Gold Coast Primary Health Network
Needs Assessment 2022

Child, youth and families mental health

phn GOLD COAST

An Australian Government Initiative

Child, youth and families' mental health

There is increasing recognition at a regional, state and national level that a focus on preventing or intervening early in the progression of mental health difficulties not only benefits infants and children, but also creates a solid foundation for health outcomes later in life. Services that recognise the significance of family and social support and functional recovery are particularly important for children and young people.

In line with a stepped care model, there will likely be a need to support region-specific, cross sectoral approaches to early intervention for children and young people experiencing, or at risk of mental illness including those with severe mental illness who are being managed in primary care.

The Gold Coast Primary Health Network (GCPHN) region is relatively well-serviced with a wide range of service providers that contribute to children, young people, and families' wellbeing. Mental health concerns may first be identified through primary healthcare services, including general practice, Aboriginal Medical Services, or Community Health Centres. Other initial contact points for identifying mental health concerns include Early Childhood Care Centres, schools, neighbourhood centres and other human services, including family support, child safety and non-government welfare agencies. For children and young people with a mental health concern that requires specific expertise and skills, services are available through private allied health providers, non-government agencies and PHN funded primary mental healthcare services. For children and young people who require more comprehensive support, public and privately funded specialist services provide both inpatient and community-based treatment options.

The child and youth sector incorporates all agencies that are delivering services to the child and youth population. For the purposes of the needs assessment the age cohort is defined as 0 – 17 years. It is acknowledged that government agencies define the child and youth sectors differently e.g. Education (completes Year 12), Department of Children, Youth Justice and Multicultural Affairs (0-18 years), Department of Health (0-12 years and 12-25 years), Queensland Health (0-18 years – with exceptions in specialist services e.g. Early Psychosis).

Local health needs and service issues

- Northern corridor has an increasing population of young people with limited early intervention and therapeutic services available locally.
- Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs.
- Addressing these mental health issues for children in care is impacted by:
    - Long wait times for assessment and treatment in the public system,
    - Cost of private services,
    - Barriers sharing information and centralised depository from medical history that non-health professionals can contribute to, and
    - Limited availability of low-cost assessments for diagnosis and NDIS applications.
- There are multiple barriers for families and carers to support the health of young people including a consistent understanding of confidentiality and consent for sharing information.
- Funded models often require the service to work with an individual client and do not have the capacity to work with the family unit.

- Evolving service system results in GPs being unclear about available services and the pathways to access these services.
- Limited services that provide support for young people with highly complex situations.
- System navigation is difficult for GPs and people seeking to access services.
- Timely access to services for people seeking mental health support.
- Increasing demand for all mental health services.

Key findings

- On some indicators, the GCPHN region, such as lower rates of prescriptions for antidepressant and anti-psychotic medication for under 18's and a lower rate of youth suicide, fairs slightly better than state and national comparators.
- Broadbeach-Burleigh, Southport and Ormeau-Oxenford are highlighted areas with higher than national rates for prescribing mental health medication for those under 18.
- Data indicates geographic areas that potentially have higher numbers of vulnerable young children are in the northern growth corridor areas of Upper Coomera and Pacific Pines, as well as the central Southport areas.
- Services report an increase in high complexity for young service users requiring coordinated, family-based, and multiple agency response.
- There are limited services that provide support for young people with highly complex situations (family, housing, justice, education etc.) but have mild and moderate mental health conditions. The few care coordination and case management-based services available are targeted towards those with severe and complex mental health conditions.
- There is a concentration of services in the Southport region, including the large youth health service headspace.
- Age and other access criteria vary across the sector and consultation and service mapping indicates that access to services for younger children (aged 0 to 14) is more difficult, particularly for primary school aged children.
- Consultation highlighted the importance of schools as an early intervention opportunity for young people.
- Children in care are a particularly vulnerable group and service delivery for this cohort is particularly complicated.

Prevalence and utilisation of health services

Findings from the Young Minds Matter Survey (2016-2017) indicated one in seven Australians aged four to 17 had a mental disorder in the previous 12 months with slightly higher prevalence in males than females. Attention deficit hyperactivity disorder (ADHD) was the most common emotional or behavioural disorder in Australian school students and was more common in males than females. ADHD affected one in ten males but fewer than one in 20 females. After ADHD, the most prevalent disorders affecting students were anxiety disorders, and oppositional problem behaviours. Major depressive disorder was uncommon in children aged 4 to 11 years although was more common in adolescents 12 to 17 years, affecting almost one in 20 adolescents, and was also the most common disorder in older adolescent girls[1].

Mental disorders are more common in students living in families experiencing various forms of socioeconomic disadvantage, including low household income, parental unemployment, and family breakup. In general, students from lower socioeconomic status backgrounds had lower test scores, for both students with and without mental disorders. Similarly, students with a mental disorder generally had lower test scores than students without a mental disorder, irrespective of their socioeconomic status. The impact of both socioeconomic factors and mental disorders compound, meaning that in general, students with no mental disorder in better socioeconomic situations scored the highest, and students with mental disorders and in lower socioeconomic situations scored the lowest[2].

Adverse childhood experiences (ACEs) correspond to sources of stress that people may suffer early in life usually before the age of 18. They are recognised as a public health problem, which can affect children's health and wellbeing not only at the time the ACE is experienced, but also later in life[3]. Robust prospective epidemiological and neurological studies confirm that ACEs, such as physical and emotional (including non-verbal interactions) abuse and neglect, sexual abuse, witnessing sibling or maternal abuse, peer bullying, and household dysfunction with one or more parents absent, intoxicated, hospitalised or incarcerated) have long term health impacts[3].

The impacts of these forms of trauma and neglect include changes to health risk behaviour such as marked increase in suicidality, substance abuse, aggression and intimate partner violence, promiscuity, and work-absenteeism, as well as health impact independent of behaviour change that include increased cancer rates, autoimmune diseases, cardiac death rates, obesity, panic, anxiety, depressed affect and multiple somatic complaints[4].

A study completed in 2017 of 279 children attending community paediatric clinics with ACE checklist completed by patients found that 60% attended child developmental clinics and 40% attended vulnerable child clinics. Among people attending the clinics, more than a quarter had a significant burden of ACE. Those attending specialised clinics for vulnerable children, those from particular ethnic groups and from older age groups, had the highest burden of ACE[5].

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[1] Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J (2017) Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Perth: Graduate School of Education, The University of Western Australia

[2] Child and Adolescent Mental Health and Educational Outcomes, An analysis of educational outcomes from Young Minds Matter, the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

[3] Felitti V.J., Anda R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P., Marks J.S. Relationship of childhood abuse and household dysfunction too many of the leading causes of death in adults The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998;14(4):245–258

[4] Felitti, V.J., et al., Relationship of childhood abuse and household dysfunction too many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 2019. 56(6): p. 774-786.

[5] Wickramasinghe YM, Raman S, Garg P, et al. Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit BMJ Paediatrics Open 2019; 3: e000330. doi: 10.1136/bmjpo-2018-000330

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development. Most recent data (2018) indicate the rates of developmentally vulnerable children in the GCPHN region across the domains of social competence (9.5%) and emotional maturity (8.2%) are comparable to Queensland and national figures (Table 1).

Table 1. Percent of developmentally vulnerable children across the Gold Coast, Queensland, and Australia, by domain, 2018.

	Gold Coast	Queensland	Australia
Social competence	9.5%	11.9%	9.8%
Emotional maturity	8.2%	10.5%	8.4%

Source: The Australian Early Development Census

In Gold Coast, the SA3s with greatest percentage of developmentally vulnerable children across both domains were Ormeau-Oxenford, Nerang and Gold Coast-North. Furthermore, increasing numbers of children and young people are entering into the child protection system from the northern corridor. This is reflective of the larger populations in these areas.

Medicare Benefits Schedule

Patients suffering from poor mental health can see their general practitioner (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.

The interactions with GPs and mental health workers are captured in Medicare-subsidised data. Mental health services provided by GPs 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.

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. Consequently, 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 practitioners

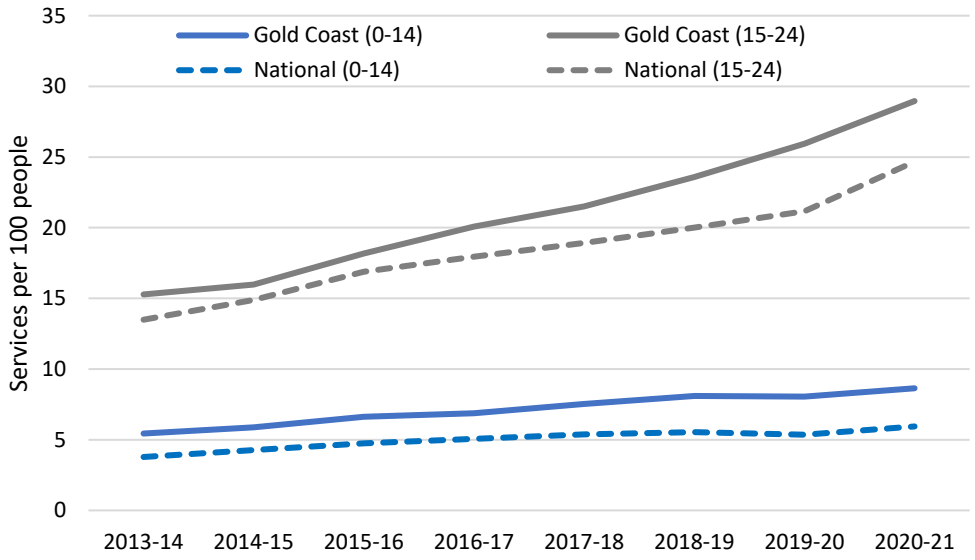
For the purpose of this report, GP metal health services include early intervention, assessment and management of patients with mental disorders by GPs or other medical practitioners who are not specialists

or consultant physicians. These services include assessments, planning patient care and treatments, referring to other mental health professionals, ongoing management, and review of the patient's progress.

In the GCPHN region, the rate for GP mental health services in 2020-2021 was:

- ages 0-14: above the national rate (8.4 vs 5.9 per 100 people)
    - 7,656 residents had mental health consultation with a GP leading to 10,166 mental health consultations.
- ages 15-24: above the national rate (28.9 vs 24.7 per 100 people)
    - 14,122 residents had mental health consultation with a GP leading to 23,803 mental health consultations.

Figure 1. General Practitioner mental health services per 100 people, national and Gold Coast, 2013-14 to 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, 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.

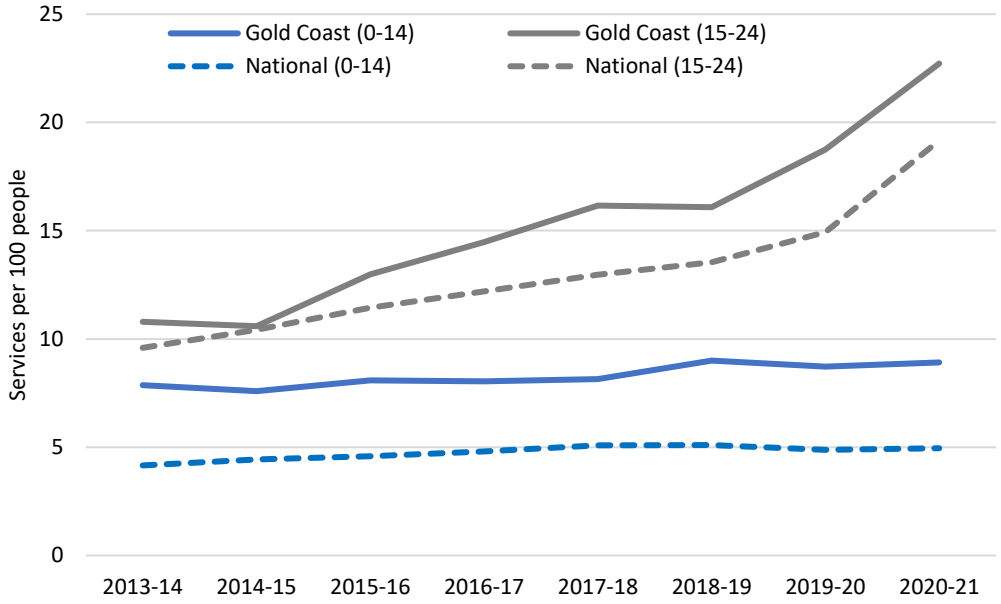
The GCPHN region's rate for clinical psychologists' services in 2020-2021:

- ages 0-14: above the national rate (8.9 vs 4.9 per 100 people)

- 2,354 residents had a clinical psychologist's consultation leading to 10,483 consultations.

- ages 15-24: above the national rate (22.7 vs 19.2 per 100 people)
  - 3,819 residents had a clinical psychologists consultation leading to 18,676 consultations.

Figure 2. Clinical Psychologists services per 100 people, national and Gold Coast, 2013-2014 to 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.

Psychiatrists

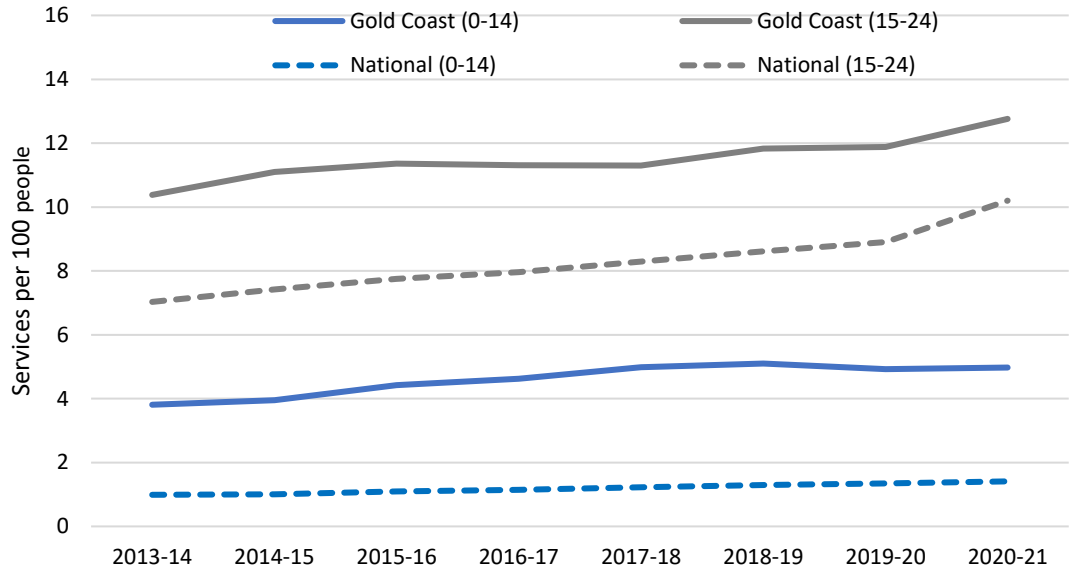
Psychiatrists are doctors who have undergone further training to specialise in the assessment, diagnosis and treatment of mental health conditions. Psychiatrists can make medical and psychiatric assessments, conduct medical test, provide therapy, and prescribe medication.

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 anesthetist.

The GCPHN region's rate for psychiatry services in 2020-21:

- Ages 0-14: above the national rate (4.9 vs 1.4 per 100 people)
  - 1,693 residents had a psychiatry consultation leading to 5,847 consultations.
- ages 15-24: above the national rate (12.8 vs 10.2 per 100 people)
  - 3,150 residents had a psychiatry consultation leading to 10,488.

Figure 3. Psychiatrist services per 100 people (age standardised), by national and Gold Coast, 2013-2014 to 2018-20[illegible]



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.

General practice data

Prevalence

Data from GCPHN's PATCAT system[6] shows that as of March 2022, of the 101,451 active patients (three visits in the past two years) aged 0 to 17, 6.3% (n=6,339) had a coded mental health diagnosis[7]. Table 2 shows numbers of patients with mental health diagnoses and details anxiety/depression diagnosis. Please note an individual may have a coded diagnoses of anxiety *and* depression.

Table 2. Active population aged 0 to 16 with a coded mental health diagnosis, Gold Coast, March 2022

	Number	Rate
Patients aged 0 to 17	100,451	
Patients aged 0 to 17 with a mental health diagnosis	6,339	6.3%
Patients aged 0 to 17 with an anxiety diagnosis	6,023	95.0%
Patients aged 0 to 17 with a depression diagnosis	1,261	19.9%

Source: GCPHN PATCAT, all results indicate no date ranges was applied

Medication and mental health treatment plans

While psychological and social interventions are available for people experiencing mental illness, there are suggestions that too often the first-line treatment is medication. The 1950s marked the introduction of medication as a treatment for mental illness, and in the 1990s this treatment expanded extremely. New

[6] PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.

[7] Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), the data is still able to provide valuable insights into population cohorts that access primary care in the GCPHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices.

classes of antidepressants, the development of second-generation antipsychotic medication, and the use of medication not traditionally regarded as psychiatric, profoundly influenced the treatment of mental illness.

In the past 10 years, the use of medication to treat mental illness has increased by 58% in Australia[8], which has the second highest per capita antidepressant consumption of all OECD countries[9].

In 2018-2019, 39 million mental health-related prescriptions (subsidised and under co-payment) were provided. 17.1% of the Australian population or 4.3 million patients received mental health-related prescriptions, an average of nine prescriptions per patient. The majority (86%) of mental health-related prescriptions were prescribed by GPs, 7.7% prescribed by psychiatrist and 4.5% prescribed by non-psychiatrist specialist in 2018-2019. Of the 39 million mental health-related prescriptions, 70.9% were antidepressants[10].

Analysis of data from GCPHN's PATCAT system[11] shows that as of March 2022, of the 6,085 active patients (three visits in the past two years) aged 0 to 17 with a coded mental health diagnoses. Of these patients, 34% (n=2,075) had a current prescribed mental health medication and 68% (n=4,168) had claimed a mental health treatment plan in the last 12 months.

Table 3 highlights active population with coded mental health diagnoses and prescribed mental health medication, Mental Health Treatment Plan (MHTP) and Body Mass Index (BMI) record for those with a coded mental health diagnosis.

[8] Roughead L. Presentation to Safety and Quality Partnership Standing Committee. 11 July 2014. (As cited in National Mental Health Commission (2014): The National Review of Mental Health Programmes and Services. Sydney: National Mental Health Commission).
[9] OECD (2011). Health at a Glance 2011: OECD Indicators, OECD Publishing. http://dx.doi.org/10.1787/health_glance2011-en
[10] Mental health services in Australia, Australian Institute of Health and Welfare, 2021.
[11] PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs. Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), the data is still able to provide valuable insights into population cohorts that access primary care in the Gold Coast PHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices.

Table 3. Active population aged 0 to 16 with a coded mental health diagnoses management, March 2022.

	Number	Rate
Active population with a coded mental health diagnoses	6,085	
Patients with a mental health diagnoses who have a current prescribed mental health medication	2,075	34.1%
Patients with a coded mental health diagnoses and claimed a MHTP in the last 12 months	4,168	68.5%
Patients with a mental health diagnoses and claimed a MHTP review in the last 12 months	1852	30.4%
Patients with a coded mental health diagnoses and claimed a MHTP consult in the last 12 months	1545	25.4%
Active patients with a coded mental health diagnoses and BMI recorded	3,146	51.7%
Morbid: BMI 40+	37	1.2%
Obese: BMI 30 to 39.9	138	4.4%
Overweight: BMI 25 to 29	302	9.6%
Healthy: BMI 18.5 to 24.9	1,256	39.9%
Underweight: BMI <18.5	1,413	44.9%
Active patients with a coded mental health diagnoses and physical activity recorded	14	0.2%

Source: GCPHN PATCAT, all results indicate no date ranges was applied

Psychological Services Program

The Psychological Services Program (PSP) provides short term psychological interventions for financially disadvantaged people with non-crisis, non-chronic, moderate mental health conditions or for people who have attempted, or at risk of suicide or self-harm. This program particularly targets several underserviced groups including children. Children aged 0-12 years in the GCPHN region with mild to moderate mental health needs can access psychological services through the PSP.

From the 1 July 2021 to 30 June 2022, PSP had 1,620 total referrals and 6,999 sessions delivered.

Table 4. Number of persons accessing Psychological Services Program, Gold Coast, 2021-22

	Referrals (number)	% of all referrals	Sessions	Sessions as % of referrals
Adult Suicide Prevention	1,056	65%	4,909	70%
Children	235	15%	849	12%
Aboriginal and Torres Strait Islander	111	7%	383	5%
Homeless	55	3%	197	3%
CALD	47	3%	248	4%
Perinatal	68	4%	215	3%
LGBTIQAP+	48	3%	197	3%
General (COVID19 Response)	0	0	1	0

Program data indicates a steady increase in referrals to PSP across years from 2013-2022. While this is likely due to increased awareness among referrers resulting from significant promotion, it demonstrates an ongoing demand. Of the children that are referred to the children stream, 35.2% came from clients located in Coomera, Pimpama, and Upper Coomera, followed by 15.8% from Southport. Most referrals were for children aged 5-12 years, seeking support for anxiety.

Pharmaceutical Benefits Scheme

The rate of prescriptions dispensed for anti-depressant, antipsychotic and ADHD medicines for people aged 17 years and under in the GCPHN region was lower than for Queensland and comparable to national rates (Table 5).

Table 5. Rate of Pharmaceutical Benefit Scheme prescriptions dispensed for anti-depressant, antipsychotic and ADHD medicines per 100,000 people aged 17 and under, Gold Coast, Queensland and national, 2013-14

	Gold Coast	Queensland	National
Anti-depressant medicines	8,021	9,072	7,989
Antipsychotic medicines	1,971	2,544	2,070
ADHD medicines	10,799	12,555	10,780

Source: ACSQHC Australian Atlas of Healthcare Variation, 2015.

There was a noticeable variation between rates among SA3s of the GCPHN region with some areas exceeding both state and national figures. For anti-depressant medicine dispensing, the three areas within the GCPHN region with the highest rates were Broadbeach–Burleigh (n=9,408), Southport (n=8,874) and Ormeau-Oxenford (n=8,871). These were above both the national and GCPHN region's rates, with Broadbeach-Burleigh also exceeding the Queensland rate.

For antipsychotic medicine dispensing, the three areas within the GCPHN region with the highest rates were Broadbeach–Burleigh (n=2,485), Coolangatta (n=2,327) and Mudgeeraba-Tallebudgera (n=2,299). These were above both the national and total Gold Coast rates.

For ADHD medicine dispensing, the three SA3s within the GCPHN region with the highest rates were Nerang (n=12,621), Gold Coast North (n=12,525) and Southport (n=11,810). These were above both the national and overall region's rates.

Emergency Department presentations

In 2019-2020, there were 568 presentations to the Emergency Department (ED) from Gold Coast residents aged 0 to 17 years for mental and behavioral disorders. There was a 29% decrease from 2018-2019 to 2018-2019 for this age cohort, which could be partly due to hospital avoidance during the COVID-19 pandemic.

The leading presentation for mental and behavioral disorders were mental and behavioral disorders due to the use of alcohol, acute intoxication making up 18% of all mental health presentations. This was followed by acute stress reaction with 11%. Please note that alcohol intoxication data may be skewed by end of year school celebrations where many school leavers celebrate in the Gold Coast region from around Australia.

Children in care

Children in care (children subject to Child Safety orders) are likely to have poorer mental health as well as physical and developmental health than their peers. In 2019, Queensland data identified[12]:

- only 3% of young people in care without health problems
- more than half (54%) have emotional or behavioral problems
- 14% have abnormal growth
- 45% aged 10-17 years have moderate or high health risks associated with substance use
- 24% have incomplete vaccinations
- up to 63% have an eating disorder or obesity
- 20% have abnormal vision screening
- 28% have an abnormal hearing test
- 30% have dental problems

Age (years)	Meet criteria for diagnosis	Risk factors indicative of requiring specialist mental health support	Current level of population accessing specialist mental health services
0-5	16-18%	16.1% (0-1 years) 12.1% (2-3 years)	**Commonwealth** MBS any provider 0.9% (0-4 years) **ATAPS** 0.3% (0-11 years) **State Ambulatory** 0.4% (0-4 years)
4-11	13.6%	19.2% (4-5 Years) 25.2% (6-7 years) 28.9% (8-9 years) 32.8% (10-11 years)	**Commonwealth** MBS any provider 5.7% (5-11 years) **ATAPS** 0.3% (0-11 years) **State Ambulatory** 1.4% (5-11 years)

Family therapy

Funded models of care within the Australian health system often require the service to work with an individual and do not have the capacity to work with the family unit. This was identified as a gap within the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol, and Other Drugs Services in the Gold Coast region (Joint Regional Plan). The current literature indicates that there is strong evidence of success when family involvement is integrated in interventions reducing time spent by juvenile delinquents in institutions, additionally family therapy for depression in general also shows promising results[13].

Currently there are three available psychological service MBS items numbers for multisystemic family therapy: 170, 171 and 172. These items numbers refer to family group therapy referred by a GP, specialist, or consultant physician (other than consultant psychiatrists). To be used, these items require a formal intervention with a specific therapeutic outcome. It should be noted that only one fee applies in respect of each group of patients.

[12] Support a child in care. (2019), Department of Child Safety, Youth and Women, Queensland Government

[13] Woolfenden, S., Williams, K. J., Peat, J., & Woolfenden, S. (2001). Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17.

The use of these MBS item numbers across Australia between July 2019 and June 2020 indicates that there is limited-service utilisation within Queensland (1,141 MBS items claimed), in comparison to Victoria (3,184 MBS items claimed) and New South Wales (3,018 MBS items claims)[14].

Eating disorders

In 2015-2016, 95% of Australian hospitalisations with a principal diagnosis of an eating disorder were for females. Among these hospitalisations, females aged 15-24 made up the largest proportion (57%). Estimated prevalence of eating disorders in the GCPHN region is consistent with the national prevalence (see Mental Health – Severe and Complex needs assessment for more information).

Complex presentations

Feedback from providers on the Gold Coast indicated there is a gap where young people with more complex presentations cannot be appropriately supported through the MBS system. These patients may require additional sessions which are not covered by MBS.

Adolescent to parent abuse

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

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

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 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 desired[15].

Both concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely[16].

One in three Australians reported an episode of loneliness between 2001 and 2009, with 40% of these people experiencing more than one episode[17].

[14] http://medicarestatistics.humanservices.gov.au/statistics/do.jsp?_PROGRAM=%2Fstatistics%2Fmbs_item_standard_report&DRILL=ag&group=170%2C171%2C172&VAR=services&STAT=count&RPT_FMT=by+state&PTYPE=finyear&START_DT=201907&END_DT=202006.

[15] 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.

[16] 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.

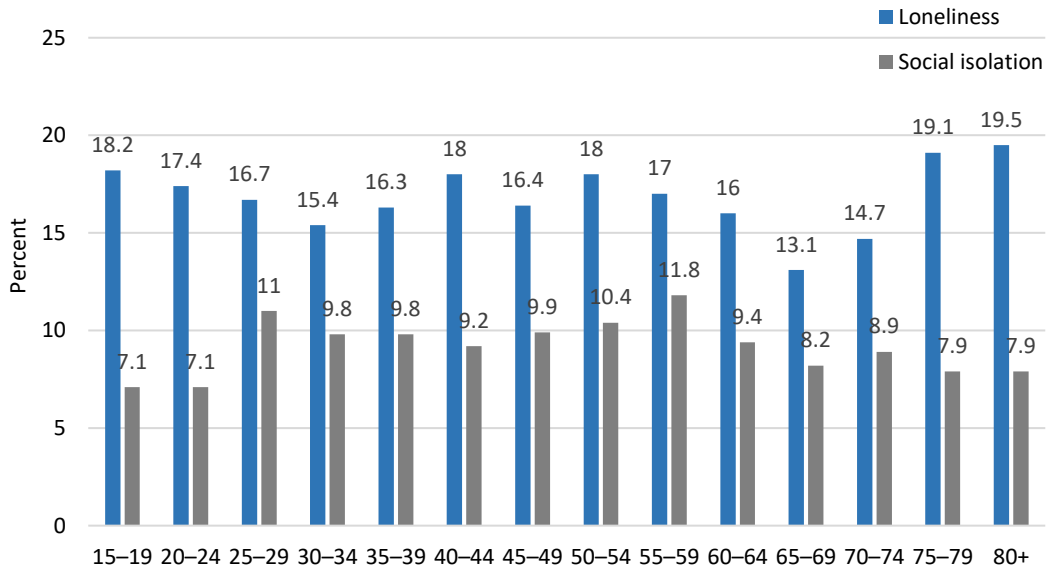
[17] Baker D 2012. All the lonely people: loneliness in Australia, 2001–2009. Canberra: The Australia Institute.

- one in ten Australians aged 15 and over report lacking social support[18].
- one in four report they are currently experiencing an episode of loneliness[19].
- 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 each other 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 dementia[20]. 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. People experiencing social isolation and loneliness, by age groups, Australia, 2018



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

System navigation

Consultation throughout the development of the Joint Regional Plan identified 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.

[18] 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.
[19] 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.
[20] Hawthorne G 2006. Measuring social isolation in older adults: development and initial validation of the friendship scale. Social Indicators Research 77:521–48.

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.

Underserviced groups

Many underserviced groups have higher rates of psychological distress and may not access services due to numerous determinants including location, cost, culturally appropriateness of the service provider and language barrier. These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the barriers they may face. As a result, careful consideration of services to best meet their needs are required.

A current barrier for underserviced population groups accessing the MBS Better Access initiative is the out-of-pocket cost for the patient. An Australian Bureau of Statistics (ABS) survey identified that high out-of-pocket cost prevent people with long-term or chronic conditions from seeking health care and place financial strain on low-income consumers[21]. An increasing number of people delay visits to general practitioners and psychologists because of cost consideration[22].

In 2016-2017, 43.1% of residents of the GCPHN region paid an out-of-pocket cost for a non-hospital Medicare service. For these patients with an out-of-pocket cost, the median amount spent in the year was $145 per patient.[23].

In 2018-2019, $12,148,391 was the total fees charged by the clinical psychologists, comprising the benefits paid by Medicare and patients' out-of-pocket cost with 80,083 services being claimed[24].

Data, research and consultation with service users, service providers, community members and GCPHN's 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

[21] Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020.
[22] Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics.
[23] Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016–2017.
[24] Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018–2019.

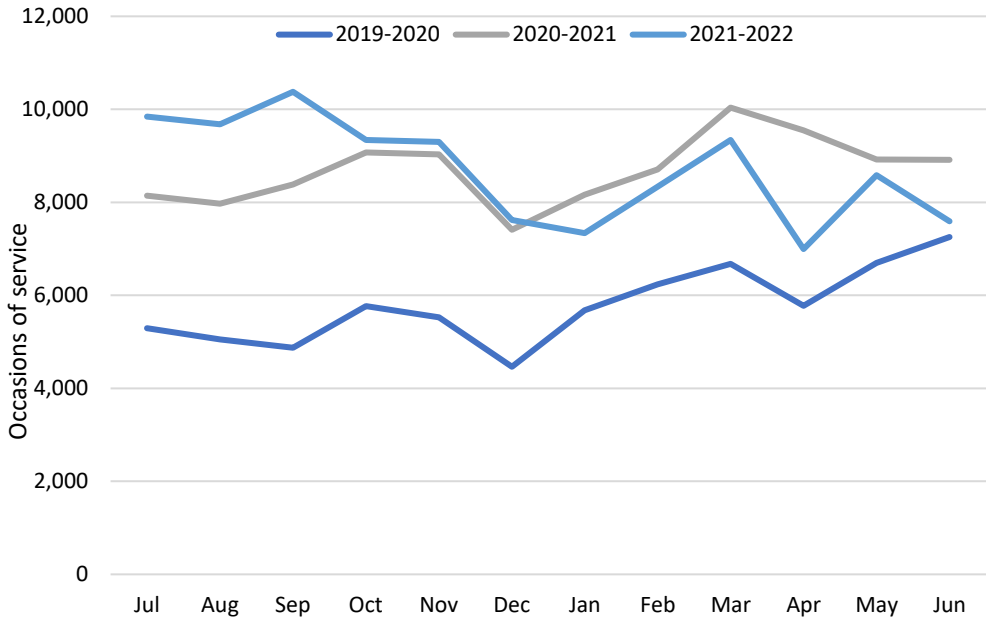
- LGBTIQAP
- perinatal – have had a baby in the last 12 months
- children up to 12 years old
- children in out of home care (up to 12 years old)
- experiencing or at risk of homelessness
- people who have attempted, or are at risk of suicide or self-harm
- veterans
- youth justice
- older adults (aged 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

Increasing demand management across the Stepped Care continuum

In 2020-2021, 8,000 unique clients access programs across the programs funded by GCPHN across the Stepped Care continuum. The rate of referrals to PHN funded services across low intensity, psychological therapy and clinical care coordination continued to rise in Quarter 4 (October, November, December) as compared to Quarter 3 (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, which flow onto community mental health services, 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 less with no reporting, or performance monitoring requirements.

Figure 5. Mental health consultations for anxiety or depression, Gold Coast, 2019-20 to 2021-22



Source: Primary Sense. Data includes 159 Gold Coast general practices.

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 2019-2020 in the GCPHN region. This increase in Medicare-subsided mental health-specific services by GP, clinical psychologists, and other allied health providers is above the GCPHN region's population growth rate and employment rate for clinical psychologists and medical practitioners. During this same time period in the GCPHN region the:

- Gold Coast population increased by 10.3% (575,629 in 2015 to 635,191 in 2020)[25].
- number of medical practitioners employed in the GCPHN region increased by 23.3% (2,070 in 2015 to 2,552 in 2020).
- number of clinical psychologists employed in the GCPHN region increased by 23.2% (514 in 2015 to 633 in 2020)[26].

[25] Queensland Government Population Projections, 2018 edition (medium series).

[26] Sources: Department of Health 2020; ABS 2018.

Table 6. 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 (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 in the GCPHN region. Table 8 shows that at an SA3 level, Robina had the largest% increase in GP Medicare-subsidised mental health-specific services with 42.6% (7,720 in 2015-2016 to 10,295 in 2019-2020). Ormeau-Oxenford had the greatest number of GP Medicare-subsidised mental health-specific services with 28,221 in 2019-20.

Table 7. 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 clinical psychologists Medicare-subsidised services have increased by 30.2% from 2015-16 to 2019-20 in the GCPHN region. Table 9 shows that Broadbeach-Burleigh had the largest increase with 47% (7,830 in 2015-2016 to 11,508 in 2019-2020). Ormeau-Oxenford had the greatest number of clinical psychologists' services with 15,872 in 2019-2020.

Table 8. Number of Clinical Psychologists Medicare-subsidised 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	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.

Impacts of changes to 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 2020-2021 in the GCPHN region.

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 GCPHN region as there is already a limited workforce and high demand in the area.

COVID-19

Since lockdown restrictions were introduced in March 2020 due to COVID-19, the national 24/7 counselling and support service Kids Helpline received a significant increase in the volume of children and young people seeking help, up 24% to the end of August 2020 compared to the same period in 2019[27].

Concerns raised in counselling sessions provide important insights into how governments, parents and educators can better support children and young people through the pandemic. Data was analysed from 2,567 counselling sessions in which children and young people aged 5-25 discussed the impacts of COVID-19 on their lives.

Sex/gender was recorded for 2,449 contacts from children and young people aged five-25 years, 118 were unknown. Of the 2,449 contacts, 1,882 were female, 500 were from males, and 67 were transgender or gender diverse.

Age was recorded for 2,448 contacts. Age for 119 contacts was unknown. Of all contacts, 43% of contacts were from those aged 18-25 years. While this cohort made up the largest percentage of contacts to Kids Helpline who raised concerns related to COVID-19, most contacts where age was recorded (57%) were under 18.

The top five concerns related to COVID-19 raised by all children and young people were:

1. mental health concerns resulting from COVID-19
2. social isolation
3. education impacts
4. impacts on family life
5. changes to plans and usual activities.

COVID-19 Unmasked (Young Children) was an online study launched in Australia to help understand the mental health impacts of the pandemic on young children aged one to five years and their families. In a survey completed between May and July 2020, 998 caregivers started the survey and 776 completed all questions. Most respondents were mothers (93%). Families living in major cities, and university-educated parents with higher-than-average incomes, were overrepresented in the sample. Online surveys into how young children and their families cope with the pandemic found that:

- one in four children are experiencing higher than average levels of anxiety symptoms,
- 5-10% of children may need specialised mental health support,
- one in five parents are struggling with moderate to severe anxiety, depression, or stress,
- young children are most affected by not seeing friends and family.

The survey results also compare changes in young children and parents' emotional and behavioural wellbeing for those that did (Victorians) and didn't (everyone else) go through a second lockdown. In Victoria:

- Children who experienced the second lockdown in Victoria were two-to-five times more likely to show emotional and behavioural difficulties than children in other states.
- Between 27 to 44% of parents who experienced the second lockdown reported a significant increase in mental health difficulties in comparison to other states.
- Victorian children and families require higher levels of social and psychological support.

[27] Yourtown and the Australian Human Rights Commission 2020.

Child safety and child protection

The number of notifications recorded each month fluctuated considerably across March to August 2020. Queensland observed a drop in notifications in April 2020 (during the initial COVID-19 restrictions) followed by an increase in May or June (once restrictions had eased). Period post April increase saw a higher number of notifications than pre-COVID-19 levels (prior to March 2020).

Queensland had an overall 5% increase in the number of children in out-of-home care between March and September 2020, however all other jurisdictions had less than 3% change. When compared to the previous year, in Queensland the number of children in out-of-home care each month in 2020 was consistently higher than the same months in 2019.

Table 9. Queensland notifications, substantiations and out-of-home care, January 2019 to September 2020

	Notifications	Substantiations	Children in out-of-home care
Jan 2019	1,870	578	9,338
Feb 2019	1,997	636	9,427
Mar 2019	2,084	572	9,498
Apr 2019	1,270	560	9,562
May 2019	1,713	593	9,584
Jun 2019	1,576	637	9,650
Jul 2019	1,893	605	9,691
Aug 2019	2,106	731	9,792
Sep 2019	1,854	480	9,876
Oct 2019	2,210	687	9,912
Nov 2019	2,176	718	10,002
Dec 2019	1,787	493	10,034
Jan 2020	1,680	586	9,997
Feb 2020	1,768	682	10,050
Mar 2020	2,192	747	10,176
Apr 2020	1,806	447	10,250
May 2020	1,811	613	10,350
Jun 2020	2,599	492	10,538
Jul 2020	2,242	695	10,673
Aug 2020	2,279	714	10,691
Sep 2020	2,050	590	10,708
Mar–Aug 2019 total	10,642	3,698	
Mar–Aug 2020 total	12,929	3,708	
2019–2020 % change[(a)]	+21.5%	+0.3%	

Source: Australian Institute of Health and Welfare 2021. Child protection in the time of COVID-19

Service system

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services Program (PSP), Child (0-12) stream. Focus is moderate intensity.	18	Organisations are available across the region and are evenly spread.	Community and Gold Coast Health services providing mental health care for youth and children are clustered in Robina and Southport with one located in Burleigh and some outreach. The majority of child and youth mental health services focus on ages 12-25 with eligibility cut offs varying within this age bracket. This can make transitioning between services challenging. Mental health services for children aged 0-12 are very limited. While a mix of mild to moderate and severe and complex providers exist, eligibility requirements may limit access. The services delivered by Gold Coast Health are largely located in Robina and Southport. Overall, there is limited services in the northern part of the Region. Wait times for Fetal Alcohol Syndrome Disorder assessments can be very lengthy (over a year). Mental health services have limited capacity or are not funded to provide the family work required in some cases. There are
headspace (12-25 years)	Two centres in the GCPHN region. Upper Coomera and Southport, with potential for residents in the southern area of the region to access headspace in Tweed Heads.	An accessible 'one-stop shop' for young people aged 12-25 that helps promote wellbeing: mental health, physical health, work/ study support and alcohol and other drug services. A multidisciplinary service of consultant psychiatrists, peer workers and clinicians that support young people aged 12-25 at risk of or experiencing a first episode of psychosis. The Early Psychosis team is equipped to intervene early to improve the lives of young people, and their families, who are impacted by psychosis.	
Youth Clinical Care Coordination - Lighthouse	One located in Southport	Provides trauma informed, recovery orientated clinical care coordination and specialised treatment for young people aged 12-18.	
E-mental health services	headspace, Kids Helpline, Youth beyondblue, eheadspace, ReachOut	Online Services. Public awareness knowledge of these services would drive uptake/demand and could bridge gap between services.	
Phone Services	Kids Helpline (1800 551 800) Beyond Blue (1300 224 636) Headspace (1800 650 890)		
Online Counselling	beyondblue online chat headspace online chat		

Coaching	Reachout (https://parents.au.reachout.com/one-on-one-support)	Phone coaching for parents and carers of 12- to 18-year-olds.	some private providers who offer these services.
Gold Coast Health inpatient services, ages 0-25 years (varied age and other access/ eligibility criteria).	3 (Robina has 2: child and youth and acute young adult aged 18-25 years. Southport has 1 acute adult unit for ages 16-65 years).	2 in Robina, 1 in Southport.	
NewAccess (Beyond Blue) 12+ coaching low intensity CBT.	Phone, online or in person.	Phone, online or in person.	
Gold Coast Health community services, ages 0-25 years (varied age and other access/ eligibility criteria across programs/services).	8 (Child and Youth Mental Health Service [CYMHS], Evolve therapeutic services, child and youth access, perinatal infant mental health, early psychosis, continuing care teams (18+), eating disorder service (18+), acute care treatment team (18+).	2 CYMHS clinics (Robina and Southport), Early Psychosis (Robina), rest outreach.	
Community based mental health NGO services (majority focus on ages 12 - 25 with age and other access/eligibility criteria varying within this. 2 services cater to ages 0-18, predominantly facilitator/ service coordination and counselling).	5 separate NGO providers with programs and services specifically for youth mental health.	1 in Southport, 1 in Burleigh, 3 outreach to all of Gold Coast.	
Community NGO services, (predominantly counselling and referral services)	Eight NGO providers who provide counselling services or refer into specific youth mental health services.	3 in Southport, 2 in Arundel, 1 in Labrador, 1 in Miami, 1 in Robina, 1 in Burleigh.	
Fetal Alcohol Syndrome Disorder (FASD) clinic	One	Gold Coast Health service	

Psychologists	598, across all settings and job roles, in labor force on the Gold Coast in 2017.	Psychologists generally distributed across the GCPHN region with the majority located in coastal and central areas	• Psychologists can be a point of referral for individuals.
Parenting programs for behavior management	11 providers of varying programs, one online.	Across the Gold Coast.	• Run regularly, some are limited to the clients of the service.
Student Wellbeing Package (SWP)	28 schools across the GCPHN region with a wellbeing professional providing a service. This is across, Primary, Secondary, and Special Schools	Across the Gold Coast	
GP Pilot in schools	5 schools participating in the GCPHN region	Across the Gold Coast	

Consultation

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

Joint regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services

- The GCPHN region is relatively well-resourced with a wide range of service providers that contribute to children, young people, and families' wellbeing. For example, there is significant investment in youth early psychosis services in the Gold Coast region. Placing the young person and their families' needs first, there are opportunities to better coordinate these services to get the best benefit for young people.

- Additionally, the rapid population on growth in the Northern Corridor makes this area important for service development. The area has an increasing population on of young people with limited early intervention on and therapeutic services available locally.
- Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. However, children in care do not have a dedicated health care coordinator and their health needs are not being met with the right practitioner. This contributes to care arrangement failure, further traumatisation, service fatigue and disengagement.
- Schools play an important role in the community and early intervention has potential to prevent longer term ramifications.
- Clinicians in schools often operate in silos and at the discretion of school principals. Involvement in the planning of school principals could facilitate and enhance coordination on of activities.
- People are aware of the important role of families and carers to support the health of young people. There are multiple barriers to that happening, including a consistent understanding of confidentiality and consent for sharing information.
- Additionally, funded models often require the service to work with an individual client and do not have the capacity to work with the family unit.

Service provider consultation

- Services and support for children who are undergoing gender transitioning or who identify early as LGBTIQAP+ are sparse. Local psychosocial support is difficult to find.
- Increasing complexity and/or acuity of presentations to service providers, reported by Gold Coast Health, Department of Child Safety Youth and Women and school guidance officers and school counsellors reported. Not all are eligible for referral to Child and Youth Mental Health Service (CYMHS) and there are limited options for age-specific services.
- The complex needs assessment panel (CNAP) on the Gold Coast were identified as a critical piece of the service system providing a coordinated and multi-service response for youth with the most complex needs. The CNAP for < 10s has been defunded but is still running with increasing demand for the service.
- Spikes in presentations to services occur for early intervention and therapeutic services between the ages of 10-17 years; these children can fall through the gaps as they don't easily fit eligibility criteria. Furthermore, service providers report that the psychological treatment can have limited outcomes for complex cases due to the time it takes build rapport and the time/session limitations for funded services.
- Transport is an access barrier for youth as public transport can be too costly or not available.
- Alcohol and drug treatment options are limited for the youth and there are no withdrawal management options for those under 18 years.
- Collaboration between mental health nurses and school nurses could be improved to support identification and intervention. Education and information around referral options is needed for people working in the school system.
- Primary Health Care Improvement Committee November 2018 indicate:
    - Difficulty in accessing services for children, including Aboriginal and Torres Strait Islander children with or at risk of mental health issues, particularly in the northern growth corridor area (Coomera, Upper Coomera, Oxenford, and surrounds).

    - Approximately 2 out of 3 families needing mental health support for children are in “chaos” hindering ability to access services.
- Reports of barriers for re-entry to school as part of the young person’s recovery.
- There is widespread limited understanding of infant mental health – identification of dysregulation and knowledge of referral pathways.
- Gap for children that need mental health assessment/treatment when they have a neurodevelopment disorder.
- In relation to PSP interventions, GPs think about the suite of interventions that are available, they refer to PSP as easy option. Reason I think this: PSP allows 6 sessions, yet for children stream the full 6 sessions are rarely used, this would indicate that these referrals require a lower intensity service like a parenting program not a hospital/state specialist service for higher intensity.
- There are many parenting programs available, some targeted at more extreme behaviours up to 14-year-olds, these are free, easily accessible, low waits. They are family-based interactions programs which for younger children is more important than addressing psychological needs of child as an individual, - no point if family environment doesn’t support positive behavior.
- Categories and topics discussed at the Gold Coast local level alliance (includes representatives from government and non-government organisations) are listed below:
    - housing- supported housing for young parents
    - housing- youth drop-in accommodation
    - housing- short-term accommodation
    - housing- crisis accommodation for under 15-year-olds
    - youth- engaging with services (outreach)
    - youth- young parents
    - youth- service capacity
- Evident from research and anecdotal reports that client presenting problems in a younger person population attending for low intensity NewAccess appear to typically relate to emotionality, relationships, and school.
- It was also observed (anecdotally) that younger persons in NewAccess tend to attend fewer sessions that older persons and is hypothesised that brief interventions may be more effective given this trend although more direct evidence is needed.
- 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 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

Children themselves were not engaged in providing direct feedback. Dialogue occurred with young people, adult carers, adults with a lived experience of child/adolescent mental illness and service providers.

- School was often identified as a critical early intervention opportunity that was missed or neglected. This was also the case for those with experiences of sexual abuse, childhood trauma and domestic violence who are broadly accepted as being 'at-risk', highlighting that these target groups can still slip through cracks.
- School identification/intervention relating to mental health is limited and can be dependent on which school a child attends.
- Limited opportunities for children or young people to speak out or seek help.
- There are not enough community-based support options for children with mild to moderate needs, therefore these children miss out on the benefit of early intervention.
- Children and young people not connected with education or engaged with other support are hard to reach.
- Access to family support services is limited due to capacity issues.
- Young people reported experiencing severe distress and chaos resulting from the impact of social determinants and contributing to mental health issues and AOD use.
- Many young people stated that meeting a significant adult at the right time was a key factor marking the commencement of their recovery journey.
- Long waitlist on the Gold Coast sexual abuse counselling.

Significant stakeholder consultation was undertaken in 2020-2021 as part of a project focused on strengthening the health assessment response for children and young people in care and found:

- Limited options for orthodontics when children cannot pay privately.
- Low general practice referral to Early Childhood Early Intervention (ECEI), children being missed for early intervention as once in school it's too late:
  - GP may be the only service that picks up on development delay if child is not attending preschool.
  - Parents concerns on labelling their children therefore not accessing NDIS partner ECEI.
- Lack of awareness on infant mental health (identifying emotional dysregulation)- primary care staff not screening for MH concerns for under 5s.
- Young people in care refusal to attend GPs for health checks. Residential care agencies lack of continuity of care related to health needs exacerbates this.
- Children in care are not prioritised for public health services.
- There are no MBS Items numbers for conducting health assessments for children and young people in out of homecare despite widespread evidence of the poor health outcomes upon entry to care and throughout life.

- Care coordination of health needs would be highly beneficial for these children with complex needs, young people in residential care particularly need a coordinated approach.
- Reliance on the public health system for children in care health services does not enable timely health interventions. There is a need for priority access to this service.
- High cost is associated with cognitive and behavioral assessments, done privately with no specific MBS funding for the assessments.
- A long waiting list (approximately 2 years) at Gold Coast University Hospital for fetal alcohol spectrum disorder (FASD) for 7-10-year-olds. Limited services are doing FASD assessments due to the need for a multidisciplinary team and the time to do testing is 32-64 hours a week.
- Limited availability of appropriate and targeted therapy for FASD and it is often misdiagnosed as behavioural issues such as ADHD, finding the right therapy for the disorder is difficult.
- Carers are often not shared information about the child's health needs by health professionals, including appointment times and reports. This has no relation to the information sharing provisions and medical decision-making guidelines for child protection. Carers have a right to information to support the day-to-day health needs of the children they care for. My Health Record has not solved this as carers generally do not have access.
- Concern that funding allocations are a barrier for carers supporting the health needs for their children and especially those with complex needs. This is compounded by limited MBS and PHN funded services that meet the intensity required for long term health outcomes.
- Misdiagnosis of trauma as ADHD and ASD is an extensive problem for children in care meaning they may not receive the right treatment at the right time leading to long term complex problems.
- Some children are referred to other health services that cannot provide treatment until the trauma is addressed by a psychologist.
- Information sharing is a barrier to managing health needs for this cohort and there are multiple challenges with the My Health Record as a tool to do this. Challenges also relate to health care teams working together to support the outcomes of the child/young person.
- Limited understanding of trauma-informed care among some professionals, including lack of screening for trauma, re-traumatisation and clinical approaches/environment leading to children and young people's disengagement from the health system.
- Parents of children in care feel stigmatised and disempowered by the health system due to the power imbalances between carers, Child Safety, health professionals and parents. Parents want to be provided opportunities to be involved in the health care of the children and evidence suggests that doing so increases long term positive health outcomes for the young person.
- While there are some exemplars in delivery of services to Aboriginal and Torres Strait Islander children in care, many mainstream services may have limited understanding of what is culturally appropriate.
- Limited understanding of referral pathways for behavior management by primary care
- COVID-19 saw an increase in removal rate with child safety due to increased reporting on domestic violence, physical abuse, and drug abuse. Health issues for children being removed are related to neglect, homelessness, development delays and nutrition/malnutrition.
- Requests from GPs to extend PSP to people aged over 12 due to need for psychology services for financially disadvantaged adolescents who headspace may not meet needs/not enough sessions.
- Low Paediatric skills set of GPs in northern GC - identified by the GPWSI at HHS, yet high rates of developmental vulnerability risk.

- Low cost allied health services (OT and Speech therapy) for children. Group therapy is not readily available as a low-cost option.
- Assessments from multiple health services - all are different, all require significant input. Need for streamlining these questionnaires.
- Categories and topics discussed at the Gold Coast local level alliance are listed below, issues were identified, what's working well and what can be improved for all the category and topics:
    - Child Protection- Complex Families
    - Child Protection: Young people absconding from home
    - Child Protection- Actioning child safety investigations
    - Child Protection- Ongoing Support
    - Early Intervention- Mentoring services
    - Early Intervention- In-Home Support
    - Early Intervention- Targeted Case Management Support (Step down to IFS)
    - Health and Developmental- Universal Services (0-5 years)
    - Health and Developmental- Specialist Services Access
    - Health and Developmental- Trauma informed services
    - Health and Developmental- Private Practitioners
    - Disability
- Sexual abuse counselling is a 28 week wait for Braveheart sexual abuse counselling (other option is a private psychologist which an Induvial can be referred to through a GP mental health treatment plan.
- People with intellectual disability, autism and acquired brain Injury are often not able to get psychological support:
    - Some private psychologists do not feel confident or have skills to provide support to these people.
    - These people fall through the gaps as they are not able to access disability services for mental health support, but mental health services won't provide services.

Labrador Child Safety Service Centre Transition to Adult team

- Nationally, 45% of young people in care over age of 10 have moderate or high health risks associated with substance use. Locally, 27 out or 63 (43%) have problematic AOD use according to their case workers. Most other young people have casual use of drugs and alcohol.
- Most common AOD use in this cohort: inhalants, ice, MDMA, marijuana.
- Cheaper drugs are preference. Marijuana is not seen by young people as a problematic drug.
- Case planning and AOD:
    - The child safety case plans didn't specifically prompt planning around AOD use. It can be noted in the concerns section and goals section. The case workers offer regular AOD support – often from a harm minimisation perspective. They seemed aware of the available services but most of the young people are not linked in with any services – young people do not see their AOD use a problem and do not want support.
- The priorities are usually:
    - stable placement

    - mental health
    - alcohol and other drugs
        - however, often services cannot medicate for mental health because of the drug use
- Reason why AOD use if high in this cohort:
    - self-medicating – mental health issues (depression, anxiety, anger) due to trauma and parental rejection
    - early access – parent and friends
    - parental role modelling of AOD use

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 City 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 Gold Coast 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.

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

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