

Gold Coast Primary Health Network Needs Assessment 2022



Adult mental health

phn
GOLD COAST

An Australian Government Initiative

Adult mental health

The adult health sector incorporates all agencies that are delivering services to an adult population. Various government agencies define the adult sector differently: e.g. Education (completes at Year 12), Department of Child Safety, Youth and Women's (18+ years), Department of Health (18+ or 25+ years), Queensland Health (18+ years to 65 – with exceptions in specialist services e.g. Early Psychosis).

Due to the vast age range, people do not seem to identify as experiencing issues specifically as an 'adult.' Rather their experiences are often in relation to a specific time event in their lives. The reason for people accessing mental health services and supports on the Gold Coast varies in intensity, and interactions with the system differ greatly from no existing interaction to multiple interactions across all parts of the service system.

Services are delivered to adults on the Gold Coast by a range of stakeholders including: public hospitals, private hospitals, allied health providers, not-for-profit organisations, fee-for-service organisations, GPs and private practice clinicians.

There has been a dramatic shift in the Gold Coast Primary Health Network (GCPHN) region for service provision since the rollout of the National Disability Insurance Scheme (NDIS) and the new landscape for psychosocial service provision since 1 July 2019. The new infrastructure of service delivery is progressing rapidly, causing major market upheaval and potential risk to the quality of services provided in the community space. The disruption of funding allocations and methods such as block-funding to fee-for-service, has ultimately resulted in the change from a human service model to a business model function. This is a sector that has relied heavily on flexibility in funding to meet the episodic needs of people accessing support. There are several challenges facing service delivery for adults accessing support on the Gold Coast, with funding and eligibility for access the most apparent. Service offers are now limited and restrictive, and many informal touch points no longer exist (e.g. North and South hubs).

Opportunities exist where collaboration and shared resourcing may provide more flexibility in engagement for adults accessing supports, as well as transitioning between care arrangements or services

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.
- People who may need ongoing support (e.g, those diagnosed with personality disorders) but do not meet criteria for care coordination or supports designed for severe and complex mental illness.
- There are unmet psychosocial needs for people with severe mental illness who are not eligible for assistance through the National Disability Insurance Scheme, and who are not receiving psychosocial services through National Psychosocial Support Measure programs.
- System navigation is difficult for GPs and older people.
- People with an existing mental health concern through the perinatal stage.
- Timely access to services for people seeking mental health support.
- Increasing demand for all mental health services.

Key findings

- Sharp increase in psychologist services per 100 people for age cohorts 15-24, 25-44 and 45-64, both nationally and at a GCPHN region level.
- Gold Coast rate for general practitioner mental health services, clinical psychologists and psychiatry per 100 people above national rate for people aged 15-24, 25-44 and 45-64.
- Early data suggest social isolation and loneliness are an ongoing issue and have been amplified by COVID-19 restrictions.

Prevalence and utilisation of services

Among Australians aged 16 to 85, it is estimated that 15% will experience an affective disorder, while 26.3% will experience an anxiety disorder¹. Applying these rates to the Gold Coast population, 62,183 will experience an affective disorder while 109,029 will experience an anxiety disorder².

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.

Interactions with GPs and mental health workers are captured in Medicare-subsidised data. GP provided mental health services may include early intervention, assessment, planning patient care and treatments, referring to other mental health professionals, ongoing management, and review of the patient's progress.

Gold Coast Primary Health Network (GCPHN) acknowledge that people may not always see a clinical psychologist and may see a general psychologist, counsellors, or social workers for a consultation. General psychologists, counsellors and social workers data is limited in national reports due to psychologists (clinical or other) may also provide some services listed for general psychologist, counsellors, social workers. Implications of this is (psychologists (clinical or other)) cannot be readily separated from other mental health workers and leading to duplication in reporting. Due to this GCPHN will report on general practitioner 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 workers services.

General practitioner

For the purpose of this report, GP mental health includes 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.

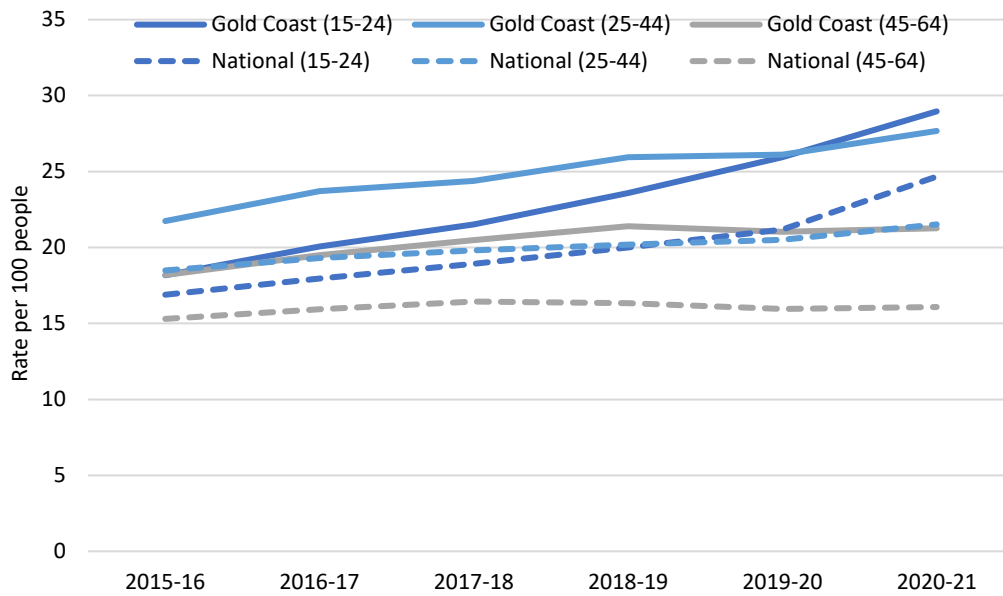
The Gold Coast rate for general practitioner mental health services per 100 people in 2020-21 were:

- Aged 15-24; above the national rate (28.9 vs 24.8 per 100 people)
 - 14,122 residents saw a GP for mental health concern, leading to 23,803 consultations.
- Aged 25-44; above the national rate (27.7 vs 21.5 per 100 people)
 - 28,664 residents saw a GP for mental health concern, leading to 49,421 consultations.
- Aged 45-64; above the national rate (21.3 vs 16.1 per 100 people)
 - 18,900 residents saw a GP for mental health concern, leading to 34,444 consultations.

¹ ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (2008), p 27

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

Figure 1. General Practitioner Mental Health Services per 100 people, national and Gold Coast, 2015-16 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

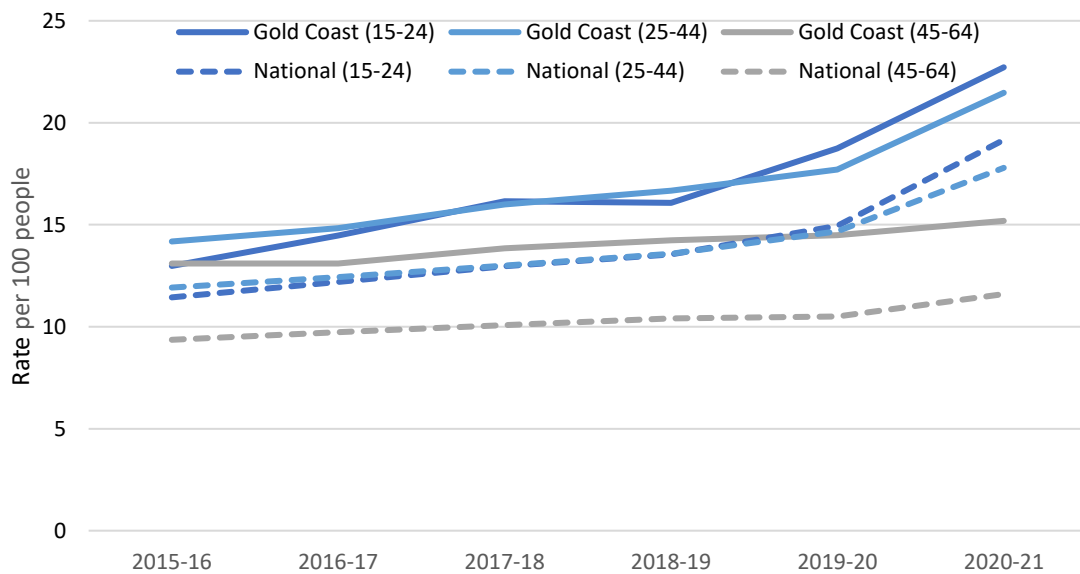
Psychologists are health professionals who can work in a range of areas such as clinical, neuropsychology, health, community, forensic, organisational and sports and exercise psychology. Clinical psychologists have skills in the assessment and diagnosis, treatment, and learning.

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

The Gold Coast rate for clinical psychologists' services per 100 people in 2020-21 were:

- Aged 15-24; above the national rate (22.7 vs 19.2 per 100 people)
 - 3,819 residents saw a clinical psychologist, leading to 18,676 consultations.
- Aged 25-44; above the national rate (21.5 vs 17.8 per 100 people)
 - 7,991 residents saw a clinical psychologist, leading to 38,338 consultations.
- Aged 45-64; above the national rate (15.2 vs 11.6 per 100 people)
 - 5,159 residents saw a clinical psychologist, leading to 24,603 consultations.

Figure 2. Clinical Psychologists services per 100 people, national and Gold Coast, 2015-16 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

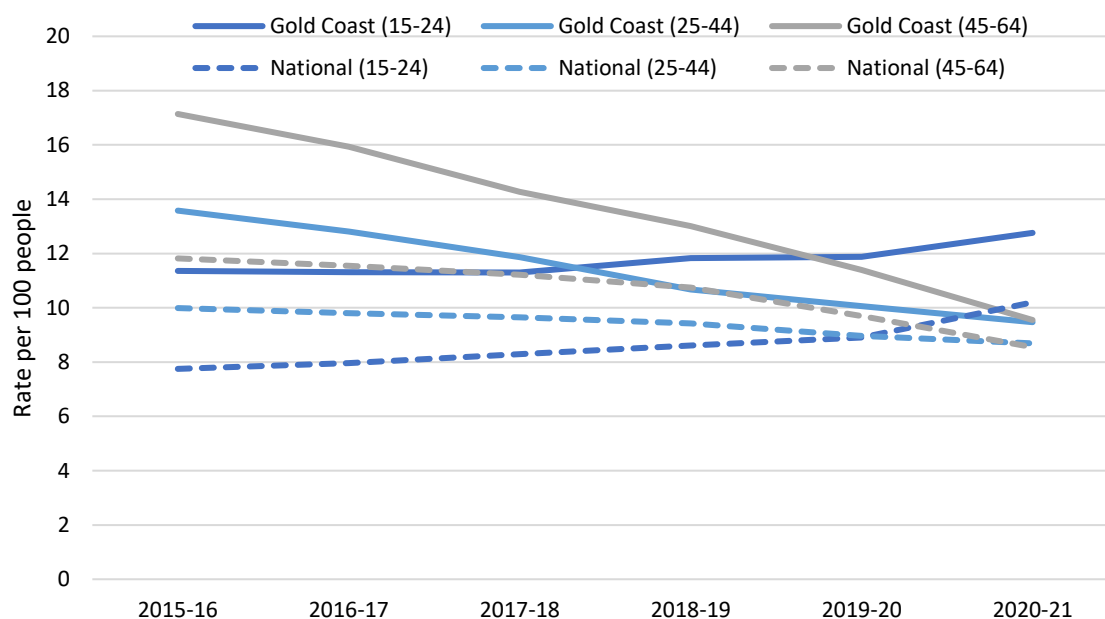
Psychiatrists are doctors who have undergone further training to specialise in the assessment, diagnosis and treatment of mental health conditions. Psychiatrists can make medical and psychiatric assessments, conduct medical test, provide therapy and also prescribe medication.

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

The Gold Coast rate for psychiatry services per 100 people in 2020-21 were:

- Aged 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 consultations.
- Aged 25-44; above the national rate (9.5 vs 8.7 per 100 people)
 - 5,094 residents had a psychiatry consultation leading to 16,913 consultations.
- Aged 45-64; above the national rate (9.5 vs 8.5 per 100 people)
 - 3,869 residents had a psychiatry consultation leading to 15,474 consultations.

Figure 3. Psychiatrist services per 100 people, by national and Gold Coast, 2015-16 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.

Gold Coast General Practice data

Prevalence

Gold Coast PHN’s PATCAT system³ show that in March 2022, of the 367,032 active patients (three visits in the past two years) aged 18 to 64, 22% (n=88,166) had a coded mental health diagnosis. Table 1 highlights active population with coded mental health diagnoses and details anxiety/depression coded diagnosis. Please note, an individual may have a coded diagnoses of anxiety *and* depression.

Table 1. Active population aged 18 to 64 with a coded mental health diagnoses, Gold Coast, March 2022

	Number	Percent
Active patents aged 18 to 64	367,032	
Patients aged 18 to 64 with a coded mental health diagnosis	88,166	24.0%
Patients aged 18 to 64 with anxiety	68,360	77.5%
Patients aged 18 to 64 with depression	49,917	56.6%
Patients aged 18 to 64 with schizophrenia	2,490	2.8%
Patients aged 18 to 64 with bipolar	3,762	4.3%
Patients aged 18 to 64 with dementia	134	0.2%

Source: PATCAT, all results indicate no date ranges was applied, 158 general practices included in data extraction. Please note a patient have more than one coded diagnosis.

³ 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.

Medication

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 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 ten years, the use of medication to treat mental illness has increased by 58% in Australia⁴, which has the second highest, per capita antidepressant consumption of all OECD countries⁵.

In 2018-19, 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 9 prescriptions per patient. The majority (86%) of mental health-related prescriptions were prescribed by GPs, 7.7% by a psychiatrist and 4.5% prescribed by a non-psychiatrist specialist. Of the 39 million mental health-related prescriptions, 70.9% were antidepressants⁶.

Data extracted through PATCAT⁷ from Gold Coast general practices show that in March 2022, of the 88,166 active patients⁸ aged 18-64 with a coded mental health diagnoses, 57,048 (64%) also had a current mental health medication. Table 2 highlights mental health management of these patients.

Table 2. Active population aged 18 to 64 with a coded mental health diagnoses management, Gold Coast, March 2022

	Number	Percent
Active population with a coded mental health diagnoses aged 18 to 64	88,166	
Patients with a mental health diagnosis who have a current prescribed Mental health medication	57,048	64.7%
Patients with a mental health diagnoses and a mental health treatment plan (MHTP) in the last 12 months	46,861	55.7%
Patients with a mental health diagnoses and a MHTP review in the last 12 months	16,764	20.0%
Patients with a mental health diagnoses and a MHTP consult in the last 12 months	28,022	33.3%
Physical activity recorded	998	1.1%
Sufficient	570	57.0%
Insufficient	157	16.0%
Sedentary	271	27.0%
BMI recorded	51,546	64.0%
Morbid 40+	2,870	5.6%

⁴ 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).

⁵ OECD (2011). Health at a Glance 2011: OECD Indicators, OECD Publishing. http://dx.doi.org/10.1787/health_glance2011-en

⁶ Mental health services in Australia, Australian Institute of Health and Welfare, 2021

⁷ PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.

⁸ Active population represents the portion of the total population that have had at least three visits to the same practice in the last 2 years as per RACGP Accreditation Standards for general practice

Obese 30 to 39.9	13,867	27.0%
Overweight 25 to 29	15,824	31.0%
Healthy 18.5 to 24.9	17,237	33.0%
Underweight <18.5	1,748	3.40%

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

Perinatal depression

The perinatal period is a highly volatile time and addressing the complex needs of the mother and baby both as individuals and a dyad is essential to endure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby⁹. Data from 2010 showed that 1 in 5 mothers of children aged 2 years or under had been diagnosed with depression in Australia. More than half of these mothers reported that their diagnosed depression was perinatal (that is, the depression was diagnosed from pregnancy until the child's first birthday¹⁰). Data on perinatal depression on the Gold Coast is limited but nationally, perinatal depression was more common reported among mothers who:

- were younger (aged under 25),
- were smokers,
- came from lower income households,
- were overweight or obese,
- had an emergency caesarean section.

Analysing data extracted through PATCAT¹¹ from 158 Gold Coast general practices, 2,093 active patients had a coded postnatal depression diagnoses. Of those, 47% (n=993) had a current mental health medication. Table 3 highlights mental health management for Gold Coast with a coded postnatal depression diagnoses and management.

Table 3. Active population with a coded postnatal depression diagnoses aged 18 to 64, March 2021

	Number	Percent
Active population with a coded postnatal depression diagnoses aged 18 to 64	2,093	
Have a current mental health medication	993	47.0%
Patients with a Mental Health Treatment Plan (MHTP) in the last 12 months	1	54.0%
Patients with a MHTP review in the last 12 months	399	20.0%
Patients with a MHTP consult in the last 12 months	663	33.0%

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

⁹ Deloitte Access Economics. (2012). the cost of perinatal depression in Australia – Final report. Available from: <https://www.deloitteaccessconomics.com.au/uploads/File/PANDA%20Exec%20Summ%20pdf.pdf>

¹⁰ Australian Institute of Health and Welfare, 2010 Australian National Infant Feeding Survey

¹¹ PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.

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. Both concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely¹².

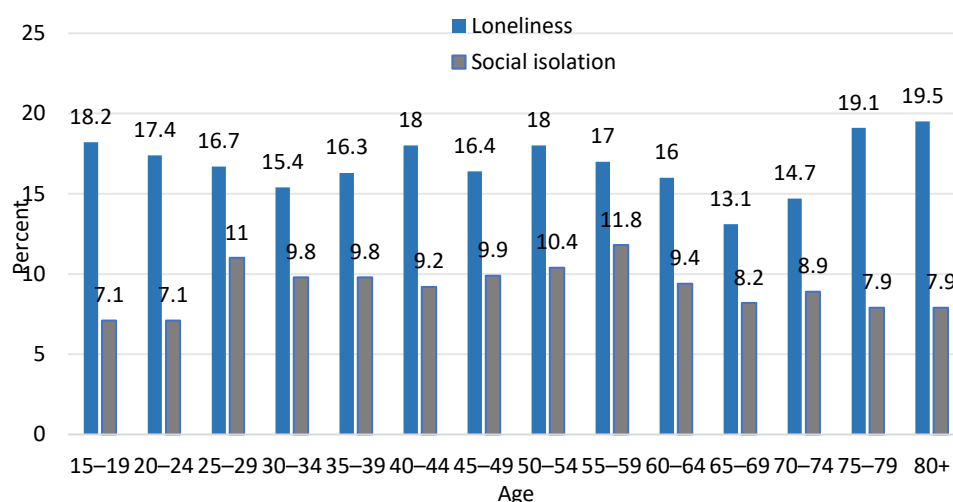
- social isolation: state of having minimal contact with others,
- loneliness: subjective state of negative feeling about having a lower level of social contact than desired¹³.

One in three Australians reported an episode of loneliness between 2001 and 2009, with 40% of these people experiencing more than one episode¹⁴.

- one in ten Australians aged 15 and over report lacking social support¹⁵,
- one in four report they are currently experiencing an episode of loneliness¹⁶,
- one in two report they feel lonely for at least one day each week.

Loneliness and social isolation have been linked to mental illness, emotional distress, suicide and development of dementia¹⁷. 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 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.

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.

¹³ 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.

¹⁴ Baker D 2012. *All the lonely people: loneliness in Australia, 2001–2009*. Canberra: The Australia Institute.

¹⁵ 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.

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

Ongoing support

People with severe and complex mental illness (for example, with personality disorders) often have long treatment histories. A coordinated ongoing community treatment model, which supports continuity of care and is understood within a relational model, is essential to the effective treatment of severe and complex mental illness¹⁸.

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

Eligible for assistance

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

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

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

In 2021, the above three programs were consolidated into one program - Commonwealth Psychosocial Support Program for people with severe mental illness.

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

ED Presentations

In 2019-20, there was just under 11,000 presentations from people aged 18 to 64 years to Gold Coast University and Robina Hospital EDs for mental and behavioral disorders as outlined in the ICD-10-AM.

The leading presentation for mental and behavioral disorders were mental and behavioral disorders due to the use of alcohol, acute intoxication making up 13% of all mental health presentations. This was followed by anxiety disorder, unspecified with 10%. Of all mental health ED presentations, 23.2% were for lower care (triage category four and five).

Underserved Groups

Many underserved groups have higher rates of psychological distress and may not access services due to numerous determinants including location, cost, culturally appropriateness of the service provider and language barrier. These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the barriers they may face. Some of the key factors that can impact people's ability to access and successfully engage in services include language,

¹⁸ Project Air Strategy for Personality Disorders* (2015). Treatment Guidelines for Personality Disorders 2nd Ed. Wollongong: University of Wollongong, Illawarra Health and Medical Research Institute.

age, gender identity, geographic location, income, ethnicity, education, residential status, sexual orientation, health, and religion. As a result, careful consideration of services to best meet their needs are required.

A current barrier for underserved population groups accessing the Medicare Benefits Schedule Better Access initiative is the out-of-pocket cost for the patient. Australian Bureau of Statistics survey identified that high out-of-pocket cost prevent people with long-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers¹⁹. An increasing number of people delay visits to GPs and psychologists because of cost consideration²⁰.

In 2016-17, 43.1% of Gold Coast residents occurred out-of-pocket costs for a non-hospital Medicare service. For these patients, the median amount spent in the year was \$145 per patient²¹.

In 2018-19, total fees charged by the clinical psychologists were \$12,148,391, comprising the benefits paid by Medicare and patients' out-of-pocket cost, with 80,083 services being claimed²²

Data, research and consultation with service users, service providers, community members and Clinical Council identified the following groups as potentially underserved and people in distress including those who do not have a current mental health diagnosis and maybe at increased risk of suicide on the Gold Coast:

- Aboriginal and Torres Strait Islanders
- Culturally and Linguistically Diverse
- LGBTIQAP+ community
- 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 – alcohol/ drugs and cognitive impairment.
- complex families
- people with an eating disorder
- men linked to family court
- victims of family and/or domestic violence

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

¹⁹ Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020

²⁰ Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics

²¹ Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016–17

²² Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018–19

to work more closely and collaboratively with psychiatrist, clinical psychologists, registered psychologists, occupational therapists, and appropriately trained social workers to support patients.

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

- During this time, the Gold Coast population increased by 10.3% (575,629 in 2015 to 635,191 in 2020)²³.
- Number of medical practitioners on the Gold Coast increased by 23.3% (2,070 in 2015 to 2,552 in 2020).
- Number on clinical psychologists on the Gold Coast increased by 23.2% (514 in 2015 to 633 in 2020)²⁴.

²³ Queensland Government Population Projections, 2018 edition (medium series)

²⁴ Sources: Department of Health 2020; ABS 2018

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 general practitioner Medicare-subsidised mental health-specific services (Mental Health Treatment items, review of a GP Mental Health Treatment Plan, and GP Mental Health Treatment Consultation) have increased 31.1% from 2015-16 to 2019-20 on the Gold Coast. Table 5 shows that Robina had the largest percentage with 42.6% (7,720 in 2015-16 to 10,295 in 2019-20). Ormeau-Oxenford had the greatest number of general practitioner Medicare-subsidised mental health-specific services with 28,221 in 2019-20.

Table 5. Number of General Practitioner Medicare-subsidised mental health health-specific services, Gold Coast Statistical Area Level 3 regions, 2015-16 to 2019-20

	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 on the Gold Coast have increased by 30.2% from 2015-16 to 2019-20. Table 6 shows that Broadbeach-Burleigh had the largest increase with 47% (7,830 in 2015-16 to 11,508 in 2019-20), and Ormeau-Oxenford had the greatest number of clinical psychologists' services with 15,872 in 2019-20.

Table 6. Number of Clinical Psychologists Medicare-subsidised services, Gold Coast SA3 regions, 2015-16 to 2019-20

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

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

COVID-19

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

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

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

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

System Navigation

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

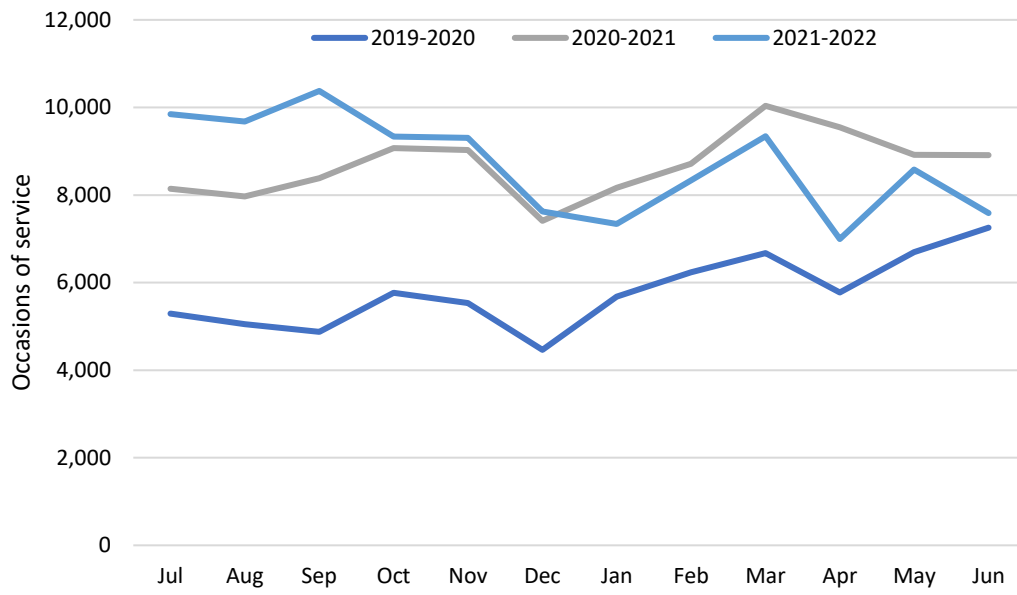
- 1) Uncoordinated and inconsistent approach to assessment, referrals, and intake:
 - Most services operate an assessment and intake component for their service meaning individuals and referrers often have to share their story at each transition point or when ascertaining eligibility. When people are not matched to the right service initially, they have to retake the intake process, which can be a system inefficiency and can contribute to a poor experience and poor outcomes. Additionally, the frustrating experience of trying to find the right fit can result in disengagement and opportunities for early intervention may be lost with people presenting to the system later in crisis.
 - An inconsistent approach to assessment (e.g various tools) leads to inconsistent assigned levels of care, resulting in discrepancies in the type of care provided across providers and regions, for similar clinical presentations.
 - Referrals to services are often inappropriate, resulting in people being under or over serviced.
- 2) Limited awareness/understanding of service infrastructure, including availability and capability of services:
 - Referrals to services are often inappropriate, resulting in people being under or over serviced.
 - There are many pathways to mental health, AOD and suicide prevention and support services. Community members and service providers perceive that the local service system changes frequently due to funding changes, resulting in providers and people being unclear about available services and the pathways to access these services. There is a need for timely and accurate information and easily identifiable access points for individuals seeking care, so that they can be matched with the service which optimally meets their needs.

Increasing demand management across the Stepped care approach

In 2020-21, GCPHN funded providers saw over 8,000 unique clients access the Stepped Care programs. The rate of referrals to PHN funded services across low intensity, psychological therapy and clinical care coordination continued to rise in Q4 (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 significantly 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 GP consultations for anxiety/depression, Gold Coast, 2019-20 to 2021-22



Source: Primary Sens. Data is extracted from 159 general practices.

Service system

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services Program (PSP)	18	Organisations are available across the GCPHN region and are evenly spread	<ul style="list-style-type: none"> The Psychological Services Program (PSP) is a moderate intensity service that offers short term structured psychological therapies by a range of providers.
Headspace (12-25 years)	2	Upper Coomera and Southport	<ul style="list-style-type: none"> 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 intervene early to improve the lives of young people impacted by psychosis and their families.
E-mental health services	4	headspace, beyondblue, eheadspace, ReachOut	<ul style="list-style-type: none"> Online Services. Public awareness knowledge of these services would drive uptake/demand and could bridge gap between services.
Phone Services	2	Beyond Blue Headspace	
Online Counselling	2	beyondblue online chat headspace online chat	
Coaching	Online	Reachout	<ul style="list-style-type: none"> Phone coaching for parents and carers of 12 to 18 year olds.
NewAccess (Beyond Blue)	Phone, online or in person	Phone, online or in person	<ul style="list-style-type: none"> Coaching low intensity CBT.
Psychologists	633, across all settings and job roles, in labor force	Psychologists generally distributed across the Gold Coast, majority in coastal and central areas.	<ul style="list-style-type: none"> Psychologists can be a point of referral for individuals.
General Practice	212	Clinics are distributed across the Gold Coast; majority in coastal and central areas.	<ul style="list-style-type: none"> 855 GPs on 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

- A range of structured psychological interventions are available in the GCPHN region to support people with or at risk of mild and moderate mental illness. Some of these interventions are also intended to target identified high risk/hard to reach groups.
- Identified gaps include people who may need ongoing support (e.g., personality disorders) but do not meet criteria for care coordination on or supports designed for severe and complex mental illness.
- Review of this infrastructure will help to further refine and target these services ensuring they best meet the needs of the GCPHN region.
- There are unmet psychosocial needs for people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through National Psychosocial Support Measure programs.
- The Gold Coast Psychosocial Alliance has been established to coordinate services between Queensland Health, PHN and NDIS providers of psychosocial services.
- People with an existing health concern may be able to function independently in the community with minimal formal supports. However, when services are not well coordinated across the sectors, people may become more vulnerable resulting in exacerbation of issues and higher use of treatment services.
- Supporting people with an existing health concern through the perinatal stage has long term benefits. There is existing investment in this space that can be leveraged to support further developments of perinatal services.

Primary and Community Care Community Advisory Group

Primary needs/gaps identified:

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

- Cardiometabolic monitoring – this is interesting because we are developing our cardiometabolic monitoring & deprescribing clinic.

Service provider consultation

- 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.
- 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.

COVID-19 Impacts

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

- Loneliness and social isolation,
- Suicidal ideation,
- Problems with secure housing,
- Financial barrier’s such as loss of employment/struggles to secure adequate ongoing employment,
- Overall anxiety and depressive presentations – low mood and lack of motivation,
- Struggles with accessing services such as Centrelink and NDIS,
- Loss of routine,
- Grief and loss,
- Difficulties in accessing appropriate higher mental health services in a timely manner due to long waitlists.

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



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