Gold Coast Primary Health Network
Needs Assessment 2022

Underserviced population groups

phn GOLD COAST

An Australian Government Initiative

Mental health – underserviced population groups

Local health needs and service issues

Access and awareness of appropriate services is limited for underserviced groups, for psychosocial and psychological concerns. This includes primary health care and mental health services for people within the mild to moderate range. While there is limited data specifically on underserviced groups/individuals for mental health services, data, research and consultation with service users, service providers and community members identified a broad range of groups that were potentially underserviced:

- People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+),
- People who are currently homeless or are at risk of homelessness,
- Children (aged 0-12) who have, or are at risk of developing a mental, childhood behavioral or emotional disorder (including children in care),
- People in situational distress (including people who self-harm and those who do not have a current mental health diagnosis and maybe at increased risk of suicide),
- People who self-harm or who are at increased risk of suicide,
- Aboriginal and Torres Strait Islander people, and
- Culturally and Linguistically Diverse people (CALD).

In 2022, GCPHN undertook co-design process to support underserviced populations and the following sub-groups were particularly prioritised:

- Indigenous children in care (0 – 19 years) with a mental illness,
- Youth (12 – 24 years) and adults within the LGBTIQAP+ community with a mental illness and who require culturally specific support,
- Adults (16+ years) with a mental illness and who present with other situational factors such as: homelessness or at risk of homelessness, domestic violence issues, current legal issues, financial hardship.

Key findings

- Many underserviced groups are not comfortable accessing mainstream services. The competence of staff affects access to services for underserviced groups.
- Access and awareness of appropriate services is limited for underserviced groups, for psychosocial and psychological concerns. This includes primary health care and mental health services for people within the mild to moderate range.
- Evolving service system results in GPs being unclear about available services and the pathways to access these services.
- There is low uptake of free translation services by Gold Coast general practitioners, specialists, pharmacy, and nurse practitioners. A broad range of languages are spoken in the Gold Coast Primary Health Network (GCPHN) region, including growing numbers from countries where trauma and torture issues can impact an individual's ability to access appropriate services.

- Use of interpreter services can be difficult, particularly telephone-based services, as interpreters may have limited understanding of mental health issues and cultural sensitivity coupled with the limited capacity of existing CALD services to support mental health clients.
- Stigma, privacy concerns and cultural issues present barriers to people accessing services.
- Flexibility of service provision, such as outreach, is necessary to engage homeless people and those at risk of becoming homeless. There is a high number of homeless people in Southport, Surfers Paradise and Coolangatta, and a high number of socio-economically disadvantaged people in Southport and Gold Coast North.
- Training and education are required for services to ensure safe and appropriate service provision for LGBTIQAP+ people. LGBTIQAP+ organisations are time limited and must facilitate communication with broader health services.
- Children aged 0 to 12, particularly children in care, have high needs (see Mental Health – Children and Young People Needs Assessment Summary).
- Perinatal depression a considerable proportion of women, but they may not seek services due to stigma. Use of GCPHN funded services is low.

Prevalence and utilisation of health services

Overall, the Gold Coast has good service coverage and relatively unimpeded access to health services. However, there are people in the community who are vulnerable and/or experience circumstances that can prevent those accessing services without additional support.

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.

The Psychological Services Program provides short term psychological interventions for financially disadvantage people with non-crisis, non-chronic, moderate mental health conditions or for people who have attempted, or at risk of suicide or self-harm. This program particularly targets several priority groups including children. From the 1st of July 2021 to 30th June 2022, PSP had:

- 1,056 referrals, and
- 6,999 sessions delivered.

Table 1. Psychological Services Program referrals and sessions, GCPHN, 1st July 2021 to 30th June 2022

	Number of referrals	% of all referrals	Sessions	Sessions as % of referrals
Adult Suicide Prevention	1,056	65%	4,909	70%
Children	235	15%	849	12%
Aboriginal and Torres Strait Islander	111	7%	383	5%
Homeless	55	3%	197	3%
CALD	47	3%	248	4%
Perinatal	68	4%	215	3%
LGBTIQAP+	48	3%	197	3%
General (COVID19 Response)	0	0	1	0
TOTAL	1,620		6,999	

Source: PIR-FIXUS

Suicide prevention is by far the most common cause for referral to PSP program.

The Royal Commission into Victoria's Mental Health System interim report found that a disproportionate number of people with mental health issues have a low income. The commission findings revealed that this, combined with the high cost of mental health services, represents a major barrier to people accessing the care they require.

Availability of psychology appointments and out-of-pocket cost are the two key issues that may impact a person with a mental healthcare plan (MHCP) engaging in clinical services. There is no requirement to bulk bill sessions under a MHCP and when a gap fee is charged patients may be unable to afford to access the service. Currently there are higher than average wait times for MBS supported services due to an increase in referral numbers.

Further distress can be felt by the individual when they are not unwell enough for hospital services yet cannot afford to pay the out-of-pocket cost for mental healthcare through Medicare-subsidised psychological sessions. They may access free telephone counselling (Beyond Blue, Kids Help Line) and/or digital e-mental health services to manage their mental health but the level of care they receive may not match the care they require.

People who are at risk of homelessness

Quantifying the prevalence of mental illness among homeless populations is difficult, and estimates have varied considerably. A 2020 Australian Institute of Health and Welfare report on mental health services in Australia identified the prevalence of mental health issues among homelessness people accessing specialist homelessness services which assistance is provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness.

This report identified 88,338 (about 1 in 3) of the 241,966 specialist homelessness services clients aged 10 years and over in 2017-18 had a current mental health issue. The national rate of specialist homelessness with a current mental health issue has increased each year from 2012-12 to 2019-20[1]. In total, 28,000 (about 1 in 10) of specialist homelessness services clients aged 10 years and over reported problematic alcohol and/or drug use.

The Journeys Home project (a longitudinal survey of Australians) found that of those people who had experienced housing instability or homelessness, risky use of substances was also reported (57%), illicit drug use (39%) and the injection of drugs (14%) in the previous 6 to 12 months[2] .

A 2016 study by Australian Institute of Health and Welfare highlights the complexity of people in this group finding that over the 3-year period 2011-2013, more than 1 in every 5 alcohol and drug treatment clients also accessed homelessness assistance, while about 1 in 12 of all homelessness clients received alcohol and drug treatment[3]. The report's analysis further reveals that over three-quarters (77%) of the study population, in addition to their housing and drug and alcohol issues, experienced an additional vulnerability, including mental health problems or domestic and family violence issues.

In 2016, there were 1,723 homeless people on the Gold Coast, a rate of 29.4 per 10,000[4]. This was lower than the Queensland rate of 45.6 per 10,000. However, within the Gold Coast, Southport exceeded the state rate of homelessness with 71.5 persons per 10,000. Two other GCPHN regions had rates above that of the broader Gold Coast were Surfers Paradise (41.9 per 10,000) and Coolangatta (35.8 per 10,000). Service providers report that this is likely to be an under-representation of the true numbers.

The 2014 Home for Good study found that of the 382 homeless Gold Coasters that participated, 53% reported experiencing physical, emotional, or sexual abuse and trauma that they had not sought help for, or that had caused their homelessness[5] .

Socio-Economic Indexes for Areas (SEIFA) is a summary measure of the social and economic conditions of geographic areas across Australia. SEIFA comprises several indexes, generated by the ABS from the Census of Population and Housing. People in the most disadvantaged quintiles are at greater risk of homelessness.

[1] Australian Institute of Health and Welfare, Mental Health Services in Australia

[2] Scutella R, Chigavazra, A Killackey E, Herault N, Johnson G, Moschion J et al. 2014. Journeys home research report no. 4. Melbourne: University of Melbourne.

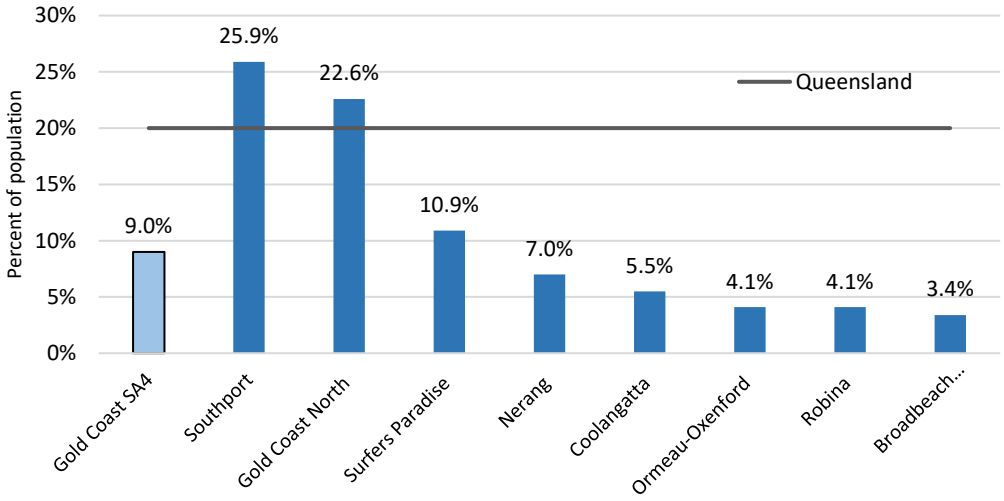
[3] Australian Institute of Health and Welfare. 2016. Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014. Cat. no. CSI 23. Canberra: AIHW

[4] ABS. 2011. Census. Gold Coast (SA4). Quick Stats.

[5] Queensland Council of Social Services. 2014. Home for Good. Gold Coast Registry Week Report.

Overall, the Gold Coast had 9.0% of people in the most disadvantaged quintile. Southport (25.9%) and Gold Coast North (22.6%) exceeded both the broader Gold Coast and Queensland figures, as shown in Figure 1.

Figure 1. Percentage of population by SEIFA quintile 1 (most disadvantaged), Gold Coast SA3 regions, 2016



Source: ABS 2033.0.55.001, Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia - Data only, 2016, (Queensland Treasury derived) Please note, Gold Coast Hinterland and Mudgeeraba-Tallebudgera were not included in this figure as their rate was not included in the source.

Specialist Homelessness Services

The Specialist Homelessness Services Collection (SHSC) collects information about people who are referred to, or seek assistance from, specialist homelessness services (SHS) agencies. Data shown below is extract from Queensland December 2021. Of the 13,367 clients who received homelessness services, 59% were females while 41% were males. Age groups did vary of people using Specialist Homelessness Services in December 2021 as can be seen below in Table 2.

Table 2. Specialist Homelessness Services, by age group and sex, Queensland, December 2021

Age	Females	Males	Total
0–4 years	8%	13%	10%
5–9 years	7%	13%	10%
10–14 years	7%	10%	8%
15–17 years	6%	6%	6%
18–19 years	5%	4%	4%
20–24 years	12%	8%	10%
25–29 years	10%	5%	8%
30–34 years	10%	6%	8%
35–39 years	10%	7%	9%
40–44 years	8%	7%	8%
45–49 years	6%	7%	7%
50–54 years	4%	6%	5%
55–59 years	3%	4%	3%
60–64 years	2%	2%	2%
65+ years	2%	3%	2%

Source: Australian Institute of Health and Welfare, Specialist Homelessness Services Collection, December 2021.

In December 2021, Specialist Homelessness Services Collection had a total of 13,367 Queensland-based clients. Of those, 37% identified as Aboriginal and/or Torres Strait Islanders, and 27% have experienced family and domestic violence. Table 3 shows Queensland clients disaggregated by sex.

Table 3. Specialist Homelessness Services, Queensland, December 2021

Sex	Client Group	Number	% of all presentations
Female	Indigenous Clients	2,996	22%
Female	Clients who have experienced family and domestic violence	2,701	20%
Female	Clients with a current mental health issue	2,082	16%
Female	Clients with problematic drug or alcohol issues	403	3%
Female	Clients who are homeless	3,986	30%
Female	Clients who are at risk of homelessness	3,758	28%
Male	Indigenous Clients	1,956	15%
Male	Clients who have experienced family and domestic violence	962	7%
Male	Clients with a current mental health issue	1,162	9%
Male	Clients with problematic drug or alcohol issues	401	3%
Male	Clients who are homeless	3,091	23%
Male	Clients who are at risk of homelessness	2,280	17%
Total	Indigenous Clients	4,952	37%
Total	Clients who have experienced family and domestic violence	3,663	27%
Total	Clients with a current mental health issue	3,244	24%
Total	Clients with problematic drug or alcohol issues	804	6%
Total	Clients who are homeless	7,077	53%
Total	Clients who are at risk of homelessness	6,038	45%

Source: Australian Institute of Health and Welfare, Specialist Homelessness Services Collection, December 2021

Of the 13,367 clients, 60% identified that accommodation was the reason they were seeking assistance from the Specialist Homelessness Services. Among health issues for seeking services from QLD clients:

- 21% (n=2,762) stated health
- 14% (n=1,849) stated mental health issues
- 9% (n=1,204) stated medical issues
- 3% (n=454) stated problematic drug or substance use
- 2% (n=275) problematic alcohol use

People from culturally and linguistically diverse (CALD) backgrounds

The prevalence of mental health and wellbeing issues among people born in Australia is higher (19.5% for males and 24% for females) than in people born overseas (17.7% for males and 19.9% for females)[6]. While the reasons are not clear it may relate to the fact that people who successfully migrate to Australia are

[6] ABS. 2007. National Survey of Mental Health and Wellbeing: Summary of Results 2007

required to complete rigorous health checks and testing which means they are more likely to be physically healthier than the remainder of the population. This may also be true for mental health issues.

For immigrants from some countries, especially refugees, migration can be a source of trauma and refugees have been found to have high rates of mental health issues[7]. Rates of post-traumatic stress disorder, depression and anxiety were 3-4 times higher among Tamil asylum seekers than other immigrants[8] . Iraqi and sub-Saharan African refugees in Australia were found to have lower levels of mental health literacy compared with the general Australian population, indicating that targeted mental health promotion would benefit these refugee populations.

Gold Coast is an identified area of settlement by the Department of Home Affairs for humanitarian entrants and it has migrants and international students residing in the area who may require additional support. Additional support is required to address the language and cultural barriers experienced by these population to enable greater participation in patient centered care.

Migrants often have disadvantages on several social and cultural determinants of health and mental health. Including language barriers, lower socio-economic status, lower education and lower levels of mental health literacy which are factors that relate to an increased risk of mental illness.

Australia's Refugee and Humanitarian Program helps people in humanitarian need who are:

- Outside Australia (offshore) and need to resettle to Australia when they do not have any other durable solution available.
- Already in Australia (onshore) and who want to seek protection after arriving in Australia.

From 2000 to August 2016, Australia has allocated 199,009 applications to the refugee and humanitarian program of which 0.5% were located to Gold Coast[9].

Most permanent residents entering Gold Coast under the offshore humanitarian program are residing in Gold Coast-North and Southport (see Table 4), which are the two lowest socioeconomic status regions on the Gold Coast. It is well established that low socioeconomic households have higher number of people with mental and behavioural problems, higher rates of overnight hospitalisations for mental healthcare and intentional self-harm hospitalisations [10,11].

Only a small proportion of refugees are settled within the GCPHN region. In terms of overall migration (inclusive of humanitarian, family and skilled migration) – Gold Coast is the second largest local government area in Queensland where migrants are settling[12].

[7] Shawyer F, Enticott JC, Block AA, Cheng I-H & Meadows GN. The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. BMC Psychiatry 17:76

[8] Minas H, Kakuma R, Too LS, Vayani H, Orapeleng S, Prasad-Ildes R, Turner G, Procter N & Oehm D 2013. Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. International Journal of Mental Health Systems 20137:23.

[9] Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016

[10] PHIDU, Social Health Atlas, http://phidu.torrens.edu.au/social-health-atlases/data

[11] AIHW (2019-2020), National Hospital Morbidity Database Intentional Self-harm hospitalisations

[12] ABS, Census of Population and Housing, 2016, General Community Profile - G41

Table 4. Permanent migrants entering Gold Coast under the Offshore Humanitarian Program, August 2016

	Number	Percent
Gold Coast (SA4)	993	
Broadbeach-Burleigh	6	0.6%
Coolangatta	0	0.0%
Gold Coast-North	414	41.7%
Gold Coast Hinterland	5	0.5%
Mudgeeraba-Tallebudgera	0	0.0%
Nerang	44	4.4%
Ormeau-Oxenford	114	11.5%
Robina	46	4.6%
Southport	301	30.3%
Surfers Paradise	63	6.3%

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016

In 2016, 28% of the Gold Coast population were born overseas, with 12% of those migrating from a non-English speaking country. On the Gold Coast, 12% speak a language at home other than English. Within the Gold Coast, Southport, Surfers Paradise, Gold Coast north, and Robina have the greatest number of people who do not speak English well or at all. The most common non-English languages spoken at home for the Gold Coast were Chinese (2.3%), Japanese (1%) and Indo Aryan languages (0.9%).

Language barriers may hinder an individual's access to health services. It can also have an impact on employment, which has broader socioeconomic implications. Gold Coast Health data indicates an increase in the number of requests for interpreter services across the health service from 2016 to 2017 with interpreter bookings for mental health almost doubling[13].

Working with a qualified interpreter is essential to ensure all patients can access healthcare regardless of their English language skills. Engaging an interpreter helps the health professional to communicate effectively with the non-English speaking patient, protect from professional risk and is consistent with best practice ethical and professional standards.

Analysing data from Gold Coast Health from November 2020 to April 2021 on specifics around what languages / cultural groups are presenting to Gold Coast health facilities, the top ten languages requested included:

- Mandarin
- Auslan/ASL
- Korean
- Japanese
- Cantonese
- Spanish
- Vietnamese
- Thai
- Serbian
- Hindi

[13] Internal Gold Coast Health Data

The below departments at Gold Coast health facilities are using interpreters regularly:

- OPS Surgical, Anaesthetics and Procedural Services
    - general surgery
    - preadmissions/Perioperative
    - oral health
- OPS Women's, Newborn & Children's Services
    - gynaecology
    - antenatal
- OPS Diagnostic and Subspecialty Services
    - oncology
- OPS Allied Health
    - physiotherapy

Specific challenges identified to impact CALD communities on the Gold Coast include availability, access of on-site Auslan and ASL interpreters.

The Translating and Interpreting service (TIS) is an interpreting service provided by the Department of Home Affairs for people who do not speak English and for agencies and business that need to communicate with their non-English speaking clients. The interpreting service aims to provide equitable access to key services for people with limited or no English language proficiency.

Medical Practitioners (defined as general practitioners, nurse practitioners and approved medical specialist) are eligible for the free interpreting service and access to the medical practitioner line when providing services that are:

- Medicare-rebatable,
- delivered in private practice,
- provided to non-English speakers who are eligible for Medicare.

Pharmacies dispense medications that can be dangerous if taken incorrectly and information about medications can be complex. It is essential that people can communicate effectively with staff in pharmacies about the medications they are taking, how to take them correctly and any risk or side effects that may be associated. Using interpreters can also protect pharmacists from professional risk.

2019-20 data from TIS shows there was a total of 1,007 translation services completed by GPs, specialist, pharmacy, and nurse practitioners on the Gold Coast. Of those, 85% (n=858) were completed by phone while 15% (149) were completed on site.

GPs had the largest usage by phone with 86% (n=742), followed by specialists with 12% (n=104). For onsite services, specialist had the largest usage (54%, n=80), followed by general practitioners with 46 % (n=69).

Data from the 2021 census identified that there were 10,361 people living on the Gold Coast who did not speak English at home well or not at all[14]. Of the 1,007 TIS translation services that were delivered on the Gold Coast in 2019/20, 10.8% of people who did not speak English at home well or not at all received translation services offered by TIS (note, one patient may use TIS services multiple times).

[14] ABS, Census of Population and Housing, 2016, General Community Profile - G13

Particular GCPHN regions had high usage of TIS translation services including postcodes 4215 and 4207 while some regions on the Gold Coast with a high number of people who did not speak English at home well or not at all had low uptake of TIS services including postcode 4217 and 4226. Mandarin was the most common language that a service was booked for followed by Tigrinya.

LGBTIQAP+ community

Research has demonstrated that a disproportionate number LGBTIQAP+ people experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTIQAP+.

While Australian and international research provide evidence that raises significant concern about mental health outcomes and suicidal behaviours among these groups, it is vital to note that significant knowledge gaps remain. This is due to lack of inclusion of sexual orientation, gender identity and intersex status in population research and data collection by mental health and mainstream services. As data informs evidence-based policy, this exclusion has led to inaccuracy in reporting and significant underestimates that has left this group relatively invisible in mental health and suicide prevention policies, strategies and targeted programs.

Consequently, Australian evidence on the health and wellbeing of the LGBTIQAP+ population nationally relies on a growing but limited number of smaller studies that target the LGBTIQAP+ populations, or part thereof. While uniquely valuable, these can have methodological issues relating to representative data collection and limited ability to provide a comprehensive data analysis that is therefore unable to represent a holistic picture of LGBTIQAP+ people.

When considering data provided in this document it is important to note that this is not a comprehensive literature review, and we urge the reader to consider this broader context where adequately estimating the mental health outcomes and suicidal behaviours for the LGBTIQAP+ populations remain highly challenging.

According to the 2016 Census, there are approximately 47,000 same-sex couples in Australia, an increase of 42% since 2011. This may be an underrepresentation as it is known that people identifying as lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQAP+) may hide their sexuality or gender due to discrimination, harassment or hostility[15].

LGBTIQAP+ Australians are far more likely to be psychologically distressed than non-LGBTIQAP+ Australians. One study of 3,835 LGBTIQAP+ Australians found that they scored noticeably higher than the national average on the K10 scale, with a score of 19.6 versus 14.5[16]. The K10 is a widely recommended as a simple measure of psychological distress and as a measure of outcomes following treatment for common mental health disorders.

19.2% homosexual/bisexual Australians aged 16 to 85 have experienced an affective disorder in the last 12 months. This is more than triple the rate of adult heterosexual Australians (6%)[17]. Among homosexual/bisexual Australians aged 16 to 85, 31.5% have experienced an anxiety disorder in the last 12 months, which was more than double the rate of heterosexual Australians (14.1%)[17].

There is a lack of publicly available and comprehensive data examining the use of alcohol and other drugs by people identifying as LGBTIQAP+. The AIHW's National Drug Strategy Household Survey (NDSHS) is the only

[15] Australian Human Rights Commission 2014. Face the facts: lesbian, gay, bisexual, trans and intersex people. Sydney: AHRC

[16] Private Lives 2, The second national survey of the health and wellbeing of GLBT Australians 2012 p VII

[17] ABS National Survey of Mental Health and Wellbeing: Summary of Results 2007 p 32

national data source that specifically disaggregates by sexual identity and provides comprehensive estimates. However, the NDSHS does not include estimates for people identifying as transgender, intersex or queer.

Since 2010, the NDSHS has consistently shown high rates of substance use among people who identify as gay, lesbian, or bisexual relative to the heterosexual Australian population. After adjusting for differences in age, people who were homosexual or bisexual were still far more likely than others to smoke daily, consume alcohol in risky quantities, use illicit drugs and misuse pharmaceuticals[18]. Suicide and self-harm have a disproportionate impact among the LGBTIQAP+ community and are covered in further detail in the 'Suicide Prevention Summary'.

Feedback through consultation has indicated that there are many LGBTIQAP+ people on the Gold Coast living in isolation. Young gender-diverse and gender-questioning individuals have little support and it's hard for their parents and themselves to find support services of any kind.

Women experiencing perinatal depression

The perinatal period is a highly volatile time and addressing the complex needs of the mother and baby both as individuals and as a dyad is essential to ensure the best possible outcomes. Recognising symptoms early and seeking help minimises the risk of potentially devastating outcomes for new parents and their baby:

- 1 in 5 women will experience postnatal depression[19]
- 1 in 5 women will experience postnatal anxiety[20]
- 1 in 5 women will experience both postnatal anxiety and depression[21]
- 1 in 10 fathers experience postnatal depression[22]

Most mothers suffering from perinatal depression seek treatment from their GP and support from family and friends. Perinatal depression was more commonly reported among mothers who[23]:

- were younger (aged under 25)
- were smokers
- came from lower income households
- spoke English at home
- were overweight or obese
- had an emergency caesarean section

Veterans

While information specific to the GCPHN region is not available, a population group that may be at higher risk of suicide in the GCPHN region is ex-serving men aged under 30 years. This group was identified as an underserviced group through consultation with GCPHN Clinical Council.

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[18] Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW

[19] Bryson, H., Perlen, S., Price, A., Mensah, F., Gold, L., Dakin, P., & Goldfeld, S. (2021). Patterns of maternal depression, anxiety, and stress symptoms from pregnancy to 5 years postpartum in an Australian cohort experiencing adversity. Archives of Women's Mental Health, 24(6)

[20] Leach, L. S., Poyser, C., & Fairweather-Schmidt, K. (2017). Maternal perinatal anxiety: A review of prevalence and correlates. Clinical Psychologist, 21(1), 4-19.

[21] Falah-Hassani, K., Shiri, R., & Dennis, C. L. (2017). The prevalence of antenatal and postnatal co-morbid anxiety and depression: a meta-analysis. Psychological Medicine, 47(12)

[22] Paulson JF, Bazemore SD. (2010), Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. Jama. May 19;303(19):1961-9.

[23] Australian Institute of Health and Welfare 2012, Perinatal depression: data from the 2010 Australian National Infant Feeding Survey, AIHW, Canberra

- Ex-serving males who discharged from service on medical grounds have higher rates of suicide than Australian males.
- From 2002-2019, the age-specific rate of suicide (per 100,000 population) in ex-serving men aged under 30 years was higher than an age-matched non-serving population[24].
- Ex-serving men aged under 30 had a suicide rate 2.2-times that of Australian men the same age[25].
- From 2002-2019, for reserve, and ex-serving ADF males, and males in the Australian population aged 16–29, the leading cause of death was suicide[25].

Youth justice

Young people involved in the justice system are a vulnerable group, with significant and complex health needs. Compounding this is the over-representation of other already vulnerable groups, such as Indigenous Australians, within this population[i]. This group was identified as an underserviced group through consultation with GCPHN Clinical Council.

- Mental illness often appears for the first-time during adolescence and those involved in the youth justice system are a population at increased risk for developing serious and chronic mental illness[26].
- Risk factors for the development of mental health problems among young offenders include parental incarceration or death; a history of abuse or neglect; being in out-of-home care; social isolation; and living with someone with physical National data on the health of justice-involved young people: A feasibility study 5 or mental disabilities[27].
- The rate of Youth Justice clients who have clinical mental health needs:
    - In the 2019 state-wide census for Youth Justice over 40% of youth justice clients were identified as having a diagnosed or suspected mental health disorder.
    - Anecdotally for Gold Coast Youth Justice, most of the clients have experienced significant trauma in their childhood and would benefit from mental health treatment. The poor mental health presentations are vast, including suicidal ideation/self-harm, depression, anxiety, symptoms of psychosis (auditory and visual hallucinations), problematic substance misuse, emerging personality traits, ADD, ADHD, cognitive impairments, and mood disorders (emerging bi-polar, major depressive disorder).
- What services/providers they access for mental health support:
    - Key services Youth Justice refer to include Child and Youth Mental Health Service, Forensic CYMHS, Headspace, Bond University Psychology clinic (when appropriate) and a range of private psychologists.
- Access issues they encounter:
    - Young people often have wavering motivation to participate in mental health treatment. Young people can find their case closed after one or two missed appointments and then make the decision to not attempt to attend any further appointments. Given the time for rapport to develop, a service that proactively seeks out the young people may have improved retention of clients (like the AMIYOS model).

[24] Australian Institute of Health and Welfare, Health of Veterans – web report, 2022, Supplementary data tables, Table S9, extracted from, https://www.aihw.gov.au/

[25] AIHW, National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update

[26] Casswell M, French P & Rogers A 2012. Distress, defiance or adaptation? A review paper of at-risk mental health states in young offenders. Early Intervention in Psychiatry 6(3):219–28.

[27] Kenny DT 2014. Mental health concerns and behavioural problems in young offenders in the criminal justice system. Judicial Officers' Bulletin 26(4):29–32.

- Being assessed as too acute for the services available, or the nature of their offences meaning the service assesses the young person as unsuitable for their service.
- Transport – getting to the appointments at a specific place/time can be a challenge for this disadvantaged cohort – often not having parental support, financial considerations, their age and at times rural address have significant impacts for young peoples' capacity to attend appointments (particularly, on time attendance to appointments).
- Meeting too many people – young people have given consistent feedback that they do not wish to "tell their story" To multiple people however some service models require an appointment with GP and/or an intake person prior to meeting the treating mental health practitioner – leading to disengagement.

Older adults (aged 65 years and over)

While limited data exist at a local level for the mental health of older adults, it is very likely that subgroups of older adults may be at an increased risk of poor mental health.

- While the prevalence of mental health concerns tends to decline in older age, within this age group, there are sub-groups that are at a higher risk of mental health concerns. These include adults in hospital, supported accommodation, people living with dementia, and older carers[28].
- Many people aged over 65 feel there is stigma attached to anxiety and depression viewing them as weaknesses or character flaws and not as health condition[28].
- High levels of isolation and loneliness on the Gold Coast among older people in the GCPHN region.
- Older adults in RACFs are at increased risk of loneliness and social isolation with the COVID-19 pandemic due to visitor restrictions and lack of access to appropriate technology required to keep connection[29].
- Mental health and aged care related issues (e.g., dementia) are often treated in isolation of each other or as separate disciplines.

Children with autism

Limited data exist at a local level for the mental health of children with autism, reports highlight that it is very likely that children with autism experience mental health conditions. This group was identified as an underserviced group through consultation with GCPHN Clinical Council.

- Current evidence reports that around 50–70% of people with autism also experience mental health conditions[30].
- Autistic children and teenagers can experience anxiety more intensely and more often than other children.

Children in care

Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex needs. This group was identified as an underserviced group through consultation with GCPHN Clinical Council.

[28] Beyond Blue Older People
[29] Inquiry into social isolation and loneliness in Queensland 2021
[30] Amaze, Autism and mental health

- Children in care do not have a dedicated healthcare coordinator and their health needs are not being met at the right time and with the right practitioner. This contributes to care arrangement failure, further traumatisation, service fatigue & disengagement,
- Children in care (children subject to Child Safety orders) are likely to have poorer mental health as well as physical and developmental health, than their peers, with only 3% of young people in care without health problems:
    - more than half (54%) have emotional or behavioral problems
    - 14% have abnormal growth
    - 45% aged 10-17 years have moderate or high health risks associated with substance use
    - 24% have incomplete vaccinations.
    - up to 63% have an eating disorder or obesity
    - 20% have abnormal vision screening
    - 28% have an abnormal hearing test
    - 30% have dental problems

People with a dual diagnosis

Dual diagnosis is a term used to describe when a person is experiencing both mental health problems and drug and alcohol misuse. It is also commonly referred to as co-morbidity and co-occurring mental-health and substance use. Approximately 50% of people experiencing a mental illness also have a substance use problem and vice versa[31].

Mental health problems and drug use both have a significant impact on people's lives and the lives of those around them. When they exist together, other issues may develop such as[31,32]:

- a person with a mental illness using alcohol or other drugs to help cope with the symptoms of their illness,
- difficulties with diagnosis and establishing whether the issues the person is experiencing are due mainly to the drugs, the mental illness, or a combination of both,
- difficulties engaging a person into treatment and completing the treatment,
- the relapse of one condition may increase the risk of relapse in the other condition,
- there may be a risk of one problem increasing the risk of the other, or an existing disorder becoming more problematic with the other present,
- interactions between prescribed medication and alcohol or other drugs can result in unwanted side-effects and can increase the risk of overdose,
- people with a dual diagnosis experience higher rates of homelessness and social isolation, infections and physical health problems, suicidal behaviour, violence, antisocial behaviour, and incarceration,
- people with a dual diagnosis was often discussed as an underserviced group through consultation in developing the Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services in the GCPHN region.

[31] Australian Drug Foundation (2021). What is Dual Diagnosis (internal document) Melbourne: ADF
[32] VicHealth (2017). Dual diagnosis. Melbourne: Victoria State Government

Complex families

The term 'complex needs' refers to families who experience numerous, chronic and interrelated problems[33]. Limited data exist at a local level for complex families. This group was identified as an underserviced group through consultation with GCPHN Clinical Council.

- Families with complex needs frequently experience problems that span social, economic and health domains (mental health difficulties, physical health problems, disability, substance abuse, domestic and family violence, social exclusion, poverty, unemployment, and homelessness)[34].
- Families can face many challenges in accessing services, including lack of knowledge of the services available to them, inadequate transport to attend services, feelings of intimidation due to inexperience with services, and a history of negative experiences with services[35].

People with an eating disorder

People experiencing eating disorders may experience mental health concerns more frequently (and to a greater severity).

- In 2015-16, 95% of Australian hospitalisations with a principal diagnosis of an eating disorder were for females. Females aged 15-24 made up the largest proportion of these hospitalisations (57%)[36].
- Estimated prevalence of eating disorders in the Gold Coast PHN is consistent with the national prevalence.

Men linked to family court

Separation and divorce are among life's most traumatic experiences, for adults there are increased rates of depression, substance abuse, suicidal behaviour, and anxiety.

- People accessing the Family Law Courts often experience stress, despair, anxiety, depression, and other forms of mental illness, along with anger and frustration, and frequently a sense of powerlessness.

Victims of family and/or domestic violence

Domestic and family violence is associated with a variety of poor health outcomes, both immediate and long-term. Rate of Breach of Domestic Violence Protection Orders in the Gold Coast Police District notably increased between 2015 to 2019. High rates of domestic violence (private and by police) in Southport and Surfers Paradise SA3 region which may indicate a higher prevalence of domestic and family violence in these locations.

- Breach of Domestic Violence orders number increased by 75% from 2015 (n=1,528) to 2019 (n=2,676)[37].
- In 2019, the rate for domestic violence applications made by police in Surfers Paradise above the Queensland rate (541 vs 402 per 100,000 people)[37].

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[33] Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L.,.Wegner, L. M. (2012). The lifelong effects of early childhood adversity and toxic stress. Paediatrics, 129(1), e232-e246

[34] Bromfield, L., Sutherland, K., & Parker, R. (2012). Families with multiple and complex needs: Best interests case practice model. Retrieved from Melbourne: Victorian Government Department of Human Resources in collaboration with the Australian Institute of Family Studies.

[35] McDonald, M. (2010). Are disadvantaged families "hard to reach"? Engaging disadvantaged families in child and family services (CAFCA Practice Sheet). Melbourne: Australian Institute of Family Studies

[36] Australian Institute of Health and Welfare 2018. Australia's health 2018

[37] Queensland Police Service

- Ormeau-Oxenford region had the highest number of domestic violence charges in 2019.
- GCPHN region had a higher rate of strangulations in a domestic setting than the Queensland average. Queensland rate of strangulation in a domestic setting decreased 5.7% from 2018 to 2019, while Gold Coast SA4 increased 16.9% in the same period.
- Domestic and family violence was a common priority area identified by Clinical Council, Community Advisory Council and GCPHN Board.

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. General practitioners 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 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 the same period, the Gold Coast population increased by 10.3% (575,629 in 2015 to 635,191 in 2020)[38].
- Number of medical practitioners employed on the Gold Coast increased by 23.3% (2,070 in 2015 to 2,552 in 2020).
- Number on clinical psychologists employed on the Gold Coast increased by 23.2% (514 in 2015 to 633 in 2020)[39].

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

[39] Sources: Department of Health 2020; ABS 2018

Table 5. Number of Medicare-subsidised mental health-specific services on the Gold Coast from 2015-16 to 2019-20

Provider type	2015–16	2016–17	2017–18	2018–19	2019–20	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 by 31.1% from 2015-16 to 2019-20 on the Gold Coast. Table 6 shows that Robina had the largest increase with 42.6%, while Ormeau-Oxenford had the greatest number of GP mental health-specific services with 28,221 in 2019-20.

Table 6. Number of General Practitioner Medicare-subsidised mental health health-specific services, Gold Coast SA3 regions, 2015-16 to 2019-20

	2015–16	2016–17	2017–18	2018–19	2019–20	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 7 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 7. 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 subsided individual psychological services per 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.

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.

Service system

Priority groups	Services	Number in GCPHN region	Distribution	Capacity discussion
Children (Ages 0-12) particularly children in care	See summary for 'Mental Health, Youth including children'			
People who are or are at risk of Homelessness	Gold Coast Health Community Services - Specifically, for homeless persons or those at risk.	1 (Homeless Health Outreach Team).	Outreach, whole of GCPHN region.	There is one service on the Gold Coast that specifically provides mental health and AOD support to homeless people or those at risk of homelessness. While not specifically mental health or AOD services themselves, many homeless support services refer their clients to appropriate providers due to high need among this group.
	Community NGO services, (predominantly accommodation, crisis support and case management).	9 NGO providers who provide specific homeless services or refer into mental health services.	5 in Southport, 2 in Bilinga, 1 in Robina, 1 in Miami.	
Culturally and linguistically diverse (CALD) backgrounds	GCPHN funded Psychological Services Program (PSP)	Of the 20 PSP contracted organisations, 18 are contracted to provide services to culturally and linguistically diverse backgrounds	Providers are distributed across the GCPHN region	There is one program specifically providing mild to moderate support to CALD people, however eligibility is narrow.
	Pharmacies	13 of the 148 Queensland pharmacies registered with the National Translating and Interpreting Services (TIS) are on the Gold Coast	They are clustered in the central coastal region, the most Southern in mermaid, most northern in Hope Island and most western in Carrara/ Arundel.	
	GCPHN funded Community	1 NGO	Operates in the GCPHN region	

	Pathway Connector Program			
LGBTIQAP+	Community NGO LGBTI service - support group and information service for young people Ages 12-25.	1 service for youth providing support groups and Information.	Southport	There is one service in Southport providing support for LGBTIQ youth (12-25). Information and resources on health, specifically suicide prevention.
	Online health services and information targeted at LGBTI mental Health.	4 (Qlife, LGBTIQ Alliance, Queensland AIDS Council, Minus 18).	Online Services. Public knowledge of these services would drive uptake/ Demand.	
	GCPHN funded Psychosocial Services Program (PSP) LGTIQAP+	20 contracted organisations	Providers are distributed across the GCPHN region	

Consultation

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

Service provider consultation

- 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, some 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.
- GC PHN's Clinical Council provided feedback during consultation session in May 2021 that there is significant strain on GPs in the Coomera, Ormeau and Oxenford area:
    - Number of consultations GPs are having with patients with mental health concerns has significantly increased over the past 2 years (particularly in the past 12 months).
    - GPs report that they deliver increased number of consultations due to significant lack of allied health service availability in the 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.

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.

People who are or are at risk of homelessness

Service provider consultation

- Some community-based organisations provide a soft entry point to cater for the homeless and provide an initial point of contact through which to identify and deliver healthcare.
- Homelessness is on the rise and that it becomes more problematic in winter as the weather which drew people to the Gold Coast in the first instance turns colder.
- The homeless population do not present to mainstream services yet have physical health issues that require regular primary care.
- Domestic violence is often a significant reason behind homelessness and on the Gold Coast, women are more likely to have unstable accommodation due to this problem.
- Service providers identify that it takes considerable time and consistency of staff to develop trust and relationships with this group as many are suspicious of service providers due to past negative experiences.
- Once trust has been established, engagement with services to provide mental healthcare is more likely and effective.
- Flexibility on behalf of the service provider was also identified as critical, as keeping appointment times can be challenging for people who are homeless.

Service user consultation

- Consumer journey mapping indicated that for people with mental health conditions who were homeless, often contact with a trusted staff member was the thing that put them on a trajectory to recovery in addition to finding accommodation and taking the step of seeking treatment.

- As similarly identified by the service providers, engagement of this group into services often occurred when the service provider had an informal presence where the homeless population visits, such as the food vans and emergency accommodation.

People from culturally and linguistically diverse (CALD) backgrounds

Service provider consultation

- Consultation identified many services for people of CALD backgrounds are concentrated in Brisbane and only limited ones on the Gold Coast.
- Providers indicated providing psychological services to the CALD population was identified as important along with the need to ensure appropriately trained interpreters. Engagements of CALD clients with mental health problems is better if the interpreter has a mental health background or mental health training
- There are very real gaps in equity due to limited health provider support to find resources, referral pathways, communicate effectively people with a refugee / asylum seeker background.
- Staff unaware of who to ask for help.
- Interpreter/language services are still hindering service access across the sector.
- Long wait list for gender affirming support.
- Lack of parent support groups.
- Need for more social safe spaces (across weekends).
- More consultation with community/services on the gold coast to ascertain needs.

Service user consultation

- Service users identified that the lived experience of mental health issues of the CALD worker helps relationship building.
- The Community Briefing also revealed that where cross cultural relationships exist and not well accepted, having mental health needs further disenfranchises the individual from their community and the positive effect of a family and friendship network in their recovery.
- Additionally, sections of the CALD community can be affected by myths and falsehoods linked to mental health issues, resulting in stigma
- Concern about accessing culturally sensitive interpreters and a further concern about privacy may be compromised in smaller communities.
- Manty Asylum seekers have no Medicare card or have fluid access to Medicare
- People with no Medicare access will delay access to primary care because of the cost, they then present to emergency department
- Continued presentation of situations of a more complex nature, requiring a longer and more coordinated response. Care coordination for this setting would enhance opportunity to engage in a multidisciplinary way and over a longer period of time.

LGBTIQAP+ community

- Lack of local services that specifically focus on service delivery for this group across all ages.
- Mainstream services often do not have the specific skill set, confidence or knowledge to work with this group.

- Administration / intake processes can create a barrier or cause a traumatic experience hindering access e.g., male, or female options only on forms.
- Nursing staff are often “too scared to ask the questions” limiting appropriate referral and service options for clients.
- Access to web-based support required phone, phone credit and access to data/WIFI – this can be a barrier for some people, particularly young people. All support offered via phone/internet including groups – however access to suitable devices, data etc. may be a barrier for some participants as public WIFIs at cafes are now closed due to COVID.
- There are a range of issues that contribute to the health needs of LGBTIQAP+ young people and children in the Gold Coast:
    - health education,
    - specialist medical Care (access and costs),
    - lack of referral pathways,
    - cultural competencies within health and mental health services,
    - access/location/transport options to health facilities (also the risk and safety associated with this especially for the trans community),
    - access to support services for Families of LGBTIQAP+ young people/children, and
    - increase in ASD Diagnosis for those accessing low level support services (skill level and expertise is needed in this area along with other barriers associated with things like legal name & gender changes.

Service user consultation

- Service users state from a lived experience perspective that there are limited local services that meet their needs.
- Staff including reception, intake and administration at mainstream services do not always respond appropriately leading to reluctance to engage with services.
- Staff are embarrassed and lack knowledge of how to diffuse conflict and provide a service that the LGBTIQAP+ person requires at the point of patient registration.
- A consumer journey for this group was captured from a client who had experienced the full spectrum of experiences from service providers from poor to excellent. Useful interventions were when key people such as guidance counsellors and school nurses reached out to new LGBTIQAP+ students to provide support.

Women experiencing perinatal depression

Service provider and consumer consultation

- Consultation indicates the stigma of not being a good mother and limited outreach options prevents some from accessing support.
- Barriers exist for women to access mainstream mental health services in circumstances where they are caring for other children, are isolated due to no transport (for example in Upper Coomera) or are too unwell.

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

Australian Government

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An Australian Government Initiative

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

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