CCQ COUNTRY TO COAST, QLD
Healthy, connected communities

IMPROVING MENTAL HEALTH

Suicide Prevention, Alcohol and Other Drug Services

The Case for Change - July 2023

phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Country to Coast QLD is an independent, not-for-profit organisation committed to building healthy, connected and resilient communities across the Central Queensland, Wide Bay and Sunshine Coast regions. We deliver the Australian Government's PHN Program and partner with health providers and the community to design and commission quality primary care services.

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1. EXECUTIVE SUMMARY

The current mental health services system is failing to meet the needs and expectations of consumers, carers, communities, service providers and funders. Increasing investment in mental health, suicide prevention and alcohol/drug dependence services has NOT reduced unmet need or services demand/waitlists, or improved health outcomes.

There is a need to rethink how mental health and alcohol/drug dependence services are planned, delivered, and evaluated across the region. Additional investment to simply increase the capacity of the current mental health services system is unlikely to respond effectively and sustainably to the health needs of consumers and the community.

This paper overviews the problem that we are trying to solve, the current service types, the case for change, and outlines a new way forward. There is a unique opportunity to redesign the services system, using contemporary evidence-based service models, engaging stakeholders in a collaborative, participatory co-design approach, with the objective of developing a person-centred services system that is more focussed on needs, principles, performance, and outcomes measurement.

2. THE PROBLEM

Mental health is a national public health priority area, requiring collaborative effort from Commonwealth, State/Territory governments and the non-government sector, to target health conditions where significant gains can be achieved in health outcomes and costs.[1]

Mental and substance use disorders impacts all Australians, directly or indirectly. More than two in five (43.7%) of Australians will experience a mental disorder at some time in their lives requiring access to services.[2] In 2020/21 one in five (21.4%) experienced symptoms of a mental health disorder in the previous 12 months.[2] People living with mental disorders disproportionately experience preventable distress, behavioural symptoms, interruption to education and employment, relationship breakdown, stigma, loss of opportunity and life dissatisfaction.[3]

Alcohol, tobacco, and other drug use is a major cause of preventable disease and death in Australia. Health impacts include hospitalisation from injury and disease, mental disorders, pregnancy complications, injection-related harms, overdose, and mortality. The relationship between mental health and alcohol/drug dependence is complex. A mental disorder may make a person more likely to use drugs to provide short-term relief from symptoms, while for others with alcohol/drug dependence, these may trigger first symptoms of mental disorder.[4] Consumers may experience

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[1] AIHW 1997, *First report on National Health Priority Areas 1996*, available at: www.aihw.gov.au

[2] ABS 2022, *National Study of Mental Health and Wellbeing: summary statistics on key mental health issues including the prevalence of mental disorders and the use of services 2021-21*, available at: National Study of Mental Health and Wellbeing, 2020-21 | Australian Bureau of Statistics (abs.gov.au)

[3] Productivity Commission 2020, *Mental Health: Productivity Commission Inquiry Report No.95, 30 June 2020*, available at: www.pc.gov.au

[4] AIHW 2023, *Alcohol, tobacco and other drugs in Australia*, available at: www.aihw.gov.au

co-morbid mental ill-health and substance misuse problems necessitating integrated prevention, early intervention, treatment, and management.[5]

In Australia, mental and substance use disorders are responsible for an estimated 13% of the total burden of disease.[6] In 2020-21, approximately 11.2% of Australians received government-subsidised mental health specific services.[2] Expenditure on mental health services were estimated at 7.6% of combined Australian government recurrent health budget, totalling $11B.[2] These costs have been rising over time and there is no clear evidence that the mental health of the population is improving. Alcohol, tobacco and illicit drug use collectively accounted for 15.4% of the total burden of disease in Australia in 2018.[4]

The Productivity Commission has estimated the benefits of reforming the services system amount to approximately $19.3B per annum, comprised of increasing economic participation ($1.3B) and improved quality of life ($18B).[3]

Comparatively, the Central Queensland, Wide Bay and Sunshine Coast Primary Health Network (PHN) region (hereafter the 'region') experiences higher prevalence of mental and behavioural problems, increased psychological distress, increased numbers of people who consume alcohol and other drugs at harmful levels, and increased self-harm hospitalisations and suicide. There is a compelling need to consider changes to the services system designed to improve outcomes and sustainably manage costs escalation across the region.

3. THE CASE FOR CHANGE

3.1 CCQ INVESTMENT IS INCREASING

CCQ currently funds the following mental health, suicide prevention, alcohol and other drug (MHAOD) services:

- Stream 1 – low intensity
- Stream 2 – youth enhanced services/headspace
- Stream 3 – mental health/psychological therapies for hard-to-reach populations
- Stream 4 - mental health services for people with severe and complex disorders Stream 5 – community-based suicide prevention
- Stream 6 – Aboriginal and Torres Strait Islander mental health services
- Stream 7 – stepped care approach

A high-level analysis of CCQ investment in mental health, alcohol and other drug dependence and suicide prevention services over the period 2017/18 to 2023/24 reveals:

- Total funding has increased 24% from $19.25M to $23.86M per annum
- The number of service providers has remained stable
- The number of contracted activities/service types has increased 26%

[5] Alcohol & Drug Foundation 2023, *Alcohol and other drugs and mental health*, available at: www.adf.org.au

[6] AIHW 2021, *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018*, available at: Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

3.2 SERVICES DEMAND IS INCREASING

People living with mental and behavioural problems and people with high or very high levels of psychological distress are indicators of need/services demand. Rates for both indicators across the region are higher than in other regions and are increasing over time.

More people living with mental and behavioural conditions

- Prevalence rates in 2017-18 are higher across the region (23,056 per 100,000) compared with Queensland (22,670) and Australian (20,084) rates[7]
- Growth in the number of people living with mental and behavioural conditions between 2014/15 and 2017/18 across the region (21.4%) is similar to Queensland (22.9%) but much higher than Australian figures (14.7%)[7]

More people with high or very high levels of psychological distress

- Prevalence rates in 2017-18 are higher in the region (13,502 per 100,000) compared with Queensland (12,989) and Australian (12,942) rates[8]
- Growth in the number of people living with high levels of psychological distress between 2014/15 and 2017/18 across the region (9.7%) is greater than Queensland (8.1%)[8]

Increased alcohol consumption

- Numbers of people consuming more than 2 standard drinks per day is higher across the region (19,459 per 100,000) than Queensland (18,178) and significantly higher than Australia (16,072)[9]

3.3 CONSUMER OUTCOMES ARE BELOW EXPECTED SERVICE BENCHMARKS

Analysis of service outcomes for different service types in FY23 Q3 i.e. January 2023-March 2023 revealed the following:

Clinical Outcomes – Low intensity psychological interventions			
Significant improvement	No significant change	Significant deterioration	Episode count
78.5%	20%	1.5%	65
Clinical Outcomes – Psychological therapies delivered by mental health professionals			
Significant improvement	No significant change	Significant deterioration	Episode count
49.4%	42.5%	8.0%	87

[7] Torrens University Australia 2019, *Estimated persons with mental and behavioural problems 2017-18*, PHIDU, available at: https://phidu.torrens.edu.au

[8] Torrens University Australia 2019, *Estimated total population, aged 18 years and over, with high or very high psychological distress based on the Kessler 10 Scale*, available at: https://phidu.torrens.edu.au

[9] Torrens University Australia 2019, *Estimated total population, aged 18 years and over, consuming alcohol at levels considered to be a high risk to health over their lifetime, 2017-18*, available at: https://phidu.torrens.edu.au

Completion rates for clinical outcome measures		
Treatment concluded – matched pair episode	Treatment concluded – total episodes	KPI
404	1,306	50.1%

Source: Primary Mental Health Care Minimum Dataset, January-March 2023.

Effectiveness of services:

- The majority of consumers (78.5%) receiving low intensity psychological interventions experienced a significant improvement
- However, two in five (42.5%) of consumers receiving psychological therapies delivered by mental health professions experience no significant change and almost 1 in 10 (8%) experienced a significant deterioration
- 30% of episodes (below the 50.1% benchmark) completed the episode with matched outcome sets

3.4 UNMET SERVICES DEMAND IS IMPACTING OTHER PARTS OF THE SYSTEM

Emergency Department (ED) presentations for mental and behavioural conditions, self-harm hospitalisations and suicide rates are indicators of unmet need/services demand. Arguably, if consumers had been assessed and received treatment in a community-based service setting at an earlier stage, this demand on the acute health system could potentially have been reduced or completely avoided.

ED Presentations are significantly higher

- ED Presentations for mental and behavioural conditions across the region (1,502 presentations per 100,000 population) are significantly higher than Queensland (1,287 i.e. +17%) and Australia (1,217 i.e. +23%)[10]
- For every 100 people within the region with a mental and behavioural condition, there are approximately 6.5 ED presentations, which is higher than Queensland (5.7 i.e. +14.8%) and Australia (6.1 i.e. +7.5%)[10,7]
- The compound annual growth rate of ED presentations for mental and behavioural conditions between 2017/18 and 2019/20 is 9.5%[10]

Self-harm hospitalisations are higher

- Hospitalisation rates for intentional self-harm across the region (229 per 100,000) are significantly higher than Queensland (169.5) and Australian (113) rates[11] and are widening over time

[10] Torrens University Australia 2022, *Emergency Department Presentations, 2019/20*, available at: https://phidu.torrens.edu.au

[11] AIHW 2021, *Suicide and self-harm monitoring, National Hospital Morbidity Database, 2008-09 to 2019-20*, available at: www.aihw.gov.au

Deaths from suicide and self-inflicted injuries are higher

- Deaths from suicide and self-inflicted injuries within the region (16.7 deaths per 100,000) are higher than Queensland (15.4 i.e. +8%) and Australia (12.6 i.e. +33%)[12]
- For every 100,000 people within the region with a mental health condition, there are approximately 72.4 deaths from suicide and self-inflicted injuries, which is higher than Queensland (67.9 i.e. +6.7%) and Australia (62.6 i.e. +15.6%)[12,7]

3.5 GROWTH IN MBS SERVICES IS NOT KEEPING PACE WITH DEMAND

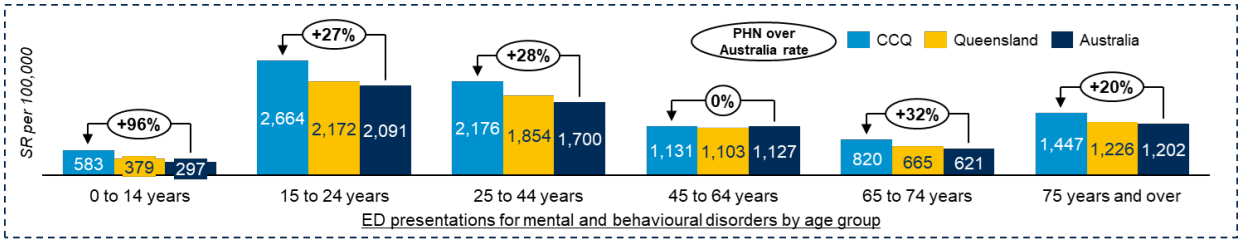
During the period 2019-20, across the PHN a total of 439,088 Medicare Benefits Scheme (MBS) Mental Health services were provided to 150,617 consumers.[13] A high-level analysis has revealed:

- Approximately 17% of the region's population received an MBS Mental Health service, which is higher than the Australian rate (10.7%)[13]
- General Practitioners (GPs) (32.3%) provided the highest proportion of services, followed by other Psychologist (28.3%), Psychiatrist (17.7%), Clinical Psychologist (17.3%) and other mental health (4.5%)[13]
- The highest proportion of people receiving MBS Mental Health services were aged 25-44years (32%) followed by 45-64 years (28%) and 15-24 years (18%), while the lowest proportion (1.4%) of people were 80+ years[13]
- The compound annual growth rate from 2017-18 to 2020-21 in MBS Mental Health services provided by GPs (2.9%), Psychiatrists (3.6%) and Clinical Psychologists (4.7%) are significantly lower than growth in prevalence rates and ED presentations[13]

3.6 UNMET SERVICES DEMAND IS INEQUITABLY DISTRIBUTED

Analysis of available data suggests some population groups experience higher levels of unmet need.

Young People



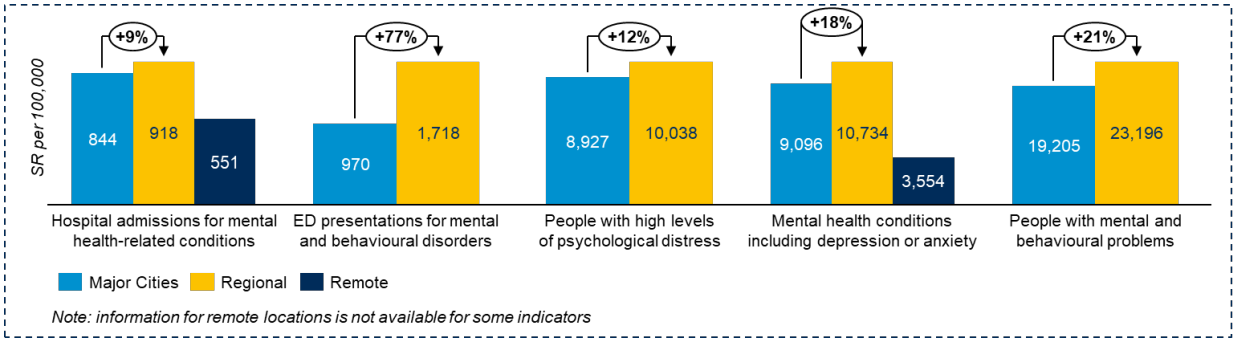
Source: Standardised Rates (SR) reported in PHIDU Social Health Atlas for "Presentations for mental and behavioural disorders" for persons by age group, 2019-20.

[12] Torrens University Australia 2021, *Deaths from suicide and self-inflicted injuries, person aged 0 to 74 years, 2016 to 2020*, available at: https://phidu.torrens.edu.au

[13] AIHW 2021, *Mental Health: Medicare-subsidised mental health-specific services*, available at: www.aihw.gov.au

- As noted above, ED presentations across the region significantly exceed national rates
- The 0-14 years group rate is nearly 100% above the national rate, and the 18-24 years and 25-44 years group rates are nearly 30% above the national rate, while the 45-64 years group aligns with the national rate
- This data indicates a higher concentration of unmet need amongst younger population groups

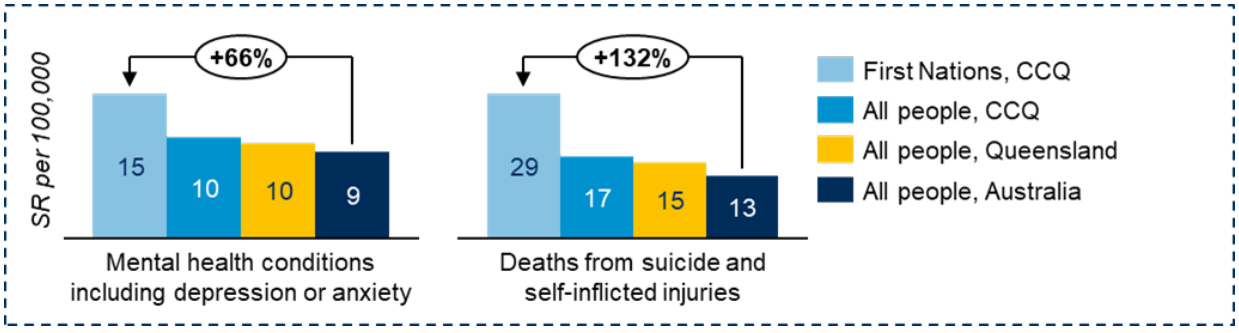
Geographic Location



Source: Standardised Rates (SR) reported in PHIDU Social Health Atlas for indicators listed above, using the ASGS Remoteness Areas standard to assign a geographic location to each LGA, based on the place of residence for the highest percentage of the LGA population.

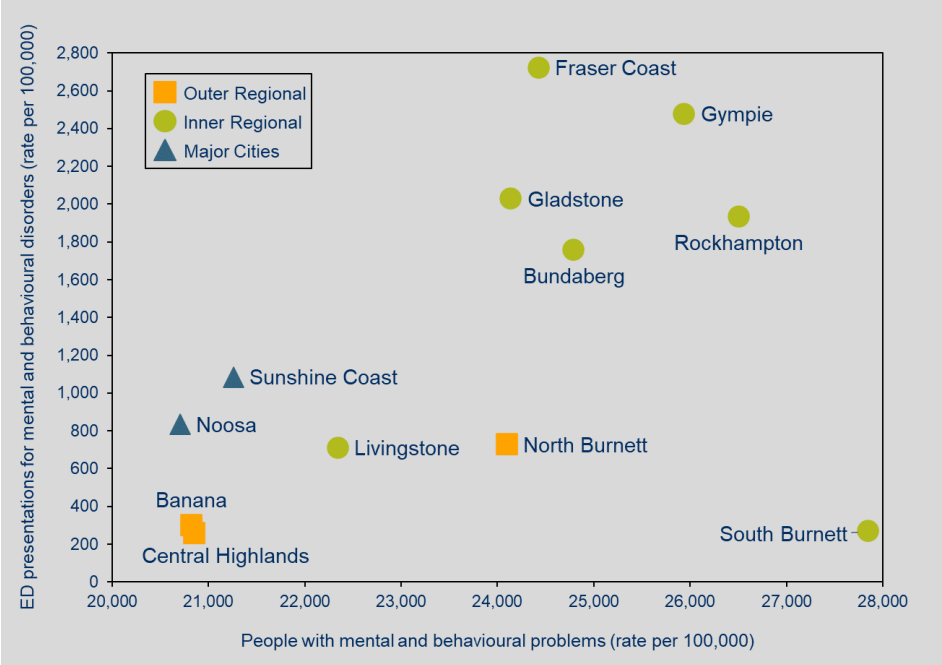
- Across the region, comparing key health metrics between metropolitan and regional locations reveals differences between 9 and 21%
- However ED presentations for mental and behavioural conditions (77%) is a notable outlier

First Nations Peoples



- There is a significant difference in the prevalence rates of mental health conditions (up to 66%) and the number of deaths from suicide and self-inflicted injuries (up to 132%) between First Nations people and all other groups within the region, as well as Queensland and Australian whole-of-population rates
- This data indicates mental ill-health is leading to higher death rates from suicide amongst First Nations communities across the region

LGAs within CCQ's Region



Source: Scatter plot of Standardised Rates (SR) reported in PHIDU Social Health Atlas for "People with mental and behavioural problems", 2017-18; and Standardised Rates (SR) reported in PHIDU Social Health Atlas for "Presentations for mental and behavioural disorders", 2019-20. By LGA within the PHN.

- Most inner regional LGAs (Fraser Coast, Gympie, Gladstone, Rockhampton and Bundaberg) have the worst rates of mental and behavioural problems and of ED presentations for mental and behavioural disorders, followed by major cities.
- Outer regional LGAs (Banana, Central Highlands and North Burnett) are performing slightly better, as rates of ED presentations are not growing in proportion with rates of people with mental and behavioural problems, potentially indicating better efforts in early intervention.

4. DESIGNING A NEW WAY FORWARD

4.1 BACKGROUND

The Productivity Commission[3] has identified that Australia needs mental health reforms which:

- *Focus on prevention and early help: early in life and early in illness*
- *Provide the right healthcare at the right time for those with mental illness*
- *Ensure effective services support recovery in the community*
- *Provide seamless care, regardless of the level of government providing the funding or service*

CCQ has determined the need to reform the approach to MHAOD commissioning and implement a strategic, mental health plan that responds to the needs, drivers and opportunities that exist in a resource-constrained and evolving health landscape.

4.2 BETTER ACCESS INITIATIVE

The Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule initiative (Better Access) provides access to Medicare rebates for selected mental health services to people with eligible mental health conditions.

The Better Access evaluation report was released in December 2022. The report found that the Better Access initiative increased access to mental health services, and recipients of these services generally experienced positive outcomes. However, findings with respect to access are less positive. The evaluation found some groups experienced service access differently, with people on relatively higher incomes from cities receiving services, while people from lower socio-economic backgrounds, people residing in regional/rural/remote locations, and residential aged care residents experienced more limited access. Affordability was consistently raised as an issue by both consumers and providers.14

This reform will adopt a robust evaluation framework, such as the Quintuple Aims of Healthcare Improvement, to ensure the health needs of priority populations are included as outcome measures.

4.3 CO–DESIGN / APPROACH

CCQ will lead a collaborative, services redesign project, engaging consumers, carers, health partners, other stakeholders, and community organisations in a participatory and collaborative process to develop a detailed understanding of the needs.

4.4 PRIORITISING CONSUMERS NEEDS

The objectives of the reform work are:

- Undertake a review of all currently commissioned MHAOD services to build a person-centred services system that ensures consumers receive the right care at the right time in the right place - and are engaged as active partners in their own care
- CCQ will do this by initiating market reforms, informed by relevant data, and design a contemporary, stepped-care approach to services delivery across the region
- Future service contracts will be evolved to effectively balance access, consumer experience, activity reporting and outcomes measurement by commissioned service providers.

4.5 PHASES AND TIMEFRAMES

The high-level approach and timeframes are detailed in the table below.

Phase	Deliverables	Timeframe
1. Review current service system	Report	30 Sept 2023
2. Develop service model	Report incl. customer journey mapping, access pathways, service metrics, referral pathways, outcomes measures	30 Nov 2023

[14] University of Melbourne 2022, *Evaluation of Better Access Executive Summary*, available at www.health.gov.au

3. Procurement	Plan incl. finalised service specifications, complete procurement	28 Feb 2024
4. Contracting	Engage service providers	30 April 2024
5. Transition to BAU	Transition plan incl. 'go live', align systems, existing provider arrangements	30 June 2024

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info@c2coast.org.au
(07) 5456 8100
ABN 21 156 526 706