

Multiple and Complex Needs Initiative

Regional Gateway Data Report

June 2006

Summary

Consistent with earlier reporting periods, the majority of the work undertaken at the Gateway does not progress beyond the consultation phase. In almost two years, to the end of June 2006, regions had received 310 consultations. Approximately one third of these had moved to the referral phase. Of these, 49 had been endorsed by regional directors and had been referred or were in the process of being referred to the Multiple and Complex Needs Panel.

The June data, with a few small exceptions, reinforces trends observable in earlier quarterly reporting periods. These are summarised below:

Age and Gender

There continues to be twice the number of consultations relating to males as females and approximately one third of consultations relate to individuals aged 24 and under. Notwithstanding this, a sizeable minority of consultations (41%) relate to individuals aged 35 and over.

The broad age distribution observable among consultations is also evident among 'total' referrals and the sub-set of 'endorsed' referrals. It is worth noting, however, that the gender ratios among total referrals and endorsed referrals are decreasing.

In previous reporting periods the ratio of referrals relating to males and females in the total referral stage was broadly consistent with the consultation phase. In the period to the end of June, it had dropped to 1.6:1.

Among endorsed referrals, in November 2005 the gender ratio was approximately 5:1 – males to females. By the March 2006 quarter the ratio had dropped to 3:1. In the current period, the gender ratio among endorsed referrals has dropped again to 2.5:1.

Eligibility Criteria

Within the 'diagnostic' sub-criteria of eligibility criterion 'B', the majority of consultations identify the appearance of a mental disorder (78%). As with previous reporting periods, the next most frequently occurring diagnostic sub-criterion is the appearance of substance abuse issues.

The appearance of a mental disorder is identified even more frequently in matters at both the total referral and endorsed referral stages. Again, for these matters, the next most frequently identified 'diagnostic' criterion is the appearance of substance abuse issues. This represents a small change from earlier reporting periods where the appearance of an intellectual impairment was identified marginally more frequently than substance abuse issues.

Accommodation and Physical Health

The accommodation and physical health status of individuals coming to the attention of the Initiative remains of concern.

In terms of accommodation arrangements, approximately one third of consultations relate to individuals who experience either primary or secondary homelessness and a further 18% relate to individuals in custody or prison.

Among total referrals, 40% relate to individuals who experience either primary or secondary homelessness.

For endorsed referrals, the percentage of matters relating to individuals where either primary or secondary homelessness is identified is 37%. While this remains significant, the percentage of endorsed referrals where some form of homelessness is identified has decreased since the July 2005 reporting period (where 58% of endorsed referrals identified primary or secondary homelessness) as the overall number of endorsed referrals have increased.

Among both referral categories, approximately 20% of matters relate to individuals in custody or prison. This proportion has remained relatively stable since November 2005.

While physical health status is either unknown or not specified in almost half of all consultations, the proportion identifying poor or unstable health is still a significant 25%.

As might be expected, among matters reaching the total referral and endorsed referrals stages, the number relating to individuals with poor or unstable health issues increases to 38% and 45% respectively.

One small positive worth noting is that one third of matters among both total and endorsed referrals relate to individuals who have no identified health issues or whose health issues are managed.

Source of Consultations and Referrals

The funded sector continues to be the primary source of consultations.

Approximately 40% of consultations are identified as having been 'resolved' or addressed at the regional level. This figure represents a slight increase on the proportion of matters identified as being resolved over recent quarters. While it is acknowledged that the resolution status of individual matters can change over time, the sizeable and consistent proportion of matters indicating resolution at the regional level warrants more detailed examination.

Not unexpectedly given the number of consultations and referrals that identify the appearance of a mental disorder, mental health service providers have been responsible for a greater proportion of referrals (43%) than any other program type. Disability service providers have been responsible for 20% of referrals. This represents a 10% decrease in the overall proportion of disability referrals since March.

Despite the high number of referrals that identify the appearance of substance abuse issues, drug treatment services are not a prominent source of referral. This is consistent with data from previous reporting periods.

Similarly, prisons have remained a low source of referral despite 20% of endorsed referrals relating to individuals in custody or prison.

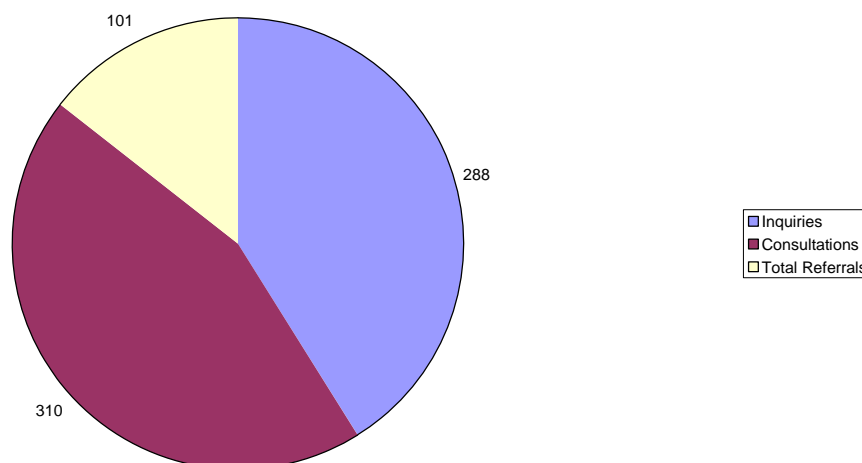
Reasons contributing to the apparent lack of referrer profile among drug treatment services and prisons requires further investigation.

Overview

It is important to note that the Regional Gateway Database records incidences of inquiry, consultation and referral. As such, if an individual is subject to two separate inquiries, consultations or referrals, these will be recorded separately. While the substantial majority of inquiries and consultations referred to in this report relate to separate individuals, to date, approximately 10 individuals have been the subject of two consultations and one has been the subject of 3 consultations.

At this point, with one exception, the referrals referred to in this report relate to separate individuals.

Figure 1. Total Inquiries, Consultations and Referrals to End June 2006

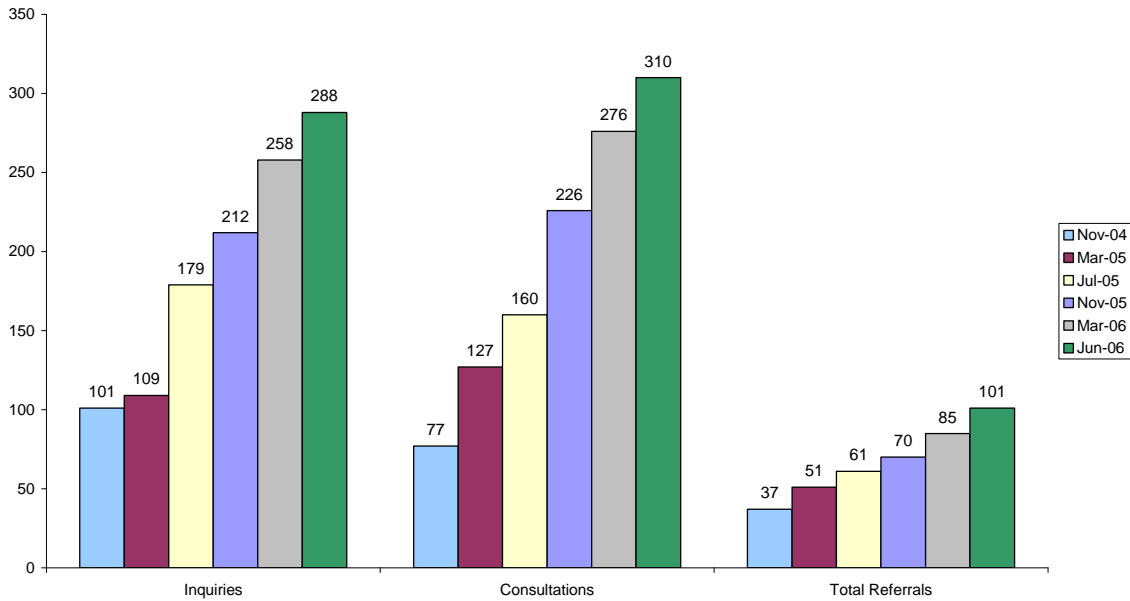


Consistent with earlier reporting periods, the majority of the work undertaken at the Gateway does not progress beyond the consultation phase.

In the same period in 2005, it is worth noting that inquiries (N=175) outnumbered consultations (N=155). As familiarity with the Initiative has increased, increasing numbers of matters proceed directly to the consultation phase. The shift in proportions of consultations to inquiries can also be attributed to some variation across regions in data entry. In several regions, for example, all matters are recorded as inquiries in the first instance.

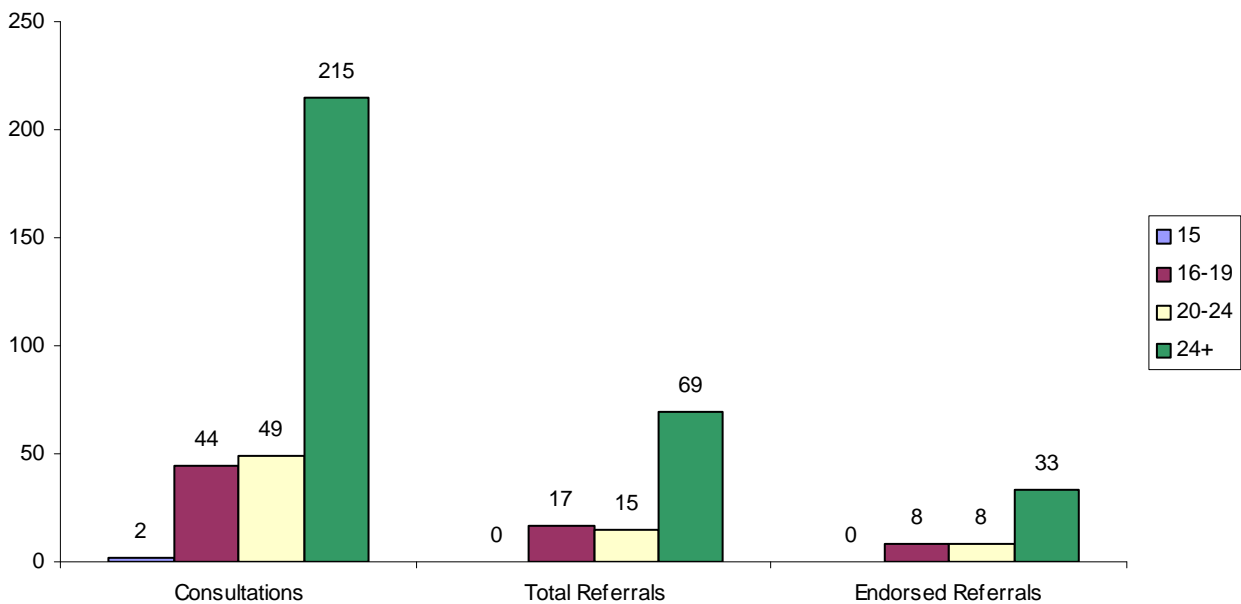
Please note that the 'total' referral data referred to above includes those matters where a referral is in the process of development as well as those matters that have been through regional consideration processes and have been endorsed for referral or have been referred to the Multiple and Complex Needs Panel.

Figure 2. Comparison Total Inquiries, Consultations and Referrals by Reporting Period



As is demonstrated in Figure 2 above, while activity has remained greatest in the area of consultations in the current period, the increase in consultations in the June quarter (N=34) is less than that in previous quarters. In comparison, the increase in referrals has remained broadly consistent with the previous quarter while the increase in inquiries, as would be expected is, less than in the March quarter.

Figure 3. Consultations, Referrals and Endorsed Referrals Relating to Young People as a Proportion of Total Consultations, Referrals and Endorsed Referrals to End June 2006



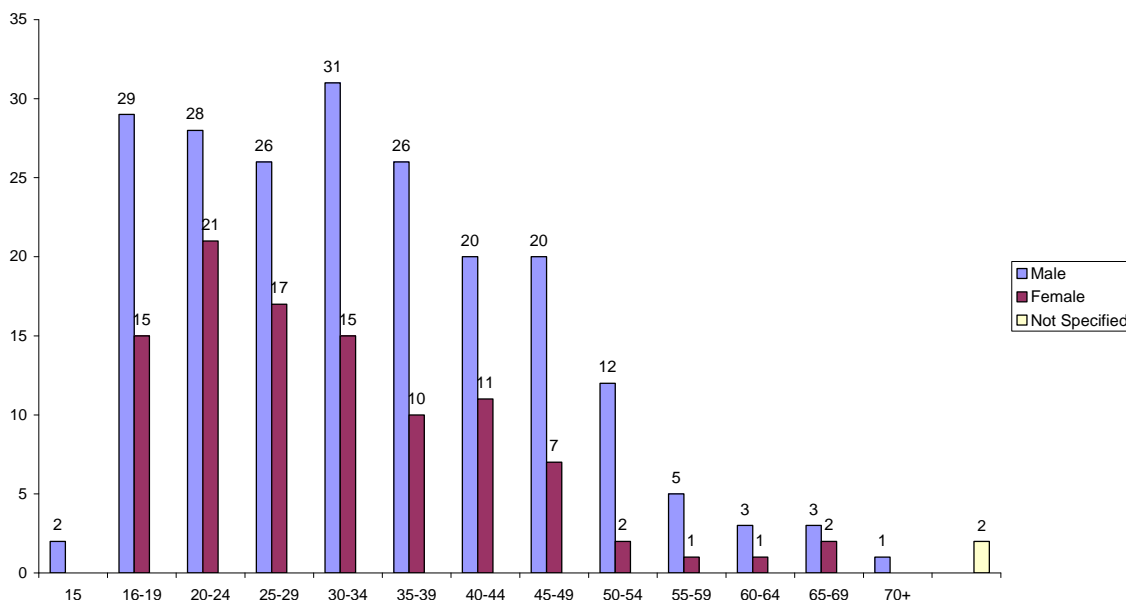
Consistent with earlier reporting periods, Figure 3 indicates that young people were the subject of approximately one third of all consultations (31%), total referrals (32%) and endorsed referrals (33%) to June.

Consultations

The consultation phase is distinguished from the inquiry phase by the level of input/consultation required of the regional co-ordinator. Some matters will be sufficiently clear cut to be treated as a consultation from the first point of contact with the regional co-ordinator. In several regions all matters are recorded as inquiries in the first instance and then as a consultation. A consultation may occur as one-off contact or may require several contacts/meetings prior to resolution or progression to the referral stage.

While the significant majority of the 310 consultations recorded to the end of June relate to separate individuals, advice from regions indicates that approximately 10 individuals have been the subject of more than one consultation.

Figure 4. Consultations by Age and Gender to End June 2006 N=310



The trend observable in previous reporting periods continues in the June quarter with 66.45% (N=206) of consultations relating to males, approximately double that of consultations relating to females (33% N=102).

While 56% of consultations relate to males under the age of 35, they are consistently represented across the age categories to 45-49 with 31% relating to males aged 40 and above.

As with the male population, females are represented more frequently in the in younger age categories. There is a consistent distribution of consultations relating to females under 35 with a peak in the 20-24 range (21%) This is broadly consistent with data over the previous twelve months. Among consultations relating to females, 24% relate to individuals aged 40 and above.

Figure 5. Total Consultations by Resolution Status at the Regional Level to End June 2006 N=310

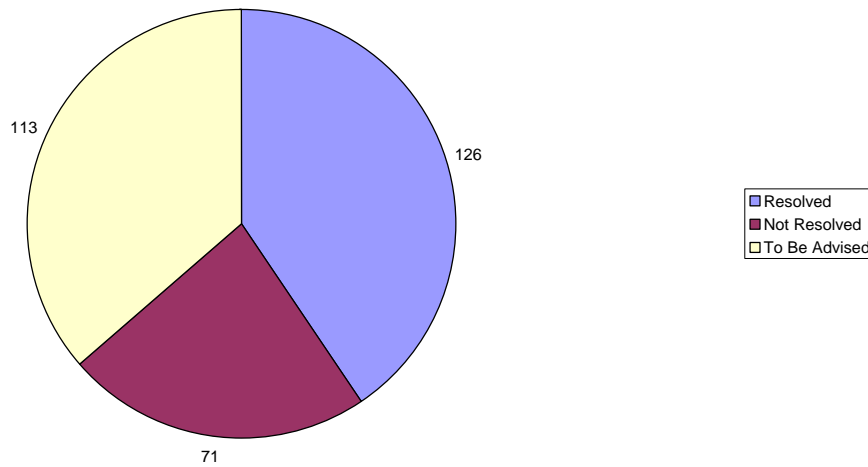


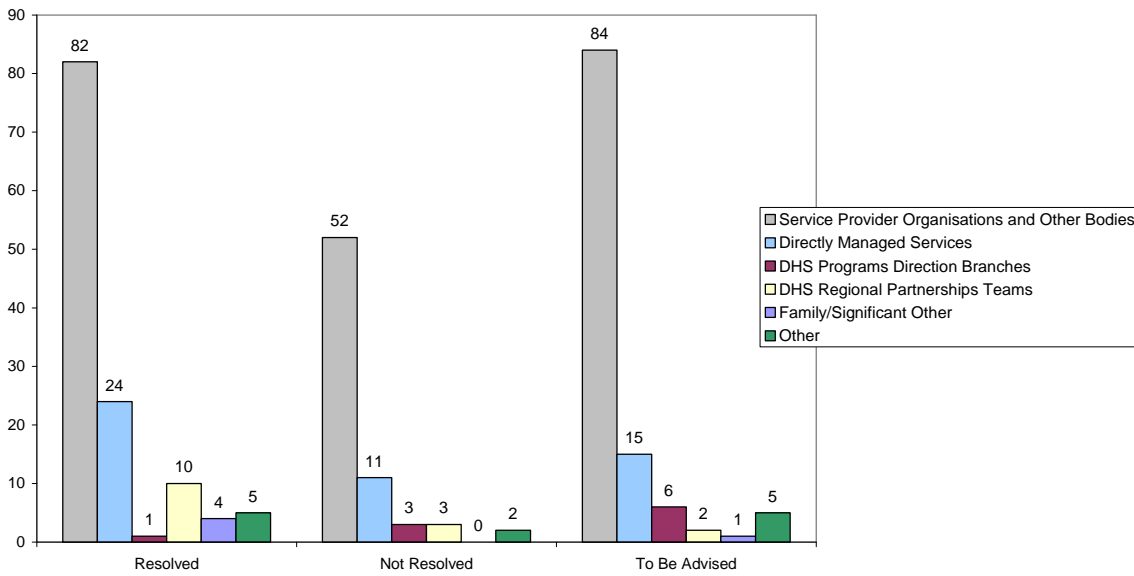
Figure 5 indicates that 41% of matters were identified as having been resolved at the regional level with a further 36% still to be determined. These figures indicate a small incremental increase in matters identified as having been resolved at the regional level over recent reporting periods.

It is important to note that a matter may be recorded as 'resolved' for a number of reasons. For example, a matter will be recorded as being resolved when involved service providers or new providers agree on a new or modified approach to supporting an individual. A matter will also be recorded as being resolved where the potential referrer is provided with advice about alternative support mechanisms to explore for the person they are working with. Where a matter that has been recorded as resolved breaks down and returns to the Regional Gateway, it will be recorded as a new consultation.

In any given period, the resolution status of a percentage of consultations will be described as 'to be advised' where the consultation is still in progress and an outcome or agreed course of action has not yet been agreed. The resolution status of some more tenuous matters may also be recorded as 'to be advised' where new or modified support arrangements are being trialled.

The sizeable and consistent proportion of matters indicating resolution at the regional level warrants more detailed examination.

Figure 6. Total Consultations by Source and Resolution Status at the Regional Level to End June 2006 N=310



Consistent with previous quarters, Figure 6 indicates that the funded sector is the predominant source of consultations, irrespective of their resolution status. With the small exception of the 'family/significant other' category, the source of the consultation does not appear to correlate with its resolution status.

Figure 7. Consultations by Eligibility Criteria Appearing to Have Been Met to End June 2006 N=310

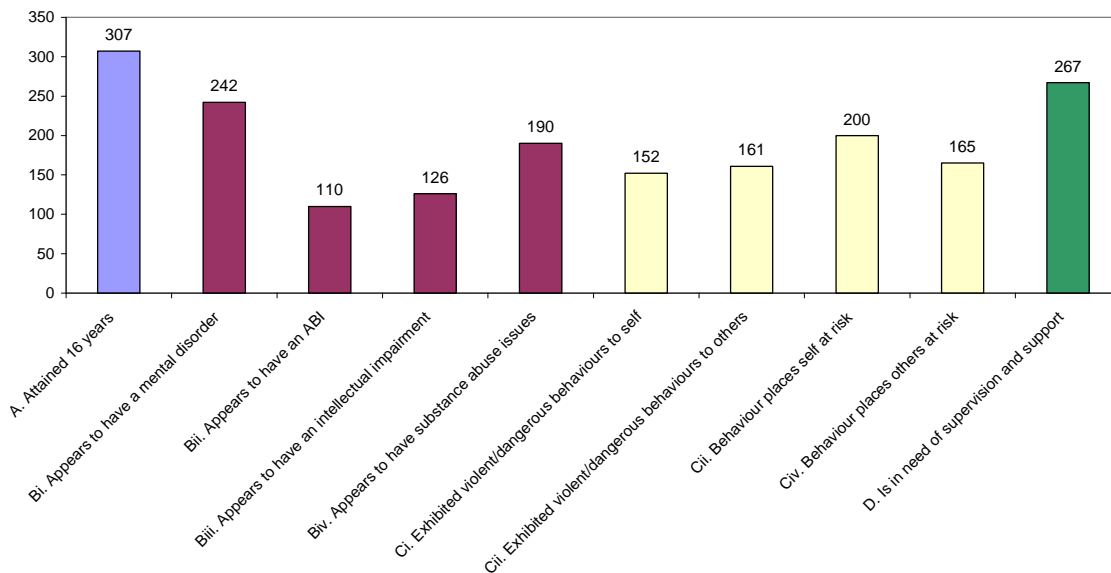


Figure 7 provides an overview of consultations by individual eligibility criteria appearing to be met.

Within the 'diagnostic' sub-criteria of criterion 'B', a sizeable 78% of consultations identify the individual as appearing to have a mental disorder. This is consistent with the March 2006 reporting period (79%). As with previous periods, the next most frequently occurring 'diagnostic' sub-criterion is substance abuse (61%). The appearance of intellectual impairment

was identified in 41% of consultations consistent with the data through the previous twelve months. The appearance of an ABI was identified in approximately 35% of consultations, a slight increase on the March 2006 and November 2005 reporting periods.

Among the behavioural sub-criteria of criterion 'C', behaviours resulting in harm to others (52%) are identified more frequently in consultations than those resulting in harm to self (49%). This is consistent with the March data and represents a small reversal in the direction observable in reporting periods prior to March.

In terms of assessment of 'risk of harm', the assessment of harm to self (65%) continues to occur more frequently than the assessment of harm to others (53%).

Figure 8. Consultations by Age, Gender and the Appearance of a Mental Disorder to End June N=310

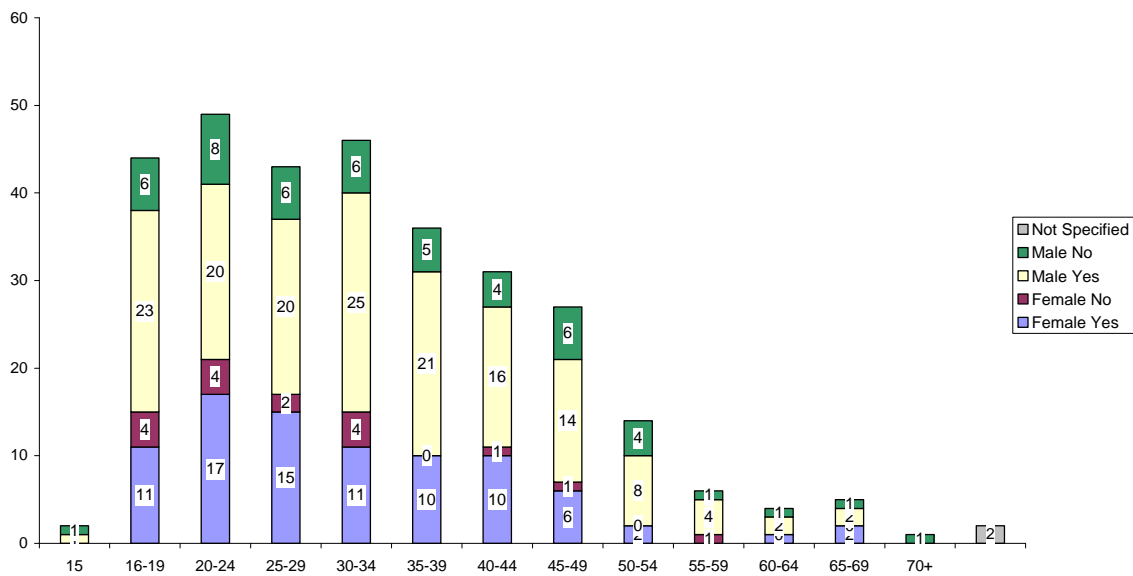
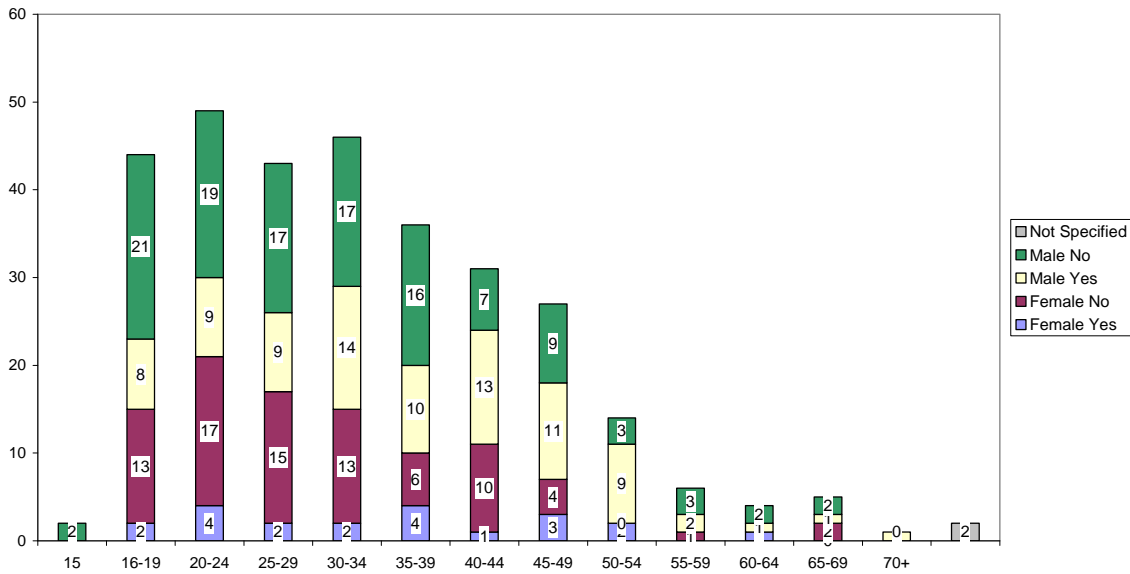


Figure 8 highlights the appearance of mental disorder across consultations by age range and gender. Interestingly, the distribution of this sub-criterion is consistently high (67%-100%) across all age ranges and both genders (except for the single consultation relating to a female in the 55-59 age range and one relating to a male in the 70+ age range).

Figure 9. Consultations by Age, Gender and the Appearance of an ABI to End June 2006
N=310



In comparison to Figure 8, the distribution of the appearance of an ABI across consultations by age range and gender (Figure 9) was not as consistently dominant as the distribution of the appearance of a mental disorder.

The distribution on this sub-criterion appears to suggest a link with gender. ABI is more prevalent among consultations relating to males. The incidence is highest (65%-75%) among consultations relating to males in the age categories 40-44, 45-49 and 50-54.

Among consultations relating to females, an ABI is identified in less than 20% of matters in most age categories except for 35-39 year olds (40%) and 45-49 year olds (43%). The three females subject to consultations in the 50-54 and 60-64 age categories identify the appearance of an ABI. As with consultations relating to males aged 50+, the number of consultations in these age categories are very small and provide only limited information.

Figure 10. Consultations by Age, Gender and the Appearance of an Intellectual Impairment to End June 2006 N=310

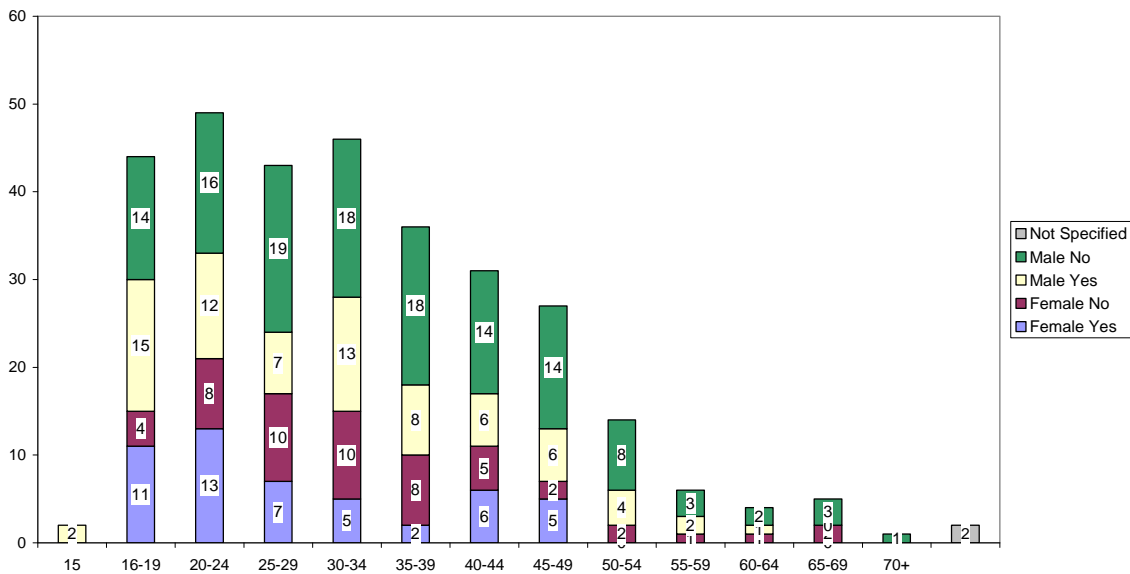


Figure 10 indicates that approximately 39% of consultations identify the appearance of intellectual impairment. Within specific age categories, the appearance of an intellectual disability is identified most frequently in consultations relating to 16-19 (59%) and 20-24 year olds (51%).

Among males, the diagnostic sub-criterion is identified in 36% of consultations. This figure increases to 52% for young males aged 16-19 and 43% for those aged 20-24.

Among females the appearance of an intellectual impairment is identified in almost half of matters (48%). When considering specific age categories, this figure also rises to a very significant 73% of young females aged 16-19 and 62% for those aged 20-24. With the exception of females in the 35-39 cohort, the appearance of an intellectual impairment is identified in more than 50% of consultations in all age categories relating to females aged up to 50 years.

Figure 11. Consultations by Age, Gender and the Appearance of Substance Abuse Issues to End June 2006 N=310

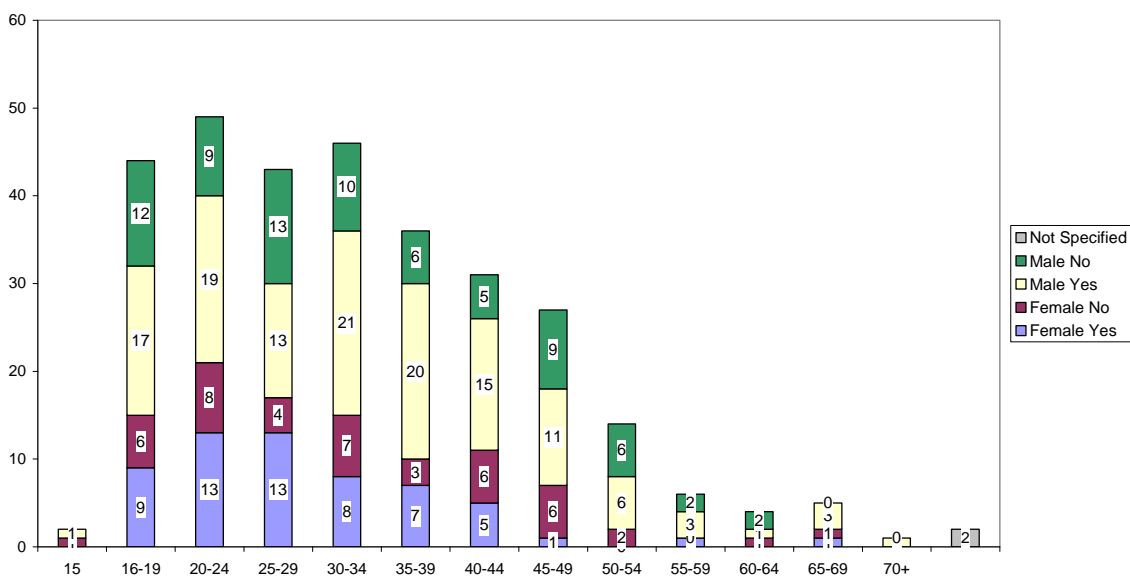


Figure 11 indicates a broadly consistent distribution of consultations identifying the appearance of substance abuse issues across age ranges and gender. Among consultations relating to males, the appearance of substance abuse issues does not drop below 50% in any age cohort (with the small exception of consultations relating to males aged 60-64). The sub-criterion is identified most frequently among consultations relating to 20-24 year olds, 30-34 year olds, 35-39 year olds and 40-44 year olds.

Among consultations relating to females, the appearance of substance abuse issues is greatest for those relating to females in the 25-29 age group (76%) and does not drop below 53% in the age cohorts to 35-39 years.

Figure 12. Total Consultations by Accommodation Status to End June 2006 N=310

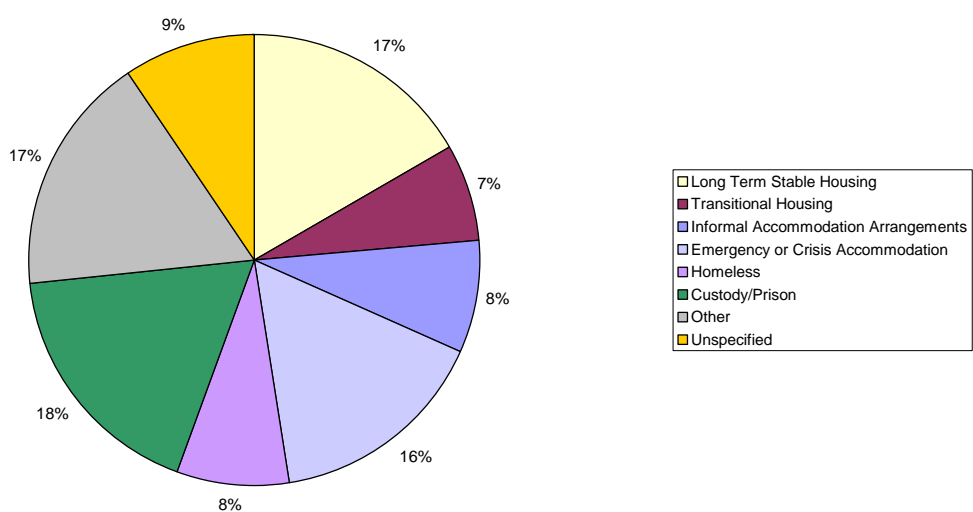
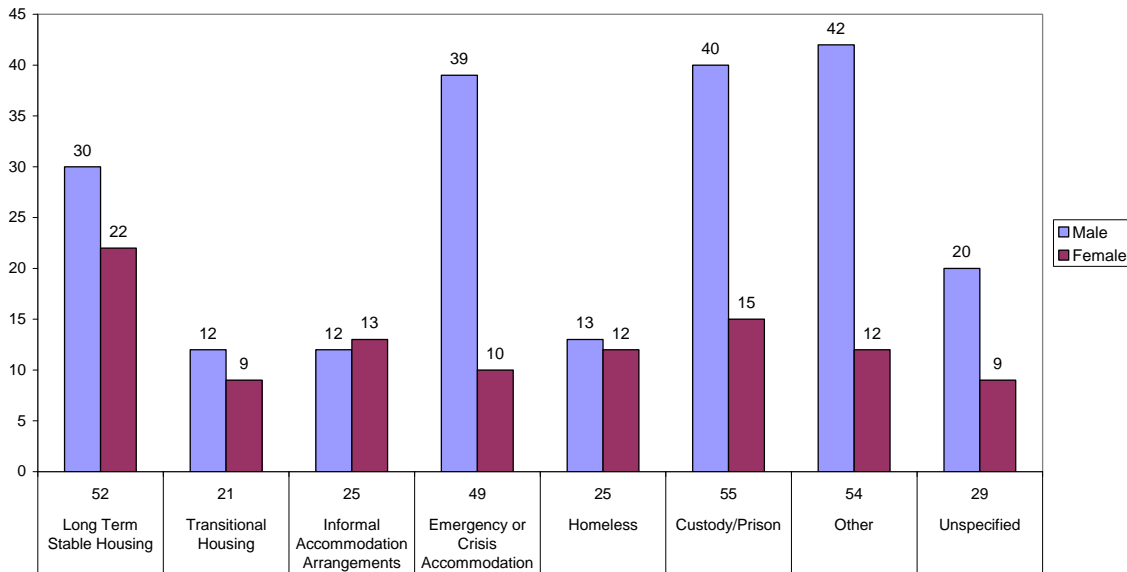


Figure 12 indicates that while 17% of all consultations relate to individuals residing in long term, stable accommodation, 32% experience some form of homelessness -either primary (living rough – 8%) or secondary (crisis /emergency accommodation or informal arrangements - 24%). In addition, a further 18% of consultations relate to individuals in custody or prison. It is also worth noting that 17% of consultations identify 'other' accommodation arrangements which may include hospital and 9% are not specified.

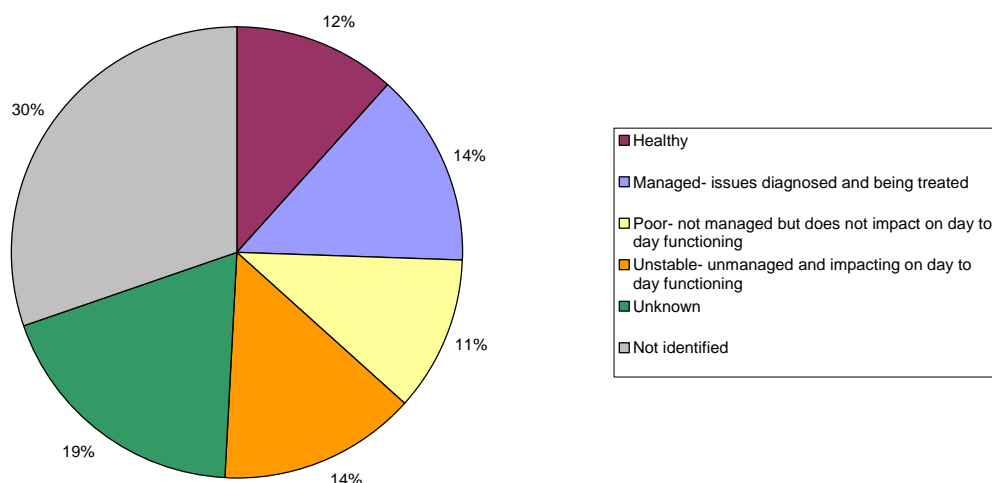
Figure 13. Consultations by Gender and Accommodation Status to End June 2006
N=310



In terms of gender, for consultations relating to females, primary and secondary homelessness is the most frequently occurring accommodation 'types' (34%). Twenty two percent of consultations identify long term, stable housing and 14% identify custody or prison.

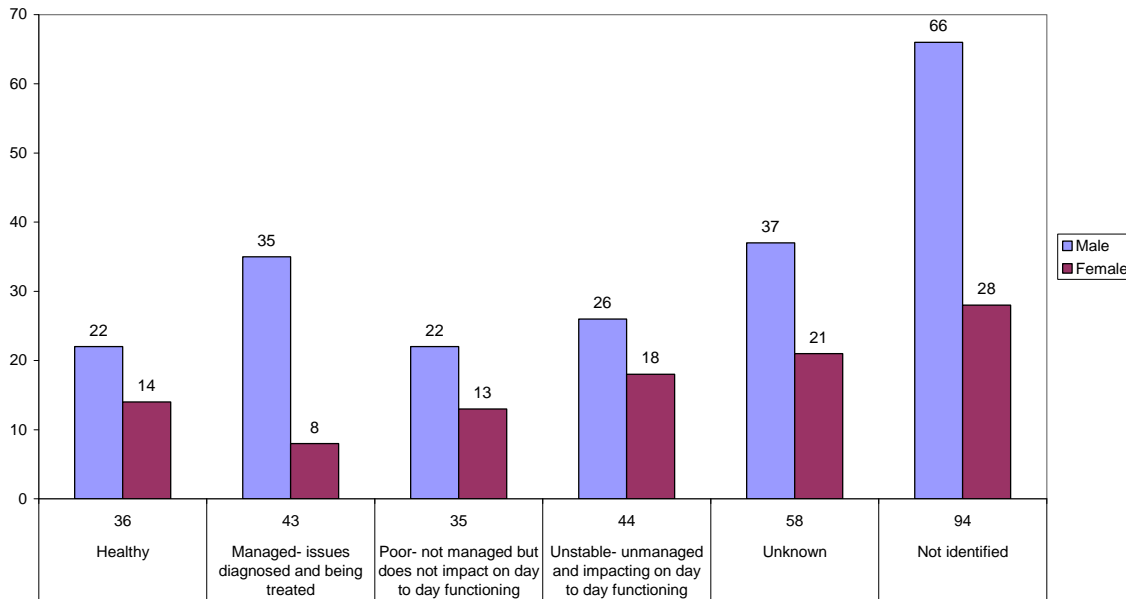
The proportion of consultations relating to males experiencing primary or secondary homelessness is similar to those relating to females (31%). As might be expected, the proportion of consultations relating to males in custody or prison is higher (20%) than those relating to females. Fourteen percent of consultations relating to males identify long term stable housing.

Figure 14. Consultations by Physical Health Status to End June 2006 N=310



While Figures 14 and 15 show that physical health status is either unknown or not specified in almost half of all consultations, the number identifying poor (N=35) or unstable health (N=44) is still a significant 25%. In terms of gender, the greatest variation appears among those consultations where health issues are 'managed'. Interestingly, a higher percentage of consultations relating to males (17%) than females (8%) are identified as managed health issues.

Figure 15. Consultations By Gender and Physical Health Status to End June 2006 N=310



Referrals

The referral phase commences at the point at which a regional co-ordinator provides the potential referrer with a referral form for completion.

The 'total' referral data examined below includes those matters where a referral is in the process of being completed as well as those matters that have been through regional consideration processes and have been endorsed for referral or have been referred to the Multiple and Complex Needs Panel.

'Endorsed' referral data relates to those matters that have been endorsed by the regional director for referral to the Panel and those matters that have progressed to the Panel.

Figure 16. Total Referrals by Age and Gender to End June 2006 N=101

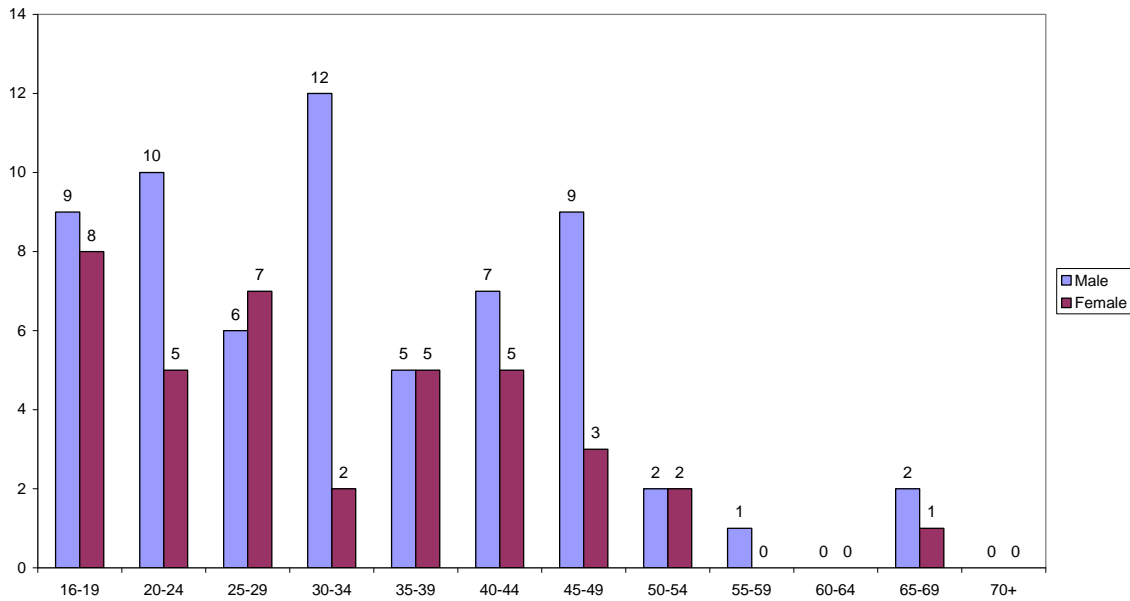


Figure 16 indicates that among total referrals, 62% (N= 63) relate to males and 38% (N=38) to females. In previous reporting periods the ratio of referrals relating to males and females in the total referral stage was broadly consistent with the consultation phase, that is, 2:1. In the period to the end of June, the ratio is closer to 1.6:1.

Referrals relating to those aged 35+ remains significant with 42% of referrals relating to females aged 35+ and 41% relating to males aged 35+.

Figure 17. Referrals Endorsed by Regional Directors by Age and Gender to End June 2006 N=49

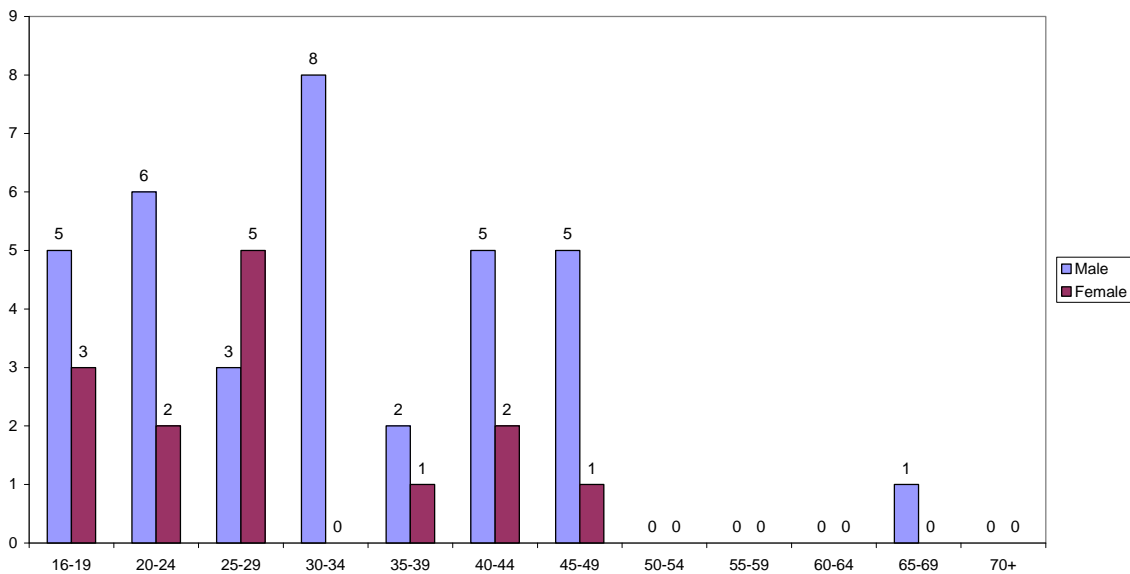
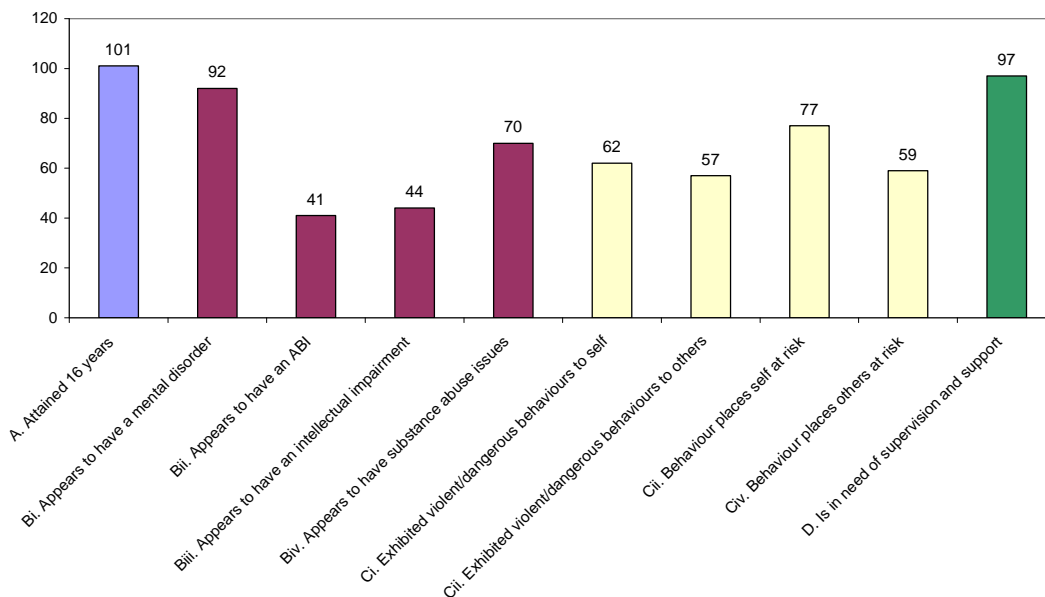


Figure 17 indicates that 71% (N=35) of endorsed referrals relate to males while 29% (N=14) relate to females. In November 2005 the ratio of endorsed referrals relating to males to those relating to females was approximately 5:1. By the March quarter the ratio was almost 3:1. In

the current period, the gender ratio among endorsed referrals is closer to 2.5:1. While almost half of the endorsed referrals relate to individuals aged under 30 (49%), a significant 29% relate to individuals aged 40 and over.

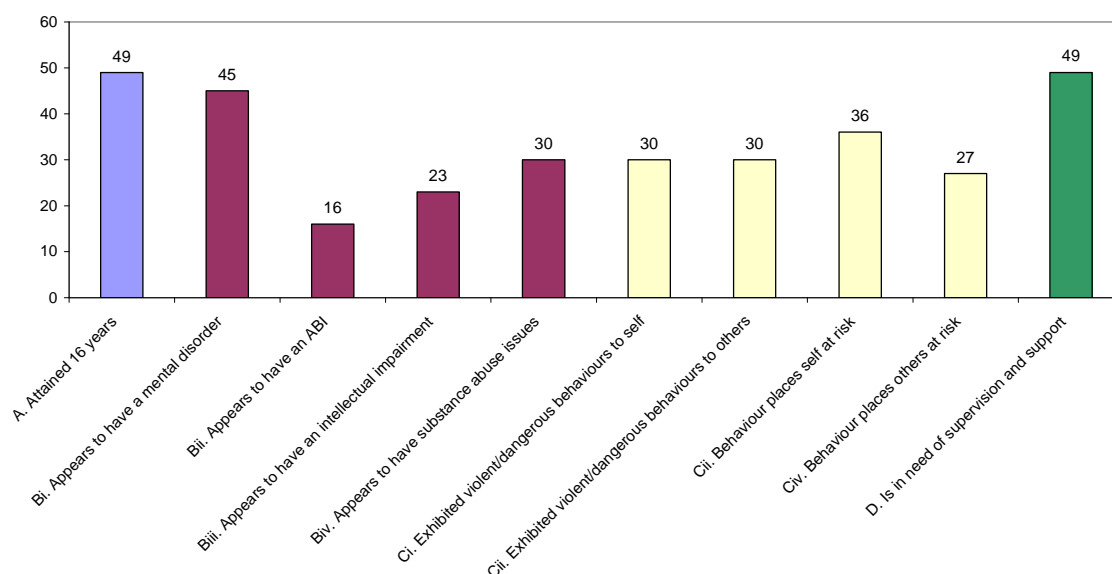
Figure 18. Total Referrals by Eligibility Criteria to End June 2006 N=101



Consistent with the consultation data, Figure 18 highlights that 91% of matters in the total referral phase relate to individuals identified as appearing to have a mental disorder. A further 69% of referrals relate to individuals identified as appearing to have substance abuse issues.

In terms of behaviour criteria, categories relating to harm (61%) or risk (76%) of harm to self continue to be identified more frequently than categories relating to harm (56%) or risk of harm (58%) to others.

Figure 19. Referrals Endorsed by Regional Directors by Eligibility Criteria to End June 2006 N=49



The trends observable in the total referral category are broadly consistent with matters in the endorsed referral group (Figure 19). Ninety two percent of matters in this group identify the

appearance of a mental disorder. Again, the next most frequently identified 'diagnostic' sub-criterion is the appearance of substance abuse issues (61%).

Similarly, among the behaviour related criteria, risk to self is identified in 73% of endorsed referrals. This is followed by harm to self (61%) and harm to others (61%). Risk of harm to others is identified in 55% of matters.

Figure 20. Referrals Endorsed by Regional Directors by Number of 'B' Conditions Met to End June 2006 N=49

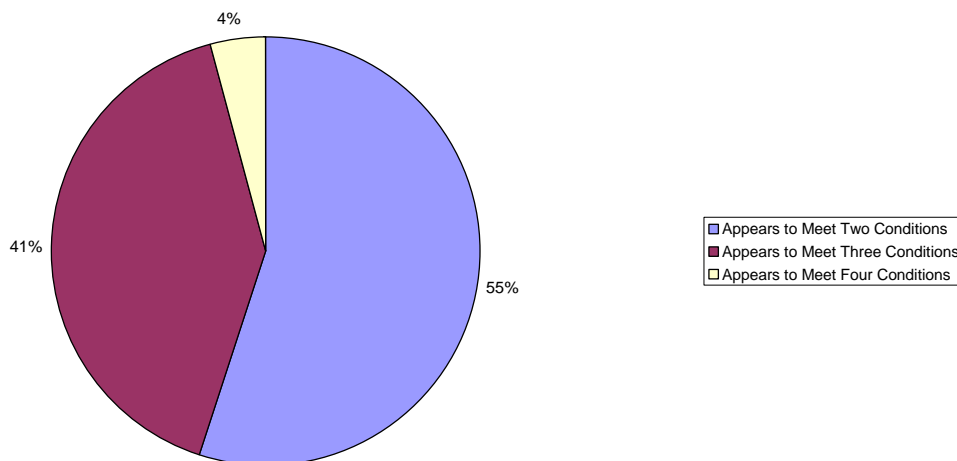
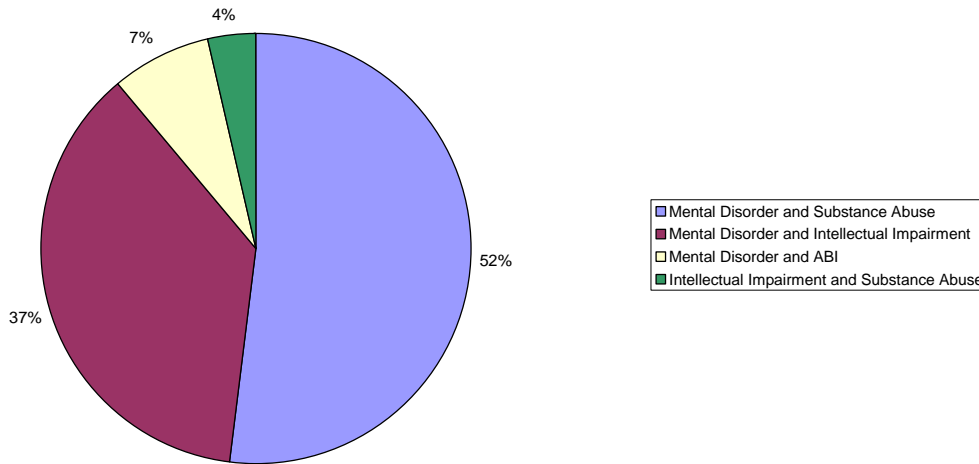


Figure 20 indicates that 55% (N=27) of endorsed referrals relate to individuals who are identified as appearing to meet two of the Criterion 'B' diagnostic sub-criteria. This represents a slight increase of 5% on the March data and 10% on the November data. A very substantial minority of matters relate to individuals identified as meeting three of the Criterion 'B' diagnostic sub-criteria (41% N=20).

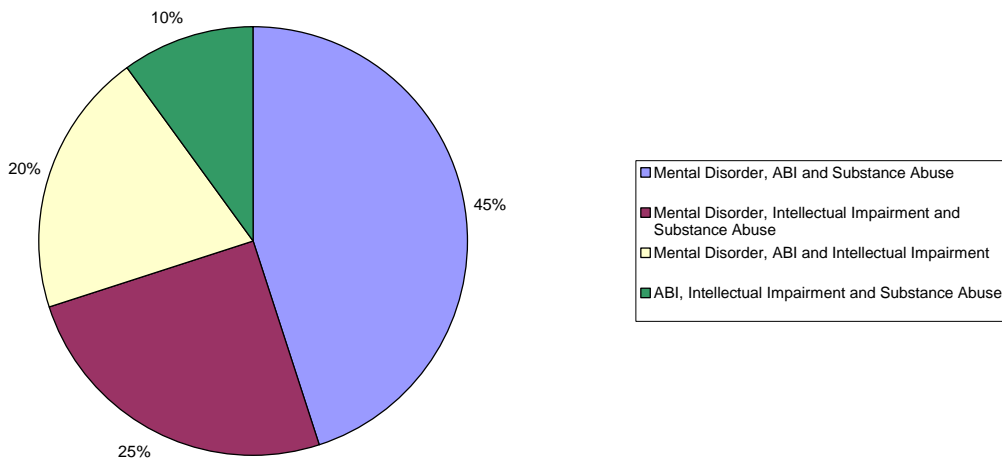
The combinations of 'B' sub-criteria met are examined below.

Figure 21. Referrals Endorsed by Regional Directors by Two 'B' Conditions Met to End June 2006 N=27



In previous reporting periods, the combination of mental disorder and intellectual impairment were identified most frequently (54% November 2005, 47% March 2006). Figure 21 indicates that in the current reporting period, the combination of mental disorder and substance abuse (52% N=14) has become the dominant combination of two 'B' sub-criteria.

Figure 22. Referrals Endorsed by Regional Directors by Three 'B' Conditions Appearing to be Met to End June 2006 N=20



Where three 'B' sub-criteria are identified, Figure 22 indicates that the combinations of mental disorder, ABI and substance abuse (N=9) occur more frequently than the combinations of mental disorder, intellectual impairment and substance abuse (N= 5) or mental disorder, ABI and intellectual impairment (N=4).

While numbers remain small, the proportion of endorsed referrals identifying mental disorder, ABI and substance abuse has increased from 23% in November 2005 to 42% in March 2006 and 45% in the current period.

Figure 23. Total Referrals by Age, Gender and the Appearance of a Mental Disorder to End June 2006 N=101

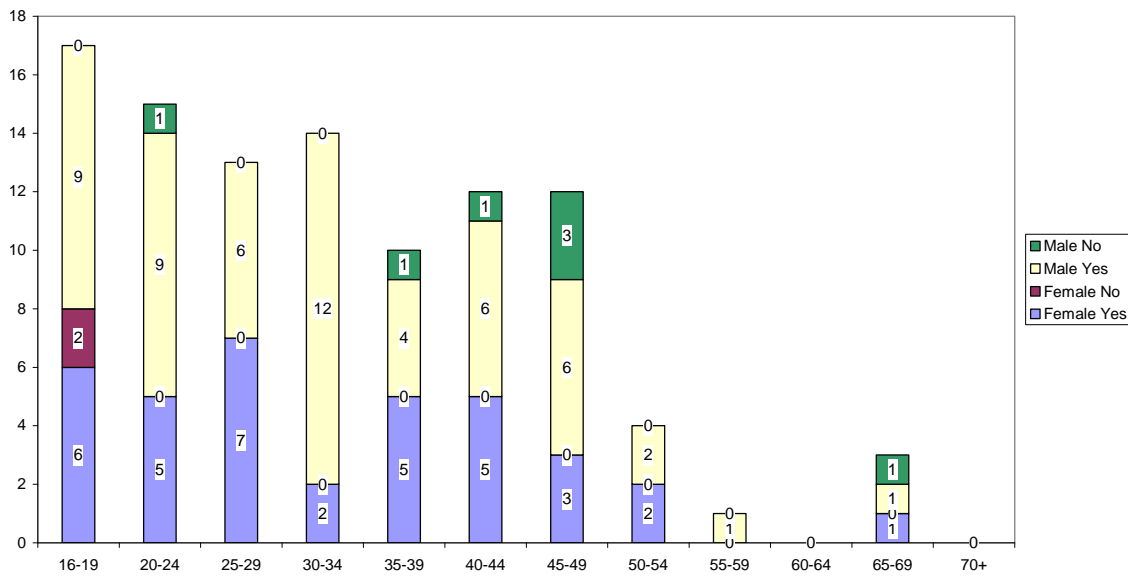
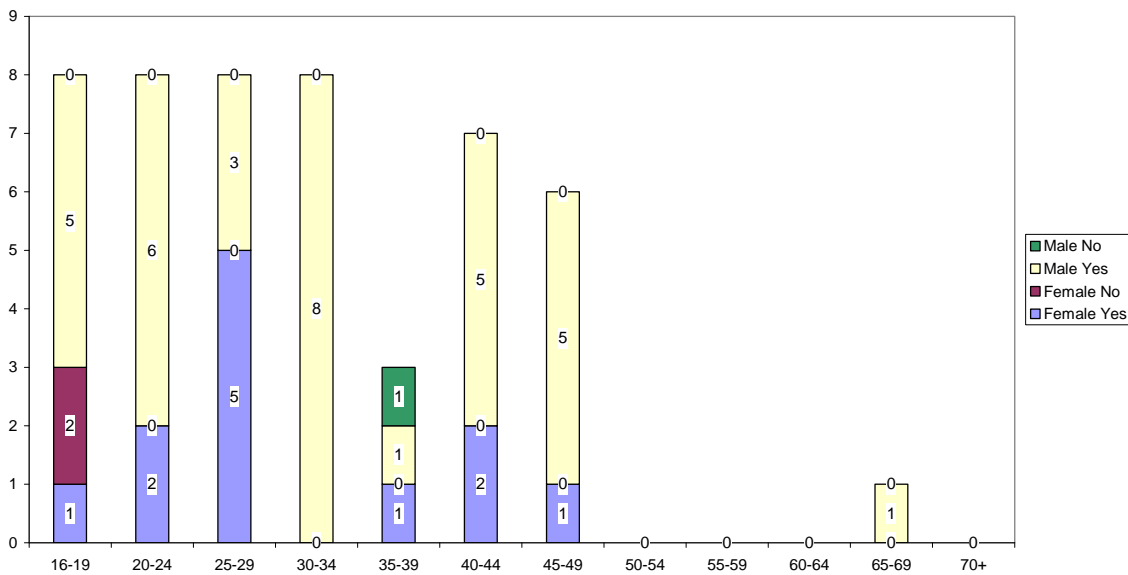


Figure 24. Referrals Endorsed by Regional Directors by Age, Gender and the Appearance of a Mental Disorder to End June 2006 N=49



Figures 23 and 24 highlight that the appearance of a mental disorder is identified in the significant majority of matters progressing to the referral stages.

Among total referrals, 91% of referrals identify the criterion. This comprises 88% (N=56) of referrals relating to males and 94% (N=36) of those relating to females.

Among the endorsed referral sub-set, the overall percentage of referrals identifying the criterion increases to 94%. At the endorsed referral level, the gender balance changes with 97% (N=34) of referrals relating to males identifying the appearance of a mental disorder and 86% (N=12) of those relating to females identifying this criterion.

Figure 25. Total Referrals by Age, Gender and the Appearance of an ABI to End June 2006 N=101

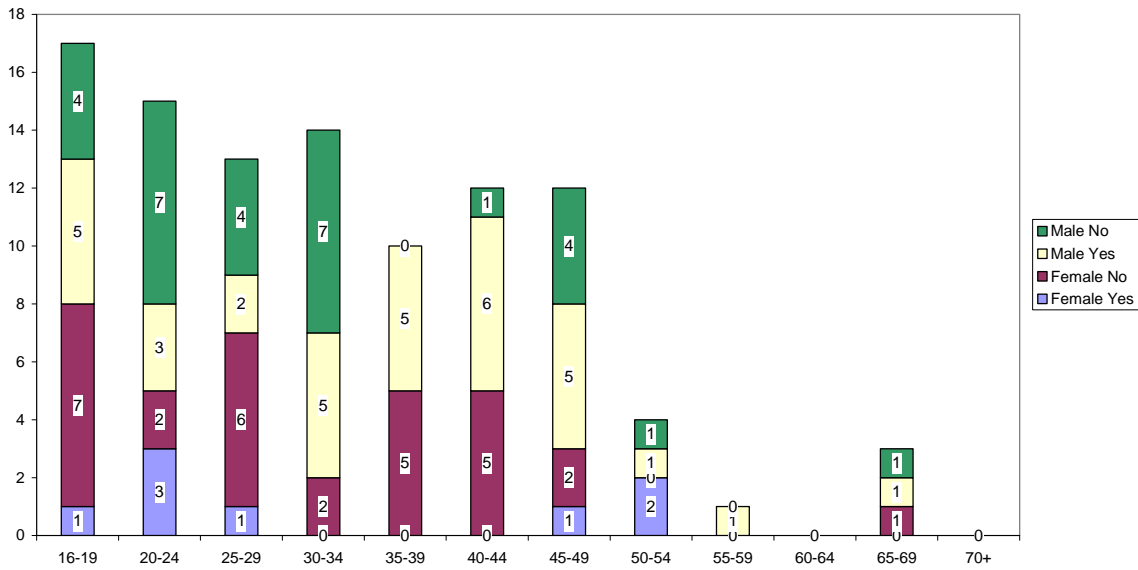
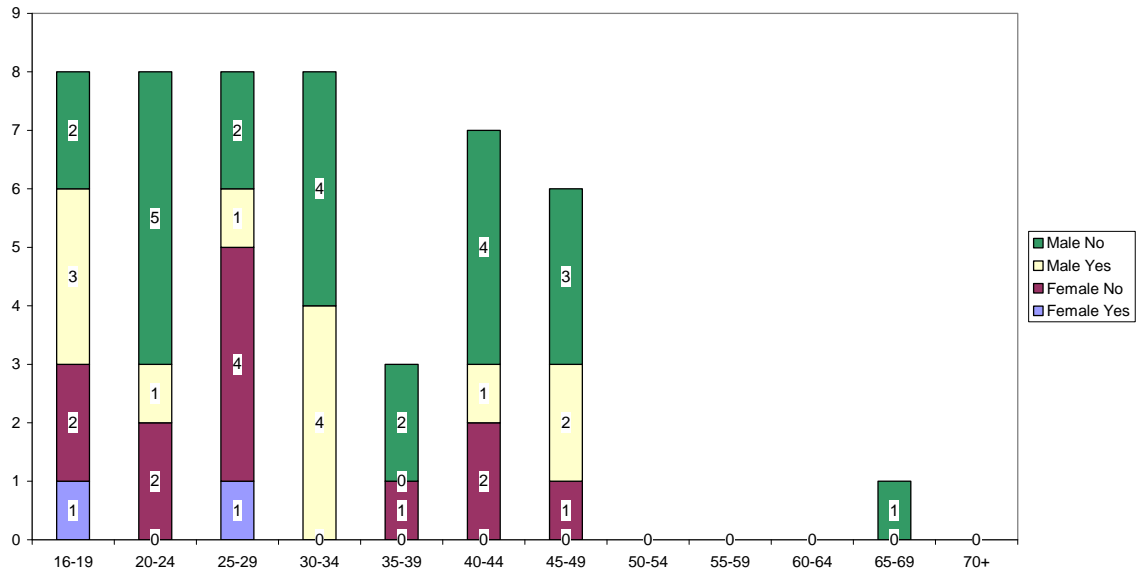


Figure 26. Referrals Endorsed by Regional Directors by Age, Gender and Appearance of an ABI to End June 2006 N=49



In contrast to the data relating to the appearance of a mental disorder, Figures 25 and 26 demonstrate that the identification of the appearance of an ABI continues to be less prevalent among total referrals and the sub-set endorsed by regional directors than other diagnostic sub-criteria.

Among total referrals, 41% identify the appearance of an ABI. Fifty four percent (N=34) of these relate to males and 21% (N=8) to females.

Among endorsed referrals, 30% identify the appearance of an ABI. Thirty seven percent (N=13) of these relate to males and 14% (N=2) to females.

Figure 27. Total Referrals by Age, Gender and the Appearance of an Intellectual Impairment to End June 2006 N=101

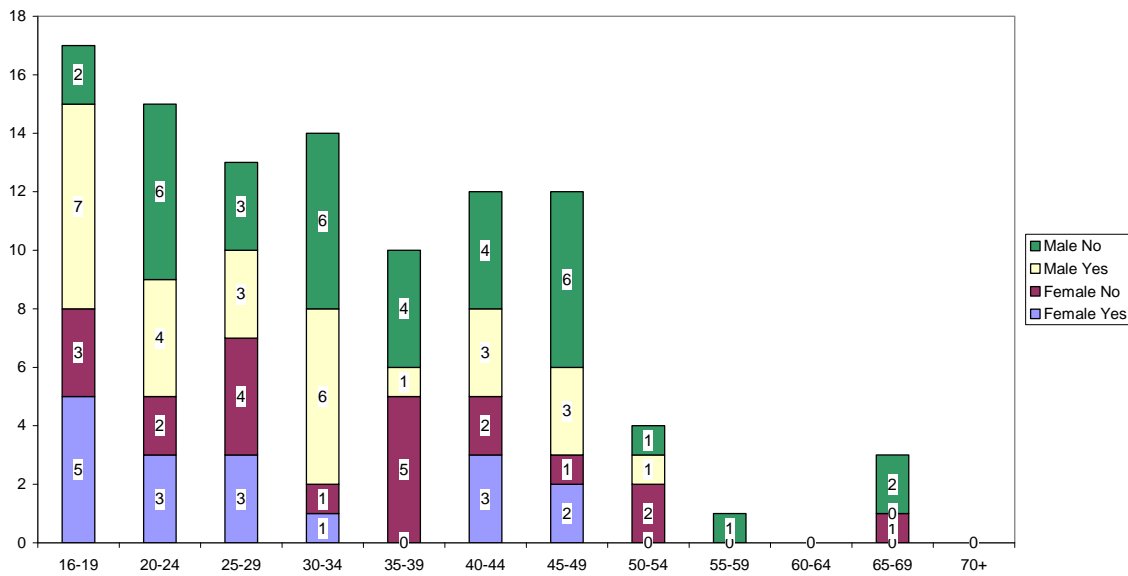


Figure 28. Referrals Endorsed by Regional Directors by Appearance of an Intellectual Impairment to End June 2006 N=49

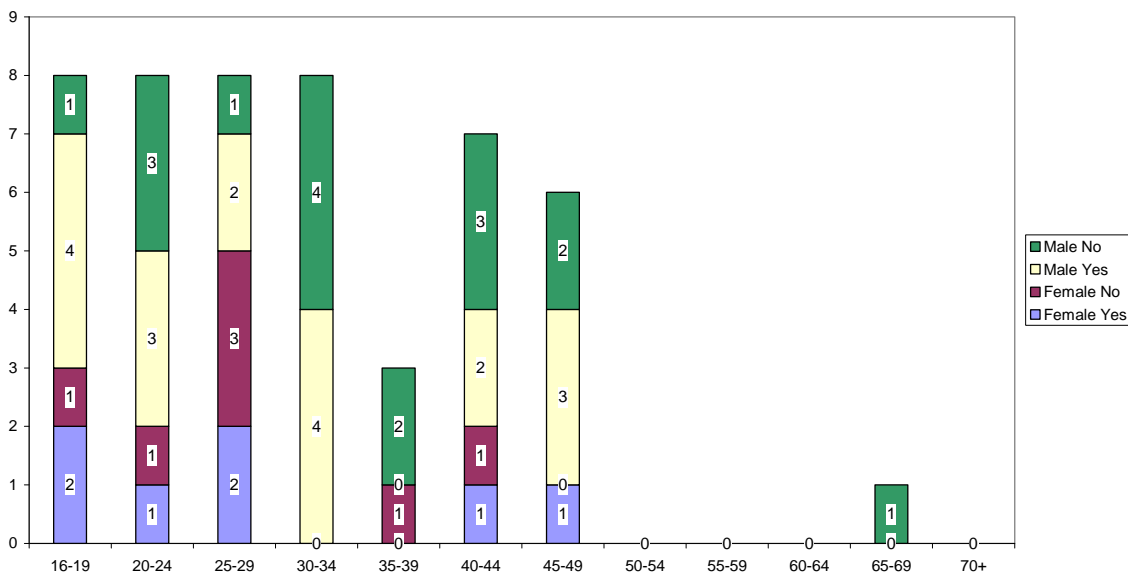


Figure 27 indicates that 38% of matters at the total referral stage identify the appearance of an intellectual impairment. This condition appears to be evenly distributed across referrals relating to males (44% N=28) and females (45%N=17). The appearance of an intellectual impairment occurs most frequently among referrals relating to 16-19 year olds (71%).

Among endorsed referrals (Figure 28), the percentage identifying the appearance of an intellectual impairment increases to 51%. Again, the gender distribution is even with 51% of endorsed referrals relating to males identifying the condition and 50% of those relating to females.

Figure 29. Total Referrals by Age, Gender and Appearance of Substance Abuse Issues to End June 2006 N=101

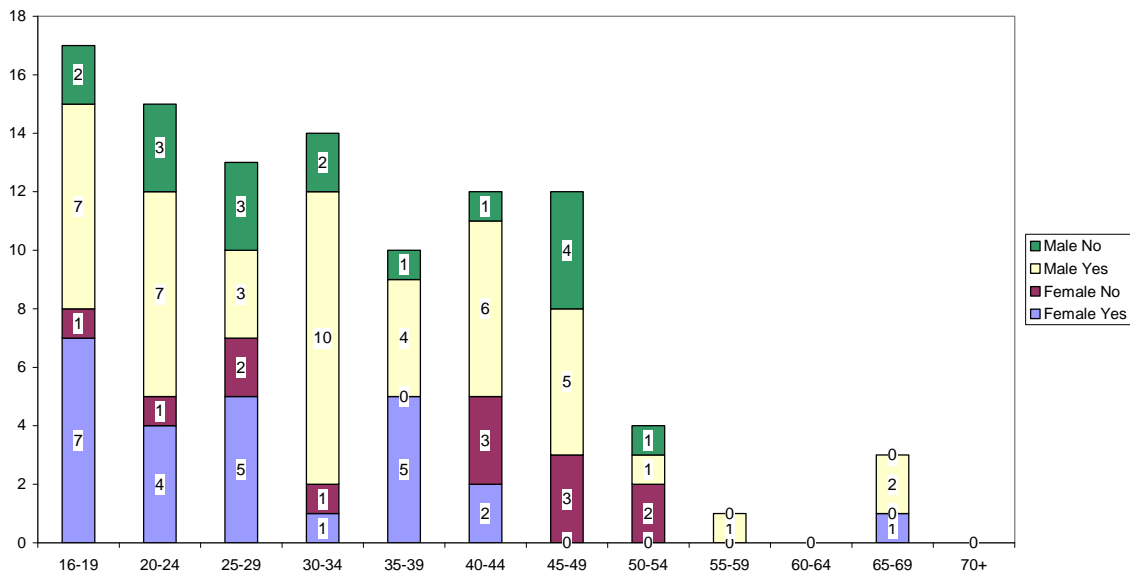
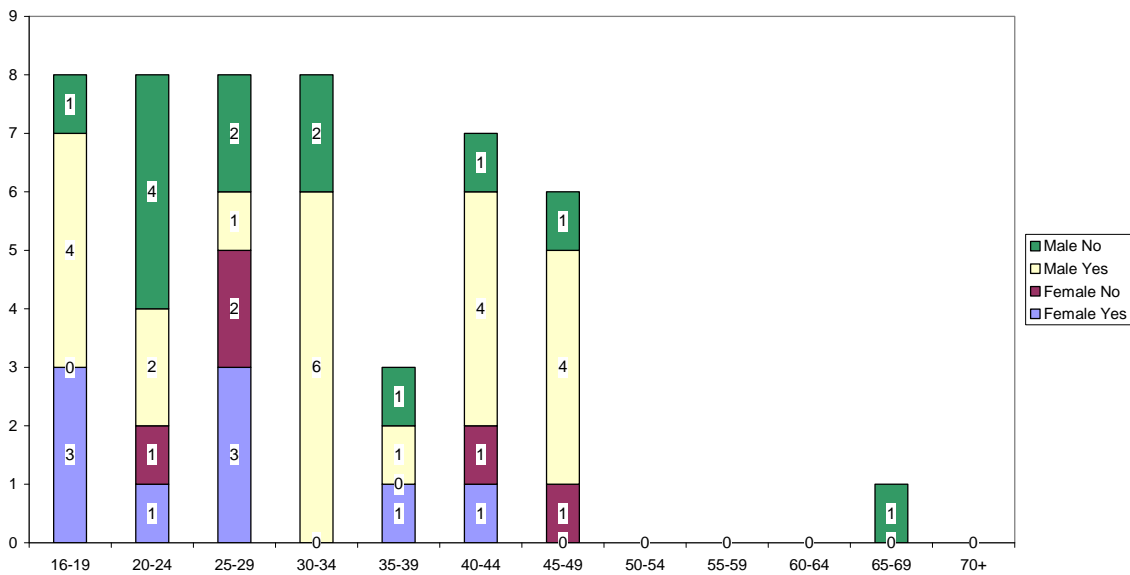


Figure 30. Referrals Endorsed by Regional Directors by Age, Gender and the Appearance of Substance Abuse Issues to End June 2006 N=49



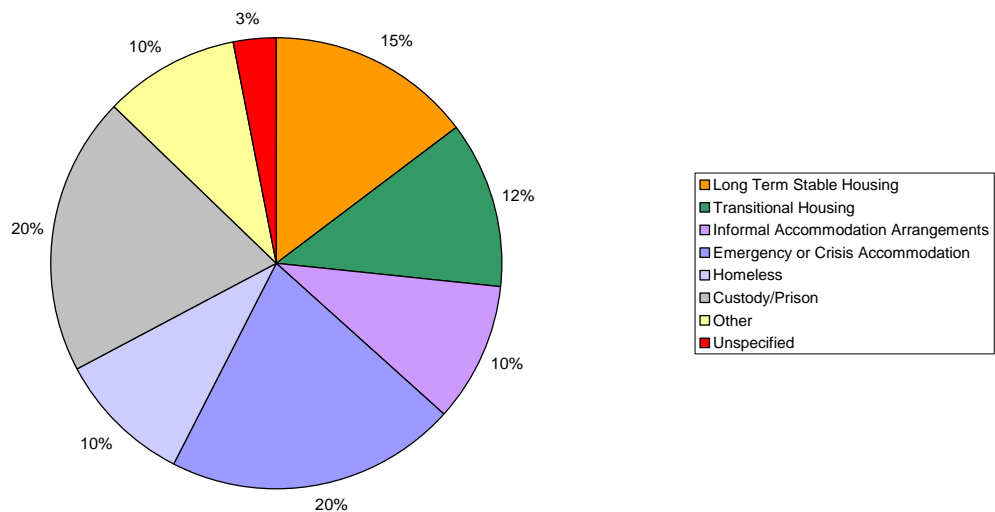
Figures 29 and 30 highlight the prevalence of the identification of substance abuse issues among total referrals and the endorsed referral sub-set.

Among total referrals, 70% (N=71) identify the appearance of substance abuse issues. This figure increases to 73% among referrals relating to males. Sixty six percent of referrals relating to females identify the appearance of substance abuse issues.

In the endorsed referrals group 63% (N=31) identify the appearance of substance abuse issues. Sixty three percent (N=22) of these referrals relate to males. Among referrals relating to 16-19, 40-44 and 45-49 year old males this figure rises to 80%.

Sixty four percent (N=9) of endorsed referrals identifying the appearance of substance abuse issues relate to females. While actual numbers of these referrals is small, the appearance of substance abuse issues are identified most frequently among 16-19 and 25-29 year olds.

Figure 31. Total Referrals by Accommodation Status to End June 2006 N=101



As is highlighted in Figure 31, 41% (N= 41) of referrals relate to individuals who experience either primary or secondary homelessness (homeless N= 10, emergency or crisis N=21, or informal accommodation arrangements N=10).

The percentage of referrals identifying custody or prison remains at 20% (N=20), consistent with previous reporting periods.

Figure 32. Total Referrals by Gender and Accommodation Status to End June 2006 N=101

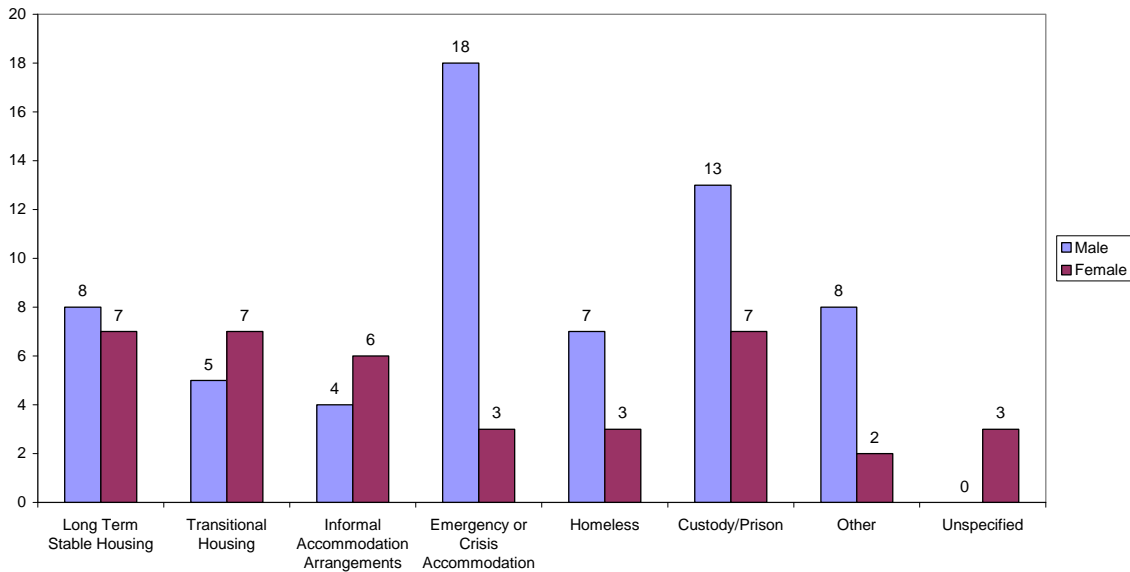
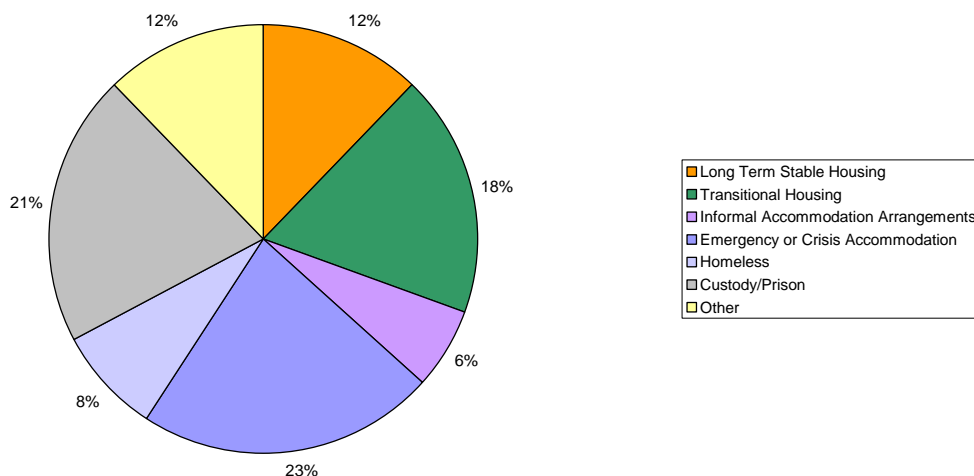


Figure 32 highlights the variation in accommodation arrangements identified in matters in the total referral category according to gender.

Not unexpectedly perhaps, the most frequently occurring accommodation type identified for referrals relating to males is the use of emergency or crisis accommodation (29%). The next most frequently occurring accommodation type identified among matters in the referral stage relating to males is custody or prison (21%).

Among referrals relating to females, the distribution across accommodation types is more evenly spread with 18% of referrals relating to women in long term stable accommodation, 18% relating to women in transitional housing and 18% relating to women in custody or prison.

Figure 33. Referrals Endorsed by Regional Directors by Accommodation Status to End June 2006 N=49



Among endorsed referrals, the percentage of matters relating to individuals where either primary or secondary homelessness is identified is 37%. While this remains significant, the percentage of referrals where some form of homelessness is identified has decreased since the

July 2005 reporting period (where 58% of endorsed referrals identified primary or secondary homelessness) as the number of matters in the endorsed referral category has increased.

Interestingly, the percentage of referrals relating to individuals in custody or prison (21% N=10) has remained relatively stable over time.

The percentage of referrals relating to individuals residing in transitional housing (18% N=6) has also remained stable over time.

Figure 34. Referrals Endorsed by Regional Directors by Gender and Accommodation Status to End June 2006 N=49

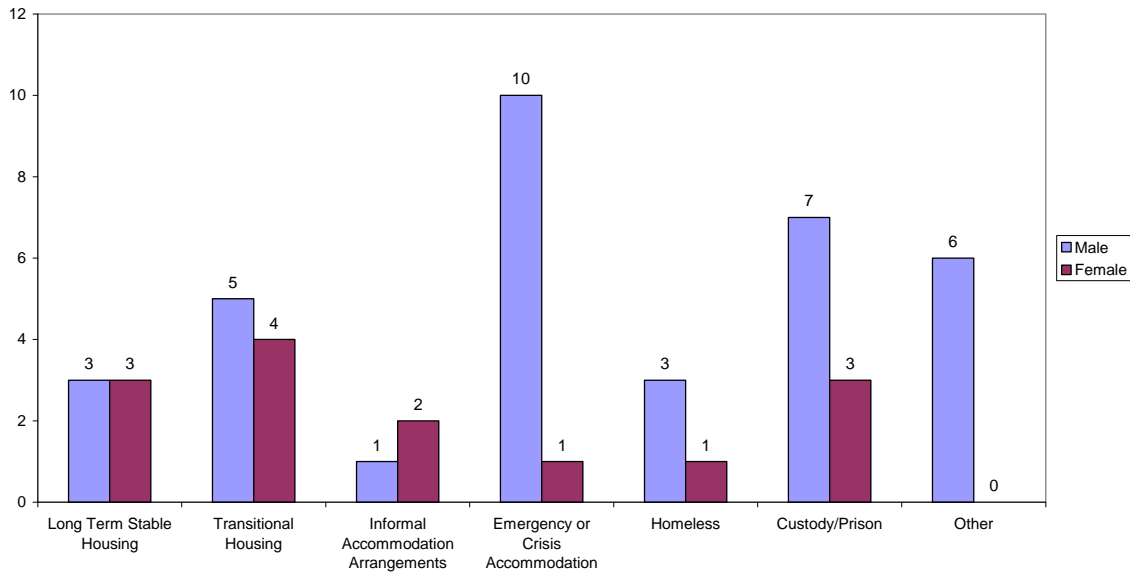


Figure 34 demonstrates that 40% of referrals relating to males identify emergency or crisis accommodation. The next most frequently identified accommodation arrangement is custody or prison (20%).

While actual numbers are significantly smaller, 29% of referrals relate to female in transitional housing services, a further 29% relate to females experiencing either primary or secondary homelessness, 21% to females in custody or prison and a further 21% relate to females whose accommodation is long term and stable.

Figure 35. Total Referrals by Physical Health Status to End June 2006 N=101

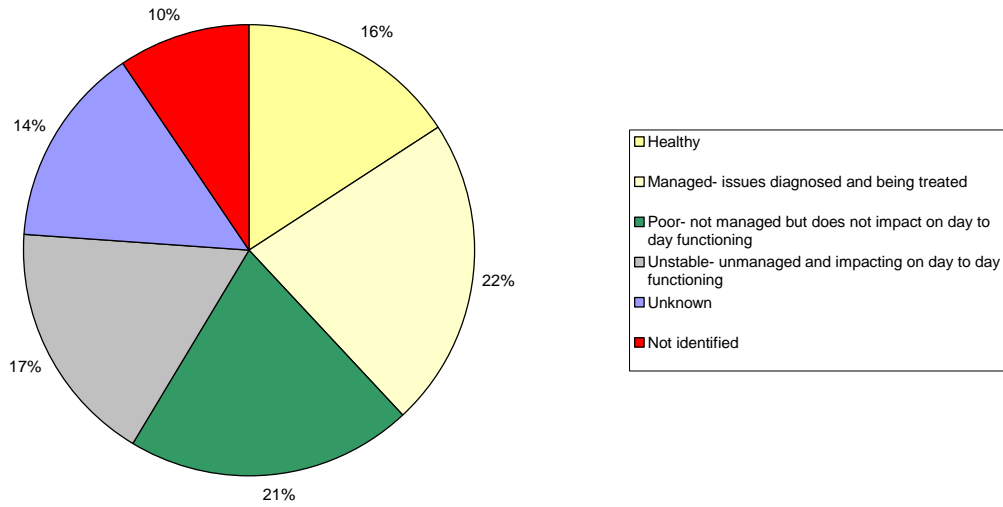


Figure 35 indicates that while 38% of referrals relate to individuals who have no identified health issues or whose health issues are managed, over one third (38% N=39) relate to individuals with poor or unstable health issues. This figure represents a 3% decrease on the March 2006 data.

A further 24% of referrals relate to individuals whose health status is not identified or is unknown.

Figure 36. Total Referrals by Gender and Physical Health Status to End June 2006 N=101

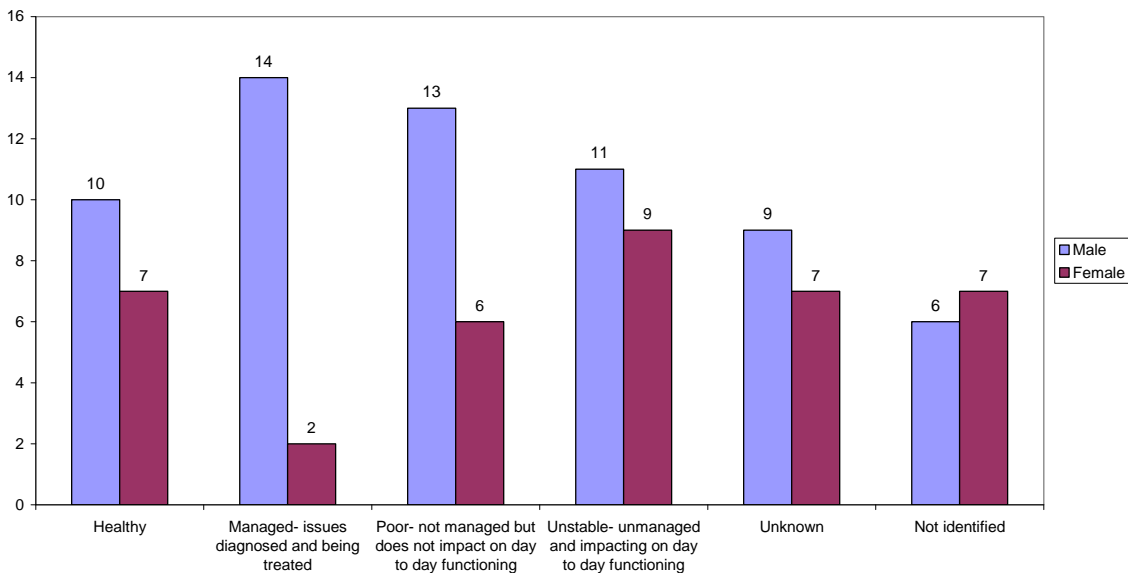


Figure 36 indicates that 37% of referrals relating to men and 40% of those relating to women identify poor or unstable health.

The gender differences are most noticeable among referrals relating to individuals identified having health issues that were managed. Twenty two percent of referrals relating to males

identify health issues that were being treated at the time of referral, in contrast only 5% of referrals relating to females were identified as having health issues that were being treated.

For a significant proportion of referrals (29%) the health status of the individual was either unknown or not identified.

Figure 37. Referrals Endorsed by Regional Directors by Physical Health Status to End June 2006 N=49

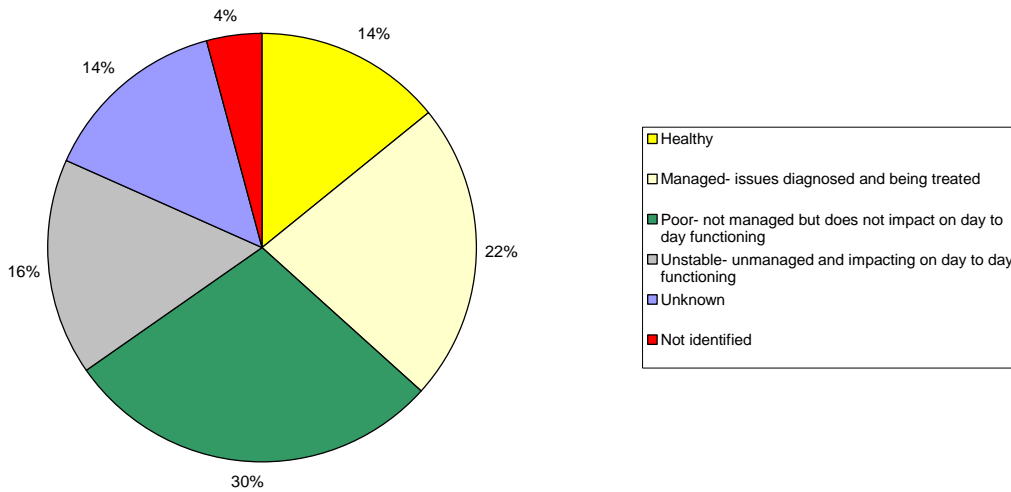
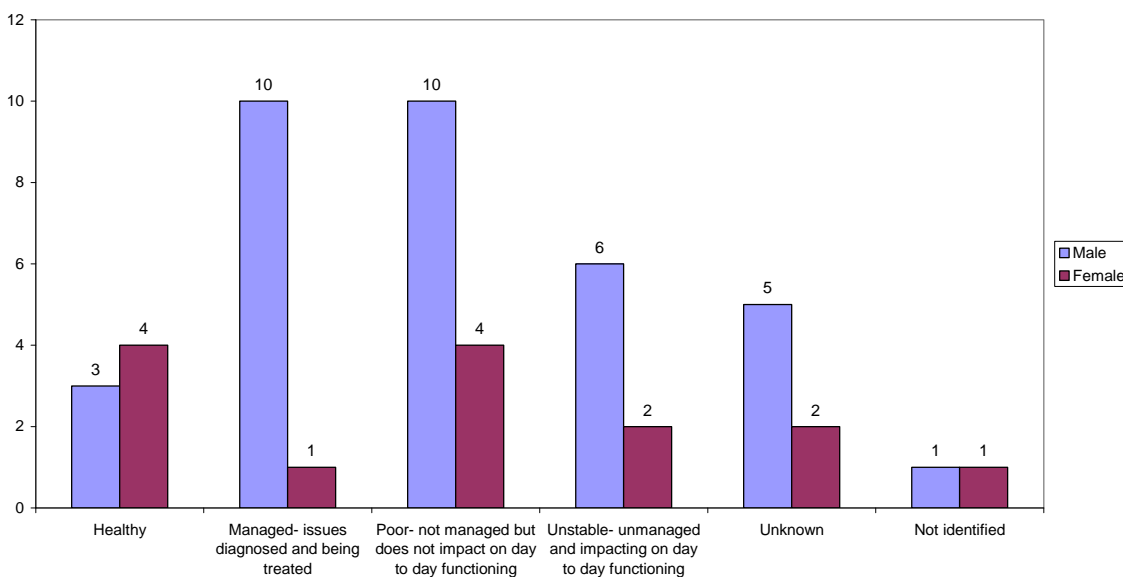


Figure 37 indicates that among matters endorsed for referral to the Panel, almost half (45% N=22) relate to individuals with poor or unstable health issues. This figure is represents a 5% increase on the March 2006 data and a 2% increase on the November 2005 data.

Figure 38. Referrals Endorsed by Regional Directors by Gender and Physical Health Status to End June 2006 N=49



Again, while there is more than twice the number of endorsed referrals relating to men as women, the proportions of referrals relating to both men and women with poor or unstable

health is very similar. Forty six percent of referrals relating to men and 43% of those relating to women identify poor or unstable health.

The gender differences are most noticeable among referrals relating to individuals identified as having good health. Twenty nine percent of referrals relating to women identify good health while only 9% of referrals relating to males identified good health. These percentages are reversed in relation to matters where health issues are identified as being managed (males 29% females 7%).

**Figure 39. Referrals Endorsed by Regional Directors by Sub-Source of Referral to End
June 2006 N=49**

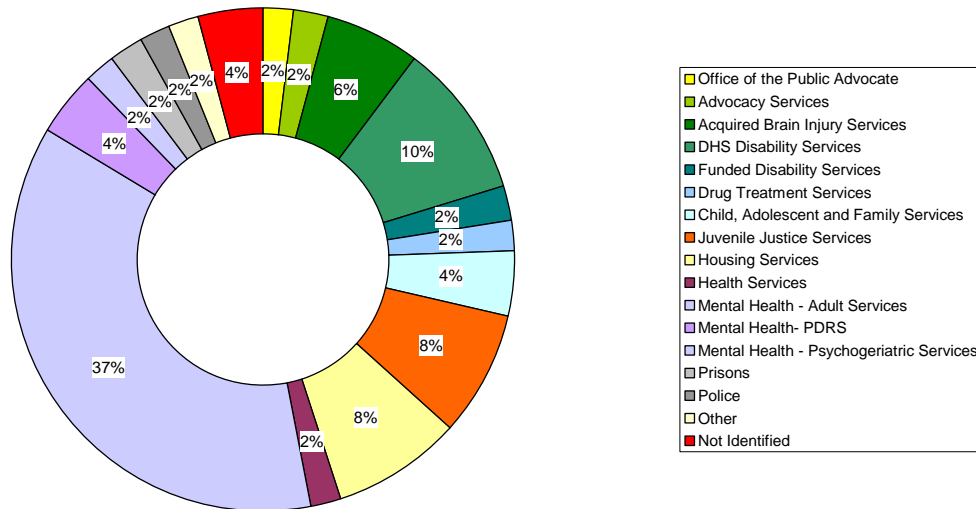


Figure 39 indicates that mental health services (comprising Adult Services, PDRS and Psycho-geriatric Services) are responsible for 43% of all referrals (N=21). This is an increase of 10% on the March 2006 data and 15% on the November 2005 data. Disability services (comprising advocacy services, ABI services, directly managed and funded sector disability services) were the source of 20% (N=10) of all referrals. This is 10% less than in the March reporting period.

Despite the high number of endorsed referrals that identify the appearance of substance abuse issues, drug treatment services are not a prominent source of referral (N=1). This is consistent with data from previous reporting periods. Reasons contributing to the lack of referrer profile among drug treatment services requires further examination

It is also worth noting that prisons have remained a low source of referrals (N=1). While jointly developed referrals where another service provider has assumed lead referral responsibility may account for some of the low referrer profile for prisons, it may also indicate that a review of the effectiveness of existing protocols is timely.