

North Coast Primary Health Network 2018 Primary Mental Health Care Needs Assessment



NCPHN acknowledges past and present injustices and recognises Aboriginal and Torres Strait Islander peoples' distinct cultures, values and inherent rights as the First Peoples of Australia. Together we will build a better future by listening to, empowering and walking together with Aboriginal and Torres Strait Islander people, communities and organisations.

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Part 1. Introduction Primary Mental Health

Overview

Across the North Coast, mental health issues are a considerable concern for individuals, communities and service providers with a number of key national and state indicators identifying a real need across the region. In addition to the high prevalence of mental disorders on the North Coast being evident in key datasets, local residents have also voiced their concern about the impacts of mental health, identifying this as one of the top health issues of concern to them in their communitiesⁱ.

The North Coast Primary Health Network (NCPHN) has a significant mandate to improve mental health in our region. The majority of our commissioning budget is currently directed towards commissioning mental health programs and services, that include initiatives focused on health promotion, treatment services (across a spectrum of intensity) and suicide prevention.

Albeit to a limited extent, this needs assessment provides 'better practice' information to guide effective approaches to improving the health of people living on the North Coast, NSW with a mental health challenge. Information presented in this report has been derived from peer reviewed sources, grey literature and includes discussion of determinants of health, key concepts and principles. Any activities undertaken by NCPHN must be guided by better practice approaches.

To be able to better assess local health needs, NCPHN ran Speak Up in June 2018, a community survey asking locals for their opinions and information about their previous experiences with local health services. The survey contained demographic questions as well as health and services related questions, which focused on accessibility, health challenges, specific types of services that are hard to access and questions about the quality of service received. In total, 3372 locals completed the survey providing valuable and unique information about health services across the North Coast. Key findings from the survey are mentioned in this report and referred to as '2018 NCPHN Community Survey'ⁱ.

Gaps and Limitations

While best attempts have been made to include all information and data relevant to mental health on the North Coast, it should be noted that this report may not include all available information, due to publication limits, issues with confidentiality or conflicting evidence from multiple sources. Throughout the report, some statistics only refer to the rates or proportions at a national or state level, as this is the most granular level in which the information can be presented. Statistics presented at a smaller and more localised level are more insightful about the health of our region and where possible, we present the data at this level.

General Practice Data

Throughout this needs assessment report, we have presented de-identified, aggregated data from General Practices across the NCPHN footprint who submitted data in September 2018 as part of the NCPHN Quality Improvement Program (which is referred to throughout the document as 'PATCAT' data). At this time, 106 Practices submitted data of a total of 174 General Practices across the NCPHN footprint (representing 61% of all practices). This data provides us with some key insights about the prevalence of some conditions among those attending one of the 106 practices. However, this dataset does not enable us to make population wide inferences about disease prevalence, risk factors, rates of medication prescribing, or the utilisation and uptake of preventative initiatives, as a number of practices do not yet share data with NCPHN.

In total, PATCATⁱⁱ records from September 2018 indicate that 411,270 people were active patients at a General Practice submitting data to NCPHN (365,969 is the adjusted figure that excludes double counting for patients who attend multiple practices). It should also be acknowledged that the quality of the PATCAT GP data presented throughout this report is dependent on the data quality within each general practice.

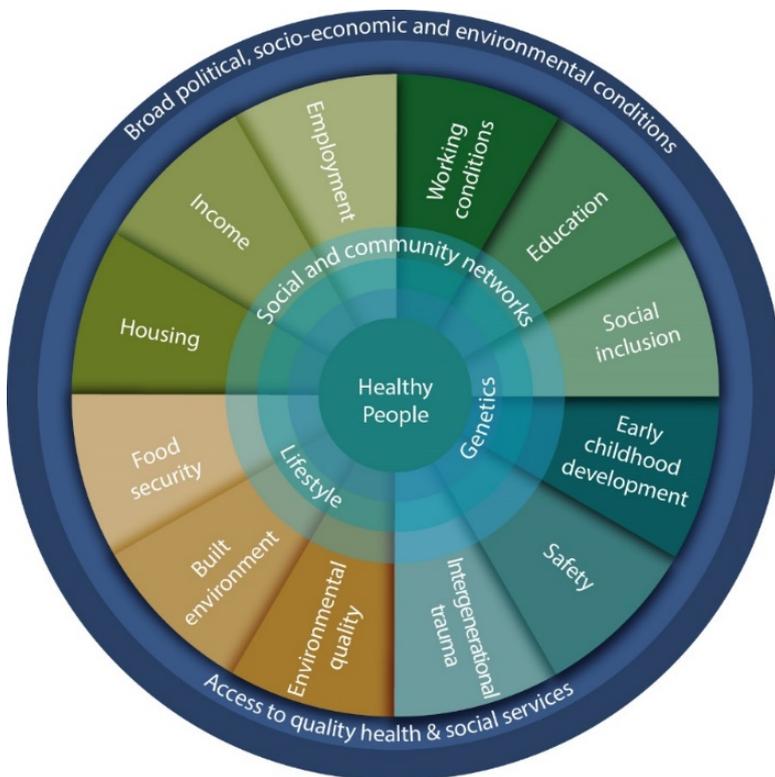
Social determinants of health

The World Health Organisation (WHO) defines mental health as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Given the expression of mental health in community life, it is unsurprising that social, economic and physical environments are key risk or protective factors for mental health.ⁱⁱⁱ

In the context of Aboriginal and Torres Strait Islander health, mental health is understood through the concept of ‘social and emotional wellbeing’ which encompasses seven overlapping domains: body; mind and emotions; family and kin; community; culture; country; and spirituality and ancestors.^{iv}

Figure 1 presents the determinants of health, including mental health. Of particular importance is socioeconomic disadvantage (i.e., low income) as a risk factor for poor mental health, noting the self-reinforcing relationship between low workforce participation, low educational attainment and low income. Other health and social problems related to poor mental health include homelessness, substance misuse, crime, poor physical health, chronic pain and domestic violence.

Figure 1: Determinants of health framework



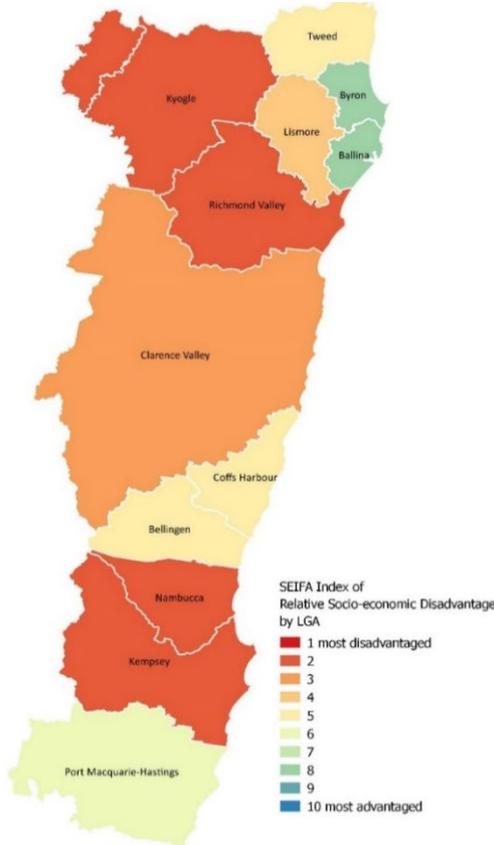
The evidence about mental health determinants is particularly compelling with respect to adverse childhood experiences and unresolved childhood trauma. The WHO states, “While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits.”ⁱⁱⁱ Interventions that can be taken in the prenatal period and early years include reducing depression in mothers and improving child attachment and interaction. Compared to youth mental health, there has not been a corresponding investment for children, even though there is overwhelming evidence about the lifetime benefits of investing in the birth to 12 year-old age group.ⁱⁱⁱ

Consistently, the literature emphasises that investing in ‘upstream’ interventions, yields high returns on investment for mental health outcomes.^{v,vi} Effective interventions include workplace mental health, peer support, employment, housing and health promotion, in addition to early intervention mental health services.^{vii}

Our Region

According to the 2016 Census of Population and Housing (ABS, 2017), the North Coast Primary Health Network footprint was home to 502,524 people on Census night. Current population projections estimate the North Coast footprint will increase to 602,600 usual residents by 2036^{viii}.

Figure 2: SEIFA Score across NCPHN footprint



The NCPHN region consists of 12 Local Government Areas (LGAs), two Local Health Districts and six Aboriginal Health Services. At least 25,022 Aboriginal and/or Torres Strait Islander peoples were residents of the North Coast region, New South Wales on Census night. In total, Aboriginal and/or Torres Strait Islander peoples represented 5.0% of the North Coast population, which is higher than the proportion for both New South Wales (2.9%) and Australia (2.6%).

The North Coast is also characterised as having a higher proportion of older people aged 65 years or older. At the last Census, 20.4% of the population were aged over 65, which is higher than the proportion of older persons in both NSW (18.5%) and Australian (15.7%)

The Socio-Economic Indexes for Areas (SEIFA)^{ix} score of disadvantage ranks Australian communities' levels of disadvantage compared to one another. With a national median score of 1,000, communities with a greater score greater are considered more advantaged than communities with a score less than 1,000. When the SEIFA Index for Disadvantage score of the 12 Local Government Areas that make up the NCPHN region are examined (shown in Figure 2), it is evident that our region is more socio-economically disadvantaged than the national median, with 10 of the LGAs with scores in our region ranging from 888 in Kempsey to 976 in Port Macquarie-Hastings.

All NCPHN LGAs except Byron scored below the state average of 1,000 on the Index of Education and Occupation, with Clarence Valley, Kempsey, Nambucca and Richmond Valleys falling significantly below the NSW average, implying there may be low levels of health literacy across the region.

As presented in Table 1, all LGAs on the North Coast (except Ballina) are in the bottom 2 quintiles on the Child Social Exclusion index, representing the most disadvantaged populations.

Table 1: Child Social Exclusion index by LGAs

Local Government Area	Estimated poverty rate (%)	Estimated child poverty rate (%)	Estimated proportion of hh in rental stress (%)	CSEI* Quintile dependent children aged 0-15
Ballina	14.7%	17.1%	33.1%	3
Bellingen	19.9%	24.6%	40.1%	2
Byron	18.7%	23.6%	39.4%	2
Clarence Valley	19.6%	24.4%	42.7%	1
Coffs Harbour	16.6%	19.7%	34.8%	2
Kempsey	20.5%	25.1%	41.5%	1
Kyogle	23.4%	28.2%	46.0%	1
Lismore	17.1%	20.2%	39.0%	2
Nambucca	21.7%	26.7%	41.5%	1
Port Macquarie	16.5%	19.0%	37.5%	2
Richmond Valley	19.2%	23.6%	41.2%	1
Tweed	17.3%	20.8%	37.9%	2
Australia	12.4%	14.1%	27.0%	NA

*Child Social Exclusion Index

Part 2. Health and Service Information

Prevalence of mental health issues on the North Coast

An extensive body of research has emerged in recent times that has sought to estimate the prevalence of mental health issues across the Australian population. Aligned to the stepped-care model approach, the National Mental Health Service Planning Framework (NMHSPF)^x estimates that 16.7% of the population will meet the criteria for a mental illness in any year, with this population characterised across the following levels of severity:

- Early intervention/at risk – people with signs of distress, including from life events such as a relationship breakup or losing a job, may be at risk of developing mental illness if support isn't provided early (**23% of population**)
- Mild – people diagnosed with mental illness (including feeling depressed or anxious), that impacts on wellbeing and functioning to a level that is concerning but not overwhelming and is less than 12 months duration (**9% of population**)
- Moderate – people diagnosed with mental illness, which causes significant disruption to daily life, wellbeing and functioning and can be over 12 months duration (**5% of population**)
- Severe – people diagnosed with mental illness, which is very disruptive to daily life, wellbeing and functioning, may include risks to personal safety and is either persistent or episodic (**3% of population**)
- Severe & Complex – people with a diagnosed mental illness which is severe in its impact on wellbeing and functioning and where there are additional complexities such as difficulties with housing, employment and daily living (**0.4% of population**)

While these estimates are not adjusted at a smaller geographical level, they do provide some indication of the numbers of people on the North Coast experiencing mental illness.

Measures of psychological distress are also commonly used as an indication of the mental health and wellbeing of a population. Over the past few years the proportion of adults aged 16 years and older from the Northern NSW Local Health District (NNSWLHD) region reporting that they experience high or very high psychological distress has increased from 11.8% in 2013, to 18.4% in 2017. This result was very high compared to the state average of 15.1%, while in 2017, the Mid North Coast proportion was at 14.7% an increase from the 2015 rate of 10.0%.^{xv}

Overall Health

In the recent 2018 NCPHN Community Surveyⁱ, respondents were asked to self-rate their health status. Overall, one quarter (24.4%) of the 3372 NCPHN Community Surveyⁱ respondents, identified mental health as a personal health challenge. This cohort was also much more likely to describe its overall health as 'Poor' or 'Fair' (35.2%) compared with respondents with no mental health challenge (19.1%).

For those who stated having a mental health challenge, the most commonly reported personal health challenges other than their mental health issue included: 'issues with their weight' (36.7%), 'dental/ oral health' (23.2%) and 'alcohol/ drug use' (21.5%).

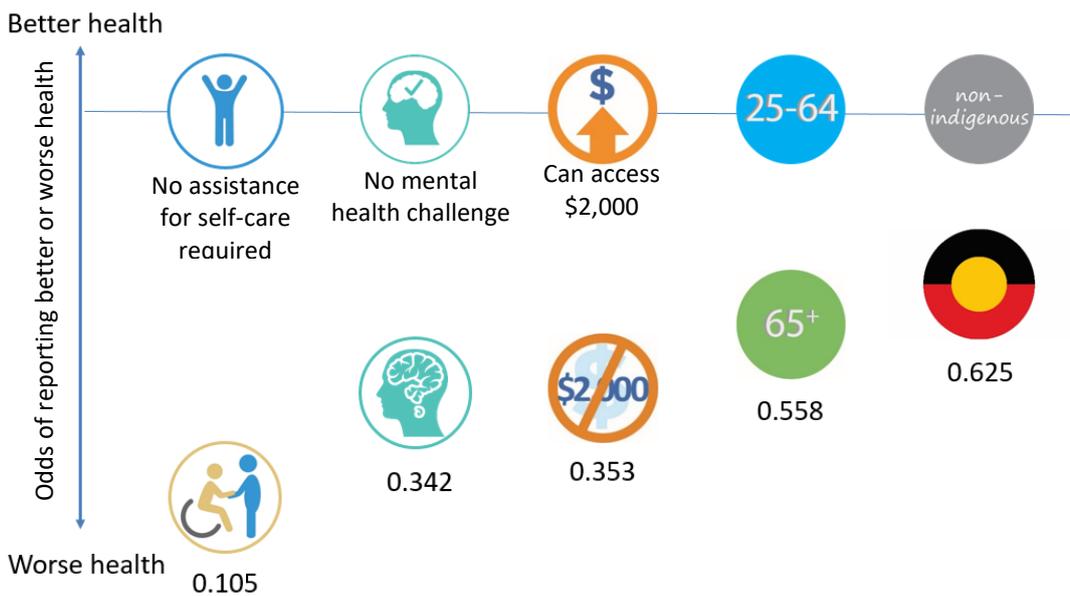
To explore this issue in more depth, NCPHN engaged the Australian Institute of Health and Welfare (AIHW) to produce a number of statistical models (cumulative and binary logistic were used). The aim of applying this type of modelling was to determine the impact of a single characteristic (age, gender, disability etc.) having adjusted for the effect of other characteristics used in the model you can see in figure 3.

Figure 3 shown below, found that people who self-identified a mental health challenge were 66% less likely to report higher levels of self-rated health compared to people who did not have a mental health challenge, regardless of the other characteristics that make them who they are.

Interestingly, Aboriginal and Torres Strait Islander peoples, older people (65 years +), those who are financially vulnerable, or those who need assistance for self-care activities (eg: eating showering) were also identified as characteristics of an individual that have a strong effect on someone reporting poorer health status.

When we examine the effect of each characteristic, separately, this information reveals that requiring assistance for self-care activities has the biggest impact on the odds of a person reporting poorer overall health.

Figure 3: Self rated health status



Identifying the health needs for people with a mental health challenge on the North Coast, should therefore take into consideration the impact of having a disability, being financially vulnerable, being older or being Aboriginal and Torres Strait Islander.

Eating Disorders

Eating disorders are complex neuropsychiatric disorders. They will affect up to 9% of the Australian population in their lifetime, with an increase to 15% for females. They have amongst the highest fatality rates of any psychological disorder, and only 25% of Australians with an eating disorder are known to the health system.^{xi}

Eating disorders most frequently start in childhood and youth, consequently impacting on education, identity formation and physical growth. With a high risk of recurrence and chronicity, eating disorders can impact on health and quality of life for the whole life span. Recovery from an eating disorder is a long-term process, lasting on average for seven years but affecting up to 25% of people as a severe and enduring illness.^{xi}

Self-Harm

In 2016-17, rates of self-harm hospitalisations were higher in the Northern NSW region (299.5 per 100,000 people), compared to Mid North Coast (218.6 per 100,000 people), and both are higher than the NSW State average (149.0 per 100,000 people).

Between 2015 and 2017, 9 of the 12 LGAs that make up the NCPHN region (except Bellingen, Kyogle and Nambucca) had a statistically significant rate of intentional self-harm compared to NSW rate. The highest rates for self-harm hospitalisation were evident in the Clarence Valley (494.8), Kempsey (326.9), Tweed (287.4), Richmond Valley (262.2), and Lismore (260.8 per 100,000 people).^{xii}

Suicide

There are a number of sources of data relating to suicide mortality that the NCPHN has access to, due to the sensitivity of some of the information it can not be shared publicly.

The Mental Health Commission reports that between 2008-2016, the rate of suicide mortality for Aboriginal people across the North Coast region was 13.4 per 100,000 population (crude rate for combined reference years 2008-16) compared to 13.1 for non-Aboriginal people^{xiii}.

In addition, the Commission reports suicide data by both age categories and gender for the SA3 regions¹ across the North Coast. From this data it is evident that the Richmond Valley Hinterland, and Coastal regions and the Tweed Valley had the highest rates during this period, while males died by suicide at a rate much higher than females^{xiii}.

Please note: Comparison rates for NSW are not currently available for the same period (2008-2016).

Table 2: Rate of suicides per 100,000 population by age category and gender (crude rate for combined reference years 2008-16)^{xiii}

Region (SA3)	Age Category							Gender		Whole of Population
	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	Males	Females	
Richmond Valley Coastal	21.1	26.1	19.7	20.5	12.3	13.3	8.1	19.7	9.0	14.3
Richmond Valley Hinterland	16.0	23.3	21.6	23.0	15.2	10.5	10.3	22.5	6.4	14.4
Clarence Valley	20.0	15.7	23.6	13.8	9.9	12.7	13.4	19.3	6.1	12.7
Kempsey-Nambucca	15.1	19.5	19.7	14.4	13.0	11.2	18.7	22.9	2.3	12.6
Coffs Harbour	9.8	21.8	25.1	22.6	13.6	16.8	7.7	21.4	6.7	13.9
Tweed Valley	8.1	24.3	26.1	24.0	15.5	11.0	10.6	23.8	5.1	14.2
Port Macquarie	NA	14.1	19.1	9.7	10.4	NA	17.3	15.6	3.4	9.3

Help seeking and accessing services

General Practice

Whilst all regions within the NCPHN footprint have higher than the national rate of preparation of mental health treatment plans by GPs per 100,000 people, the rates are around 40% higher in the Richmond Valley Coastal, Port Macquarie, Coffs Harbour and Tweed Valley areas than they are in the Richmond Valley Hinterland, Clarence Valley and Kempsey-Nambucca regions.^{xiv} Despite high rates of Mental Health Treatment Plan preparation, the NCPHN region continues to experience high rates of high or very high psychological distress.^{xv}

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 411,270 active patients, 11.4% had received a diagnosis of depression, while 9.7% had a diagnosis of anxiety recorded. Other diagnoses for mental health issues included: ADHD (0.98%); Bipolar (0.87%); Dementia (0.74%) Autism (0.62%); Schizophrenia (0.55%); and Post-natal depression (0.27%). In total, 71,273 unique, active patients (attending a practice who submitted data in September 2018) had a diagnosis for a mental health issues; 37.3% of whom were male, while 62.6% of whom were female.

¹ Statistical Area Level 3 is a term used by the Australian Bureau of Statistics (ABS) that provides a standardised regional breakup of Australia. The aim of SA3s is to create a standard framework for the analysis of ABS data at the regional level through clustering groups of SA2s that have similar regional characteristics.

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Among the cohort of patients with a diagnosis for a mental health issue (n=71,273), almost half (45.2%) had a General Practice Mental Health Treatment Plan (GPMHTP) recorded, while 20.2% had a Mental Health Treatment Plan (MHTP) review recorded.

When this cohort is examined for other non-mental health related diagnoses, the most commonly recorded were:

- Hypertension (24.8%);
- Hyperlipidaemia (20.8%);
- Osteoarthritis (16.2%); and
- Asthma (14.4%).

In the 2018 NCPHN Community Survey^j, 32.8% of people with a Mental Health challenge found it 'very difficult' (15%) or 'Difficult' (21%) to access a GP. A quarter (25.3%) of respondents with a mental health challenge didn't have a regular GP.

The most commonly reported barriers for people with a mental health challenge to see a GP included:

- Can't get an appointment when I need it (49.7%);
- Too long to wait for an appointment (31.2%);
- It costs too much (none/ few who bulk bill) (29.4%);
- Public/ community transport is too limited (12.6%); and
- They're not open when I can go (11.2%).

When asked about the quality of the service provided by their regular GP, respondents with a mental health challenge reported the following care and coordination were done, 'not well'.

How well does your regular GP do these things?	Person with a mental health challenge reporting "not well"	No mental health challenge reporting "not well"
Gives me advice on other relevant community support services	26.9%	19.4%
Communicates with other people involved in my care	10.0%	6.6%
Gives me advice about and referrals to specialists	7.9%	6.1%
Involves me in making decisions	6.1%	6.1%
Respects my cultural beliefs	1.9%	2.6%

Prescribing medication

Among the cohort of patients with a diagnosis for a mental health issue (n=71,273), almost half (48.8%) have been prescribed anti-depressant medication, while 17.5% had a prescription for anti-anxiety medication recorded. The second most common prescription for patients with a diagnosis for a mental health condition was for pain relief (37.1%).

Of the 44,644 female patients with a mental health diagnosis recorded, 49.8% had been prescribed anti-depressants, compared to 47.2% of the 26,591 males.

Interestingly, anti-depressants had also been prescribed to 23,940 patients for whom no formal diagnosis about their mental health had been recorded (7.0%). Anti-anxiety medication had also been prescribed for 16,741 patients for whom no formal diagnosis about their mental health had been recorded (4.9%).

Specialists

According to the 2018 NCPHN Community Survey^j, nearly one in two people with a mental health challenge (45.2%) found it 'very difficult' or 'difficult' to see a Specialist.

The most commonly reported barriers for people with a mental health challenge to see a Specialist Doctor included:

- Cost (66.1%);
- Long wait to see the specialist I/ we want to see (58.7%);
- Distance of travel required (52.7%);
- Lack of specialists in my/ our area (52.3%); and
- Transport (19.6%).

The Specialist Doctors that were most commonly reported by people with a mental health challenge as being ‘hard to access’ were:

- Psychiatrist (48.8%);
- Cardiologist (15.4%);
- Orthopaedic Surgeon (14.9%);
- Gynaecologist/ Obstetrician (14.6%); and
- Paediatrician (14.4%).

When asked about the quality of the service provided by their Specialist Doctors, people with a stated mental health challenge reported the following care and coordination were done, ‘not well’.

How well does your Specialist do these things?	Person with a mental health challenge reporting “not well”	No mental health challenge reporting “not well”
Gives me advice on other relevant community support services	38.7%	25.2%
Communicates with other people involved in my care	22.6%	11.8%
Involves me in making decisions	18.9%	14.1%
Respects my cultural beliefs	10.2%	6.1%

Allied Health services

The number of Medical Benefit Services (MBS) Psychiatrist services is particularly low in Kempsey-Nambucca, more than 4.5 times as many services provided on average across the country. Low rates are also seen in Clarence Valley, Coffs Harbour and Port Macquarie.^{xiv}

Whilst it appears that the NCPHN region overall has good access to GP and Allied Health delivered MBS mental health services, significant variation exists within the region in access to all types of MBS Mental Health item numbers. It appears that there are low numbers of providers available in the Kempsey-Nambucca and Clarence Valley regions.

Whilst most parts of the region have higher than national rates of delivery of Allied Mental Health MBS Item number services per 100,000 people, the rates of delivery in Australia are almost 40% higher than in Kempsey-Nambucca.

These trends are the same when benefits paid per head of population for Allied Mental Health MBS item numbers are considered, over 50% more benefits are paid per head of population in Australia than in Kempsey-Nambucca.

In the 2018 NCPHN Community Surveyⁱ, over a quarter (27.6%) of people with a stated mental health challenge found it ‘very difficult’ or ‘difficult’ to see an allied health professional when needed. The most commonly reported barriers for people with a mental health challenge to see an Allied Health Professional included:

- Cost (70.5%);
- Not covered/not covered enough by Medicare (52.3%);
- Long wait to see the Allied Health Professional I/ we want to see (48.3%);
- Lack of Allied Health Professionals in my/ our area (37.3%); and
- Distance of travel required (28.4%).

The Allied Health Professionals that were most commonly reported by people with a mental health challenge as being ‘hard to access’ were:

- Psychologist (52.0%);
- Dentist (44.4%);
- Physiotherapist (20.9%); and
- Optometrist (17.5%).

When asked in the 2018 NCPHN Community Survey¹ about the quality of the service provided by their allied health provider, respondents with a mental health challenge reported the following care and coordination were done, 'not well'.

How well does your Allied health provider do these things?	Person with a mental health challenge reporting "not well"	No mental health challenge reporting "not well"
Gives me advice on other relevant community support services	23.6%	16.4%
Communicates with other people involved in my care	12.8%	10.3%
Involves me in making decisions	12.2%	8.5%
Respects my cultural beliefs	7.8%	3.1%

Mental Health Services

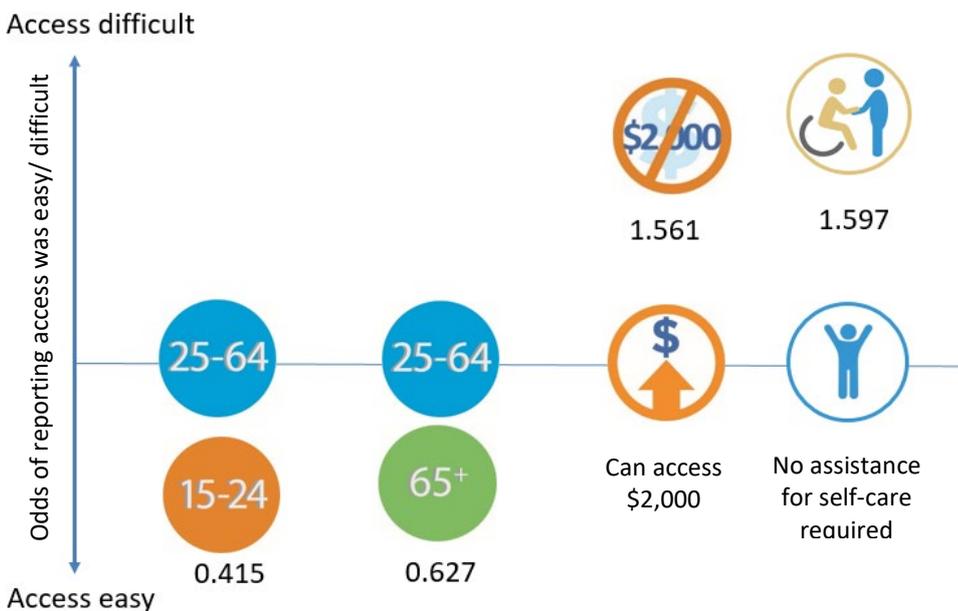
According to the 2018 NCPHN Community Survey¹, 92.1% of respondents with a mental health challenge indicated they needed to get help with mental health over the past 12 months.

When respondents with a mental health challenge were asked about their ability to access mental health services, nearly half (49.6%) found it 'very difficult' (20.0%) and 'difficult' (29.6%) to get help with mental health issues when needed.

In order to look at the issue of access to mental health services in some more detail, another statistical model was developed (see Figure 4), this time looking at the odds of someone reporting that it was difficult to access these services.

Those requiring assistance have odds of reporting difficulties accessing mental health services 69% higher than those who don't. The analysis also found that those who have been classed as being financially vulnerable had similarly higher (odds ratio of 1.56). However the model did also find that both the younger and older age groups have lower odds of reporting difficulties (0.42 and 0.63 respectively) when trying to access mental health services on the North Coast.

Figure 4: Ease of access to mental health services

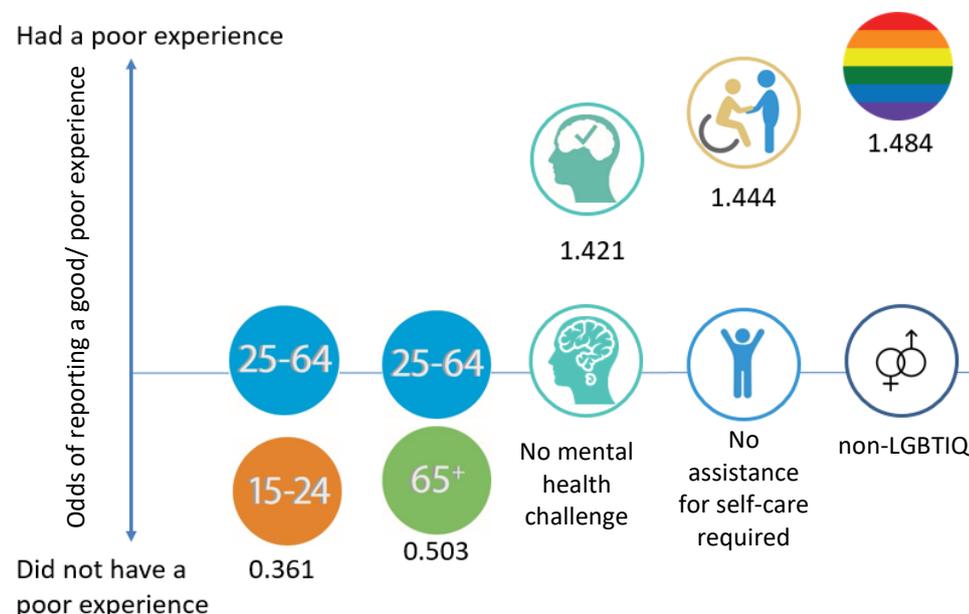


The most commonly reported barriers for people with a mental health challenge to access mental health services were as follows:

- Cost (54.6%);
- Lack of services (42.0%);
- Poor experience in the past (35.3%); and
- Stigma/ shame (34.5%).

Figure 5 below is another statistical model that presented the odds of someone reporting that they had had a poor experience in the past when accessing mental health services on the North Coast.

Figure 5: Mental Health Services - Had a poor experience in the past



What is evident in Figure 5 is young people and older people had lower odds of reporting a poor experience in the past when talking about mental health services. People with a mental health challenge and people who required assistance both had higher odds of telling us that they had had a poor experience in the past. However, it was Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people who had the highest odds of reporting a poor experience in the past, which were 48% higher than a person who identified their sexuality as heterosexual.

The following mental health services were most commonly reported by people with a mental health challenge as being 'hard to access':

- Counselling (47.1%);
- Doctor (GP) with knowledge in mental health (40.8%);
- NSW Health community mental health (33.7%); and
- Psychiatry (33.6%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, respondents with stated mental health challenge reported the following care and coordination were done, 'not well'.

How well does your Mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	37.8%
Communicates with other people involved in my care	23.7%
Involves me in making decisions	19.9%
Respects my cultural beliefs	14.2%

In a 2016 survey of local service providers, 52.3% rated coordinated mental health and drug and alcohol services as hard to access (n=866), and 37% of service providers rated coordination of mental health and drug and alcohol services as needing improvement (n=916), making it more frequently identified than any other area of coordination.^{xvi}

In addition, 35.8% of service providers rated mental health care plans as needing improvement, and more than 40% identified their clients find it difficult to access General Practitioners with mental health skills and knowledge (n=866). Furthermore, 37.4% of community respondents found it difficult or very difficult to access a General Practitioner with mental health skills and knowledge (n=1,002).^{xvi} 47.2% of service providers (n=866) reported early intervention services for people with mental health issues are hard to access.^{xvi}

Mental Health Nurse Incentive Program

In 2017/18, across the NCPHN region, there were 3,537 North Coast residents who were patients of the Mental Health Nurse Incentive Program (MHNIP). During the same period, these patients received 18,084 services. When MHNIP patient data is examined by gender it is evident that in 2017/18, 58.8% of MHNIP patients were female while 40.7% were male.

Hospital Services

In 2016-17, the Mid North Coast region had a higher rate of hospitalisation for mental disorders (2,097.6 per 100,000 people) compared to both the Northern NSW region (1,310.0) and the rate for NSW (1,909.4). This trend has been consistently worse over the past four reporting years.^{xvii}

In 2015-16 across all mental health hospitalisations, and for Schizophrenia and delusional disorders, the NCPHN region has the second highest rate of admissions per 10,000 people than any other PHN region in Australia. When looking at the NCPHN Statistical Area Level 3 (SA3) regions, Kempsey-Nambucca has the highest rate of hospitalisations per 10,000. Rates of hospitalisation per 10,000 people in Kempsey-Nambucca for schizophrenia and delusional disorders are almost 100% higher than in Australia.^{xviii}

Emergency department presentations^{xix}

- 94,259 presentations to NSW EDs in 2016-17 were mental health-related, which was 3.4% of all presentations.
- 75.9% of these mental health-related ED presentations were classified with a triage status of either Semi-urgent (patient should be seen within 60 minutes) or Urgent (seen within 30 minutes).
- 76.5% of mental health-related ED presentations were seen on time (based on triage status) compared with 73.0% of all ED presentations
- More than half (49.4%) of mental health-related ED presentations in NSW had a principal diagnosis of either Neurotic, stress-related and somatoform disorders or Mental and behavioural disorders due to psychoactive substance use.

Gender

Overall Health

In the 2018 NCPHN Community Surveyⁱ, 6.0% of females and 6.2% of males rated their overall health as 'poor' and 17.4% of females and 15.9% of males stated their overall health is 'fair'.

Those who identified their gender as being either 'non-binary' or a 'different identity' (includes transgender and intersex)(n=32) had higher proportions of 'poor' self-rated health status (19.0%) and 'fair' (29.9%).

Nearly a quarter of females (23.9%) and males (24.5%) and nearly one half (48.0%) of non-binary or different gendered respondents identified mental health as one of their personal health challenges.

Mental health issues were identified as one of the top community health concerns by 49.5% of females, 45.3% of males and 61.4% of non-binary or different gendered respondents.

Accessing Services

General Practices

In the 2018 NCPHN Community Surveyⁱ, 10.1% of females, 7.3% of males and 22.2% of non-binary or different gendered respondents found it 'very difficult' to access a GP. In addition, 21.6% of females, 16.0% of males and 17.1% of non-binary or different gendered respondents, found it 'difficult' to access a GP.

20.3% of females, 23.8% of males and 32.6% of non-binary or different gendered respondents didn't have a regular GP.

The most commonly reported barriers for females to see a GP included:

- Can't get an appointment when I need it (52.2%)
- Too long to wait for an appointment (31.7%)
- It costs too much (none/ few who bulk bill) (24.9%)
- Public/ community transport is too limited (10.7%)
- They're not open when I can go (8.7%)

The most commonly reported barriers for males to see a GP included:

- Can't get an appointment when I need it (40.2%)
- It costs too much (none/ few who bulk bill) (23.1%)
- Too long to wait for an appointment (21.9%)
- Public/ community transport is too limited (9.3%)
- They're not open when I can go (6.9%)

The most commonly reported barriers for non-binary or different gendered respondents to see a GP included:

- Can't get an appointment when I need it (45.0%);
- Public/ community transport is too limited (35.9%);
- It costs too much (none/ few who bulk bill) (32.7%);
- They're too far away from home (27.1%); and
- Too long to wait for an appointment (26.8%).

Mental Health Services

According to the 2018 NCPHN Community Surveyⁱ, 53.5% of females, 47.6% of males as 84.9% of non-binary or different gendered respondents indicated they needed to get help with mental health over the past 12 months.

When respondents who accessed mental health services were asked about their experience accessing mental health services, 11.9% of females, 9.1% of males and 19.3% of non-binary or different gendered respondents found it 'very difficult'. In addition, 19.0% of females, 15.3% of males and 36.0% of non-binary or different gendered respondents found it 'difficult'.

The most commonly reported barriers for females to access mental health services were as follows:

- Cost (61.2%);
- Lack of services (55.7%);
- Quality of the services available (37.9%);
- Poor experience in the past (37.1%); and
- Stigma/ shame (32.9%).

The most commonly reported barriers for males to access mental health services were as follows:

- Cost (57.6%);
- Lack of services (56.0%);
- Stigma/ shame (38.7%);
- Poor experience in the past (38.4%); and
- Quality of the services available (33.5%).

The most commonly reported barriers for non-binary or different gendered respondent to access mental health services were as follows:

- Lack of services (60.1%);
- Cost (57.9%);
- Quality of the services available (34.7%);
- Existing services aren't relevant (31.3%); and
- Poor experience in the past (30.6%).

Similar mental health services were most commonly reported by all gender groups as being 'hard to access':

- Counselling (females - 59.8%, males – 56.5%, non-binary/different gender – 67.4%);
- Doctor (GP) with knowledge in mental health (females - 48.6%, males – 50.2%, non-binary/different gender – 48.6%);
- NSW Health community mental health (females - 40.0%, males – 46.8%, non-binary/different gender – 39.9%);
- Psychiatry (females - 35.6%, males – 39.4%, non-binary/different gender – 26.8%); and

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, gender related cohorts reported the following care and coordination were done, 'not well'.

How well does your Mental health service provider do these things?	Not well		
	females	males	non-binary/ different gender
Gives me advice on other relevant community support services	34.8%	28.9%	37.7%
Communicates with other people involved in my care	26.6%	26.9%	36.1%
Involves me in making decisions	21.6%;	21.5%	33.5%
Respects my cultural beliefs	11.4%	13.6%	36.9%

Children and Youth

Social determinants of health

Children living in disadvantaged families are more than 3 times more likely than those in more advantaged families to suffer from mental health disorders. In NSW, 1 in 10 preschool children (aged 3 to 5) show mental health problems. 10% of children under five have emotional or behavioural problems. However, prevalence is higher for children living in poverty or high-risk environments. Behavioural and emotional issues can include: defiance, impulsivity, fearfulness, physical aggression, extended sadness, social withdrawal and attachment issues^{xx}

Socio-economic risk factors

Children and adolescents with no parents or carers in employment had higher rates of mental disorders than children and adolescents living in households with one or both parents or carers in employment. The highest rates of mental disorder were in families in which the sole parent or carer was not in employment, where 29.6% of children and adolescents had mental disorders in the previous 12 months. The rate was markedly less when the sole parent or carer was employed (17.0%).^{xxi}

Children and adolescents in families in the lowest income bracket (less than \$52,000 per year or \$1,000 per week) had the highest rate of mental disorders in the previous 12 months, with this being almost double that of young people in the highest income bracket (\$130,000 or more per year or \$2,500 or more per week) (24.4% and 12.3% respectively in males and 16.1% and 8.8% respectively in females).^{xxi}

Rurality

Children and adolescents who lived outside of the greater capital city areas had higher rates of mental disorders compared with those living in other areas (Table 2-7). This was particularly so for males, with almost one in five (19.6%) young males residing outside of the greater capital city areas having had a mental disorder in the previous 12 months.^{xxi}

Child neglect and harm

Rate of Risk of Serious Harm (ROSH) reporting and out-of-home-care data suggests that the rates of child protection involvement in the Northern Region (larger than the NCPHN Region and incorporating the Far North Coast, Mid North Coast and New England) is well above the NSW average, and usually the second highest after the Western region. In 2016-17, the rate of children and young people being involved in risk of significant harm reports was 77.1 in Northern NSW, and 82.2 per 1,000 children (0-17 years) in Mid North Coast compared to 52.3 per 1,000 children in NSW^{xxii}



Prevalence of mental health issues on the North Coast

In the 12 months prior to the Australian Child and Adolescent Survey of Mental Health and Wellbeing around one in seven (13.9%) children and adolescents aged 4-17 years experienced a mental disorder. This is equivalent to an estimated 560,000 Australian children and adolescents. Of these children and adolescents aged 4-17 years with a mental disorders, 8.3% experienced mild severity of impact, 3.5% had moderate severity of impact and 2.1% had severe disorder.^{xxi}

Mental Disorders

The following mental disorders were reported by Lawrence D. et al (2015)^{xxi}:

- ADHD was the most common mental disorder overall, with 7.4% of children and adolescents assessed as having ADHD in the previous 12 months. Anxiety disorders were the next most common (6.9%), followed by major depressive disorder (2.8%) and conduct disorder (2.1%);
- Half of all children and adolescents aged 4-17 years with mental disorders had an anxiety disorder. This is equivalent to 6.9% of all children and adolescents or an estimated 278,000 children and adolescents. There was little difference between males and females (7.0% and 6.8%);
- Overall 2.8% of children and adolescents aged 4-17 years met diagnostic criteria for major depressive disorder. This corresponds to an estimated 112,000 children and adolescents in Australia with major depressive disorder. The prevalence of major depressive disorder in children aged 4-11 years was 1.1% in males and 1.2% in females. The prevalence of major depressive disorder was higher in the older age group. Some 4.3% of males 12-17 years and 5.8% of females 12-17 years had major depressive disorder;
- Compared with other disorders, a higher proportion of children and adolescents with major depressive disorder had severe impact in the self, friends and school/work domains (40.3%, 23.4% and 34.3% respectively). A large proportion of young people with social phobia also had severe impact in the friends' domain (23.4%) while a large proportion with obsessive-compulsive disorder had severe impact in the school/work domain (33.0%);
- Major depressive disorder was associated with the highest average number of days absent from school (20 days), followed by anxiety disorders (12 days), conduct disorder (8 days) and ADHD (5 days);
- Around 2% of all children and adolescents had conduct disorder. This is equivalent to around 84,000 children and adolescents across Australia. The prevalence was higher in males than females (2.5% compared with 1.6%). The prevalence did not vary across age groups for either sex; and
- Half of all lifetime cases of psychiatric disorders start before 14 years. The median age of onset is much earlier for anxiety (11 years) and impulse-control disorders (11 years).

The prevalence of mental disorders varied considerably between males and females, with 16.3% of males and 11.5% of females having had a mental disorder in the previous 12 months. The difference between the sexes was mainly due to the higher prevalence of ADHD in males (10.4% compared with 4.3% for females). Conduct disorder was also more common in males (2.5%) than females (1.6%). However, the rate of depression was slightly higher in females (3.1% compared with 2.5% in males). There was little difference in the prevalence of anxiety disorders.

Self-Harm

In 2017, intentional self-harm was the leading cause of death of people aged 15-44 year olds in NSW.^{xxiii}

Around one in ten adolescents (10.9%) reported having ever self-harmed. This is equivalent to 186,000 young people aged 12-17 years who had deliberately injured themselves. About three quarters of these adolescents (amounting to 8.0% of the full population or an estimated 137,000 young people) harmed themselves in the previous 12 months.^{xii}

In 2016-17, rates of self-harm hospitalisations among 15-24 year olds were higher in the Northern NSW region (821.7 per 100,000 people), compared to Mid North Coast (470 per 100,000 people), and both were higher than the NSW State average (363.6 per 100,000 people).^{xii}

In 2016-17, the rate of intentional self-harm hospitalisations for Aboriginal people aged 15-24 years in NSW was 904.0 per 100,000 population. This figure was more than double the rate of non-Aboriginal 15-24 year olds (355.8) across NSW. In addition, the rate for 15-24 year old females (1181.4) was close to double the rate for males (641.8).^{xxiv}

Suicide

Overall one third of young people who had seriously considered attempting suicide in the previous 12 months, or 2.4% of all 12-17 year-olds, reported having attempted suicide in the previous 12 months. This is equivalent to 41,000 young people. One quarter or 0.6% of all 12-17 year-olds received medical treatment as a direct result of their injuries.^{xxi}

Help seeking and accessing services

According to the 2018 NCPHN Community Surveyⁱ, Over a third (36.1%) of 15-24 years respondents indicated having a mental health challenge and nearly two thirds (64.9%) of young persons aged 15-24 years thought that mental health is one of three most serious health concerns in their community.

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 55,709 active patients aged 0 to 14 years, 3.06% had received a diagnosis of ADHD; 2.28% had a diagnosis of Autism, while 2.24% had a diagnosis of anxiety recorded.

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 38,106 active patients aged 15 to 24 years, 11.4% had received a diagnosis of anxiety; while 9.2% had a diagnosis of depression recorded.

Prescribing medication

Of the unique 1,317 active patients aged 0-14 years with a diagnosis for a mental health issue, 19.9% had a prescription for anti-depressants recorded, while 9.8% had a prescription for stimulants recorded.

Of the unique 6,073 active patients aged 15-24 years with a diagnosis for a mental health issue, 42.8% had a prescription for anti-depressants recorded, while 6.1% had a prescription for anti-anxiety medication recorded. The second most commonly prescribed medication for this cohort was pain relief at 14.0%.

When MBS data^{xxv} concerning the dispensing of Psychotropic Medicines is examined for the North Coast region it is evident that:

- The NCPHN region recorded a rate of dispensing of ADHD medicines per 100,000 people aged 17 years and under more than 70% greater than the rate for Australia;
- The NCPHN region recorded a rate of dispensing of antipsychotic medicines per 100,000 people aged 17 years and under that was 75% greater in the NCPHN region than in Australia;
- The NCPHN region recorded a rate of dispensing antidepressant medicines per 100,000 people aged 17 years and under that was 25% greater in the NCPHN region than in Australia;
- Whilst the NCPHN region has generally higher rates of dispensing of psychotropic medicines than in Australia, some regions show particularly high dispensing rates for some medications for some age groups. In our region, the rate of dispensing antidepressant medicines per 100,000 people for persons aged 17 years and younger was 50% greater in Port Macquarie than in Australia;
- The rate of dispensing antipsychotic medicines per 100,000 people aged 17 years and under was 180% greater in Port Macquarie and Kempsey-Nambucca than the comparable rate for Australia, with Kempsey-Nambucca having the second highest, and Port Macquarie having the third highest rates of dispensing in the country; and
- The rate of dispensing ADHD medicines per 100,000 people is much higher in parts of our region when compared to the Australian rate. The recorded rate is 140% greater in Kempsey-Nambucca than the comparable Australian rate. For ADHD medicine dispensing, the Kempsey-Nambucca SA3 recorded the second highest rate in Australia.

Mental Health Services

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for 15-24 years people to access mental health services were:

- Stigma/shame (46.4%);
- Cost (43.5%);
- Lack of services (38.6%);
- Not sure what is available (36.4%); and
- Worry about lack of confidentiality (27.6%).

The following mental health services were most commonly reported by people with a mental health challenge as being 'hard to access':

- Counselling (45.7%);
- Doctor (GP) with knowledge in mental health (39.0%);
- Youth-specific services (34.7%);
- NSW Health community mental health (32.0%); and
- Psychiatry (22.4%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, young persons (aged 15-24) reported the following care and coordination were done, 'not well'.

How well does your Mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	34.9%
Communicates with other people involved in my care	28.4%
Involves me in making decisions	22.8%
Respects my cultural beliefs	14.3%

People aged 25 – 64 years

According to the 2018 NCPHN Community Surveyⁱ, 29.6% of 25-64 years respondents indicated having a mental health challenge, and over half (54.1%) of persons aged 26-64 years thought mental health is one of three most serious health concerns in their community.

Suicide

In NSW the rates of suicide are highest in the 35-44 age group (15.8 suicides per 100,000 people) followed by the 45-54 age group (13.6) and 55-64 age group (13.0), this is compared to 8.8 per 100,000 people in the 65-74 age group, 10.8 in the 15-24 age group and 12.8 in the 75+ age group.^{xxvi}

Help seeking and accessing services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 204,253 active patients aged 25 to 64 years, 14.6% had received a diagnosis for depression; while 12.2% had a diagnosis of anxiety recorded.

Of the unique 44,742 active patients aged 25-64 years with a diagnosis for a mental health issue, 47.9% had a prescription for anti-depressants recorded, while 17.3% had a prescription for anti-anxiety medication recorded. The second most commonly prescribed medication for this cohort was pain relief at 29.2%.

Mental Health Services

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for 25-64 years people to access Mental Health services were:

- Cost (24.3%);
- Lack of services (22.2%);
- Poor experience in the past (16.1%); and
- Quality of the services available (15.3%).

The following mental health services were most commonly reported by 25-64 year old people with a mental health challenge as being 'hard to access':

- Counselling (24.0%);
- Doctor (GP) with knowledge in mental health (19.1%);
- NSW Health community mental health (17.6%); and
- Psychiatry (15.1%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, 25-64 years respondents reported the following care and coordination were done, 'not well'.

How well does your Mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	15.0%
Communicates with other people involved in my care	12.2%
Involves me in making decisions	10.1%
Respects my cultural beliefs	5.2%

Older people 65 years+

According to the 2018 NCPHN Community Surveyⁱ, 7.9% of older person (65 years+) indicated having a mental health challenge, and a quarter (25.9%) of older persons thought that mental health is one of three most serious health concerns in their community.

Self-Harm and suicide

In 2016-17 the rate of self-harm hospitalisations for people aged 64-74 in NSW (53.8 per 100,000 people) was the highest on record in the period 2001-17.^{xxvii} Although the rates of suicide were highest for males aged 30-39 followed by males aged 40-49.

Help seeking and accessing services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among the 113,095 active patients aged 65 years or older, 11.7% had received a diagnosis of depression; while 8.4% had a diagnosis of anxiety recorded. In total, 2.57% of older people with a mental health issue had a diagnosis for dementia recorded.

Of the unique 19,139 active patients aged 65 years or older with a diagnosis for a mental health issue, 54.7% had a prescription for anti-depressants recorded, while 22.6% had a prescription for anti-anxiety medication recorded. The second most commonly prescribed medication for this cohort was pain relief at 51.2%.

When the data is examined for those older people aged 80 years and older with a diagnosis for mental health issues, it's evident that 55.8% were prescribed anti-depressants, while 27.2% were prescribed anti-anxiety medication. The most commonly prescribed medication for this cohort was pain relief at 61.5%.

Mental Health Services

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for older persons to access mental health services were:

- Lack of services (8.8%);
- Cost (7.4%);
- Not sure what is available (4.5%);
- Stigma/ shame (3.7%); and
- Poor experience in the past (3.7%).

The following mental health services were most commonly reported by older people as being ‘hard to access’:

- Doctor (GP) with knowledge in mental health (7.7%);
- Counselling (6.4%);
- Psychiatry (5.5%);
- NSW Health community mental health (4.9%); and
- Consumer support groups (2.5%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, older persons reported the following care and coordination were done, ‘not well’.

How well does your Mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	5.9%
Communicates with other people involved in my care	5.4%
Involves me in making decisions	4.7%
Respects my cultural beliefs	1.3%

Aboriginal and Torres Strait Islander people

Prevalence

The social and emotional wellbeing of Aboriginal and/or Torres Strait Islander peoples is intrinsically linked to an individual’s “connection to land, culture, spirituality, ancestry, family and community”. Strong connections to these elements can build resilience and act as protective factors, while disconnection to these connections can lead to an individual feeling isolated and lacking in a sense of purpose. Both the social determinants of health and an individual risk factors contribute to the increased likelihood of them experiencing poorer mental.

Rates of psychological distress, mental disorders, self-harm and suicide are higher among Aboriginal and Torres Strait Islander peoples, compared to non-Aboriginal Australians. The following data and information presented aims to highlight issues and gaps in the support provided to Aboriginal people experiencing mental health issues. However, it must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, connections and creativity and a deep understanding of the relationships between family, community and the environment.

According to the Australian Health Ministers’ Advisory Council^{xxviii}:

- 53% of Indigenous Australians reported that they had ‘been a happy person’ all or most of the time in the previous four weeks compared with 61% of non-Indigenous Australians;
- 51% of Indigenous Australians reported that they had ‘felt so down in the dumps’ nothing could cheer them up at least some of the time over the same period compared with 37% of non-Indigenous Australians;
- The Indigenous rate of high/very high psychological distress was 2.6 times the rate for non-Indigenous adults; and
- Indigenous women (39%) were significantly more likely than Indigenous men (26%) to report high/very high levels of psychological distress.

Self-Harm

In 2016-17, the rate of intentional self-harm hospitalisations for Aboriginal people aged 15-24 years in NSW was 904.0 per 100,000 population. This figure was more than double the rate of non-Aboriginal 15-24 year olds (355.8) across NSW. In addition, the rate for 15-24 year old females (1181.4) was close to double the rate for males (641.8).^{xxiv}

Suicide

The Mental Health Commission reports that between 2008-2016, the rate of suicide mortality for Aboriginal people across the North Coast region was 13.4 per 100,000 population (crude rate for combined reference years 2008-16) compared to 13.1 for non-Aboriginal people^{xiii}.

Help seeking and accessing services

General Practice

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 14.8% had a diagnosis of depression recorded;
- 12.3% had a diagnosis of anxiety recorded;
- 2.8% had a diagnosis of ADHD recorded;
- 1.6% had a diagnosis of schizophrenia recorded;
- 1.6% had a diagnosis of bipolar recorded;
- 1.2% had a diagnosis of Autism recorded;
- 0.3% had a diagnosis of Postnatal Depression recorded; and
- 0.2% had a diagnosis of Dementia recorded.

NCPHN PATCAT records from 106 General Practices who submitted data in the month of September 2018 shows that among active Aboriginal and/or Torres Strait Islander patients:

- 15.8% have been prescribed Anti-depressants;
- 7.3% have been prescribed Anti-anxiety;
- 4.3% have been prescribed Antipsychotics-atypical medication;
- 0.4% have been prescribed Antipsychotics-typical medication; and
- 0.2% have been prescribed Mood Stabilisers Mental Health Services.

According to the 2018 NCPHN Community Surveyⁱ, a higher proportion of Aboriginal respondents indicated they needed to get help with mental health issues either for themselves or someone they care for over the past 12 months (77%), compared to non-Aboriginal respondents (49%).

When Aboriginal people were asked questions about their ability to access mental health services, 43.7% of Aboriginal respondents reported that it was 'very difficult' (20.1%) or 'difficult' (23.6%) to get help with mental health issues when needed, which indicated poorer access when compared to the results for non-Aboriginal People (10% and 17%). The most commonly reported barriers for Aboriginal people to access mental health services were as follows:

- Lack of services (30.7%);
- Poor experience in the past (22.8%);
- Quality of the services available (21.7%);
- Stigma/shame (21.3%);
- Worry about lack of confidentiality (19.8%); and
- Transport (19.0%).

The following mental health services were reported by Aboriginal respondents as being 'hard to access':

- Psychiatrist (38.8%);
- NSW Health community mental health (37.3%);
- Counselling (31.6%);
- Psychologist (30.3%); and
- Doctor (GP) with knowledge in mental health (23.5%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, Aboriginal respondents reported the following care and coordination were done, 'not well'.

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	36.8%
Communicates with other people involved in my care	36.0%
Involves me in making decisions	30.7%
Respects my cultural beliefs	24.6%

Hospital Services

In 2016-17, the rate of hospitalisation for mental disorders for Aboriginal and Torres Strait Islander people in Northern NSW was 2921.4 per 100,000 people. Across the Northern NSW region, Aboriginal people were 2.4 times more likely to be hospitalised for mental disorders compared to non-Aboriginal people (1,228.5). In 2016-17, the rate of hospitalisation for mental disorders for Aboriginal and Torres Strait Islander people in Mid North Coast was 2,853.7 per 100,000 people. Across the Mid North Coast region, Aboriginal people were 1.5 times more likely to be hospitalised for mental disorders compared to non-Aboriginal people (1,959.5).^{xvii}

The rate of hospitalisation for mental disorders in Aboriginal and Torres Strait Islander people in Northern NSW was 2,921.4 and 2,853.0 in Mid North Coast per 100,000. The rate of hospitalisation for non-Aboriginal people, 1,228.5 in Northern NSW and 1,959.5 in Mid North Coast per 100,000 people.^{xvii}

During the three year period 2011 to 2013, there were over 4,500 separations at acute mental health units in Northern NSW, and 10% of these (444 separations) were for patients identifying as Aboriginal. Aboriginal people in Northern NSW were 2.5 times more likely to be admitted to an acute Mental Health Unit within Northern NSW than the non-Aboriginal population.^{xxix}

Lesbian, Gay, Bisexual, Transgender, Intersex & Queer

Prevalence

The National LGBTI Health Alliance states that rates of depression, suicidal ideation, and self-harm are between 2 and 14 times higher in LGBTI people, and the health areas of particular concern for LGBTI people currently include: mental health, ageing, drug, alcohol and tobacco use, violence and homophobia, homelessness, relationship recognition, sexual health and the link between health and human rights.^{xxx} “Some LGBTI people are more likely to be unemployed, face workplace discrimination or stigma associated with their sexual orientation, gender identity and intersex status and be paid less than their counterparts”.^{xxxi} In addition, research has found that a disproportionate number of LGBTI Australians “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 LGBTI”.^{xxx}

Suicide and Self Harm

LGBTI young people are five times more likely to attempt suicide and nearly twice as likely to engage in self-injury, than their peers.^{xxxii}

Help seeking and accessing services

According to the 2018 NCPHN Community Surveyⁱ, over half (52.1%) of 319 respondents who consider themselves as Lesbian, Gay, Bisexual, Transgender, Intersex and/or Queer (LGBTIQ) indicated having a mental health challenge. Nearly two thirds (61.7%) of LGBTIQ respondents reported mental health as a serious health concern in their community.

Mental Health services

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for LGBTIQ respondents to access mental health services were:

- Cost (57.2%);
- Lack of services (49.6%);
- Poor experience in the past (38.3%);
- Stigma/ shame (35.9%); and
- Quality of the services available (30.3%).

The following mental health services were most commonly reported by LGBTIQ respondents as being ‘hard to access’:

- Counselling (60.3%);
- GP with knowledge in mental health (43.7%);
- NSW Health community mental health (37.3%);
- Psychiatry (32.1%); and
- Youth-specific services (17.1%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, LGBTIQ respondents reported the following care and coordination were done, ‘not well’.

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	31.1%
Communicates with other people involved in my care	27.0%
Involves me in making decisions	23.5%
Respects my cultural beliefs	20.9%

Financially vulnerable people

According to the 2018 NCPHN Community Survey¹, 35.9% of 572 respondents who were identified as financially vulnerable² indicated having a mental health challenge, and over half (52.9%) of financially vulnerable persons thought that mental health is one of three most serious health concerns in their community.

Help seeking and accessing services

Mental Health services

According to the results of the 2018 NCPHN Community Survey¹, the most commonly reported barriers for financially vulnerable respondents to access mental health services were:

- Cost (51.9%);
- Lack of services (45.0%);
- Poor experience in the past (31.6%);
- Stigma/ shame (31.1%); and
- Quality of the services available (28.9%).

The following mental health services were most commonly reported by financially vulnerable people as being ‘hard to access’:

- Counselling (46.9%);
- Doctor (GP) with knowledge in mental health (44.4%);
- NSW Health community mental health (38.7%);
- Psychiatry (28.7%); and
- Youth-specific services (19.8%).

When asked in the 2018 NCPHN Community Survey¹ about the quality of the service provided by their mental health service providers, financially vulnerable respondents reported the following care and coordination were done, ‘not well’:

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	37.4%
Communicates with other people involved in my care	30.0%
Involves me in making decisions	23.2%
Respects my cultural beliefs	13.2%

² We asked locals: ‘If suddenly you had to get \$2000 for something important, could you get the money needed in a week?’ – those who answered ‘No’ were considered financially vulnerable.

People impacted by natural disasters

In March/April 2017 rainfall from Cyclone Debbie caused devastating flooding across the Northern Rivers. Since then the University Centre for Rural Health has been working with community and government organisations to get a better understanding of the impact of the floods on mental health and wellbeing.

Six months after the flood, more than 2500 people responded to a UCRH survey, (48% from Lismore LGA, 24% Tweed LGA and 20% from other LGAs) – telling them about their flood experience, health and wellbeing and community life.

How people were affected

Of all respondents: 22% reported being still distressed about the flood, 16% reported probable anxiety, 15% reported probable depression, 15% reported probable Post-Traumatic Stress Disorder (PTSD) and 7% reported suicidal ideation. About 20% reported two or more of these.

Flood impact on mental health

- There was higher mental health risk for those whose properties were flooded compared to those reporting no damage;
- Mental health risk increased the longer a person was displaced, 4% of respondents were still displaced from their homes ≥ 6 months; and
- The risk of PTSD is 27 times higher for those displaced for six months or more.

Number of sites flooded and risk of PTSD

When asked about flood damage to suburb/outside the home/inside the home/business or farm, home of family or friend:

- Mental health risk increased with number of sites damaged;
- Higher risk for people who reported 3 or more sites damaged; and
- Mental health risk was higher for those on pensions and other income support.

Australian Defence Force personnel

There is ongoing concern within the Australian Defence Force (ADF) and the wider Australian community about suicide in serving and ex-serving ADF personnel. In particular, ex-serving ADF personnel may face increased risk of suicide.^{xxxii}

The rate of suicide among ex-serving men aged 16–29 was around 2 times as high as the rate for men in the same age range in the Australian population (34 per 100,000 population compared with 19 per 100,000 for Australian men). This difference was statistically significant.^{xxxiii}

The age-specific rate of suicide for ex-serving men aged 30–49 was similar to that for Australian men in the same age range (29 per 100,000 compared with 26 per 100,000 for Australian men).^{xxxiii}

Prisoners

Prevalence

In 2015, 35% of prison entrants in NSW were taking mental health related medication in comparison to the national rate of 27%.^{xxxiv}

The majority of participants in the NHPS^{xxxv} who had been diagnosed with a mental health disorder were diagnosed while they were still in the community; however, 30.7% had received a diagnosis while in prison. A total of 18.4% of participants reported that they had been under the care of a community mental health team at some stage prior to incarceration. A higher proportion of women (25.7%) reported this compared to men (14.8%). Of those who had received care in the community 35.9% (40.2% of men and 30.8% of women) had been placed under a Community Treatment Order (CTO). This represents 6.3% of the total sample. A CTO is a legal order made by either a magistrate or the Mental Health Review Tribunal that compels an individual, still living in the community, to undertake clinical intervention.

Self-harm

28% of NSW prison entrants had a history of self-harm, compared to the national rate of 23%.^{xxxiv}

More than one in ten participants in the NHPS (11.8%) reported that they had engaged in self-harm at some stage during their life. This accounted for one quarter of female participants (24.6%) and 10.9% of males. Those with a history of self-harm were subsequently asked how many times they had engaged in self-harming behaviours. Results show that the most common response was five or more times for both men and women. 68.5% of men and 73.9% of women reported more than one incidence of self-harm and nearly half of female participants (46.7%) reported five or more incidences; a much higher proportion than males (28.3%).

Suicide

Almost one third (30.5%) of participants in the 2015 NPHS reported that they had thought about suicide at some stage in their life, with a much higher proportion of women (43.3%) reporting this than men (29.6%).

Co-morbidity

According to the 2018 NCPHN Community Surveyⁱ, over a half (51.4%) of respondents who indicated an alcohol and other drug (AOD) challenge, also stated having a mental health challenge. Over a half of those who stated AOD challenge (52.0%) thought that mental health is one of three most serious health concerns in their community.

Help seeking and accessing services

Accessing mental health services when you have an Alcohol Other Drug (AOD) challenge

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for people with an AOD challenge to access Mental Health services were:

- Stigma/ shame (41.0%);
- Cost (38.3%);
- Poor experience in the past (35.7%);
- Lack of services (34.7%); and
- Quality of the services available (25.9%).

The following mental health services were most commonly reported by people with an AOD challenge as being ‘hard to access’:

- Counselling (50.0%);
- NSW Health community mental health (47.9%);
- Doctor (GP) with knowledge in mental health (37.9%);
- Psychiatry (22.2%); and
- Youth-specific services (14.0%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, respondents with an AOD challenge reported the following care and coordination were done, ‘not well’:

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	26.4%
Communicates with other people involved in my care	30.6%
Involves me in making decisions	20.6%
Respects my cultural beliefs	17.7%

Accessing AOD services when you have a mental health challenge

According to the 2018 NCPHN Community Surveyⁱ, 12.5% of respondents with a mental health challenge indicated accessing AOD services was ‘difficult’. Additional 7.8% of this cohort indicated accessing AOD services was ‘very difficult’.

The most commonly reported barriers for people with mental health challenge to access Alcohol and Other Drug services were:

- Lack of services (49.9%);
- Cost (48.0%);
- Stigma/ shame (43.3%);
- Not sure what is available (34.2%); and
- Poor experience in the past (29.1%).

The following Alcohol and Other Drug services were most commonly reported by 213 people as being ‘hard to access’:

- Rehab (45.5%);
- Detox (45.5%);
- Counselling (39.5%);
- Doctor (GP) with knowledge in alcohol and other drugs (32.2%); and
- Community support groups (29.4%).

When asked about the quality of the service provided by their Alcohol and Other Drug Service Providers, respondents reported the following care and coordination were done, “not well”.

How well does your Alcohol and Other Drug service provider do these things?	Not well
Gives me advice on other relevant community support services	28.2%
Involves me in making decisions	20.9%
Communicates with other people involved in my care	17.2%
Respects my cultural beliefs	11.4%

Other health issues for people with a mental health issue

Chronic Conditions

The majority of patients with a diagnosis for a mental health issue had at least two co-morbidities for chronic conditions (including diabetes, respiratory, cardiovascular, renal impairment and/or mental health)ⁱⁱ

- 48.7% of patients with a mental health diagnosis reported just one chronic condition;
- 27.9% of patients with a mental health diagnosis reported have a diagnosis in two chronic disease categories;
- 15.4% of patients with a mental health diagnosis reported have a diagnosis in three chronic disease categories; &
- 8.0% of patients with a mental health diagnosis reported have a diagnosis in four or more chronic disease categories.

Smoking

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among those active patients aged 15 years or over who had a diagnosis for a mental health issue recorded, rates of smoking (where smoking status was recorded) were higher compared to patients who did not have a mental health issue.

- 23.5% of patients with a mental health issue were a 'daily smoker', compared to 12.9% of patients who did not have a mental health diagnosis;
- 1.7% of patients with a mental health issue were an 'irregular smoker', compared to 1.0% of patients who did not have a mental health diagnosis;
- 30.6% of patients with a mental health issue were an 'ex-smoker', compared to 29.0% of patients who did not have a mental health diagnosis; and
- 44.3% of patients with a mental health issue had 'never smoked', compared to 57.0% of patients who did not have a mental health diagnosis.

Alcohol

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among those active patients aged 15 years or over who had a diagnosis for a mental health issue recorded, rates of drinking alcohol (where drinking status was recorded) were slightly lower compared to patients who did not have a mental health issue.

- 64.2% of patients with a mental health issue were identified as a 'drinker', compared to 69.7% of patients who did not have a mental health diagnosis.
- 35.8% of patients with a mental health issue were a 'non-drinker', compared to 30.3% of patients who did not have a mental health diagnosis.

Issues with weight

NCPHN PATCATⁱⁱ records from 106 General Practices who submitted data in the month of September 2018 shows that among those active patients with a mental health diagnosis, issues with weight were more common, compared to patients that did not have a mental health issue.

- 6.4% of patients with a mental health issue recorded a BMI score that classified them as 'morbidly obese', compared to 4.4% of patients who did not have a mental health diagnosis;
- 29.5% of patients with a mental health issue recorded a BMI score that classified them as 'obese', compared to 27.0% of patients who did not have a mental health diagnosis;
- 31.1% of patients with a mental health issue recorded a BMI score that classified them as 'overweight', compared to 34.3% of patients who did not have a mental health diagnosis;
- 29.4% of patients with a mental health issue recorded a BMI score that classified them as having a 'healthy' weight, compared to 30.8% of patients who did not have a mental health diagnosis; and
- 3.6% of patients with a mental health issue recorded a BMI score that classified them as 'underweight', compared to 3.5% of patients who did not have a mental health diagnosis.

Psychosocial Support Program

The regional issues and challenges for people living with psychosocial disability on the North Coast to engage with the NDIS application process are often interconnected and therefore possibly more complex than other parts of the country. NDIS impacted stakeholders have reported that those living with psychosocial disability often have little knowledge or understanding of the Scheme, and therefore can find it complex and overwhelming^{xxxvi}. Further given our rural/regional workforce shortages, lack of public transport in many areas, and other socioeconomic factors these individuals are often unable to access the professionals required to provide them with the evidence required by NDIA. These factors include long GP wait times or travel to a GP, limited or non-existent access to psychiatry, costs for the unemployed or low income individuals and families, or a range of impacts associated with their conditions. Although the NDIA modelling estimated 80% of our PIR clients should transition to NDIS, the region expects much lower numbers given client and stakeholder experiences to date. The PIR demographic information below also provides insights into the 487 of the 562 total PIR clients over the reporting period and the kinds of specific challenges that PIR/carers/community members and professionals have faced which we expect to also extend to those who likely to be eligible but currently not on PIR:

- 325 clients with neurotic or affective disorders including severe depression, bipolar and social anxiety or PTSD;
- 152 clients with schizophrenia, schizotypal and delusional disorders;
- 8 clients with mental/behavioural disorders due to psychoactive substance use; and
- 2 clients with intellectual disabilities.

In addition 149 of the 562 clients are Aboriginal and Torres Strait Islander people living with psychosocial disability who face different challenges in transitioning. Of the PIR consortia members across the PHN region, there is only one AMS participating in the program which is likely to impact on the pre-planning support offered to these clients to understand and engage in the Scheme, as well as the cultural safety of ongoing support given the region’s shortage of Aboriginal professionals able to support their intersecting psychosocial and cultural needs such as exist in the Bowraville area.

The following cohort as described in **Table 5** below is the intended target population for the National Psychosocial Support measure, according to the National Mental Health Service Planning Framework (NMHSPF).^{xxxvii}

Table 5: Target population for the National Psychosocial Support measure

Age group	Severity level	Cohort description	Clinical service needs	Psychosocial support needs
18-64	Severe (not complex)	Adults with severe mental illness, such as severe depression and anxiety disorders, schizophrenia, bipolar disorder, personality disorders and eating disorders. This group includes mothers of infants who are experiencing severe postnatal mental illness. This is the less complex end of severe, accounting for 82% of adults classified as having a severe mental illness. Most of this group would be expected to return to previous high functioning levels with minimal ongoing support and limited psychosocial support needs. While these individuals experience significant symptoms of their mental illness, many continue to be engaged in employment or functioning in another role such as parenting, education, volunteering. Those that aren't working are likely to be receiving a disability support pension and may require more intensive rehabilitation and support.	The majority of this group receive their clinical care in the private sector through GPs, private psychiatrists, private psychologists and practice mental health nurses. A smaller proportion is treated primarily by public sector mental health services, particularly those with eating disorders, early psychosis, on clozapine and individuals who have been discharged from hospital. Approximately 13% may require an acute public or private hospital admission in any year, to a psychiatric or general hospital bed (with primary psychiatric diagnosis), or to a mother infant unit.	These individuals and their carers require a range of community psychosocial support services, which are targeted towards those who have poorer functioning. Services include group-based and individual peer support, group-based and individual support and rehabilitation, and group and individual peer and professional support services for carers.

People who require assistance with self-care

370 persons (11.7%) of all respondents in the 2018 NCPHN Community Surveyⁱ indicated they always (2.3%) or sometimes (9.4%) need help with self-care everyday activities such as eating, showering, dressing or toileting.

Please note: the physical or mental condition or state that that resulted in the individual requiring assistance with self-care is not clearly evident from the results.

According to the 2018 NCPHN Community Surveyⁱ, 20.3% of people who always need help and 38.6% of those who sometimes need help indicated having a mental health challenge. Over a third (36.1%) of respondents who always need help and 44.4% of those who sometimes need help thought that mental health is one of three most serious health concerns in their community.

Mental Health services

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for people who always need help to access mental health services were:

- Lack of services (16.3%);
- Existing services aren't relevant (14.6%);
- Cost (14.4%);
- Transport (13.6%); and
- Can't see a doctor (GP) (10.9%).

When checking responses of people who sometimes need help regarding most common barriers to access Mental Health services, somewhat different barriers were identified by higher proportions are evident:

- Cost (28.9%);
- Lack of services (23.1%);
- Poor experience in the past (18.2%);
- Quality of the services available (13.9%); and
- Stigma/ shame (13.8%).

The following mental health services were most commonly reported by people who always/sometimes need help as being 'hard to access':

- Doctor (GP) with knowledge in mental health (always - 18.0%, sometimes – 26.1%);
- Counselling (always - 11.4%, sometimes – 24.8%);
- NSW Health community mental health (always - 9.2%, sometimes – 20.3%);
- Psychiatry (always - 8.0%, sometimes – 18.2%); and
- Respite for carers (always - 7.1%, sometimes – 10.5%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, respondents that need help reported the following care and coordination were done, 'not well':

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	always - 13.1%, sometimes - 20.8%
Communicates with other people involved in my care	always - 13.8%, sometimes - 16.2%
Involves me in making decisions	always - 9.7%, sometimes - 12.3%
Respects my cultural beliefs	always - 2.6%, sometimes - 6.4%

Carers of someone with a mental health challenge

In total, 1679 respondents (47.1%) in the 2018 NCPHN Community Surveyⁱ stated they accessed mental health services in the past 12 months. Over one half (1008, 56.1%) did not have a mental health challenge. We have identified this cohort as carers of someone with a mental health challenge. The findings in this section refer to this cohort, the mental health carers.

Mental Health Services

One fifth (20.4%) of mental health carers indicated that access to mental health services was ‘very difficult’. Additional third (35.3%) stated that access to mental health services was ‘difficult’.

According to the results of the 2018 NCPHN Community Surveyⁱ, the most commonly reported barriers for mental health carers to access mental health services were:

- Lack of services (38.3%);
- Cost (33.9%);
- Quality of the services available (22.7%);
- Poor experience in the past (20.8%); and
- Not sure what is available (19.5%).

While 30.6% of respondents with stated mental health challenge rated ‘stigma/ shame’ as a top barrier to access mental health services, only 18.5% of mental health carers thought the same.

The following mental health services were most commonly reported by mental health carers as being ‘hard to access’:

- Counselling (37.8%);
- Doctor (GP) with knowledge in mental health (31.0%);
- NSW Health community mental health (28.2%);
- Psychiatry (21.3%); and
- Youth-specific services (14.7%).

When asked in the 2018 NCPHN Community Surveyⁱ about the quality of the service provided by their mental health service providers, mental health carers reported the following care and coordination were done, ‘not well’:

How well does your mental health service provider do these things?	Not well
Gives me advice on other relevant community support services	32.6%
Communicates with other people involved in my care	29.7%
Involves me in making decisions	23.8%
Respects my cultural beliefs	11.9%

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