

Mental Health Needs

The 2021/22 – 2023/24 Health Needs Assessment has identified numerous health and service issues in the Brisbane North community that relate to mental health. These needs are listed below:

Health Issues	Service Issues
<ul style="list-style-type: none"> ✓ Anxiety and depression ✓ At-risk populations ✓ Physical health ✓ Severe and complex mental illness ✓ Stigma and discrimination ✓ Suicide 	<ul style="list-style-type: none"> ✓ Crisis support ✓ Lived experience leadership ✓ Psychosocial supports ✓ Service navigation ✓ Services (capacity) ✓ Support for carers ✓ Workforce



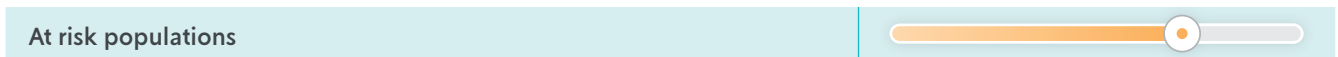
Due to the compounding factors and systemic barriers associated with mental illness, there is evidence to suggest that people with mental illness have an increased risk of developing physical illness or experiencing poorer physical health. While evidence is limited, data from the National Health Survey in 2017–18 found proportions of people experiencing a range of chronic conditions (including arthritis, back problems, and COPD) were nearly double in people with mental illness than in people without.

Highlight – Physical health

 Arthritis	 Chronic obstructive pulmonary disease (COPD)	 Heart, stroke or vascular disease	 Mental and behavioural problems	 Osteoporosis
122,002 <i>13 people per 100 people</i>	32,232 <i>3.4 people per 100 people</i>	43,375 <i>4.7 people per 100 people</i>	235,201 <i>23.6 people per 100 people</i>	36,357 <i>3.9 people per 100 people</i>



The National Mental Health Service Planning Framework estimates that 221,000 people in Brisbane North would experience anxiety and depression in 2019–20, of whom 83,000 required treatment. The COVID-19 pandemic has also been noted to increase demand for mental health services, likely driven by a rise in psychological distress in the community.



In Australia, young people, Indigenous Australians, men and Australian Defence Force veterans are at higher risk of suicide, while LGBTIQ+ and culturally and linguistically (CALD) diverse communities are considered priority populations.



The National Health Survey in 2017–18 estimated that there were over 94,000 people with high or very high psychological distress (based on the K10) in Brisbane North. This equates to 9.3% of the population or 12.1 per 100 people and is slightly lower than the national and Queensland rates of 12.9 and 13.3 per 100 people, respectively.

Stigma and discrimination

Stigma and discrimination have a detrimental impact on those with mental illness and can exacerbate social problems that are associated, including unemployment, social exclusion, homelessness, and poverty. Stigma and discrimination and their impact on mental health is described in detail by the Productivity Commission's inquiry into mental health

Suicide

Between 2015–19, suicide was the 8th leading cause of death in Brisbane North and in this period, there were 665 deaths by suicide. In 2020 there were 142 deaths by suicide in the Brisbane North region, which equates to 13.3 deaths per 100,000 people.

Community members and practitioners were cognisant of the relationship between mental health and physical health in consultation. Specific examples were often used to highlight the importance of treating or managing both and the value of a holistic approach to receiving or providing care.

"The health care service does not meet the needs of the people, everyone comes with trauma and the system needs to learn how to look underneath what is initially presenting and stop separating mental and physical health." — **Community member**

"Better preventative disease management by their GP. I am an accredited hand therapist and see patients with hand conditions that are impacted by their chronic illnesses that have caused physical deconditioning with compounding weight gain, reduced exercise, reduced occupational roles/performance, chronic pain with resulting mental health issues. This has become worse with changes to daily life due to COVID-19." — **Occupational Therapist**

"People living with chronic pain call us each week with suicidal ideations due to a range of issues including poor management, isolation, confusion around medication and changes." — **Peak Agency**

Service Issues

Overall Prioritisation Rank

Service navigation

Service navigation in the mental healthcare system is made complex by the fragmentation in the public or private services available, the eligibility criteria of programs, in addition to the severity of the illness a patient is presenting with. These complexities are challenges for both practitioners and patients alike, who need to determine services that are relevant to the needs of the patient and pursue an appropriate referral pathway.

Highlight – Service navigation



Knowing what services were available



Quality of referrals



Eligibility



Availability and wait times



Cost

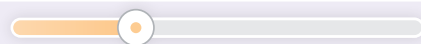
"Better access to mental health services at cost that is affordable and that can be seen in a timely manner, it can also be difficult to see a GP within a day or so due to lack of GP appointments. It can be complicated on how to navigate to the best care as it is complicated to navigate the health system and also to know about private costs in an informed way." — **Community member**

"We find ourselves managing very fragile and complex mental health needs requiring frequent visits as we cannot access any mental health support. Community mental health refuses to see people unless they are actively trying to kill themselves and sometimes not even then. They are always diverted back to community services which don't exist or we cannot access due to lack of availability, mostly, and cost for many." — **General Practitioner**

Crisis support

In light of COVID-19 helpline such as Lifeline, Kids Helpline and Beyond Blue reported an increase in service demand for the months following March 2020 and continued to fluctuate for the remainder of the year. In the period of June 2020, all aforementioned helplines experienced between 5.4% to 21.5% increases in comparison to 2021

Lived experience leadership



The Productivity Commissions' inquiry into Mental Health recognised the increasingly important role of peer workers in the sector and the positive contribution they can make in patient-centred and led care. Whilst there is evidence that positively supports the inclusion of peer support in the mental health workforce, there remains barriers in incorporating peers into services. The inquiry found that insufficient recognition, inadequate support and supervision, poor professional development and advancement and lack of a representative agency are barriers in fully engaging and utilising peer workers

Psychosocial supports



Estimates from the National Mental Health Service Planning Framework (2019) suggest that about 7,613 people with mental illness would benefit from some type of psychosocial support in 2019. The Productivity Commission suggests that while the NDIS supports people with the highest needs, a significant gap continues to persist in people who require psychosocial support but are not eligible for the insurance scheme.

Service Capacity



- Between 2015–16 to 2019–20, the number of Medicare-subsidised mental health-specific services and patients receiving these services have grown by 24.5% and 29.8% respectively.
- From 2015–16 to 2019–20 there was a 3% average annual increase in the rate of mental health-related presentations to the emergency department. This was an increase from 124.9 per 100,000 to 140.5 per 100,000.
- From 2015–16 to 2019–20 the magnitude in the annual average change in volume of presentations was larger for mental health-related presentations contrast to all emergency department presentations. In total there was a 22.3% increase for mental health-related presentations, and 13.6% for all emergency department presentations.

Support for carers



Carers play a key role in supporting people with mental health illness or issues. The AIHW reports that the most commonly recorded (28%) primary medical condition for which a person received Carer Payment, was for providing support to someone with a psychological or psychiatric condition. As of the end of the June 2021 quarter, there were a reported 21,935 people receiving Carer Allowance, or a rate of 2.1 persons per 100,000 people in Brisbane North.

Workforce Capability



- There were 1877 psychologists working in Brisbane North in 2020. This is a 4.9% average annual increase from 2013, which is between the national and Queensland annual increase of 4.6% and 5.4%, respectively.
- Medical practitioners whose primary speciality was psychiatry accounted for 279 people in the workforce. This means there are 26.1 psychiatrists per 100,000 people.
- In addition to this, there were 1122 nurses working in the job area of "mental health" in 2020 and equates to 105.3 mental health nurses per 100,000 people

Highlight – Workforce capability



Expansion of services/practitioners that are subsidised



Improved GP mental healthcare



Tailored workforce for tailored services

"Psychological therapies—additional marketing, awareness and advocacy around the use of other accredited mental health clinicians that can provide and are skilled in providing psychological therapies under mental health care plans e.g. Mental health social workers, mental health occupational therapists not just psychologists". — Community Member

"We need a dedicated mother–baby unit to support parents who require mental health admissions and not be separated from baby—but not in general acute area of mental health institution—with appropriately trained staff." — Peak Agency

"Community psychology are not taking new patients nor are any bulk-billing. Mental health nurses and social workers would be very helpful in this population." — General Practitioner