national rate in 2020-2021 for claiming psychiatry services (Figure 3). Southport SA3 region had the highest rate (9.8 per 100 people) while Ormeau-Oxenford and Surfers Paradise had the lowest rate on the Gold Coast (7.2 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 12,178 claimed services.

Figure 3. Psychiatrist's services per 100 people, Gold Coast SA3 regions, 2020-21
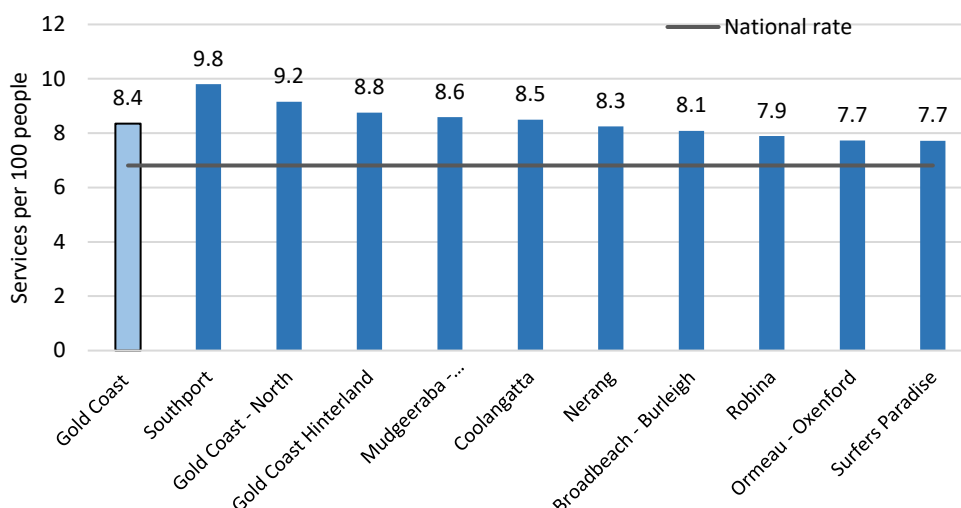
Social isolation and loneliness

Social isolation and loneliness can be damaging to mental and physical health and are considered significant health and wellbeing issues in Australia. Both concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel isolated[8].

- Social isolation: state of having minimal contact with others
- Loneliness: subjective state of negative feeling about having a lower level of social contact than desired[9].

One in three Australians reported experiencing loneliness between 2001 and 2009, with 40% of these people experiencing more than one episode[10].

- one in ten Australians aged 15 and over report lacking social support[11],
- one in four report they are currently experiencing an episode of loneliness[12],
- one in two report they feel lonely for at least one day each week.

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[8] 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.

[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] Baker D 2012. All the lonely people: loneliness in Australia, 2001–2009. Canberra: The Australia Institute.

[11] 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.

[12] 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

Loneliness and social isolation have been linked to mental illness, emotional distress, suicide and development of dementia[13]. Part of the challenge in reporting on social isolation and loneliness comes from no universally agreed upon definitions. Figure 4 shows how social isolation and loneliness vary across age groups.

Figure 4. Proportion of people experiencing social isolation and loneliness by age, Australia, 2018
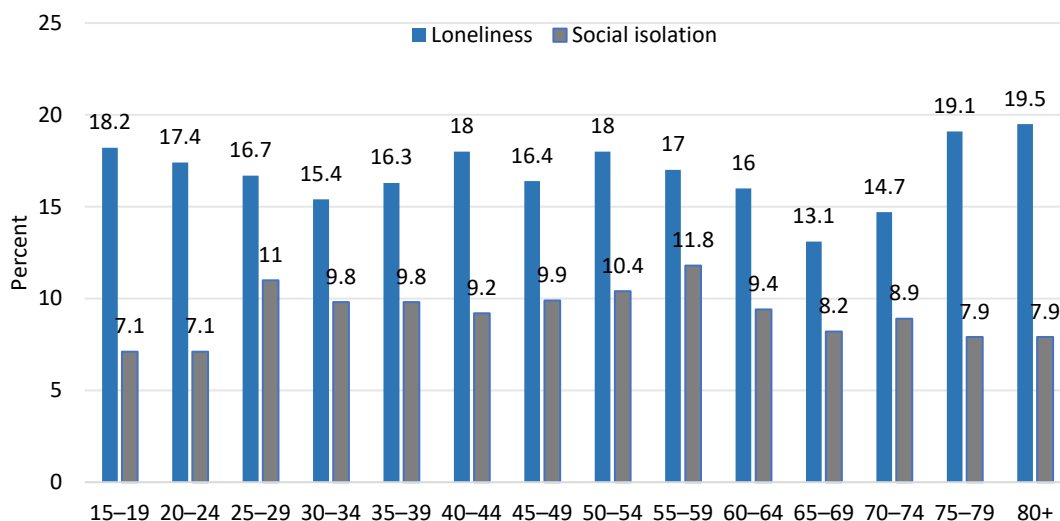
Source: Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey. Canberra: Relationships Australia.

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 assesses the person's needs, then works with them in setting practical and 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 show an increase of average recovery rate and average retention rate from 2019-20 to 2020-21 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 also showed that there is currently no waitlist to NewAccess on the Gold Coast.

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[13] Hawthorne G 2006. Measuring social isolation in older adults: development and initial validation of the friendship scale. Social Indicators Research 77:521–48

Single session of psychological support and/or referrals

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.

In the GCPHN region, 2,871 people used the above services between July 2020 and March 2021. 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.

Stepped care approach

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.


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 (October, November, December) as compared to Q3 (July, August, September). These high referral rates are placing significant pressure on all services.

Data extracted through Primary Sense™ (GCPHN data extraction and population health management clinical audit tool) shows that demand on services as evidenced by presentations to general practice for anxiety and depression increased from 2019-2020 to 2020-2021 (Figure 5). 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 smaller with no reporting or performance monitoring requirements.

Figure 5. Mental health consultations with anxiety/depression as the reason for visit, 159 Gold Coast General Practices, 2019-20 to 2021-22
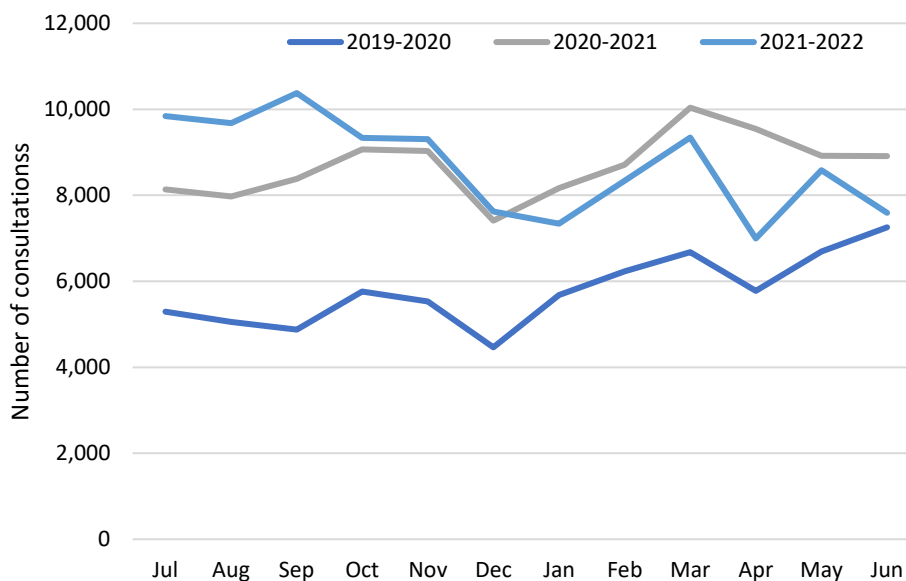
Source: Primary Sense

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. Two main elements to services navigation 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. GPs are encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists, occupational therapists, and appropriately trained social workers to support patients.

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

- Number of medical practitioners (working in all settings) employed on the Gold Coast increased by 23.3% (2,070 in 2015 to 2,552 in 2020).

- Number on clinical psychologists (working in all settings) employed on the Gold Coast increased by 23.2% (514 in 2015 to 633 in 2020)[2].

- During the same period, the Gold Coast population increased by 10.3% (575,629 in 2015 to 635,191 in 2020)[1].

Table 4. Number of Medicare-subsidised mental health-specific services, Gold Coast, 2015-16 to 2019-20

Provider type	2015-16	2016-17	2017-18	2018-19	2019-20	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 on the Gold Coast (including Mental Health Treatment items, review of a GP Mental Health Treatment Plan, and GP Mental Health Treatment Consultation) have increased by 31.1% from 2015-16 to 2019-20. The increase was the largest in Robina (42.6%), while Ormeau-Oxenford had the greatest number of services (n=28,221).

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

Table 5. Number of General Practitioner Medicare-subsidised mental health health-specific services, Gold Coast SA3 regions, 2015-16 to 2019-20

Region	2015-16	2016-17	2017-18	2018-19	2019-20	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 Medicare-subsidised services by clinical psychologists has increased by 30.2% from 2015-16 to 2019-20 on the Gold Coast. Table 6 shows that Broadbeach-Burleigh had the largest percentage increase with 47% (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 Medicare-subsidised services by clinical psychologists, 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.

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 care[14]. 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 setting[15].

Benefits of evidence based electronic mental health services are the following:

- 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

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, such as:

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

COVID-19

The potential for COVID-19 to impact mental health and wellbeing was recognised early in the pandemic[16]. In addition to concerns around contracting the virus itself, some of the pressures necessary to contain its spread, such as the sudden loss of employment, limited social interaction, and the added stressors of moving to remote work or schooling, were also likely to negatively impact mental health[17].

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%) of these services were delivered via telehealth (as opposed to face to face) and $428 million was paid in benefits for telehealth services[18].

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

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

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

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

[17] 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-PandemicResponse- Plan

[18] Medicare Benefits Schedule data

include a national public holiday). Services in the 4 weeks to 31 January 2021 were 3.4% and 6.0% higher than services in the 4 weeks to 2 February 2020 and 3 February 2019, respectively.

Pharmaceutical Benefits Scheme (PBS) prescriptions

In the 4 weeks to 20 December 2020, there was a 3.6% increase in mental health-related prescriptions dispensed under the PBS, compared to the 4 weeks to 19 December in 2019. Prescriptions for antidepressants increased by 4.6% 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% increase in the number of prescriptions dispensed in the 4 weeks to 29 March 2020, compared to the 4 weeks to 28 March 2019[19].

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

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 subsisded individual psychological services each calendar year,
- expanded eligibility to include residents of aged care facilities,
- expanded access to telehealth.

Local stakeholders report that the changes to Better Access have impacted on the workforce and consequently, and 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.

Underserviced Groups

Many underserviced groups have higher rates of psychological distress and may not access services due to numerous determinants, such as 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

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[19] PBS/RPBS data maintained by the Department of Health and soured from Services Australia

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 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 costs prevent people with long-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers[20]. An increasing number of people delay visits to GPs and psychologists because of cost consideration[21].

In 2016-17, 43.1% of Gold Coast residents had an out-of-pocket cost for a non-hospital Medicare service. For these patients with a cost, the median amount spent per year was $145 per patient[22].

In 2020-21, the total fees charged by the clinical psychologists for 98,596 services amounted to $16,308,149, comprising the benefits paid by Medicare and patients' out-of-pocket cost[23].

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

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[20] Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020
[21] Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics
[22] Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016–17
[23] Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2020-21

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	• NewAccess is a new service with increasing referrals. • 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.	• 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.	
eTherapy. Information and referral helplines and websites.	57 (online programs recommended through MindHealth Connect to promote eTherapy and self-care).	Online and telephone services. Public knowledge of these services and connectivity capacity is needed to drive uptake/demand.	
General practice	212	Clinics are generally distributed across the Gold Coast; majority located in coastal and central areas.	• General practice is a key point of contact for people with mental health needs.

Consultations

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: "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% 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.

- GCPHN'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 that 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.
- Underserviced groups, including Aboriginal and Torres Strat Islander, LGBTIQAP+ people, CALD communities and individual's using substances or 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.

Primary and Community Care Community Advisory Group

Primary needs/gaps identified included:

- 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 Gold Coast City Council. We are aware the Gold Coast City Council now has 2 Public Space liaison workers (for the whole Gold Coast). 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 the most common reasons for 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

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.

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.