

Gold Coast Primary Health Network Needs Assessment 2022



Older people mental health

phn
GOLD COAST

An Australian Government Initiative

Older people mental health

The Older Person's sector incorporates all services that are delivering services to older people as defined by the relevant funding body, such as Commonwealth and State agencies. While we can quantify the population of older people in the Gold Coast Primary Health Network (GCPHN) region as those aged 65 years or more, it is recognised that Aboriginal and Torres Strait Islander people have a shorter life expectancy than non-Indigenous Australians and may experience the impacts of ageing at a younger age, with the age of this population group often referred to as those 55 years or more. It is acknowledged that multiple government agencies define the older population differently and funding and service access may be determined more by functional capacity and whether they are living in an aged care facility, as opposed to age.

Services are delivered to older people on the Gold Coast by a range of stakeholders including residential aged care facilities, public hospitals, GPs, community-controlled organisations and medical deputising services and not-for-profit organisations. The most used types of publicly funded aged care services include Commonwealth Home, Support Programme (CHSP), Home Care Packages (HCP), Residential Aged Care, including permanent and respite, and Transition Care.

There are strengths and challenges in the provision of services for the older population. The Gold Coast population is increasingly becoming older with the number of older adult residents in the GCPHN region projected to double by 2030. Overall demand for aged care services will therefore increase significantly, and in turn greater demand will be placed on the mental health and dementia specific services. This highlights the pressing need for a greater level of service planning and integration to ensure the GCPHN region has a comprehensive approach to care, particularly between Gold Coast Health, Commonwealth funded programs and primary care providers.

In March 2020, the Australian Government released the Royal Commission into Aged Care Quality and Safety to look at the quality of care provided in residential and home aged care to senior and young Australians. An interim report was published in October 2019, which identified significant failures and flaws of the aged care system including that it:

- Is designed around transactions, not relationships or care.
- minimises the voices of people receiving care and their loved one
- Is hard to navigate and does not provide the information people need to make informed choices about their care
- relies on a regulatory model that does not provide transparency or an incentive to improve
- has a workforce that is under pressure, under-appreciated and lacks key skills

Gold Coast Health and GCPHN acknowledge that some of these systemic problems will need to be resolved at a national level and this will take time.

Local health needs and service issues

- Mental health and aged care related issues (e.g., dementia) are often treated in isolation of each other or as separate disciplines.
- Evolving service system results in General Practitioners being unclear about available services and the pathways to access these services.
- Limited access to assessment and treatment by public sector geriatricians to patients in the community.
- Gaps in clinical resources, knowledge and supports in the community result in people referring to Older Person's Mental Health unit (tertiary service) as a default option or last resort.
- High levels of isolation and loneliness among older people on the Gold Coast.
- System navigation is difficult for General Practitioners and people
- Timely access to services for people seeking mental health support.
- Increasing demand for all mental health services.

Key findings

- Gold Coast has a higher rate of people aged 65+, compared to Queensland.
- Gold Coast rate of General Practitioner mental health services above national rate for people aged 65-79 and 80+.
- Gold Coast rate of clinical psychologists services above national rate for people aged 65-79 and 80+.
- Gold Coast rate of psychiatrists services above national rate for people aged 65-79 and 80+.
- Low rate of people aged 65 and over with a coded mental health diagnoses who had claimed a mental health treatment plan in the last 12 months.

Evidence

Demographics

The population as of the 2021 census data on the Gold Coast aged 65 years and over, referred hereafter as 'older adults' was 114,349 people in 2021. Table 1 provides a breakdown of the older adult population in the GCPHN region by sex and age group based on 2021 Census data.

Table 1. Number and proportion of population by age group, Gold Coast SA3 regions, 2021

Region	65-74		75-84		85 years or more	
	Number	%	Number	%	Number	%
Queensland	503,466		274,997		97,140	
Gold Coast (SA4)	64,273		37,005		13,071	
Broadbeach - Burleigh	7,194	11.19%	4,215	11.39%	1,638	12.53%
Coolangatta	6,506	10.12%	3,548	9.59%	1,599	12.23%
Gold Coast - North	9,735	15.15%	6,398	17.29%	2,187	16.73%
Gold Coast Hinterland	2,587	4.03%	1,273	3.44%	299	2.29%
Mudgeeraba - Tallebudgera	3,182	4.95%	1,564	4.23%	494	3.78%
Nerang	6,493	10.10%	3,737	10.10%	1,209	9.25%
Ormeau - Oxenford	11,571	18.00%	5,603	15.14%	1,519	11.62%
Robina	5,166	8.04%	3,287	8.88%	1,434	10.97%
Southport	6,036	9.39%	4,042	10.92%	1,834	14.03%
Surfers Paradise	5,804	9.03%	3,335	9.01%	849	6.50%

Source: Australian Bureau of Statistics (ABS), 2021 Census of Population and Housing

Prevalence, service usage and other data

It is thought that between 10% and 15% of older people experience depression and about 10% experience anxiety¹. Rates of depression among people living in residential aged care are believed to be much higher, at around 35%¹.

Applying these rates to the Gold Coast population aged 65 years and over, 15,876 have experienced depression while 10,584 have experience anxiety. As seen in Table 1, the Gold Coast rate of people aged 65 and over (16.6%) is above the Queensland rate (15.7%) and the average annual growth rate on the Gold Coast 2.4% between 2014 and 2019 which was also above the Queensland rate 1.5% the number of older people experiencing mental illness will continue to increase on the Gold Coast².

¹ National Ageing Research Institute. (2009). beyondblue depression in older age: a scoping study. Final Report. Melbourne: National Ageing Research Institute.

² ABS 3218.0, Regional Population Growth, Australia, various editions

Medicare Benefits Schedule

Patients suffering from poor mental health can see their GP who will assess the patient and what may be of assistance for the patient. This could include:

- making a mental health assessment,
- creating a mental health treatment plan,
- referring the patient to a psychiatrist or other mental health professional,
- giving the patient a prescription for medicines to treat the illness.

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

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

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 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 workers services.

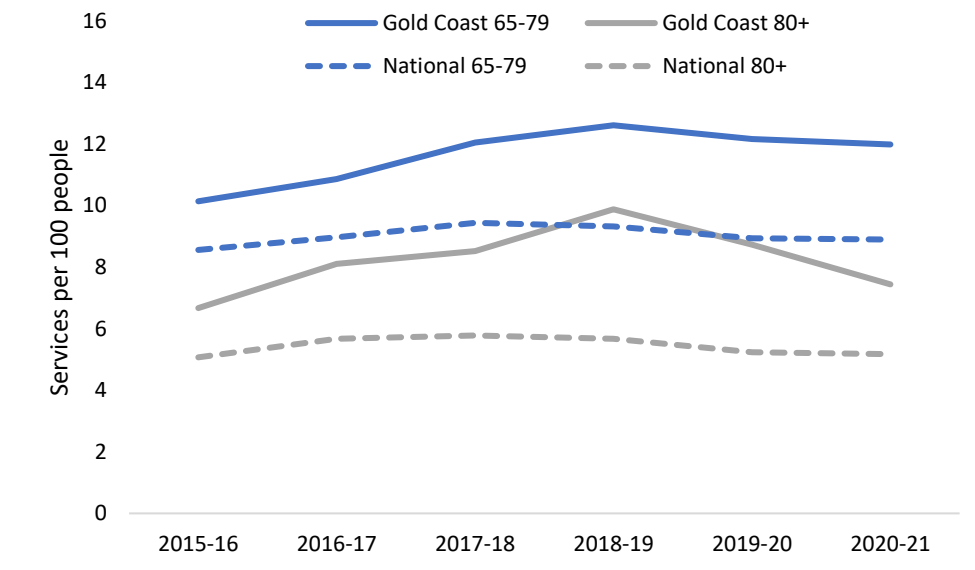
General practitioner

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 rates for GP mental health services per 100 people in 2020-21 were:

- Aged 65-79; above the national rate (12.0 vs 8.9 per 100 people)
 - 5,639 residents had a mental health consultation with a GP leading to 10,024 consultations.
- Aged 80 years and over; above the national rate (7.4 vs 5.2 per 100 people)
 - 1,150 residents had a mental health consultation with a GP, leading to 2,001 consultations.

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, organizational and sports and exercise psychology. Clinical psychologists have skills in the following areas:

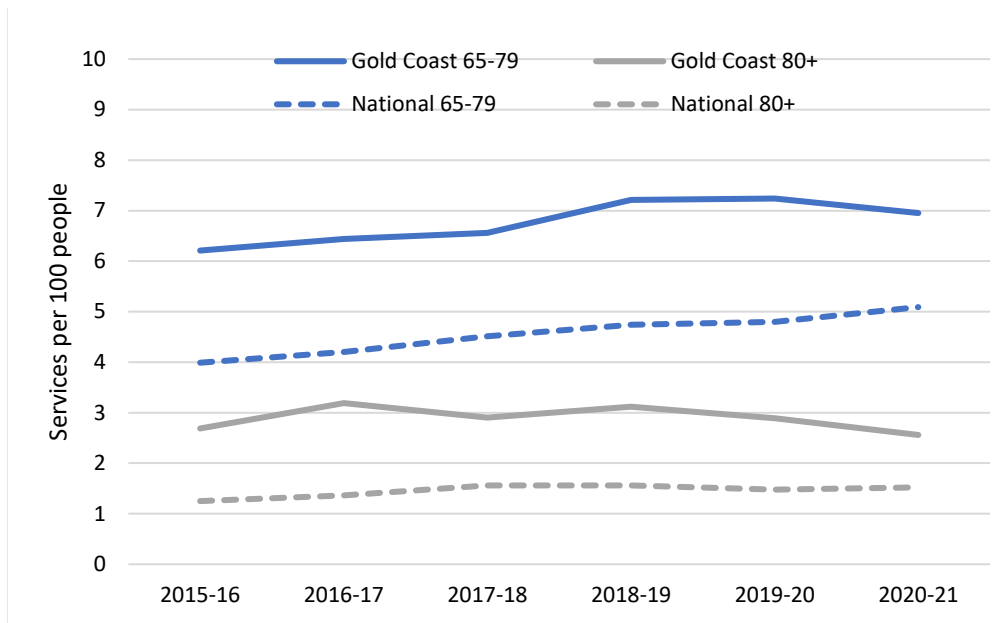
- assessment and diagnosis
- treatment
- learning

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

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

- Aged 65-79; above the national rate (7.0 vs 5.1 per 100 people)
 - 1,247 residents had a clinical psychologists consultation, leading to 5,807 consultations.
- Aged 80 years and over; above the national rate (2.6 vs 1.5 per 100 people)
 - 186 residents had a clinical psychologists consultation, leading to 690 consultations.

Figure 2. Clinical Psychologists services per 100 people, national and Gold Coast, 2015-16 to 2020-2021



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

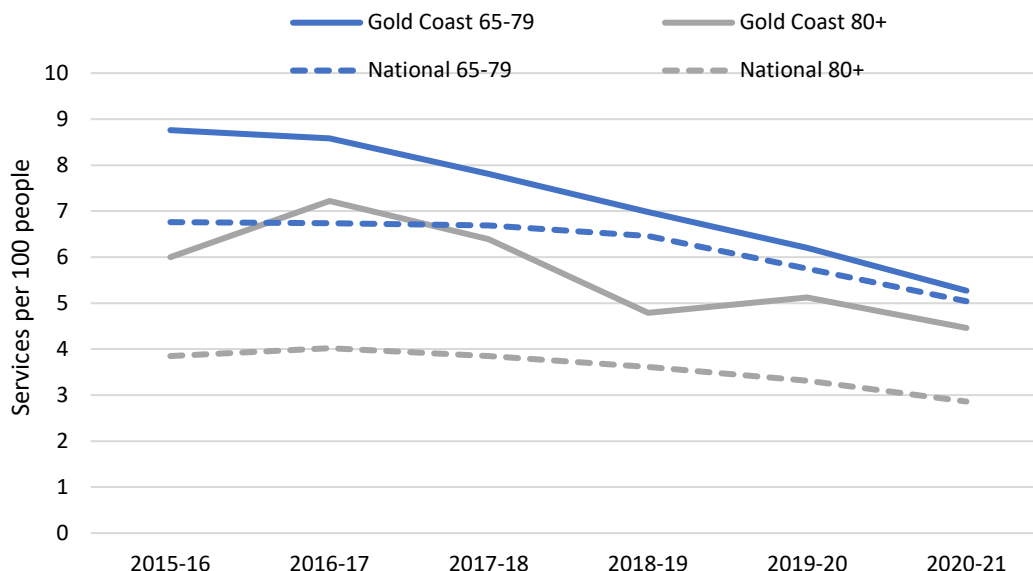
Psychiatrists are doctors who have undergone further training to specialise in the assessment, diagnosis, and treatment of mental health conditions. Psychiatrists can make medical and psychiatric assessments, conduct medical test, provide therapy, and prescribe medication.

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.

The Gold Coasts rate for psychiatrist services per 100 people in 2020-21 were:

- Aged 65-79; above the national rate (5.3 vs 5.0 per 100 people)
 - 1,233 residents had a psychiatry consultation leading to 4,410 consultations.
- Aged 80 years and over: above the national rate (4.5 vs 2.9 per 100 people)
 - 467 residents had a psychiatry consultation leading to 1,201 consultations.

Figure 3. Psychiatrist 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

Gold Coast General Practices data

Prevalence

Analysing data extracted from Gold Coast PHN’s PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region³. As of March 2022, of the 119,766 active patients (three visits in the past two years) aged 65 and over, 18.5% (n=22,152) had a coded mental health diagnosis. Table 2 highlights active population with coded mental health diagnoses. Please note an individual may have a coded diagnoses of anxiety and depression.

Table 2. Active population aged 65 and over with a coded mental health diagnosis, Gold Coast, March 2022

	Number	Rate
Active patents 65 year and over	119,766	
Patients aged 65 and over with a coded mental health diagnosis	22,152	18.5%
Patients aged 65 and over with anxiety	13,572	11.3%
Patients aged 65 and over with depression	14,478	12.1%
Patients aged 65 and over with schizophrenia	361	0.3%
Patients aged 65 and over with bipolar	610	0.5%
Patients aged 65 and over with dementia	3,446	2.9%

Source: Gold Coast Primary Health Network PATCAT tool Includes active patients with a coded diagnosis of at least one, anxiety, depression, schizophrenia or bipolar. All results indicate no date ranges was applied

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 and management

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% prescribed by psychiatrist and 4.5% prescribed by non-psychiatrist specialist in 2018-19. Of the 39 million mental health-related prescriptions, 70.9% were for antidepressants⁶.

Data from Primary Sense which 159 general practices in the GCPHN region submits to show that in November 2022, of the 41,436 active patients (three visits in the past two years) aged 65 and over with a coded mental health diagnosis, 13% (n=5,337) had claimed a mental health treatment plan in the last 12 months.

Table 3 highlights active population with coded mental health diagnoses and, mental health treatment plans and BMI record for those with a coded mental health diagnosis.

Table 3. Active population aged 65 and over with a coded mental health diagnoses management, March 2022

Description	Count	Rate
Active patients aged 65+	147,468	
Patients aged 65+ with a mental health diagnosis	41,436	28%
Patients aged 65+ with anxiety	14,986	36%
Patients aged 65+ with depression	21,020	51%
Patients aged 65+ with schizophrenia	593	1%
Patients aged 65+ with bipolar	784	2%
Patients aged 65+ with dementia	4,053	10%
Patients 65+ with coded MHD billed a MHTP	5,337	13%
Patients 65+ with mental health diagnosis with BMI recorded	13,433	32%
BMI recorded as underweight	293	2%
BMI recorded as healthy	3,735	28%
BMI recorded as overweight	5,020	37%
BMI recorded as obese	3,904	29%
BMI recorded as morbid	481	4%

Source, Primary sense

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

Mental health services in Residential Aged Care Facilities

There is evidence that RACF residents have very high rates of mental illness. It is estimated that approximately 39% of all permanent aged care residents are living with mild to moderate depression⁷.

One of the biggest issues facing residents is difficulty adjusting to the changes that a move into aged care can bring. Many people experience a great sense of loss because of this. If untreated, this can lead to more serious mental health issues, so we like to connect with residents right from the beginning.

GCPHN has commissioned a service to provide the psychological services in RACFs, which is now currently available in 43 aged care facilities. The service objective is to build capacity of RACF and their staff through education, training, and liaison to enable:

- Early identification, response, and referral
- Support to attend therapy, undertake self-help and follow interventions
- Provide an environment and lifestyle options to support mental wellbeing
-

From July 2020 to March 2021 there was slightly over 400 unique residents who had been referred or accessing psychological services on the Gold Coast leading to over 1,500 service contacts.

There has been an increase in referrals for social isolation and loneliness to the psychological services program in RACFs in 2020-21. There have been recent cases where residents have been referred for hopelessness and depression. Upon investigation causes for hopelessness by the psychologists found they are related mainly to:

- enduring power of attorney issues
- public guardians being unresponsive
- family members misappropriating finances
- slow response from advocacy groups
- access to social workers, ADA and other advocacy groups can take time. This places practitioners in a difficult position

For this initiative, the definition of mental illness is consistent with that applied to MBS Better Access items. This means that dementia and delirium are not regarded as mental illness. This is because these conditions require medical and/or other specialised support which is not within scope of this initiative. People with dementia are not excluded from treatment if they also have a comorbid mental illness such as anxiety or depression. Delirium may present with symptoms similar to those associated with a mental illness although it will not respond to psychological therapies and requires urgent medical assessment.

Care needs of older people with mental disorders

The mental health of older people may be affected by losing the ability to live independently due to frailty, reduced mobility and/or disability, or pre-existing or recent onset of a chronic physical condition⁸.

Individuals who are physically independent but isolated by the loss of a partner or relocation, may need housing in a community where they can develop new relationships and be close to social support facilities. Those with physical disabilities may need greater access to medical facilities, and assistance with daily

⁷ Australian Institute of Health and Welfare 2015. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW

⁸ Rickwood D 2005. Pathways of recovery: preventing further episodes of mental illness. Canberra: National Mental Health Promotion and Prevention Working Party.

activities like shopping or other domestic household tasks. Those who are very ill and/or frail may need a much higher level of support, including 24-hour care.

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 lonely⁹.

- social isolation: state of having minimal contact with others
- loneliness: subjective state of negative feeling about having a lower level of social contact than desired¹⁰

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

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

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

Loneliness and social isolation have been linked to mental illness, emotional distress, suicide, and development of dementia¹⁴. Part of the challenge in reporting on social isolation and loneliness comes from no universally agreed upon definitions. Figure 4 shows how social isolation and loneliness vary across age groups.

⁹ 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.

¹⁰ 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.

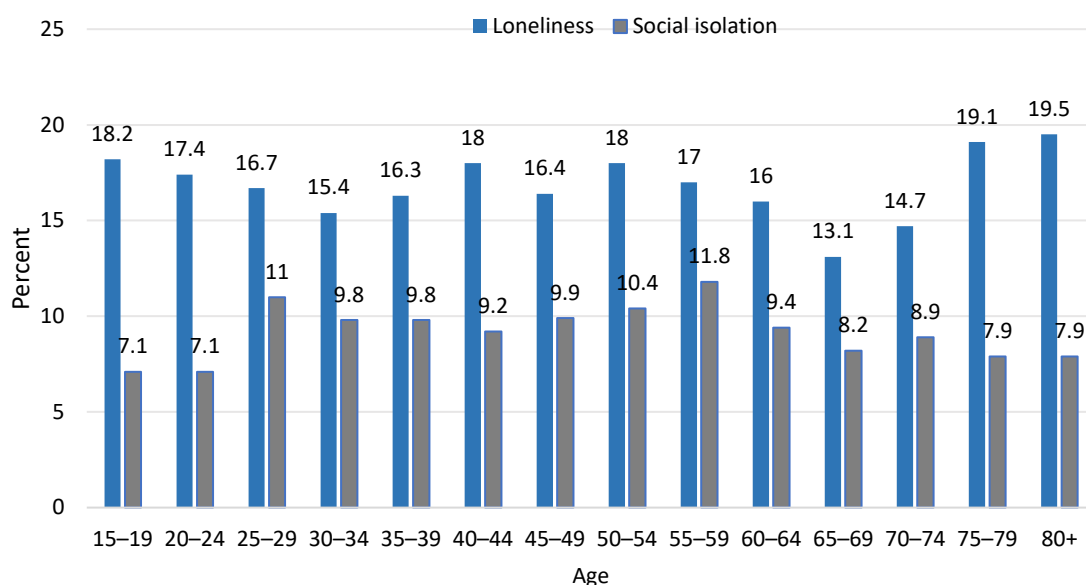
¹¹ Baker D 2012. All the lonely people: loneliness in Australia, 2001–2009. Canberra: The Australia Institute.

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

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

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

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.

Neuropsychological assessment

Neuropsychological assessment is a performance-based method to assess cognitive functioning. This method is used to examine the cognitive consequences of brain damage, brain disease, and severe mental illness. Some clients in Residential Aged Care Facilities require these assessments to determine capacity and develop management plans for Residential Aged Care Facility staff. If these assessments are not completed there is a risk of the client may need to be hospitalised for ongoing treatment and support.

Elder abuse

Elder abuse takes a myriad of forms, including psychological abuse, financial abuse, physical abuse, and sexual abuse, and often a combination of these. Like family violence, elder abuse is about one person having power and control over another person.

The percentage of people aged 65 and over on the Gold Coast (17.0%) or 110,532 people in 2020 was slightly above the Queensland rate (16.1%). Australia has an ageing population rate of people aged 65 and over is expected to rise to 19.6% of the population by 2055¹⁵.

In Australia, the available evidence suggest that prevalence varies across abuse types, with psychological and financial abuse being the most common. A population-based study to identify the prevalence of elder abuse (women only) is the Australian Longitudinal Study of Women’s Health 2014¹⁶.

This study is based on a random sample of women with the oldest cohort (n = 5,561) being born between 1921 and 1926. When this cohort was surveyed in 2011 (at age 85-90), the findings suggested that 8% had experienced being exposed to abuse, with name calling and put-downs being the most common forms. A similar level of prevalence was evident for this cohort in a preceding wave, conducted in 2008 (age 82-87),

¹⁵ Source: ABS 3235.0, Population by Age and Sex, Regions of Australia

¹⁶ Australian Longitudinal Study on Women’s Health. (2014). 1921-26 cohort: Summary 1996-2013. Callaghan, NSW & Herston, Qld: University of Newcastle and the University of Queensland.

and slightly lower prevalence levels were found at younger ages (70-81 years). Measures the researchers used to assess neglect indicate a relatively stable prevalence rate of about 20% across waves, from ages 70-75 and 85-90 years.

In Queensland, calls to the Elder Abuse Prevention Unit (EAPU) have increased over the past years that it has been operating from just over 200 in 2000-01 to nearly 1,300 in 2014-15¹⁷. The calls were mostly in relation to female victims (68% female, 31% male and 1% unknown). Perpetrators were male in 50% of calls and female in 45% (unknown 5%). Children were the largest groups of perpetrators reported (31% sons, 29% daughters). Otherwise, 10% were “other relatives”.

In 2014-15, the most reported type of abuse to the EAPU helpline was financial abuse, accounting for 40% of reports, compared to 35% for psychological abuse which was the most common type in 2012-13.

It has been highlighted the importance of allowing a person (the patient) privacy to talk about their safety and not always assuming that the carer is the safe person of the relationship (carer can be partner or paid carer).

Underserviced Groups

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

These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the barriers they may face. Some of the key factors that can impact people’s ability to access and successfully engage in services include language, age, gender identity, geographic location, income, ethnicity, education, residential status, sexual orientation, health, and religion. As a result, careful consideration of services to best meet their needs are required.

A current barrier for underserviced population groups accessing the Medicare Benefits Schedule Better Access initiative is the out-of-pocket cost for the patient. Australian Bureau of Statistics survey identified that high out-of-pocket cost prevent people with long-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers¹⁸. An increasing number of people delay visits to GPs and psychologists because of cost consideration¹⁹.

In 2016-17, 43.1% of Gold Coast residents out an out-of-pocket cost for a non-hospital Medicare service. For these patients with a cost, the median amount spent in the year was \$145 per patient. This means that half of patients with cost spent more than \$145, and half spent less²⁰.

In 2018-19, was the 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 claimed²¹.

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

¹⁷ Spike, C. (2015). The EAPU helpline: Results of an investigation of five years of call data. Report for the International Association of Gerontology and Geriatrics Asia & Oceania Regional Congress 2015. Chermside Central, Qld: Elder Abuse Prevention Unit, UnitingCare Community.

¹⁸ Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020

¹⁹ Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics

²⁰ Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016-17

²¹ Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018-19

- Aboriginal and Torres Strait Islanders
- Culturally and Linguistically Diverse
- LGBTIQAP
- perinatal – have had a baby in the last 12 months
- children up to 12 years old
- children in out of home care (up to 12 years old)
- experiencing or at risk of homelessness
- people who have attempted, or are at risk of suicide or self-harm
- veterans
- youth justice
- older adults (aged 65 and over)
- children with autism
- children in care
- people with a dual diagnosis
- 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 to work more closely and collaboratively with psychiatrist, clinical psychologists, registered psychologists, occupational therapists, and appropriately trained social workers to support patients.

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

- During this time, Gold Coast population increased by 10.3% (575,629 in 2015 to 635,191 in 2020)²².
- Number of medical practitioners (working in all settings) employed on the Gold Coast working as a medical practitioner increased by 23.3% (2,070 in 2015 to 2,552 in 2020).
- Number on clinical psychologists (working in all settings) employed on the Gold Coast working as a clinical psychologist increased by 23.2% (514 in 2015 to 633 in 2020)²³.

Table 4. Medicare-subsidised mental health 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.

²² Queensland Government Population Projections, 2018 edition (medium series)

²³ Sources: Department of Health 2020; ABS 2018

The number of GP Medicare-subsidised mental health-specific services (Mental Health Treatment items, review of a GP Mental Health Treatment Plan, and GP Mental Health Treatment Consultation) have increased 31.1% 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 GP Medicare-subsidised mental health-specific services with 28,221 in 2019-20.

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

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

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

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

Table 6. 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.

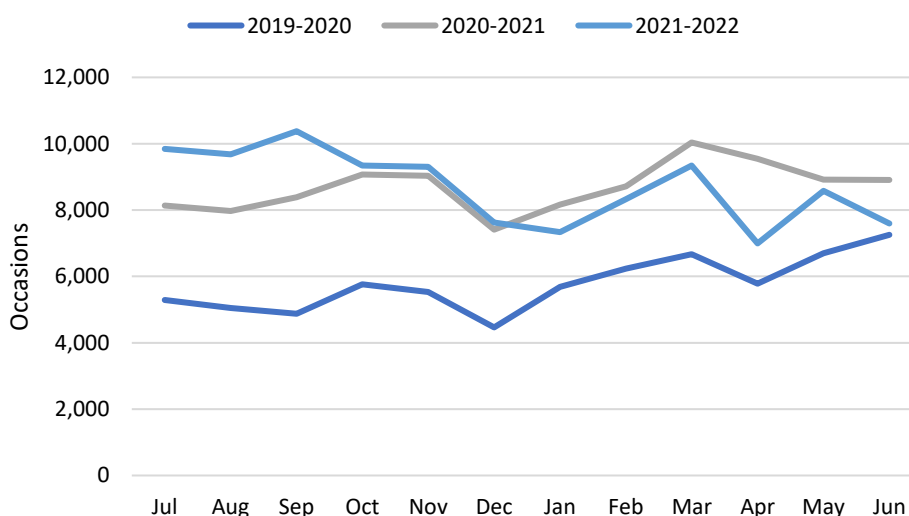
- An inconsistent approach to assessment (e.g various tools) leads to inconsistent assigned levels of care, resulting in discrepancies in the type of care provided across providers and regions, for similar clinical presentations.
 - Referrals to services are often inappropriate, resulting in people being 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, which flow onto community mental health services, 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 consultations for anxiety/depression, Gold Coast, 2019-20 to 2021-22



Source: Primary Sense. Data from 159 general practices.

Service system

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services in Residential Aged Care Facilities (RACFs)	1	Change Future's attend in person at each RACF	<ul style="list-style-type: none"> The Psychological Services in RACF program offers structured psychological therapies that support people with mental health needs living in residential aged care.
Psychological Services Program (PSP)	18	Organisations are available across the 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 delivered by a range of providers.
Plus Social service funded by GCPHN	1 which offers psychosocial support, after hour's safe space, as well as clinical care coordination.	Mermaid Beach	<ul style="list-style-type: none"> Plus Social is a comprehensive clinical support service for people who experience the impact of severe mental illness. The program supports individuals who are finding it difficult to maintain their regular day to day activities using clinical care coordination. The program includes structured, recovery and goal-oriented services focused on creating significant improvements in quality of life, health, and wellbeing.
Aboriginal and Torres Strait Islander: Kalwun Social Health Clinical Care Coordination	3	Miami, Bilinga, Coomera	<ul style="list-style-type: none"> Identify as an Aboriginal and/or Torres Strait Islander person. Parent/carer/partner of an Aboriginal and/or Torres Strait Islander person. This low to high intensity service offers

			comprehensive support for Aboriginal and Torres Strait Islander people who are struggling with their mental health or for those with alcohol and other drug needs.
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	
NewAccess (Beyond Blue)	Online	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, with the majority located 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 generally distributed across the Gold Coast, with the majority located 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

- Mental health and aged care related issues (e.g., dementia) are often treated in isolation of each other or as separate disciplines.
- Limited access to assessment and treatment by public sector geriatricians to patients in the community.
- Gaps in clinical resources, knowledge and supports in the community result in people referring to Older Person's Mental Health unit (tertiary service) as a default option or last resort.
- Isolation and loneliness can have a significant impact on people's mental and physical health. The growing and changing population on of the Gold Coast has resulted in loss of connection and sense of community that can be natural or informal support systems. The Gold Coast has more older adults living alone than in other South East Queensland regions. This combined with high levels of older people moving to the Gold Coast in their later years, who may lack informal care and support networks, raises concerns of social isolation on among older people and potentially limited ability to access services without support.
- Proactive engagement can prevent further social isolation and loneliness, however activities in the community that support inclusion/connection on may not be targeted or inclusive of older people and their needs.

Service provider consultation

- Needs to be a greater focus on early intervention, care coordination and helping isolated older people.
- We have seen evidence of older people being very confused about what services they can access and how to access them which results in a delay or complete barrier to care.
- High rate (40%) of referrals received in the first three months have needed assistance with coordination of medical appointments.
- People have needed assistance with both their Physical and Mental health, understanding their medications and help accessing broader services such as financial services, housing, and Centrelink.
- The sector seems fragmented, resulting in confusion for older people trying to access services and this leads to a decline in their overall physical and mental wellbeing.
- Through the COVID recovery service our data indicates that a high percentage of Older People living in the Gold Coast are feeling lonely or socially isolated.
- Clients not knowing how to navigate the My Aged Care System and access services that they are eligible for (for example, some clients have been approved for home maintenance support to get help with their lawns, however they don't know what to do next or who to get the support from).
- Many clients need more in-home care services than what they are receiving but are assessed incorrectly.

- Long wait-times for My Aged Care assessments leaving vulnerable people without the support they need.
- 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 Clinical Council (May 2021):

- 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.
- People with intellectual disability, autism and acquired brain Injury are often not able to get psychological support
 - Some private psychologists do not feel confident or have skills to provide support to these people.
 - These people fall through the gaps as they are not able to access disability services for mental health support, but mental health services won't provide services.

Primary and Community Care Community Advisory Group

Primary needs/gaps identified:

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

COVID-19 Impacts

The Wesley Mission Queensland COVID-19 Recovery Service was established to provide responsive wellbeing support for people aged 16 years and over living in the 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 barriers 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.



Australian Government



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“Building one world class health system for the Gold Coast.”

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Gold Coast Primary Health Network (GCPHN) gratefully acknowledges the financial and other support from the Australian Government Department of Health.



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

