





Be informed ... be involved

Community Briefing

Agenda

-  **Mental Health reform and AoD initiative: What is it?**
-  **What has happened and what's next?**
-  **Share ideas on innovative and coordinated solutions**
-  **Get involved further: Working Groups and other opportunities**

Please note

In respect of our participants here at the community briefing, there is to be no recording, photography or media reporting of this event

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Mental Health Reform

What is the mental health reform?

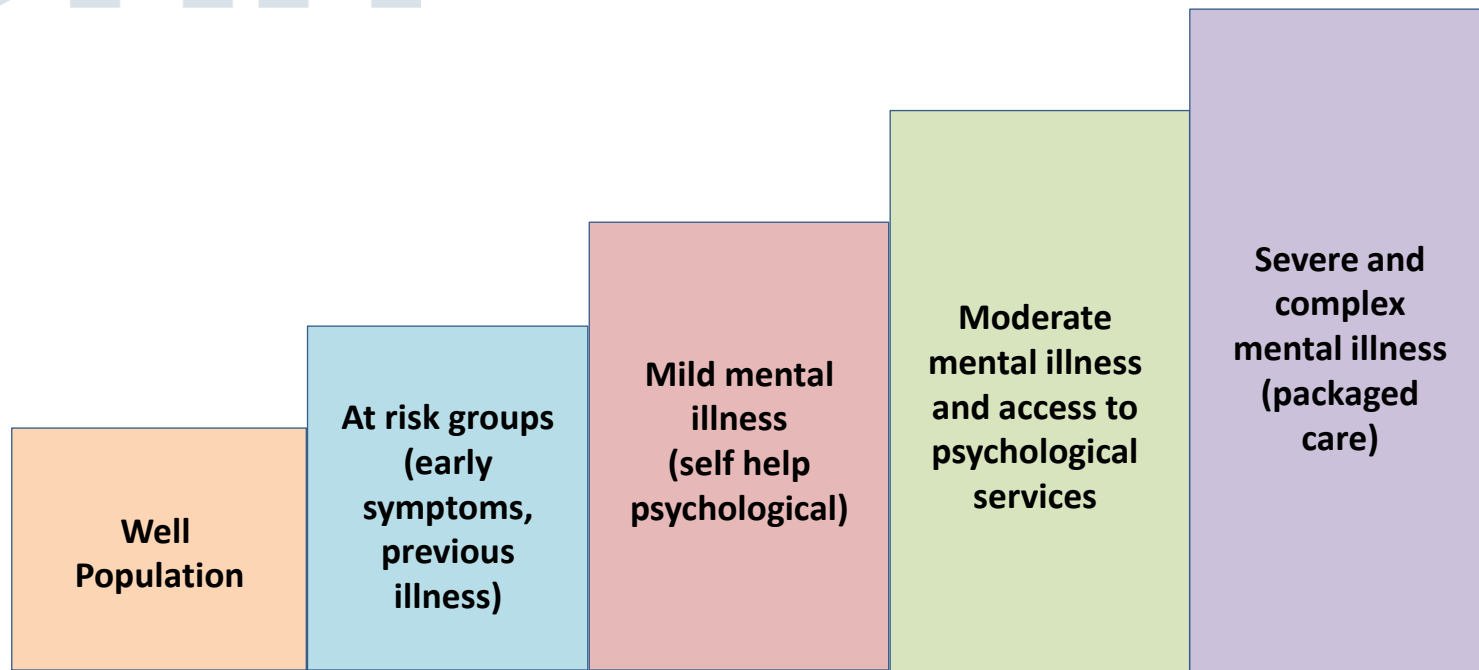
- **Federal Government engaged the National Mental Health Commission (NMHC) to review mental health programs**
- **NMHC released report in November 2014**
- **Australian Government response to report released in November 2015**

Reform is about ... localised services delivered through Primary Health Networks

- **Identify needs and challenges that are specific to communities that do not always fit the one-size-fits-all model of service delivery run from Canberra.**
- **PHNs will lead the procuring of mental health services they consider necessary and appropriate to the needs of their local communities, rather than them being contracted at a fragmented national level in Canberra.**



Stepped Care Approach



- What do we need to achieve?
- What services are relevant?
- What are the typical workforce requirements?

Six Focus Areas:

- **Youth, including children**
- **Indigenous (mental health and suicide)**
- **Suicide prevention**
- **Low intensity services**
- **Hard to reach groups (under serviced)**
- **Severe and complex**

Alcohol and Drug

**Additional funding to address the under-investment in
alcohol and drug services**

Alcohol and other Drugs

- **Commonwealth Government announcement regarding ICE Taskforce funding – December 2015**
- **Funding broadened to alcohol and other drug treatment services, including ICE**

Alcohol and other Drugs

In scope treatment services for AoD funding:

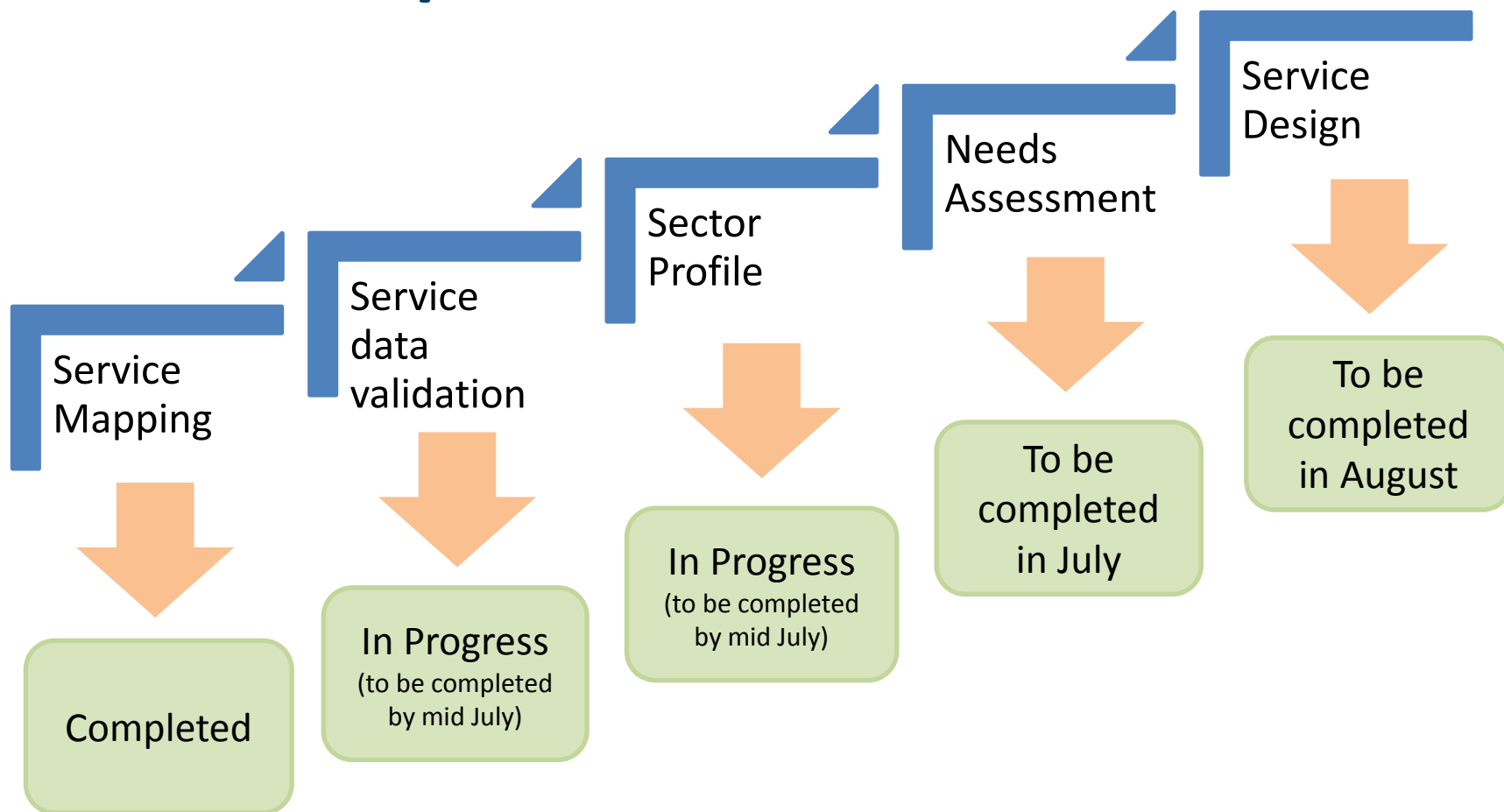
- **Early intervention targeting less problematic drug use, including brief intervention**
- **Counselling**
- **Withdrawal management with pathways to post acute-withdrawal support and relapse prevention**
- **Residential rehabilitation with pathways to post rehabilitation support and relapse prevention**

Alcohol and other Drugs

- **Day stay rehabilitation and other intensive non-residential programmes**
- **Post rehabilitation support and relapse prevention**
- **Case management, care planning and coordination**
- **Supporting the workforce undertaking these service types through activities that promote joined up assessment processes and referral pathways and support continuous quality improvement, evidence based treatment and service integration and coordination**



GCPHN Response



Service Mapping

- **What services are available:**
 - **Services/programs**
 - **Accessibility**
 - **Availability**
 - **Eligibility criteria**
 - **Funding etc**
- **A detailed map of services on the Gold Coast will be developed, which will include mental health, alcohol and drug, disability, youth, Indigenous, housing, child, employment, suicide, homelessness, finance, legal etc.**

Service data validation

- **Undertake a deep dive process to examine more closely the outcomes of the service mapping**
- **Includes gathering information on:**
 - **Client satisfaction and organisational effectiveness**
 - **Workforce issues eg: recruitment and retention**
 - **Continuity of care – referral pathways**
 - **Unfunded services provided based on identified need**
 - **Identified need but cannot provide services**

Service and population data

- **As well as mapping services, service and population data needs to be analysed**
- **Data sources:**
 - **Hospital and Health Service**
 - **MBS**
 - **PBS**
 - **Australian Institute of Health and Welfare (AIHW)**
 - **... and many others**

Service and population data

Here is a snapshot of data in relation to mental health – including youth, Indigenous and suicide

Youth

- **Suicide was the leading cause of death in young people in 2010 and there were a total of 569 suicide deaths (all ages) in Queensland**
- **Relatively high rates of antipsychotic medication for under 18 age groups in Mudgeeraba-Tallai, Coolangatta and Broadbeach-Burleigh**
- **High rate of antidepressant prescriptions in Broadbeach-Burleigh**
- **Young females were more likely to receive episodes of care for suicide and self-inflicted injury**

Indigenous

- **Mental health-related conditions accounted for 4.4% of hospitalisations of Indigenous people in 2012–13, with Indigenous people hospitalised at twice the rate of non-Indigenous people**
- **In 2008-12 the suicide rate for Indigenous Australians was almost twice the rate for non-Indigenous Australians**
- **For 15–19 year olds, the rate was 5 times as high as the non-Indigenous rate**
- **4 in 5 (79%) of Indigenous people who died by suicide were male**

Suicide

- **In 2013/14 a total of 781 episodes of care for suicide and self-inflicted injury were recorded on the Gold Coast. This rate was higher than the rates for the ten years 2002-2012.**
- **The median age of death was 44 years**
- **Suicide death rates for males were around 20 deaths per 100,000 in the years leading up to 2010**
- **Rates for females were about 5 deaths per 100,000 people**

Mental health more broadly

- **Gold Coast has a slightly higher rate of people with mental health and behavioural problems compared to Queensland**
- **Gold Coast Health data indicates increase in demand for mental health services in the Emergency department, community and inpatient mental health services. The increase in the amount of drug and alcohol related presentations have increased complexity of mental health presentations**
- **Gold Coast Medicare data indicates females are more likely to access services for mental health 61.4% and only 38.6% for males**

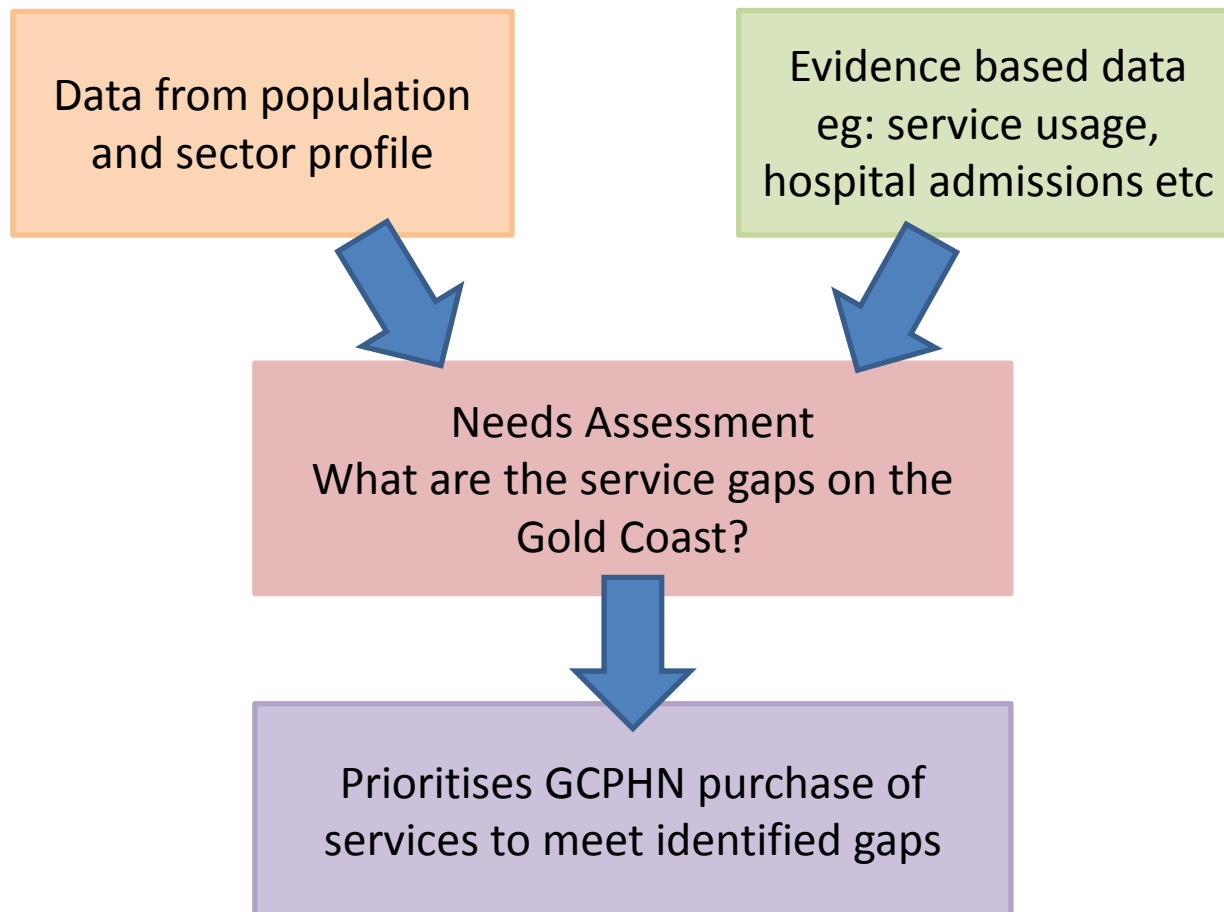
Mental health more broadly

- **Indicative data suggests that treatment varied considerably according to severity of illness (94% for people with severe, 64% for people with moderate, and 26% for those with mild mental illness)**
- **People with a current mental health issue are the fastest growing client group for specialist homelessness services, growing at an average rate of 12% each year since 2011–12**

Sector Profile

- **Sector profile developed from:**
 - **Data analysed**
 - **Service mapping**
 - **Deep dive process**
 - **Validation process**
- **All of the data, information and sector profile feeds into a needs assessment**

Needs assessment



Gaps and Barriers

- **From the needs assessment, gaps and barriers across the priority areas for mental health will be identified**
- **Co-design process to identify what services are needed to address the gaps and barriers**

Co-Design

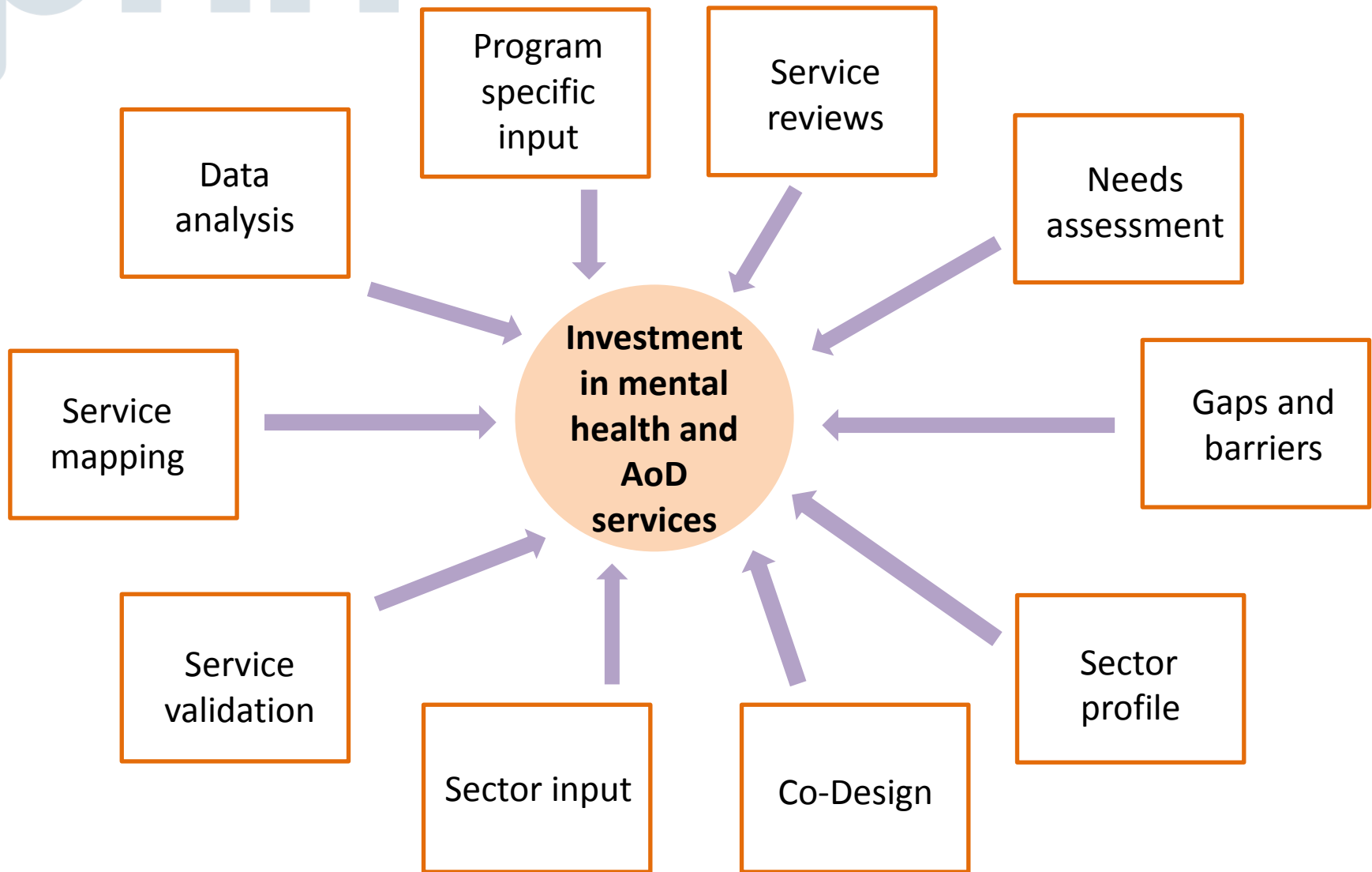
- **We cannot do it alone**
- **Opportunity to participate in working groups to assist GCPHN in the co-design process**
- **More information regarding these working groups will be provided later this morning**

Service Reviews

- **Service reviews of existing programs are also necessary:**
 - **ATAPS Program**
 - **Mental health nurse program**
- **Undertaking a service review will include:**
 - **Determining clinical effectiveness**
 - **Measuring program outcomes**
 - **Efficiency of service models**

Current services funded

- **Funding existing services which were previously funded by the Commonwealth Department of Health**
 - **Youth:**
 - 2016/17 and 2017/18 headspace
 - 2016/17 and 2017/18 headspace Expanded Program
 - **Suicide prevention:**
 - 2016/17 Wesley Mission Expanded Horizons Program
 - **Psychological services:**
 - 2016/17 ATAPS
 - **Mental health nursing program (2016/17)**



Share ideas on innovative and coordinated solutions

- Each person in the room has a number on their name badge - this corresponds to an appropriately numbered station
- Each station will have three questions for groups to brainstorm and provide feedback on the topic:
 - *What's working Well*
 - *Barriers*
 - *Recommendations*
- Groups will move to the next numerical station – so everyone will end up being at each station
- From the second station onwards, you will be provided with stickers to allocate against the points that are most meaningful to the group. This will be explained by your Station Facilitator.

Summary

- **All notes from the stations will be summarised and distributed to attendees**
- **You email will be added to a mailing list for occasional updates on the reform and opportunities to be further involved**
- **Opportunity to be on working groups:**
 - **Alcohol and Other Drugs Working Group**
 - **Mental Health Reform Working Group**

Information on how to apply to be on these working groups was on your chair

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GOLD COAST

An Australian Government Initiative

Questions

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Contact Us

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