

Gold Coast Mental Health Symposium 2024



Thursday 30 May 2024
Southport Sharks Club, Southport

WHAT ARE THE NEEDS IN OUR REGION?

GOLD COAST PHN & GOLD COAST HEALTH



QUEENSLAND COMMONWEALTH PARTNERSHIP



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Queensland Health & PHNs share a foundation alignment in principles, approaches, outputs and organisational considerations for conducting health and services needs assessments.

MENTAL HEALTH – KEY DATA



Proportion of GC people with a mental health concern

↑ 4 x

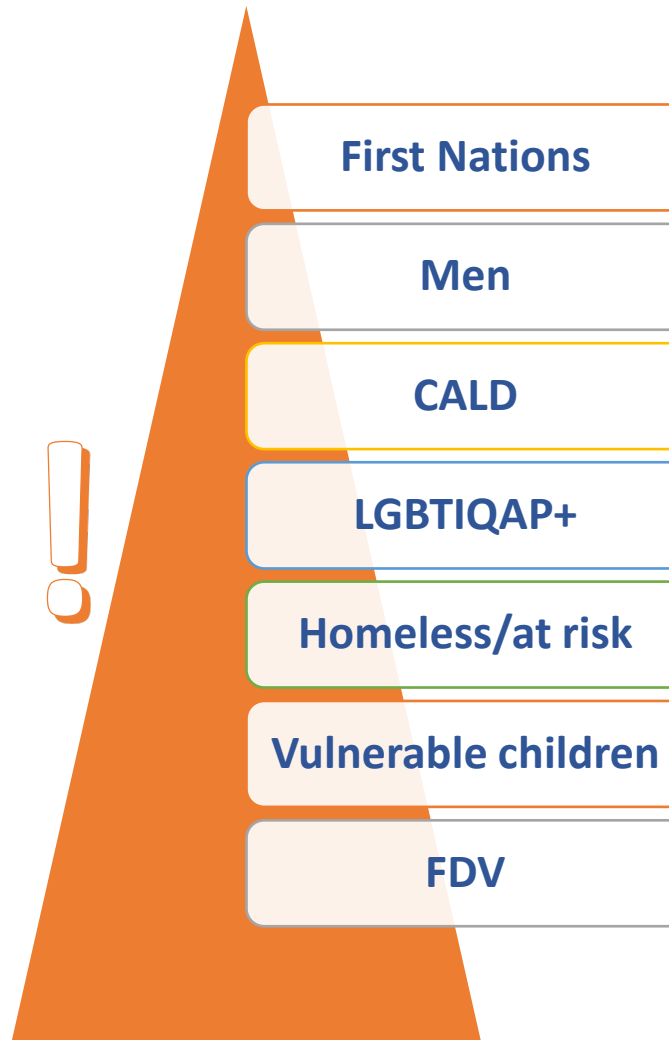
10-year rate rise

80,000

ED presentations

1 in 7

GP presentations





Increased demand for psychological therapies

Enhanced early intervention services

Sufficient, age-appropriate services for young people

Community support options to reduce hospital presentations

Improved continuity of care across providers and system

Infrastructure – community-based residential MH services

System navigation for consumers and service providers

Training & development to improve service provider capability

Menti Question:

Are there additional MENTAL HEALTH related health needs / service issues not listed?



ALCOHOL AND OTHER DRUGS - Key Data



1

>1 in 5 Gold Coast residents engage in lifetime risky alcohol consumption

2

Illicit drug use rates higher than national average

3

Alcohol, cannabis, and amphetamines are the most common drugs of concern

4

>1,000 ED alcohol-related MH/behavioural presentations annually

5

Vaping is a growing issue, particularly amongst children and young people

6

Inadequate AOD related inpatient-type capacity

Our Assessments to date have established some key Health and Service needs

High demand/limited AOD services, particularly Northern GC

Limited residential withdrawal services, particularly for adolescents

Limited service options to support older people

Limited AOD services outside of business hours

Inefficient transition between services, particularly inpatient to community

Challenges with recruiting First Nations AOD health workers.

Access to timely, accurate information to connect people to suitable AOD services

Variable GP capacity and capability

High prevalence of vaping, particularly among young people

Menti Question:

Are there additional ALCOHOL AND OTHER DRUGS related health needs / service issues not listed?



SUICIDE PREVENTION – Key Data



Gold Coast suicide rate **lower than Qld**; higher than the national rate

258 of Gold Coast residents lost their life to suicide in 2019–2021

Males account for 75.0% of deaths by suicide and self-inflicted injuries

Existing mental illness associated with risk of suicide attempts and death

1,000+ hospitalisations for intentional self-harm per year

12,918 potential years of life lost 2017–2021 from suicide

Our assessments to date have identified some key Health and Service needs

Workforce confidence and skills to support people in suicidal crisis.

Integration between sectors.

Knowledge of evidence-based treatments for people experiencing suicidal crisis

Inadequate enablement for people with a lived experience of to inform, influence and enhance local suicide prevention solutions

Confidentiality and legal concerns limiting information sharing between providers

Ongoing stigma and shame associated with seeking help for suicidality

Menti Question:

Are there additional SUICIDE PREVENTION related service needs / issues not listed?



HOMELESSNESS – Key Data

1

Significant growth in GC homelessness

**1,828 people in 2021[^] ↑ 6.6% since 2016

2

Growing demand for Specialist Homelessness Services

2,865 people in 2022-23:

39% under 18yrs; 31% with mental health concerns

3

Safe Space utilisation is high

~ 50% of contacts at After Hours MH Health Safe Spaces are at risk of/experiencing homelessness

4

People experiencing homelessness have **elevated risk of mental health issues**

5

Low rates of preventative healthcare

(health checks, vaccination, cancer screening)

6

Growing ED attendance rates

Top reasons – mental health or suicidal ideation

Our Assessments to date have identified some key Health and Service needs

Homelessness and overcrowding impacting many new groups e.g. older women

Challenges accessing affordable (free) healthcare

Lack of GP utilisation

High hospital utilisation, particularly emergency and MH

Significant mental health concerns due to the stress of homelessness

Reluctance to access services due to stigma (e.g. GCH MH Outreach Team)

Limited AOD rehabilitation services plus limited housing while in rehabilitation

Challenges with continuity of care (e.g. scheduling appointments without phone or internet access)

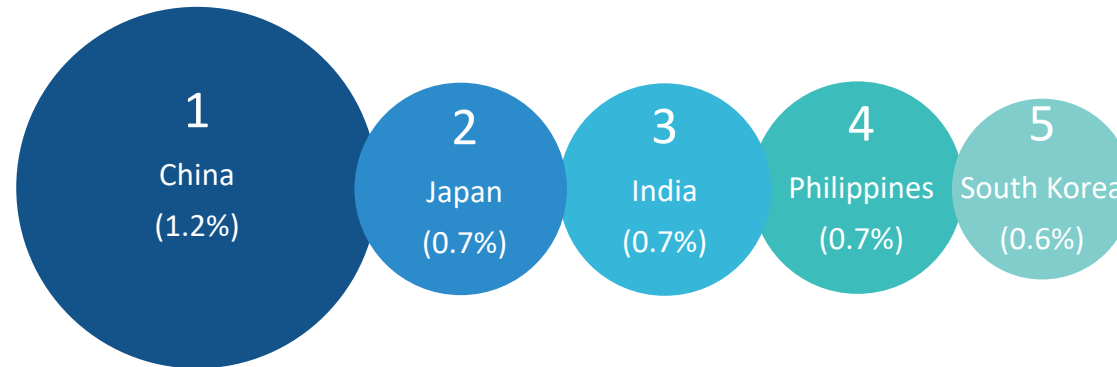
Menti Question:

Are there additional health needs / service issues impacting HOMELESS POPULATIONS not listed?



MULTICULTURAL COMMUNITIES – Key Data

30% of Gold Coast population born overseas, 14% from non-English speaking country (NESC)



~ 1.6% have very low–no English proficiency

↑ Refugees/humanitarian entrants to Gold Coast expected

Top 5 countries accessing GC's MMHC were Germany, China, India, Japan, and Zimbabwe

^2023-2024 year to date (11 months)

5 drivers play out at all levels of the system and across the continuum of care

Stigma and racism

Limited understanding of non-Anglo-Australian experiences of mental health and wellbeing

Insufficient data to illustrate the complexity of the issues

Siloed systems and approaches to health and wellbeing

Broader resource constraints in the system

Slow progress in addressing challenges in the multicultural mental health space



GCPHN and GCH have deep-dived into the health needs and service issues impacting Gold Coast's multicultural communities, which included extensive consultations with a variety of stakeholders.

- Service provider meetings
 - MCCGC
 - Thriving Multicultural Communities
 - Multicultural Families Organisation
- GCPHN Community Advisory Council and Clinical Council
- MCCGC direct consultation with 120 multicultural community members
- Builds on 2023 findings by Nous Group on opportunities to strengthen the MHAOD service response for people from CALD backgrounds



Our Assessments to date have identified some key Health and Service needs

Key findings from consultations:

- Language barriers and interpreting services
- Health topics of concern – mental health and domestic violence
- Health literacy
- Refugees
- Digital literacy

Workforce issues:

- Diversity and representation in mainstream and lived / living experience workforce
- Lack of embedded cultural responsiveness

Other findings:

- Consumers born in NESC:
 - Had higher rate of alcohol and drug treatment episodes
 - When admitted to acute inpatient units , have longer average stay
- Low rate of recording ethnicity in data
- Use of translators is less than % population who identify as not English speaking