

Mental Health, Alcohol & Other Drugs Report 2019

MARCH 2019

**MHAOD Sub-Committee
Rio Tinto Community Fund
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*Here for
Gladstone*

Introduction

The Here for Health committee is an initiative of the Rio Tinto Community Fund that was established to influence and make informed decisions that deliver sustainable positive change in areas of identified need within Gladstone’s health sector.

The Mental Health, Alcohol and Other Drugs sub-committee is a subsidiary group of Here for Health and was established to specifically address issues relating to the provision of mental health, alcohol and other drug services within the region.

The overall goal of the Mental Health, Alcohol and Other Drugs Sub-Committee of Rio Tinto’s Community Fund is:

“To develop an integrated strategy for mental health, alcohol and other drugs for Gladstone with one advisory, monitoring and reporting framework”

In October 2018, the Mental Health, Alcohol and Other Drugs Project commenced. This project aims to identify opportunities within the mental health, alcohol and other drugs service sector to improve outcomes for specialised support and services with a focus on identifying service gaps and highlighting opportunities for collaborative effort that will make a difference within the mental health, alcohol and other drugs space within the Gladstone region.

Methodology

Both quantitative and qualitative data that is specific to the Gladstone region has been collected around services, consumer feedback and community perception to provide an accurate reflection of the Gladstone local government area mental health, alcohol and other drugs services, utilisation and needs from birth to death. In some instances, where unable to obtain data specific to Gladstone, Primary Health Network (PHN), State and National data has been cited.

Quantitative data

Key data sources accessed for this report include Australian Bureau of Statistics, Queensland Health hospitalisation and community episode data collections; Central Queensland, Wide Bay, Sunshine Coast PHN data; Central Queensland Rural Health service utilisation data; Australian Institute of Health and Welfare and direct requests to service providers. Service provider data is not generic in nature and is kept by providers in different formats (ie. Time periods, consumer demographic information, diagnosis/reason for treatment, treatment provided etc). To this end, this report demonstrates service utilisation numbers for each service provider, in the manner it was provided. It must be noted that the data from the Australian Bureau of Statistics 2016 Census has been used as the most current demographic data available which may not provide an accurate reflection of the here and now statistics of the Gladstone region. In the last 2 years, Gladstone has experienced an economic downturn which has driven property rental prices down, seen workers leave the area and an influx of people in SEIFA Quintile 1 (most disadvantaged) attracted to the area for the low rental prices, with employment being difficult to obtain. This has resulted in severe strain on community services and alcohol and other drug services. Attendance at every monthly Interagency meeting and discussion with service providers confirms this.

Demographic data has been presented in this report to demonstrate the population attributes of the Gladstone local government area. This information is important as levels of socio-economic disadvantage, education, employment, income and remoteness can all be contributing factors to individual's mental health and use of alcohol and other drugs.

Qualitative data

Qualitative data was obtained by engagement with service providers, government, community members and consumers. A consistent format was used to guide the feedback and information provided by these groups to ensure the right information was collected. An online community survey was conducted using Survey Monkey to obtain community perspective and while the consumer survey was also posted to Survey Monkey, all consumers chose to complete surveys on paper.

Gladstone Local Government Area demographics



Area: 1,050,554 ha
Population: 62,814 (ABS ERP 2017)
Population density: 0.06 persons per hectare
Indigenous population: 4% of total population (ABS 2016)
Median age: 35.8 years
Projected population growth: 75,327 (2016-2041)

Source: Australian Bureau of Statistics

Population and People

The estimated resident population of the Gladstone local government area as at 30 June 2017 is 62,814, which was comprised of:

Gender

32,209 males
30,605 females

Average household size

2.6 people (2016)

Estimated homeless persons

215
ABS, 20490 Estimating Homelessness, 2016

Age

Median age: 35.8 years

0-14 years: 22.9%
15-24 years: 12.2%
25-34 years: 13.8%
35-44 years: 14%
45-54 years: 14.7%
55-64 years: 11.9%
65-74 years: 7%
75-84 years: 2.8%
85+ years: 0.8%

Indigenous Population (2016)

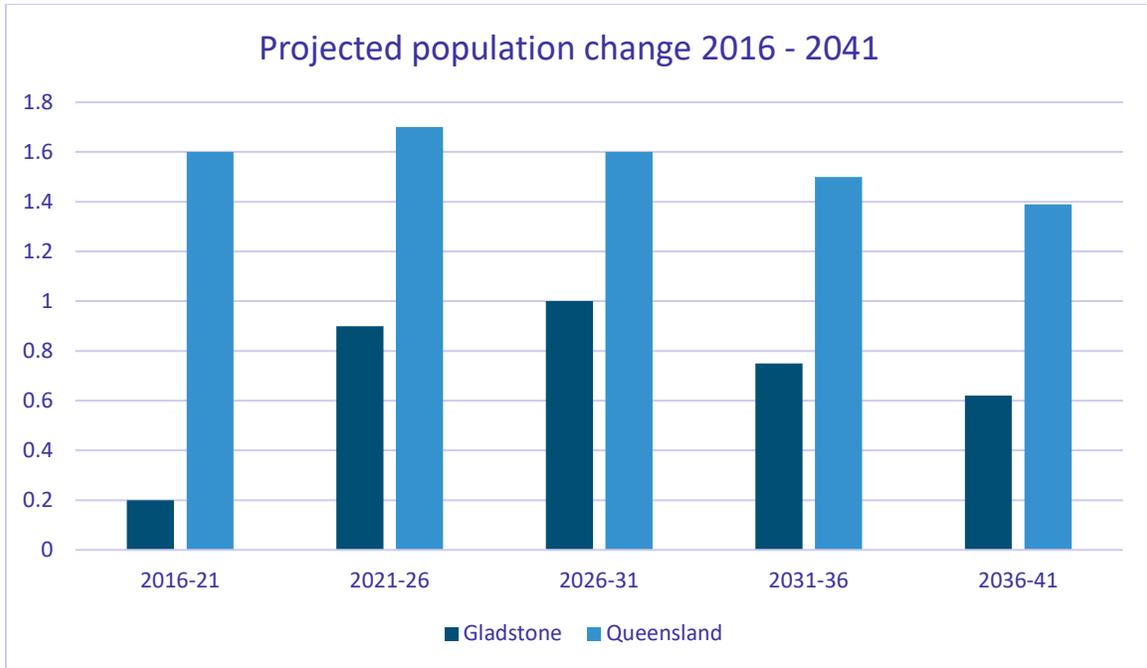
4% of population identify as Aboriginal, Torres Strait Islander or both
An increase of 0.5% since 2011

Cultural Diversity

8,904 or 14.4% of population were born overseas
An increase of 2% since 2011
6.2% of population speak a language other than English at home

Projected Population Growth

The population of the Gladstone local government area is projected to increase to 75,327 people at 30 June 2041 at an average annual growth rate of 0.7% over the next 25 years. This projection is based on the Queensland Government's Population Projections which applies assumptions in relation to future trends of population change such as fertility, mortality and migration and the most recent planning and development information available.



Source: Queensland Government Population Projections, 2018 edition (medium series)

Education, Employment & Income

Education

- 42% completed Year 12 or equivalent
- 57.4% have post-school qualifications
- 8.6% hold Bachelor degree
- 4.8% did not go to school or finished their schooling in Year 8 or below
- 70% of youth 15-19 years are fully engaged in work/study

ABS Census 2016

- 31 schools in Gladstone LGA

Emergency Services

- 8 Police stations
- 7 Ambulance stations

Employment

Of a total of 28,774 employed persons:

- 12.5% in main employing industry – Manufacturing
- Health care and social assistance industry accounts for 9% of persons employed
- While an increase of 818 workers from 2012/13 to 2017/18 occurred a smaller percentage of local workers employed in healthcare and social assistance compared to Queensland (9% compared to 13.9%)
- In the September 2018 quarter, the unemployment rate was 7.88%

National Institute of Economic & Industry Research (NIEIR) 2018 – See Quarterly Unemployment Rate graph over page

Income

- 17.4% earned a high income (\$1,750 per week or more gross income)
- 37.7% earned a low income (less than \$500 per week gross income)
- Median total personal income \$678/week
- 22,589 taxpayers reported having private health insurance

ABS Census 2016

Government Pensions &

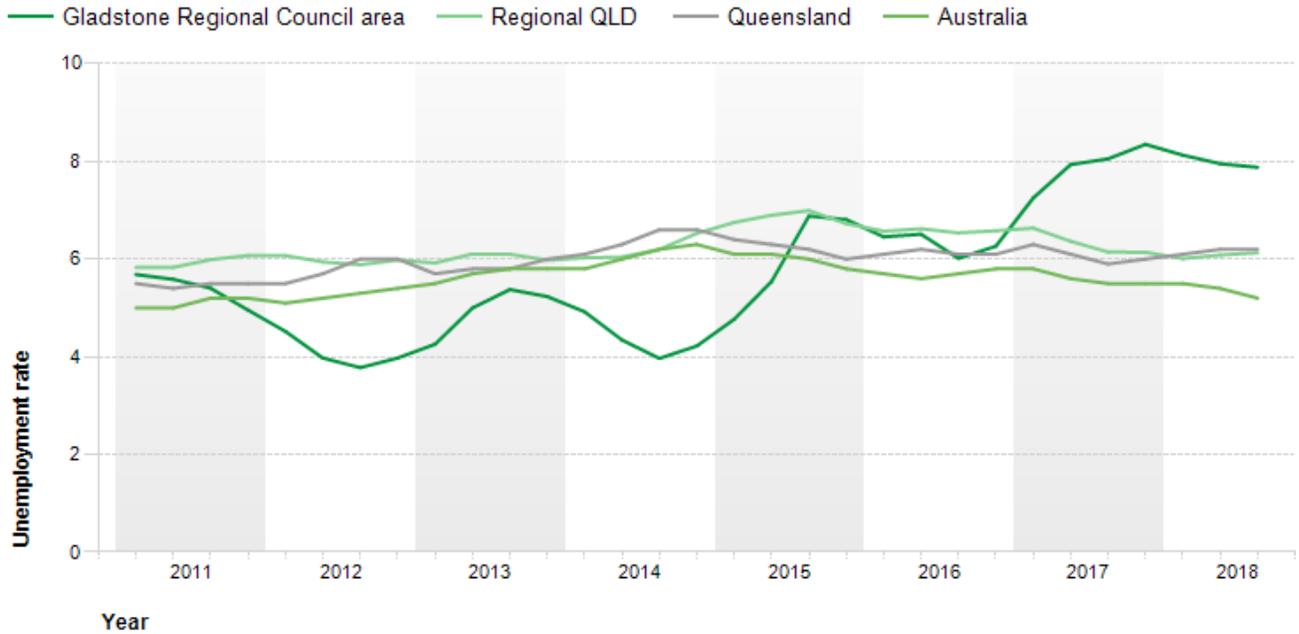
Allowances

(No. of people)

	2016	2017	2018
Age pension	4364	4538	4855
Carer payment	506	606	1592
Disability pension	1559	1770	1960

Department of Social Services, Payment Demographic Data; ABS 3235.0, ABS Census 2016

Quarterly unemployment rate



Source: Australian Bureau of Statistics, Labour force survey, catalogue number 6202.0, and Department of Employment, Small Area Labour Markets, June 2017. Compiled and presented in economy.id by .id the population experts.



Remoteness

The Australian Bureau of Statistics develops the Remoteness Area classification each Census. Remoteness Areas divide Australia into five classes of remoteness on the basis of their relative access to services and is based on the Accessibility & Remoteness Index of Australia (ARIA+) produced by the University of Adelaide.

The most populated remoteness area in Gladstone in 2016 was classified as Inner Regional Australia. A further breakdown of Gladstone’s remoteness is below.

Major City	Inner Regional Australia	Outer Regional Australia	Remote Australia	Very Remote Australia
0%	86.2%	13.1%	0.7%	0%

ABS, Australian Statistical Geography Standard (ASGS), ABS Census 2016

Socioeconomic Status

Socio-Economic Indexes for Areas (SEIFA) is a summary measure of the social and economic conditions of geographic areas in Australia which identify socially and economically disadvantaged areas relative to other areas. It is generated by the Australian Bureau of Statistics Census and takes into account factors of income, employment, education and housing types. Low index values represent the most disadvantage and high values represent least disadvantage.



SEIFA Index of Advantage and Disadvantage - Gladstone Regional Council Area

Area	Index score
Tannum Sands – Benaraby	1,008.7
Australia	1,003.1
Boyne Island – Wurdong Heights	994.4
Queensland	990.0
New Auckland – Kirkwood	989.5
South Trees – Glen Eden and Surrounds	984.1
Calliope	983.8
Clinton – Byelee – Callemondah	966.3
Gladstone Regional Council Area	964.0
Kin Kora – Sun Valley	956.6
Agnes Water – Seventeen Seventy	944.3
Gladstone City	940.2
Rural West	933.0
West Gladstone	924.3
South Gladstone	909.0
Rural South East	883.6

Source: ABS 2033.0.55.001 Census: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

Taxonomy of mental health¹

There is no simple or universally agreed definition of mental illness, and a wide range of conditions and disorders can be included under this term. In the *National Mental Health Plan 2003-2008*, mental illness is defined as "a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities". A diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-IVR) ([APA 1994](#)) or the International Classification of Diseases, Tenth Edition (ICD-10) ([WHO 1992](#)).

Source: Australian Department of Health website.

There are nearly 300 mental disorders listed under the Diagnostic and Statistical Manual of Mental Disorders. The main groups of disorders are mood disorders (such as depression and bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (such as schizophrenia), eating disorders and trauma-related disorders (such as post-traumatic stress disorder).

For the purpose of this Report, mental health disorders not addressed are Autism spectrum disorders, dementia and intellectual disability.

The terms mild, moderate and severe refer to the intensity of mental health service needs for people with a mental illness.

The PHN describes the range of services required within a comprehensive mental health system across the spectrum of service delivery within five key streams, known as the Stepped Care model. They are:

Well population – Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Services for well population focus on promotion and prevention by providing access to information, advice and self-help resources.

At risk groups – describes early identification and intervention for people experiencing symptoms of mental illness or indicators of distress which do not meet the threshold for a formal mental illness diagnosis, but who may require intervention to prevent progression to a formal diagnosis and to manage distress. It also refers to providing relapse prevention for people who have a lifetime history of mental illness but do not currently have a 12-month diagnosis but may require ongoing treatment and support to remain well. Typical interventions for this group include assessment, suicide risk identification and prevention, self-help and/or self directed digital mental health, low intensity peer-led interventions and monitoring by a GP.

Mild mental illness – mild intensity mental illness is able to be largely managed in a primary care setting with limited specialist input. Approximately 50% contact with services and can include

interventions as listed for at risk groups as well as low intensity structured psychological therapies delivered by vocationally qualified staff and tertiary qualified / medical staff within primary care, GP-led care coordination, clinician supported digital services and linkages with broader social supports.

Moderate mental illness – moderate intensity mental illness with 80% contact with services. Also utilise interventions such as clinician-led digital services for less complex cases, GP-led care coordination and linkages to broader social supports. Structured psychological therapies delivered by tertiary qualified and medical staff within primary care and assessment and treatment from private psychiatrists and psychologists (particularly for those with more complex disorders).

Severe mental illness – individuals with significant days out of role, distress or impairment who would require support from specialised mental health services. Although not separated within the PHN's Stepped Care model, severe mental illness is further divided into:

- Severe episodic: people who have discrete episodes, interspersed with periods of remission.
- Severe and persistent: individuals with chronic mental illness that causes major limitations on functioning and is chronic without remission over long periods.
- Severe and persistent illness with complex multiagency needs (also called 'psychosocial disability'): represents those with the greatest disability among the severe population and who require significant clinical care, including hospitalisation, along with support to manage most day-to-day living activities. This level of mental illness is being provided support by the National Disability Insurance Scheme (NDIS) to eligible individuals.



Taxonomy of alcohol and other drugs

Addiction is a physical or psychological need to use a substance, often caused by regular continued use. The likelihood of addiction depends on factors related to the type of drug and the individual person. Common substances are alcohol, cannabis, methamphetamine and pharmaceutical medications.

Supports to assist people to overcome addiction are:

Screening and Brief Interventions:

Commonly consist of a single time-limited session of information, assessment and advice that aims to motivate individuals to change their behavior.

Counselling outside of Rehabilitation programs:

Involves a trained professional providing advice or counsel to an individual about their drug and/or alcohol use. Aims to provide the client with the necessary psychological and physical resources to change drug/alcohol use behaviours.

Case Management, Care Planning and Coordination:

Involves a range of treatment interventions ranging from short-term engagement to longer-term counselling and support. Individuals collaborate with case management through a comprehensive assessment of individual care planning, service facilitation, outcome monitoring and advocacy.

Withdrawal Management:

Supports people to stop or reduce AoD use, often after a period of long or frequent use. Can be offered either as a stand-alone service or integrated with other services provided such as rehabilitation.

Residential Rehabilitation:

Intensive treatment programs that aim to provide a therapeutic environment in which behavior change and major lifestyle adjustments can occur. A large focus of these programs is to develop a range of strategies to assist the development of coping and life skills through addressing the behaviours of addiction. (It should be noted that most rehabilitation services require an individual to have undertaken withdrawal management – detox – for approx. 1 week prior to entering rehab)

Day stay rehabilitation and other intensive non-residential programs:

These programs require individuals to participate in daily counselling, psychological, legal, financial and physical support programs while continuing to live in their own homes.

Aftercare / Follow up Services:

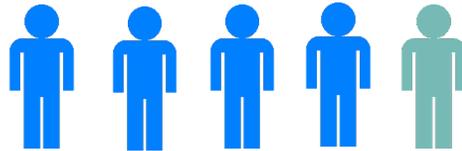
Provide vocational, financial and/or social support to individuals once they have completed a recovery or rehabilitation program.

Source: PHN Service Mapping – Rapid Phone Survey of Community Organisations Delivering Alcohol and Other Drug Services in the Central Queensland, Wide Bay, Sunshine Coast PHN catchment

Mental health, alcohol and other drugs epidemiology

Australian Statistics

1 in 5 Australians are affected by mental ill health each year.



- Queensland's suicide rate is 19% higher than the national rate
- In 2014-15:
 - Children aged 0-14 - 5.3% reported anxiety related disorders, an additional 2.7% had problems of psychological development and 2.3% reported behavioural, cognitive and emotional problems.
 - Young people aged 15-34 – 13% reported an anxiety condition and 9% a depressive/mood disorder.
 - Young adults aged 35-44 – 13% reported an anxiety condition and 12% a depressive/mood disorder.
 - Middle aged adults 45-64 – 14% reported anxiety related problems and 13% depressive/mood problems.

Source: The health of Queenslanders – Report of the Chief Health Officer Queensland 2018

- In 2016, around 3.1 million Australians reported using an illicit drug, with 34.8% aged 14 years and over have used cannabis one or more times in their life and 6.3% aged 14 years and over have used methamphetamines one or more times in their life.
- In 2016, the most common illicit drug was cannabis, followed by misuse of pharmaceuticals, cocaine, and then ecstasy.
- About 1 in 20 (4.8%) Australians had misused pharmaceuticals.
- While overall use of methamphetamine has decreased, use of crystal methamphetamine (ice) continues to be a problem.
- People who are using crystal methamphetamine (ice), are using it more frequently which increases the risks and harms.

Source: Australian Institute of Health and Welfare National Drug Strategy Household Survey 2016

Queensland Statistics

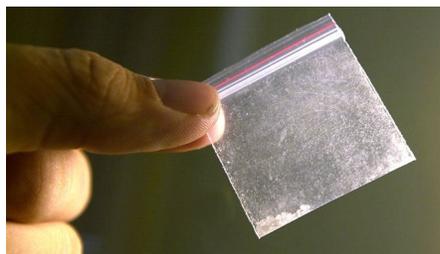
- In 2011, mental health disorders (11%) was one of the leading causes of disease burden; suicide and self-inflicted injuries (6%) was one of the three largest specific causes of premature death and anxiety disorders and depressive disorders (22%) was one of the three largest specific causes of disability.
- In 2018, 24% of young people (aged 18-29) were risky drinkers (lifetime risk), 36% of young males and 13% of young females.
- In 2018, 25% of young adults (aged 30-44) were risky drinkers (lifetime risk), 37% males and 12% of females.
- In 2018, 23% of middle-aged adults were risky drinkers (lifetime risk), 33% males and 14% of females.
- In 2018, 15% of older people (aged 65+) were risky drinkers (lifetime risk), 25% males and 6% females.
- Based on prevalence estimates from 2016, in 2018:
 - An estimated 58,000 Queenslanders aged 14 and over had used illicit drugs in the previous 12 months, and the majority (485,000) had used cannabis
 - An estimated 204,000 Queenslanders aged 14 and over misused painkillers, analgesics and opioids in the previous 12 months

Source: The health of Queenslanders – Report of the Chief Health Officer Queensland 2018

Principal drugs of concern



Cannabis



Methamphetamine



Alcohol

(Source: QNADA)

Primary Health Network (PHN) Statistics

The Central Queensland, Wide Bay, Sunshine Coast PHN has access to the National Mental Health Service Planning Framework (NMHSPF) to assist them in developing their annual Health Needs Assessments. The PHN's 2017-18 Health Needs Assessment estimates the prevalence and treatment for the PHN area for 2021 to be 16.7% of the overall population (approx. 152,116 people) and approx. 26,558 young people aged 12-24 years will need mental health treatment. The Health Needs Assessment also identifies the population in need of mental health services across the stepped care model as follows:

- 5.4% will require early intervention and relapse prevention
- 4.5% will need a variety of services to treat mild mental illness/disorders
- 3.6% will need services for moderate mental illness/disorders
- 3.1% will need services for severe mental illness
 - Subgroup 1 – Severe episodic – approx. 2/3 of the overall severe population
 - Subgroup 2 – Severe and persistent mental illness – one-third of the overall severe population
 - Subgroup 3 – Severe and persistent illness with complex multiagency needs – approx. 0.4% of the population.

“Many people with experience of mental illness do not seek support for their condition, with rates of help-seeking and treatment much lower than prevalence in the community. Latest statistics suggest about 46% of people with a mental ill-health problem seek help each year.”

Source: National Review of Mental Health Programmes and Services – Volume 1

The Australian Institute of Health and Welfare (AIHW) conducted the National Drug Strategy Household Survey in 2016. Findings from this Survey relating to the Central Queensland, Wide Bay, Sunshine Coast PHN area include:

- 20.5% of the population drink at lifetime risky levels
- 15.2% of the population had used illicit drugs in 2016

Additionally, in 2014/15 the Central Queensland, Wide Bay, Sunshine Coast PHN had the third highest percentage of adults who exceed lifetime alcohol risk guidelines in Australia.

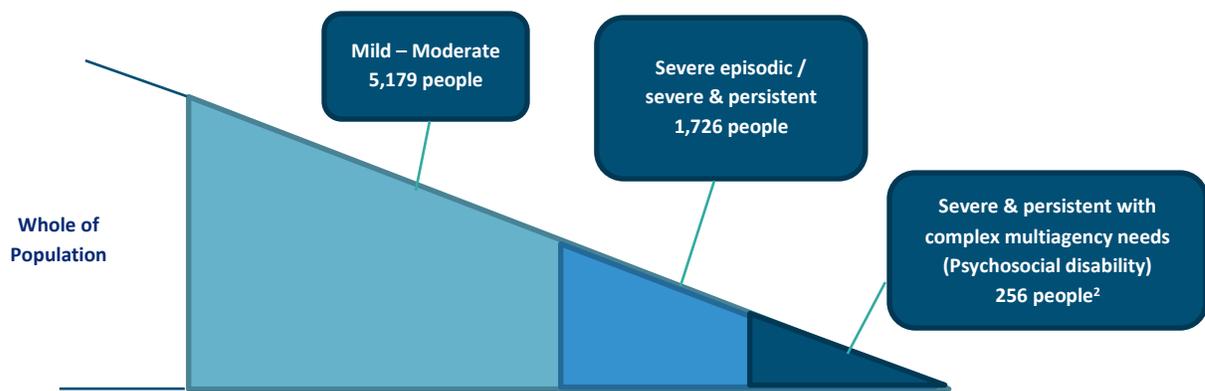
Source: Australian Institute of Health and Welfare Analysis of ABS National Health Survey 2014-15

Estimated Gladstone Epidemiology

While there has not been statistical data specific to the Gladstone local government area that has been able to be obtained, estimates can be made by applying the Central Queensland, Wide Bay, Sunshine Coast PHN statistics above to the estimated population of Gladstone, being 63,938 in 2021.

By 2021, mental health needs within the Gladstone region will include:

- 10,678 people will need mental health treatment.
- 3,453 people will require early intervention and relapse prevention
- 2,877 people will need support for mild mental illness
- 2,302 people will need support for moderate mental illness
- 1,982 people will need services for severe mental illness.



According to the PHN's Health Needs Assessment, these estimates represent a low case scenario, with higher numbers to be expected.

In relation to alcohol and other drugs, it is difficult to obtain current statistics on usage locally or to make estimates in part due to lack of self-reporting and also as governing bodies do not make public statistics in smaller populations for privacy reasons.

Community impact

Crime and Justice



Source: Queensland Government Statistician's Office; Queensland Regional Profiles: Resident Profile: Gladstone (R) LGA

For the 2017-2018 financial year, the Queensland Police Service reported 4,467 drug offences for the Capricornia Police District.

Source: Qld Police Service – Number and rate of reported offences, Capricornia Police District

Child Safety

Out of home care refers to the provision of care outside the family home to children who are in need of protection or who require a safe placement while their protection and safety needs are assessed. In accordance with nationally agreed upon reporting definitions, data for out-of-home care refers to children placed with kin, other home-based carers or residential care services.

In confidence data provided by the Department of Child Safety, Youth and Women shows that Gladstone has a high number of children that were assessed in need of protection with family risk factors of drug and alcohol and mental health issues higher than state-wide averages.

Suicide

Over the last five years, the number of suicides has varied from year to year. However, in every year there are much higher rates of male suicide than those of females – at least double and up to seven times more males than females. Advice received is that the average age is between 18 and 40 years with a small number being older or younger.

Cost impact

In the most recent national assessment of the costs of alcohol use and illicit drug use in 2004-05, based on Queensland's share of the Australian population for 2004-05:

The financial cost of alcohol consumption to the Queensland economy was \$2.2 billion:

- \$400 million spent on healthcare
- \$720 million in productivity losses including absenteeism
- \$310 million in home production losses
- \$320 million in crime
- \$440 million in road transport injuries

The financial cost of illicit drug use to the Queensland economy was \$1.4 billion:

- \$0.04 billion spent on healthcare
- \$0.4 billion on lost production (workplace and home)
- \$0.89 billion on crime and road transport injuries

Source: The health of Queenslanders – Report of the Chief Health Officer Queensland 2018

Mental health, alcohol and other drugs services

Mental health care is delivered by a range of providers operating within and across different sectors. Public mental health services are provided by the Hospital and Health Service and delivers specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery for those who experience the most severe forms of mental illness, including those subject to the *Mental Health Act 2016*. Private mental health services are delivered by psychiatrists, mental health nurses, clinical psychologists, social workers and other allied health professionals with expertise in mental health care. Non-government organisations include not-for-profit community organisations and community groups who provide mental health care in the community.

A variety of other services that support mental health and recovery are provided by other public and non-government organisations such as assisting people to access and maintain housing, employment and education, personal care and independent living skills, financial assistance and other programs and initiatives that promote health, wellbeing and social connection.

Services Summary

- 1 public hospital with Emergency Department and under jurisdiction of Central Queensland Hospital and Health Service (HHS), Queensland Health (it should be noted that residents from Miriam Vale, Agnes Water and 1770 come under jurisdiction of the Wide Bay Hospital and Health Service in Bundaberg).
 - Gladstone Community Mental Health, Alcohol & Other Drugs
 - Gladstone Child and Youth Mental Health Service
 - Nurse Navigator program
- 1 private hospital – Mater Hospital. Not funded to provide mental health services
- Sunshine Coast, Wide Bay, Central Queensland Primary Health Network (PHN) jurisdiction
- 14 general medical practices (12 in Gladstone/Boyne/Tannum and 2 in Agnes Water) with 49 General Practitioners and 11 Registrars in the Gladstone/Boyne/Tannum practices⁴
- In 2016 there were 25 practicing Psychologists in the Gladstone LGA
- 11 non-government organisations providing direct mental health support
 - 1 community bed-based sub-acute short stay (10 beds) – in partnership with HHS
 - Only one organisation delivers computerised therapies such as computerised CBT
 - Of these organisations, 2 are youth specific.
- There are a further 4 organisations who provide some mental health support in carrying out their support services

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- 7 organisations provide support under the NDIS to people with an NDIS plan, with 1 organisation being youth specific. There are also 3 organisations who provide NDIS support coordination only.
 - 1 non-government organisation providing alcohol and drug specialist services
 - 0 day stay rehabilitation and other intensive non-residential programs
 - 0 residential rehabilitation
 - 2 organisations authorised to prescribe Opioid Treatment Program – Gladstone Hospital AOD and Dr Matthias Fichtner at Boyne Island Family Medical Centre. A number of community pharmacies dispense methadone as the Gladstone Hospital pharmacy is not open on weekends
 - Aged care: As at 30 June 2018, there were 8 aged care places and 220 aged care residential places in the Gladstone region⁵. On speaking with 2 aged care providers, aged care does not provide direct mental health support. They provide for the individual’s living and primary medical care needs. If an individual has mental ill-health, they are referred to the Gladstone Hospital Community Mental Health as the only provider for people over 65.
 - Majority of organisations open during business hours Monday to Friday, but some organisations are less. While some organisations provide support under NDIS to those with a Plan outside of business hours, and some Psychologists will make appointments with consumers outside of business hours on an ad hoc basis, there are no organisations providing regular after hours and weekend support.

Mental Health Service Mapping

The service map (Appendix 1) shows current funded services within the Gladstone local government area utilising the PHN’s stepped care model (described in more detail in “Taxonomy of Mental Health Services”) to demonstrate the spread of services⁶. For the purpose of service mapping in this Report, severe mental illness service provision has been further sub-divided into three sub-categories:

- **Community treatment** – non-residential (individuals remain in their community) and can be intensive, acute or ongoing.
- **Sub-acute short-stay** – community bed-based service providing 24/7 recovery oriented services in a residential-style setting for a short period of time
- **Acute inpatient** – admission to hospital (public or private) as an inpatient and provide short to medium term, 24 hour inpatient assessment and treatment services for people experiencing serious episodes of mental illness, who cannot be adequately supported in the community environment. Acute Inpatient Units admit both voluntary and involuntary consumers. Involuntary consumers are those persons who are admitted under the provisions of the *Mental Health Act 2016* and who are required to receive treatment.

Mental health, alcohol and other drugs workforce

The workforce providing mental health care is made up of the following workforce types:

- Medical: medically trained professionals such as GPs and Psychiatrists
- Tertiary qualified: university trained with a minimum three year Bachelor degree in a discipline related to mental health care such as Nurse, Nurse Practitioner, Social Worker and Psychologists
- Vocationally qualified: Primarily a non-clinical workforce with a TAFE level qualification in mental health or related fields and provide low-intensity psychological interventions, such as Mental health workers and Enrolled nurses.
- Peer workforce: Roles that are performed by someone with lived experience as a mental health service consumer or mental health carer.

The Gladstone local government area is classified as a 'District of Workforce Shortage'. Determined by the Australian Department of Health and Medicare, districts of workforce shortage are geographical areas that have less access to Medicare-subsidised medical services than the national average. It allows for overseas trained doctors to make application to access the Medicare Benefits Scheme (MBS) and therefore encourage them to work in these districts.

Current workforce statistics

Organisation	Number of staff	Qualification Minimum
Primary Health Services		
General Practitioners	49 GPs, 11 Registrars	Medically trained
Private Practitioners		
Psychiatrists	0	Medically trained
Psychologists	Unknown	Tertiary qualified
Counsellors	Unknown	Tertiary or Vocationally qualified
Mental Health Services		
Gladstone Hospital MHAOD	Provided in confidence	Medically trained / Tertiary qualified
Central Queensland Rural Health	2	Tertiary qualified Mental Health Nurse
Anglicare CQ	1 x FTE and 2 x PT	Vocationally qualified - Certificate IV
Step Up Step Down	8.2 FTE – Mind 4 FTE - HHS	Mind- Vocationally qualified Certificate IV HHS – Medically or tertiary qualified

Community Solutions – PIR & PHAMS	3 FTE	Vocationally qualified - Certificate IV
Bridges	5 (recruiting for 6 th)	Vocationally qualified - Certificate IV
Gladstone Women’s Health Centre	5	Tertiary or Vocationally qualified
Nhulundu (mental health staff only)	3 – not full time and visiting only. 12 visits / month altogether	Medically or Tertiary qualified
Artius	1 Psychologist visiting 1 day/week (Fulltime Psychologist commencing 4/4/19)	Tertiary qualified
Centacare	2	Vocationally qualified - Certificate IV
Youth Specific Services		
Roseberry	Therapeutic supports for MHAOD – 4 Advocacy & Referral – 7	Vocationally qualified – Diploma Vocationally qualified – Certificate IV
Headspace	6 salaried workers; 6 consortium staff – in kind services; 4 x private providers	Tertiary qualified
Alcohol & Other Drug Services		
Lives Lived Well	1 x FTE and 2 x PT (1 day/week each)	Tertiary qualified

Feedback from a number of organisations is that they have been unable to recruit appropriate staff for vacant and/or new positions.

Historical Psychologist workforce statistics

In conducting research, it has been extremely difficult to locate and identify all psychologists who operate in the Gladstone local government area. There is no central directory and while every attempt has been made to contact Psychologists, no response was common. Historical data exists up to 2016 on the psychology workforce in Gladstone as set out below and may assist in identifying what current numbers potentially look like.

	2013	2014	2015	2016
Female	19	17	19	19
Male	5	4	4	6
Total	24	21	23	25

Source: National Health Workforce Dataset; Professions and Sex by Year and Local Government Area by Workforce Status, Counting: Number of Practitioners

Mental health, alcohol and other drugs service utilisation

Gladstone Hospital

Episodes of admitted patient care with principal diagnosis relating to mental health disorder^{7/}/ alcohol/ drug use

Hospital	Usual Residence	Conditions	2016/2017		2017/2018	
			Episodes	Patients	Episodes	Patients
Gladstone	Gladstone LGA	Alcohol – mental health	24	23	24	23
		Alcohol – other	23	19	12	10
		Drugs – mental health	4	4	14	12
		Drugs – other	23	22	32	29
		Other mental health	204	158	181	155
	Total Gladstone LGA		278	219	263	218
	Other area of usual residence	Alcohol – mental health	0	0	5	5
		Alcohol - other	0	0	3	3
		Drugs – mental health	0	0	3	3
		Drugs - other	1	1	0	0
		Other mental health	12	10	23	19
Total other area of usual residence		13	11	34	29	
Total - Gladstone Hospital			291	230	297	247
Other Queensland public acute hospitals	Gladstone LGA	Alcohol – mental health	14	12	13	13
		Alcohol – other	9	5	3	3
		Drugs – mental health	12	11	15	12
		Drugs – other	5	4	9	9
		Other mental health	118	88	150	117
Total – Other Queensland public acute hospitals			158	118	190	149
Total Gladstone Hospital and patients usually resident in Gladstone LGA admitted to other Qld public hospitals			449	296	487	325

Notes:

- Excludes episodes of admitted patient care for newborns without qualified days, posthumous organ procurement and boarders
- Restricted to episodes of admitted patient care in Gladstone hospital and/or episodes of admitted patient care for patients usually resident in Gladstone LGA admitted to a Queensland public acute hospital, between 1 July 2016 and 30 June 2018. Other area of usual residence includes all other Queensland LGAs, interstate and overseas residents and unknown area of residence.
- An episode of care for an admitted patient may be a total hospital stay or a portion of a stay that begins or ends in a change of care type.
- Restricted to episodes of admitted patient care with principal diagnosis related to mental health disorders, alcohol use or drug use, defined as follows:
 - Alcohol – mental health: Mental and behavioural disorders due to use of alcohol
 - Alcohol other: Degeneration of nervous system due to alcohol; Alcoholic cardiomyopathy; Alcoholic polyneuropathy; Alcoholic myopathy; Alcoholic gastritis; Alcohol-induced acute pancreatitis; Alcohol-induced chronic pancreatitis; Alcoholic liver disease
 - Drugs – mental health: Mental and behavioural disorders due to psychoactive substance use
 - Drugs – other: Poisoning by narcotics and psychodysleptics (hallucinogens); Psychostimulants with potential for use disorder (*Other than where they resulted in a mental health disorder, conditions related to smoking of tobacco or use of licit/prescribed drugs are not included by this definition*)
 - Other mental health: Mental and behavioural disorders, **excluding** mental and behavioural disorders due to psychoactive substance use (these exclusions are included in Alcohol – mental health or Drugs – mental health above).
- The same patient may contribute to counts across more than one condition group if they have had more than one episode of admitted patient care with any of the selected principal diagnoses. As such, distinct patients cannot be summed across groups to form a total.

Source: Queensland Hospital Admitted Patient Data Collection (WHAPDC), Statistical Services Branch; Master Linkage File (MLF), Department of Health, Queensland

Gladstone Hospital – Mental Health, Alcohol & Other Drug Integrated Service

Consumers and episodes within Gladstone based public mental health or alcohol and other drug service

ATODS 2016-17	
Number of Episodes	Number of Consumers
243	220

Mental Health 2016-17	
Number of Episodes	Number of Consumers
92	69

ATODS 2017-18	
Number of Episodes	Number of Consumers
217	201

Mental Health 2017-18	
Number of Episodes	Number of Consumers
85	61

Notes:

1. The data is extracted upon what is delivered by services located in the Gladstone region. Persons whose usual residence is within the Gladstone region but who access services outside of this area are excluded from the data.
2. As this includes two source systems, the 'Gladstone region' for this analysis includes the Gladstone Integrated Services Agency for ATODs, and treating units Gladstone Adult Community MHS, Gladstone CYMHS, and Older Persons Mental Health.

Source: Analysis and Accountability Team, Clinical Systems, Collections and Performance Unit, Mental Health Alcohol and Other Drugs Branch, Queensland Health

Central Queensland Rural Health

Clients using CQRH funded mental health services January 2018 – February 2019

Central Queensland Rural Health provides mental health support for mild to moderate mental illness (under Stream 3 – Psychological Services for Underserved and Hard to Reach Groups) and for severe and persistent mental illness (Stream 4).

Clients	Female		Female Total	Male		Male Total	Totals
	Stream 3	Stream 4		Stream 3	Stream 4		
Age 5-11	0	2	2	1	0	1	3
Age 12-17	2	1	3	1	4	5	8
Age 18-24	3	21	24	4	8	12	36
Age 25-64	43	142	185	27	68	95	280
Age 65+	1	15	16	2	8	10	26
Totals	49	181	230	35	88	123	353

Source: Central Queensland Rural Health – February 2019 de-identified data

Gladstone General Practices

Data provided below reflects the 12 general practices in Gladstone and Boyne/Tannum areas up to November 2018. Mental health conditions recorded only are depression, anxiety, bipolar and schizophrenia⁸.

Of the total active population of these practices – 27,100 people:

- 16% with a recorded mental health diagnosis
- 23% mental health diagnosis with GP-Mental Health Treatment Plan in past 24 months
- 32% mental health diagnosis with GP-Mental Health Treatment Plan Review in past 24 months
- 31% mental health diagnosis with GP-Mental Health Consultation in past 24 months
- 36% self reports as a drinker
- 25% self reports as a non-drinker
- 28% no drinking status recorded

Source: Central Queensland, Wide Bay, Sunshine Coast PHN November data extraction

Private Psychology & Counselling Services

While every attempt was made to locate and contact all private psychology and counselling services in the Gladstone local government area, 6 psychologists and 1 counselling service were interviewed. These services provided support to approximately 695⁹ consumers in 2018 and all have waitlists in place.

Site Employee Assistance Programs (EAP)

Data provided in confidence from a site employee assistance program provider suggests that utilization to this service was 12.8% per average of 900 workers. Health and wellbeing and personal relationships were the top presenting personal issue topics.

Non-government organisations

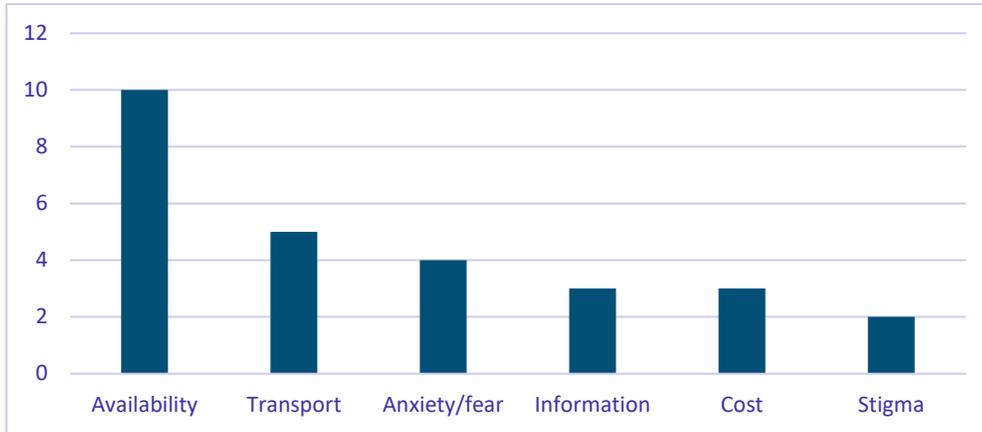
Due to the varying ways in which service providers keep data on utilisation of their services, information provided has been set out separately below. It should also be noted that a number of consumers access more than one service for support and therefore, numbers cannot be added to gain a total. It should be further noted that consumers receiving support under NDIS are not reflected here (only certain people can access the NDIS, as explained in the 'Taxonomy of Mental Health Services' – to access the NDIS, people must have an impairment that is likely to be permanent, and their ability to do everyday activities is substantially reduced by the impairment).

Organisation	Number of consumers	Period	Notes
Step Up Step Down ¹⁰	10 – 100% capacity	At at February 2019	Wait list in place
Headspace	688	2017/18 financial year	58% female, 40.6% male and 1.4% other. 76.2% had mental health as primary issue, 2.7% with alcohol or other drugs
Roseberry	337 total	2017/18 financial year	Practical supports AOD – 72 Practical supports MH – 216 Practical supports only (homelessness/family relationships – 49) Youth experiencing MH, AOD and homelessness together - 60
AnglicareCQ	143	2018 year	Wait list in place
GCLA	14	Current as at November 2018	
Unitingcare	18 – Youth program 78 – Community support	Current as at November 2018	Agnes Water programs only (other programs relate to child protection)
Community Solutions – PiR	40 (capped at 20 per worker)	Always at capacity	Not allowed to waitlist – refer elsewhere
Bridges The Haven	145	Financial year	
Artius	276 service contacts	2018 year	
Women's Health	Not provided		1 week waitlist
Nhulundu	Not provided		50 on waitlist
Centacare	Not provided		3 week wait for counselling
Lives Lived Well	67	May 2017 – June 2018	For 1 FTE funded by PHN – 139% of target

Consumer Feedback

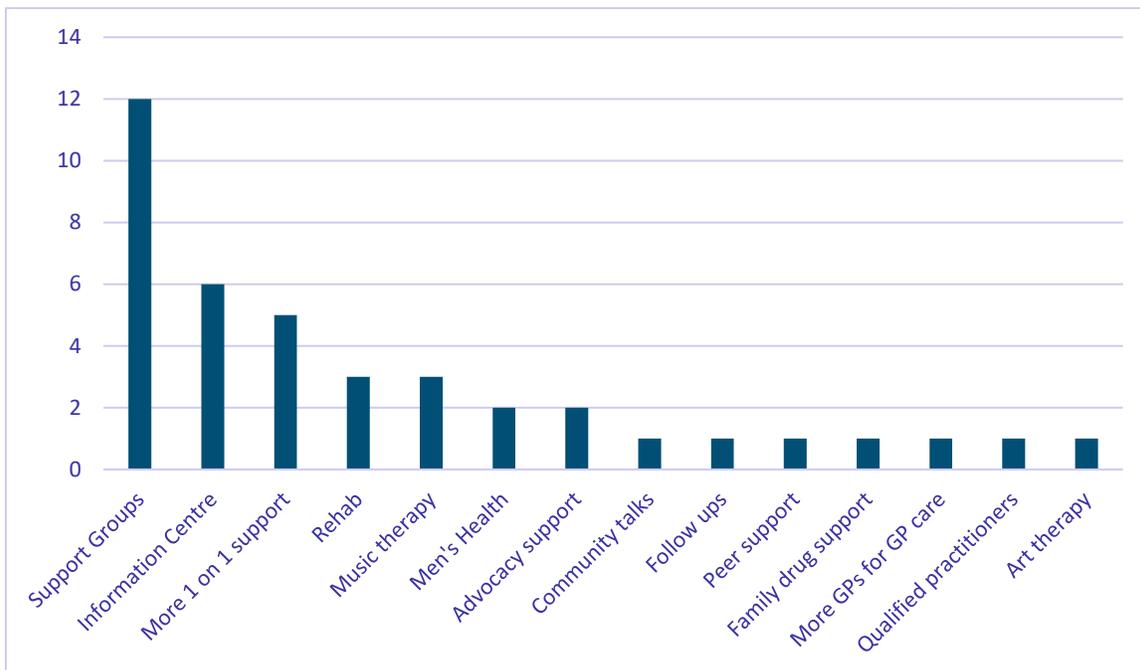
There were 34 respondents to the Consumer Survey with 28 individuals receiving support for mental health only, 1 receiving support for AOD only and 5 being supported for both mental health and AOD.

Barriers to accessing support as identified by consumers¹¹



The two main supports that the respondent consumers would like to see available in the Gladstone region are more support groups for social inclusion and an ‘information centre’.

Supports consumers would like to see available in the Gladstone region¹¹



Community Perceptions

An online Survey Monkey survey was conducted to obtain community perceptions. There were 77 respondents. Of those respondents:



Awareness of services by respondents showed that the majority would access the Gladstone Hospital MHAOD (42 out of 77) to gain assistance if they had a mental health, alcohol or other drug issue. Other organisations that ranked highly were headspace (24), GP (19), Lives Lived Well (12), Roseberry (11) and Psychologists (6).

There were four broad barriers identified by respondents to being able to access mental health, alcohol and other drug services, being:

- 35% - Access / availability
- 30% - Awareness / information
- 27% - Cost
- 8% - Transport / Travel

The main needs that the community respondents believe that Gladstone needs are¹¹:

- Rehab (18%)
- Information/drop-in centre (16%)
- More services (13%)
- More workers (12%)
- Inpatient mental health at hospital (10%)
- Detox facility (9%)
- Education (9%)
- Early intervention / supports for mild mental illness (9%)
- Resident Psychiatrist (5%)
- Other specialists (5%)
- Family support (5%)
- Easier access (4%)
- 24/7 support (4%)
- Men's Shelter (4%)
- Peer support groups (1%)

Additionally, negative feedback was received by community and service providers about the hospital. The main themes of this feedback was around being turned away, and not receiving adequate service. However, the comments reflect a lack of understanding about the criteria to access mental health support at the Hospital.

Mental health, alcohol and other drugs service gaps

Stakeholder Feedback

Overall, stakeholders highlighted the following gaps (in order of highest to lowest)¹¹:

- Workforce shortage – (72%) – especially that there is no Psychiatrist, Behavioural Specialists and Paediatricians in Gladstone, the need for more Psychologists, more male support workers and across the board at all levels of service delivery workforce shortages exists. A number of organisations have been trying to recruit for positions for many months without success.
- Information on services (45%)
- No rehab or detox for AOD (36%)
- Costs of services (28%)
- Men’s health support (23%)
- Transport (23%)
- Lack of bulk billing GPs and Psychologists (23%)
- Limited therapy and service options (21%)
- Services for children under 12 (21%)
- Lack of integrated and coordinated support (17%) – in particular the disconnect between clinical and social supports
- Lack of outreach services (11%)
- Lack of follow-up with consumers (9%)
- After hours / weekend support (9%)
- Education and awareness (9%)
- Early intervention support (9%)
- Men’s Shelter (6%)
- Family support (2%)
- Methadone prescriber (2%)

The gaps identified in the Gladstone region in this report echo a number of those identified in the Central Queensland, Wide Bay, Sunshine Coast PHN 2017/2018 Mental Health Needs Assessment. A number of other reports also identify these gaps as actions that are being worked towards to improve, for example, The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019.

Report Snapshot

Gladstone Statistics

By 2021, Gladstone's population^e of 63,936 includes an estimated:

3,453 People requiring early intervention & relapse prevention

2,877 People who need support for mild mental illness

2,302 People needing support for moderate mental illness

1,982 People will require support for their severe mental illness



High rates of drug related crime, child safety cases and suicide

Mental health, alcohol & other drug services

12 Organisations providing direct mental health support	7 Organisations providing direct support to people with an NDIS Plan	3 Organisations that provide support specifically to young people
2 Organisations who provide alcohol & drug specialist services	14 GP Clinics within the Gladstone LGA with 49 GPs across Gladstone & BITS	25 Psychologists practicing in Gladstone in 2016

Feedback on mental health, alcohol & other drug supports

Barriers to accessing support

- ❖ Access / Availability
- ❖ Lack of information
- ❖ Cost
- ❖ Transport / Travel

17% of consumers, 16% of community & 45% of stakeholders identified the need for a central place to get information

72% of stakeholders identified workforce shortage as a challenge

Consumer Top 3
Support Groups
Information Centre
More 1 on 1 support

Community Top 3
Rehab
Information Centre
More services

Stakeholder Top 3
Workforce shortage
Information
Rehab

The future of Mental health, alcohol and other drugs services

Initiatives already underway

Queensland Health Connecting Care to Recovery 2016-2021 – A plan for Queensland’s State-funded mental health, alcohol and other drug services

The Plan identifies five priority areas which aim to reform and improve the mental health, alcohol and other drugs health system.

Priority 1: Access to appropriate services as close to home as practicable and at the optimal rate

Priority 2: Workforce development and optimization of skills and scope

Priority 3: Better use of ICT to enhance clinical practice, information sharing, data collection and performance reporting

Priority 4: Early identification and intervention in response to suicide risk

Priority 5: Strengthening patient’s rights

The Queensland Mental Health Commission’s “Improving mental health and wellbeing – Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019”

This Strategic Plan strives for improvements in the mental health, alcohol and drug service systems, supported by four pillars of reform that will lead to a better quality of life and better outcomes for people. The four pillars are:

1. Better services for those who need them, when and where they are required
2. Better promotion, prevention and early intervention initiatives to maintain wellbeing, prevent onset, and minimise the severity and duration of problems
3. Better engagement and collaboration to improve responsiveness to individual and community needs
4. Better transparency and accountability so the system works as intended and in the most effective and efficient way possible.

Destination 2030 – Central Queensland Hospital and Health Service Strategic Plan 2018 – 2022

Sets out the Central Queensland Hospital and Health Services' five strategic objectives. The Plan highlights high risk alcohol consumption as one of the challenges, "high risk alcohol consumption is 15% higher than the Queensland rate" and also includes strategies for improving mental health and wellbeing.

The Senate Community Affairs References Committee – December 2018 report on Accessibility and quality of mental health services in rural and remote Australia

This Report provides information on the research and interviews conducted around mental health services in rural and remote Australia. From this, there were 18 recommendations made which may potentially see some improvements to mental health services in rural and remote communities in the future.

The Gladstone Suicide Prevention Leadership Group

The role of the group is to ensure intervention and associated activities identified in the Gladstone Local Government Area Suicide Prevention Action Plan are effectively implemented. The group also plays a key role in providing local leadership and promoting suicide prevention activities.

Diagnostic and Environmental Scan of Gladstone

The Policy Innovation Hub of Griffith University was commissioned by Department of Communities, Disabilities and Seniors to conduct a diagnostic analysis and environmental scan of the pressing and immediate needs of the Gladstone community – a copy of the Report is yet to be published but has been provided to the Minister.

Initiatives coming soon

Gladstone Local Drug Action Team

Local Drug Action Teams (LDATs) are an initiative of the Australian Drug Foundation. There are 244 LDATs across Australia, with Gladstone's LDAT commencing with its first meeting on 27 March 2019 to develop their Community Action Plan to prevent and minimise the harmful effects of drugs and alcohol. To date, the organisations who will be involved are Artius (lead agency), Roseberry Community Services, Lives Lived Well, Rio Tinto Community Fund – Mental Health, Alcohol & Other Drugs Project, Community Solutions – Safe Night Out, Gladstone Hospital Community Mental Health AOD, Gladstone Regional Council, Bridges and an individual with lived experience.

New PHN funding

PHNs across Australia will commission mental health services with funding support from the Australian government under a new 3 year funding model commencing in July 2019 which will provide longer contracts to service providers and better job security for frontline workers.

With the cessation of Anglicare Central Queensland's Healthy Minds program, Community Solutions' Partners in Recovery and Personal Helpers and Mentors programs and Bridges' Day to Day Living program on 30 June 2019, there is potential for this to be a major gap for those currently being serviced by these organisations. The Central Queensland, Wide Bay, Sunshine Coast PHN will be providing funding under a different model commencing on 1 July 2019 under a Psychosocial Provider Panel. This Panel comprises the National Psychosocial Support Measure, Continuity of Supports and 'Front Door' programs. Announcement of successful applicants for this funding is coming soon.

It is also understood that there is potentially funding being made available towards the end of 2019 for mental health supports in aged care.

Gladstone Hospital new Emergency Department – with 2 mental health rooms

A \$42 million project to expand the Gladstone Hospital's Emergency department, with almost double the number of current beds and the inclusion of two mental health rooms.

Subnotes:

1. Consolidated and summarised from the National Mental Health Service Planning Framework – Introduction to the NMHSPF and PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance – Stepped Care, Department of Health
2. Calculated at 0.4% of the population as described in the National Review of Mental Health Programmes and Services – 30 November 2014 – Volume 1
3. Data provided ‘In Confidence’ has been provided on condition that it is not shared any wider than the Rio Tinto Community Fund Board, including subsidiary Here for Health Committee and Mental Health, Alcohol & Other Drug Sub-Committee. This data has been removed from this published version of the Report and summaries included only.
4. Information provided by Central Queensland, Wide Bay, Sunshine Coast PHN and is current as at 11/3/19.
5. Source: Australian Department of Health
6. In using PHN’s Stepped Care Model to graphically demonstrate the spread of mental health services in Gladstone, it should be noted that some services are not specifically categorized under this model and as such, judgement has been made on fit into this model based on the Taxonomy of Mental Health Services in this Report.
7. Admitted patients to Gladstone hospital for mental health reflect that patients were admitted at Gladstone hospital but will have been transported to acute care hospitals.
8. Limitations to the statistics in relation to Gladstone general practice service utilization for mental health. If a patient presents with a different primary concern, the secondary mental health concern may not be recorded.
9. Service utilization of private psychologists and counsellors for 2018 is based on adding up the estimated figures for 2018 year provided by the practices interviewed
10. Mind Australia’s Central Queensland Step Up Step Down is a partnership with Queensland Health, Hospital and Health
11. Respondents of Consumer and Community Surveys and stakeholder feedback can have provided more than one response and therefore percentage totals will exceed 100%.

Appendix 1: Mental Health Service Mapping – Gladstone Local Government Area

	Well Population	At Risk	Mild Mental Illness	Moderate Mental Illness	Severe Mental Illness			
		3,453 people by 2021	2,877 people by 2021	2,302 people by 2021	1,982 people by 2021			
	Health promotion and prevention	Early identification services	Low intensity services	Moderate intensity services	Specialised services			
General Adult Services					Community Treatment	Sub-acute short-stay	Acute inpatient	
		General Practitioners (49 GPs, 11 Registrars)	General Practitioners (49 GPs, 11 Registrars)	General Practitioners (49 GPs, 11 Registrars)	Gladstone Hospital Community Mental Health	CQ Step Up Step Down (12.2 FTE)		
		Industry Site General Practitioners	Industry Employee Assistance Programs	Industry Employee Assistance Programs	Gladstone Hospital Nurse Navigator (2 staff)			
		Community Solutions – Safe Night Out	Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19	Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19	Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19			
			Gladstone Women’s Health Centre (5 staff)	Gladstone Women’s Health Centre (5 staff)	Central Queensland Rural Health (2 staff – 1 only currently)			
			CentacareCQ	CentacareCQ	Bridges the Haven (including NDIS) (5 staff)			
			Relationships Australia		Anglicare Central Queensland (including NDIS) (1 FTE, 2 PT)			
			HopeLink		Community Solutions – PiR & PHaMs (& NDIS) (3 FTE)			
					Gladstone Community Linking Agency (NDIS)			
					Magenta Community Services (NDIS)			
					Arianne Struik, Psychologist (10 hours/week)			
					Gladstone Psychology Services (2 staff: 1 FTE, 1 PT)	Gladstone Psychology Services (2 staff: 1 FTE, 1 PT)		
					Moving Forward Psychology Services	Moving Forward Psychology Services		
					Kate Walker, Psychologist (3 days /week – school hours)	Kate Walker, Psychologist (3 days /week – school hours)		
				Sylvia Smith, Psychologist	Sylvia Smith, Psychologist			
				Converge International	Converge International			
				Katrina Andersen, Mental Health Social Worker (2 days/week)	Katrina Andersen, Mental Health Social Worker (2 days/week)			
				Feel Heard Counselling Services (1 day/week)	Feel Heard Counselling Services (1 day /week)			
Child & Youth Specific Services	Gladstone PCYC	Communities 4 Children			Gladstone Hospital Community Mental Health – Child & Youth Mental Health			
	School wellbeing teams	School wellbeing teams	School wellbeing teams	School wellbeing teams	Institute for Chronically Traumatized Children – Arianne Struik (10 hours/week)			
	Headspace (6 salaried staff)		Roseberry Qld (4 staff) headspace (6 salaried staff)	Roseberry Qld (4 staff) headspace (6 salaried staff)	BUSHKids (NDIS) headspace (6 salaried staff)			
Services for Priority Groups (Targeted to underserved groups - People living in Rural and Remote Regions; Culturally and Linguistically Diverse People; LGBTI community; People at risk of suicide; Women with perinatal depression)	Stop Male Suicide / Men’s Health Forum	HopeLink – Mentoring Mums		Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19	Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19			
	Welcoming Intercultural Neighbours			Central Queensland Rural Health (2 staff – 1 only currently)	Central Queensland Rural Health (2 staff – 1 only currently)			
Aboriginal and Torres Strait Islander Services	Nhulundu (3 visiting staff – 12 visits/month total)	Nhulundu (3 visiting staff – 12 visits/month total)	Nhulundu (3 visiting staff – 12 visits/month total)	Nhulundu (3 visiting staff – 12 visits/month total)	Nhulundu (3 visiting staff – 12 visits/month total)			
				Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19	Artius 1 Psychologist visiting 1 day/week; Fulltime Psychologist commencing 4/4/19			