

Multiple and Complex Needs Initiative

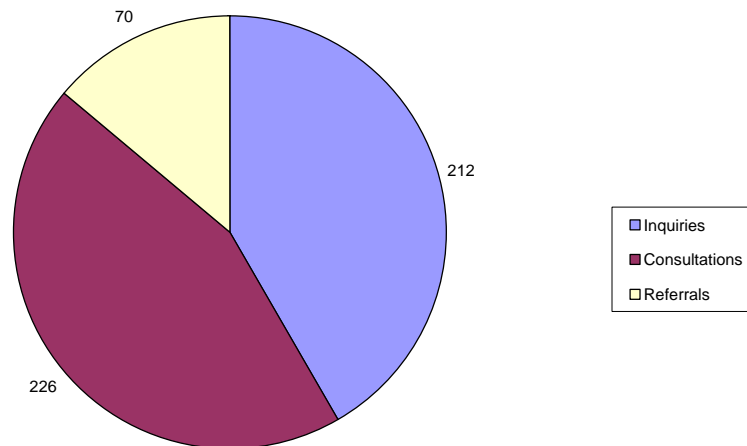
Regional Gateway Data Report

November 2005

Overview

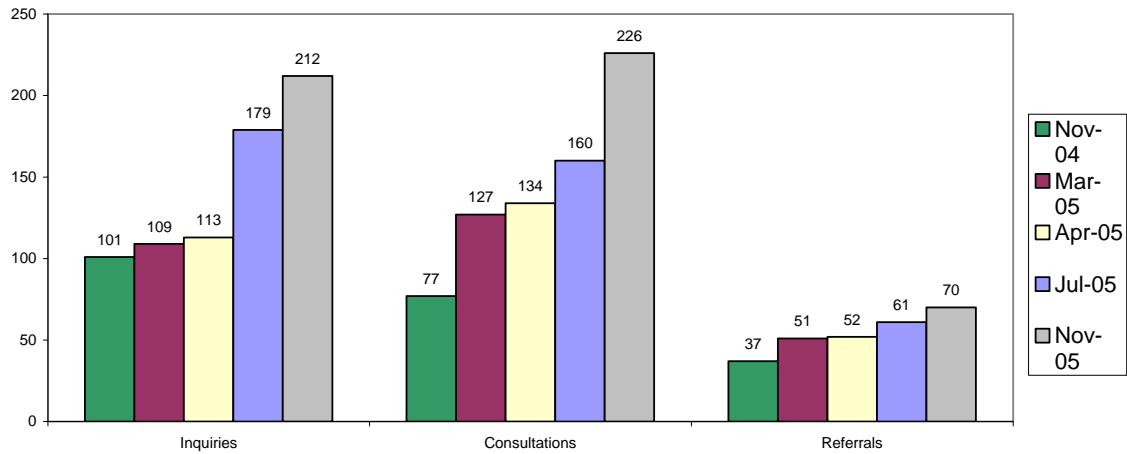
It is important to note that the Regional Gateway Database records incidences of inquiry, consultation and referral. As such, if an individual is subject to two separate inquiries or consultations, these will be recorded separately. While the substantial majority of inquiries and consultations referred to in this report relate to separate individuals, multiple presentations have been recorded at the consultation phase in several regions. At this point all referrals recorded on the database relate to separate individuals.

Figure 1. Total Inquiries, Consultations and Referrals to 2 November 2005



In the period from the end of July to 2 November there has been a steady increase in the overall numbers of inquiries, consultations and referrals received as awareness of the Initiative has increased. As has been demonstrated in previous quarters, the majority of the work undertaken at the Gateway does not progress beyond the consultation phase.

Figure 2. Comparison- Total Inquiries, Consultations and Referrals - November 2004, March 2005, April 2005, July 2005 and 2 November 2005



As is demonstrated in Figure 2, the greatest increase in activity has occurred at the consultation phase with an increase of 66 consultations over the previous quarter. This is more than double the rate of consultations in the preceding quarter. In comparison, the rate of referrals has remained consistent over the past two quarters while the rate of inquiries is approximately half that of the preceding quarter. This decrease in the rate of inquiry may be attributed, in part, to improved targeting resulting in matters moving directly to the consultation stage. Possible regional differences in the way inquiries are recorded may also account for some of this variation.

Figure 3. Young People as a Proportion of Total Consultations, Referrals and Endorsed Referrals to 2 November 2005

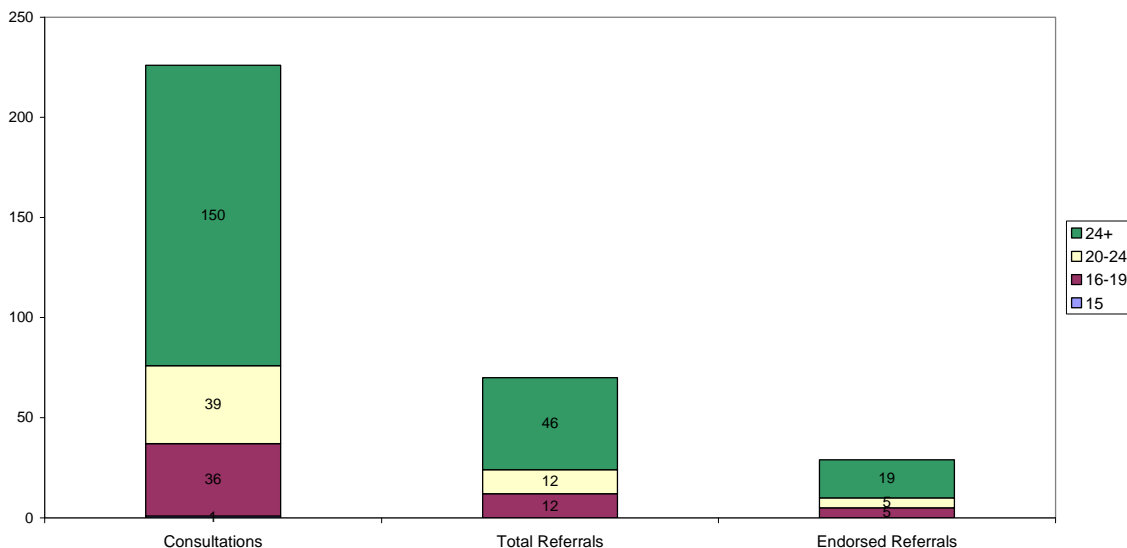
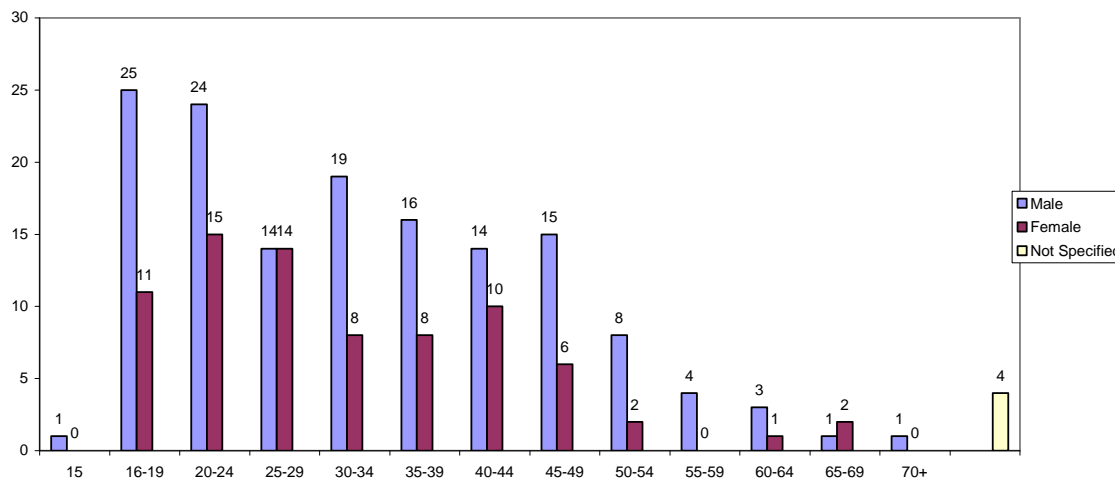


Figure 3 indicates that young people are represented in approximately one third (34%) of all consultations. This proportion is maintained among the total referral and endorsed referral populations.

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. Others will be treated as an inquiry in the first instance and develop into a consultation. A consultation may occur as a one-off contact or may require several contacts/meetings prior to resolution or progression to the referral stage.

Figure 4. Consultations by Age and Gender to 2 November 2005 N=226



Broadly consistent with the April and July quarters, Figure 4 demonstrates that the majority of consultations continue to relate to males. 64.2% of the 226 consultations [or 65.3% of those consultations where gender and age have been specified]. This compares to 66.3% (July) and 68% (April).

While approximately 34% of consultations relating to males occur in the 16-19 and 20-24 age categories, they are consistently represented across the age categories to 45-49.

Again, the ratio of males to females is almost 2:1.

As with the male population, females are represented more frequently in the in younger age categories. In the case of consultations relating to females however, the dominant cohorts are 20-24 and 25-29 (38%, N=29). This trend is consistent with both the April and July data.

Figure 5. Total Consultations by Resolution Status at the Regional Level to 2 November 2005 N=226

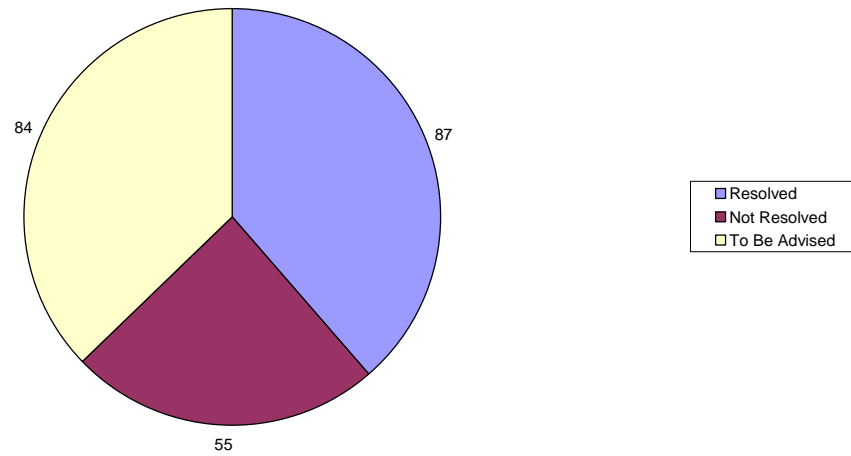
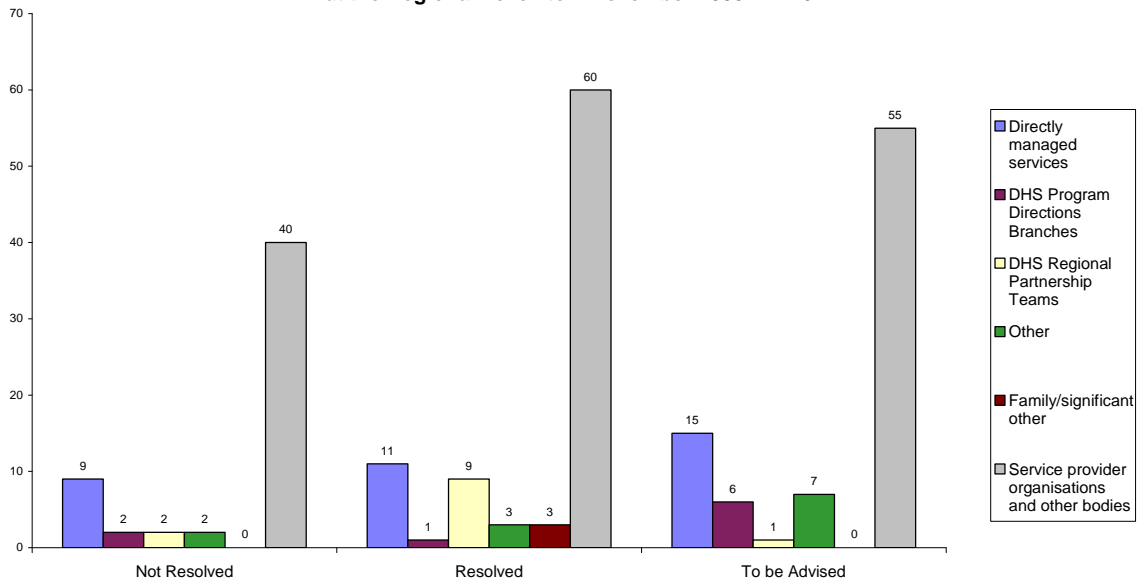


Figure 5 indicates that 38.5% of matters were identified as having been resolved at the regional level with a further 37% still to be determined. This represents an increase of approximately 6% on the numbers of consultations identified as having been resolved in the previous quarter.

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 month, 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.

Figure 6. Total Consultations by Source and Resolution Status at the Regional Level to 2 November 2005 N=226



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

Figure 7. Consultations by Eligibility Criteria (Summary) to 2 November 2005 N=226

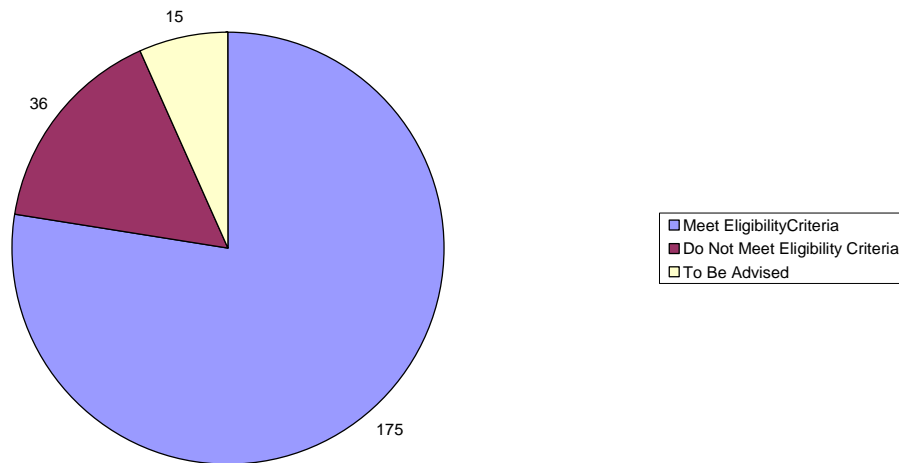


Figure 7 indicates that a substantial majority (77.4%) of all those matters reaching consultation stage do appear to meet the overall eligibility criteria. This highlights the effective promotion and targeting of the Initiative at the regional level.

Figure 8. Consultations by Eligibility Criteria Met to 2 November 2005 N=226

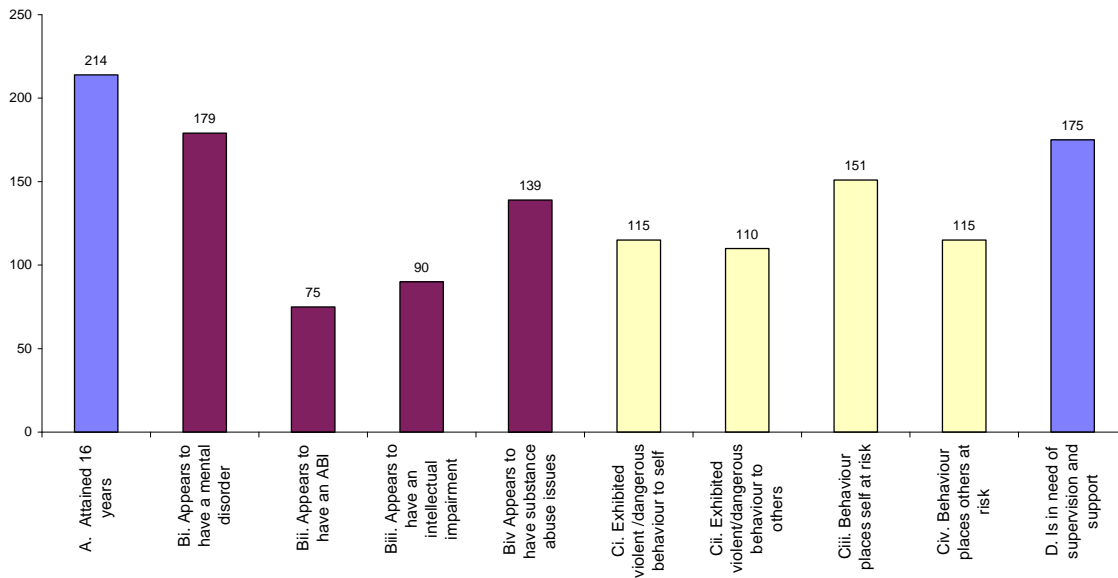


Figure 8 provides an overview of consultations by individual eligibility criteria appearing to be met.

Within the 'diagnostic' sub-criteria of criterion 'B', a very sizeable 79% (N=179) of consultations identify the individual as appearing to have a mental disorder. This is a slight decrease on the previous reporting period (82% N=132). As with the July data, the next most frequently occurring 'diagnostic' sub-criterion is substance abuse (61.5%). The appearance of intellectual impairment was identified in 40% (N=90) of consultations, consistent with the July data. The appearance of an ABI was identified less frequently in the current period (33.2% N=75) compared to the previous quarter (41% N=65).

In line with the trend evident in previous reporting periods, among the behavioural sub-criteria of criterion 'C', behaviours resulting in harm or risk to self are identified more frequently in consultations than those resulting in harm or risk of harm to others.

Figure 9. Consultations by Age and the Appearance of a Mental Disorder to 2 November 2005 N=226

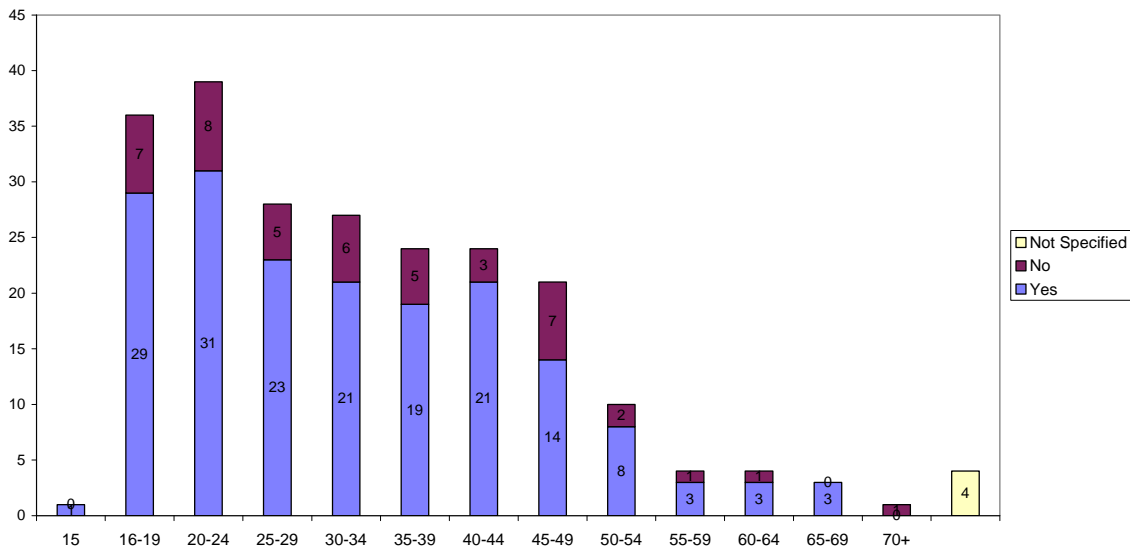
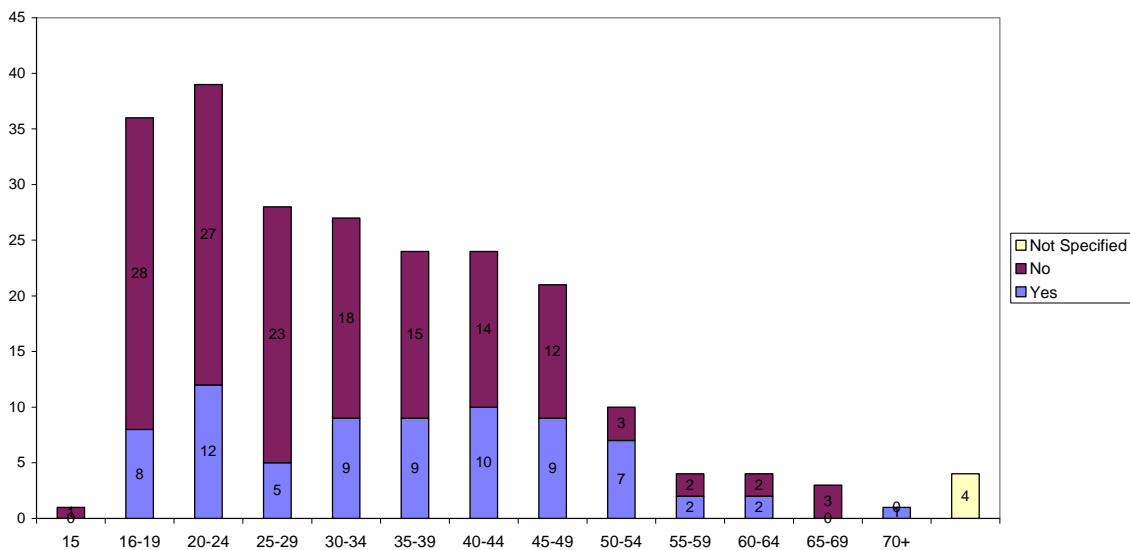


Figure 9 highlights the appearance of mental disorder across consultations by age range. Interestingly, the distribution of this sub-criterion is consistently high (67%-87%) across all age ranges (except for the single consultation in 70+ age range).

Figure 10. Consultations by Age and the Appearance of an ABI to 2 November 2005 N=226



In comparison to Figure 9, the distribution of the appearance of an ABI across consultations by age range (Figure 10) was not as consistently dominant as the distribution of the appearance of a mental disorder. It is also worth noting that among consultations relating to 35-39 year olds the appearance of an ABI is 38%, this increases to 70% for 50-54 year olds before dropping back to 50% for the 55-59 and 60-64 year olds. The appearance of an ABI is not recorded in the four consultations relating to 65-69 year olds.

Figure 11. Consultations by Age and the Appearance of an Intellectual Impairment to 2 November 2005 N=226

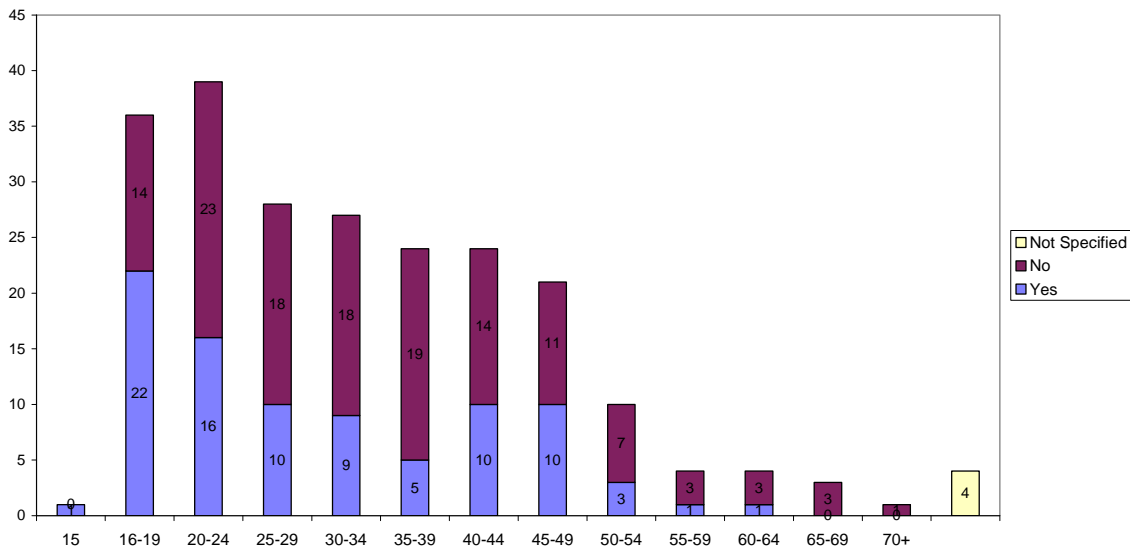
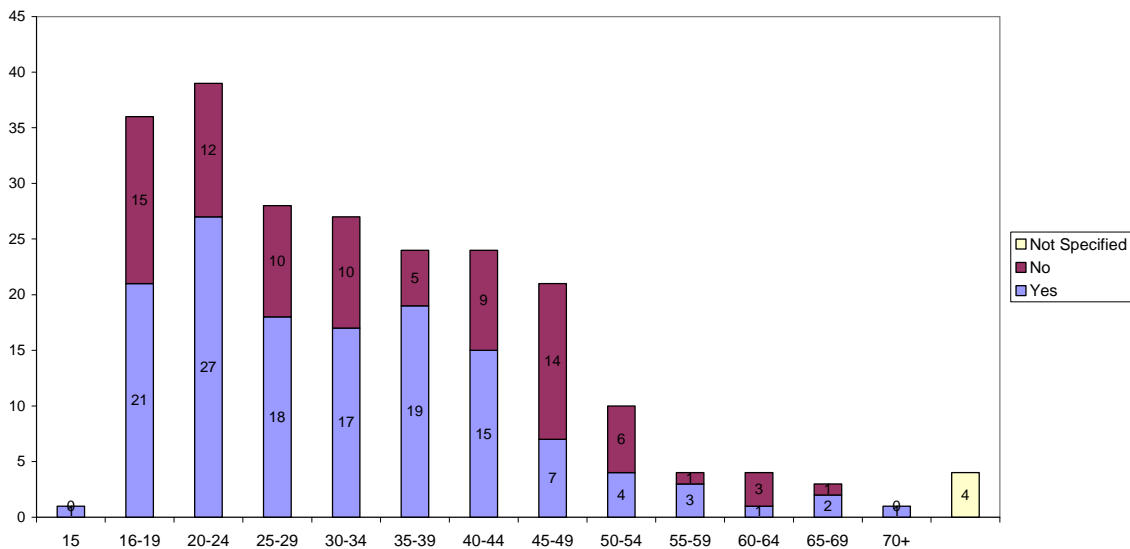


Figure 11 indicates that at approximately 39% of consultations identify the appearance of intellectual impairment. Within the specific age categories, the appearance of an intellectual impairment is most frequent among consultations relating to 16-19 year olds (61%). In contrast, among consultations relating to 35-39 year olds, intellectual impairment is only identified for 21%.

Figure 12. Consultations by Age and Appearance of Substance Abuse Issues to 2 November 2005 N=226



While not as dominant as the appearance of a mental disorder, Figure 12 demonstrates that more than half of the consultations in the majority of age categories identify the appearance of substance abuse issues. These issues are most frequently represented in consultations relating to 16-19 year olds (58%), 20-24 year olds (69%), 25-29 year olds (64%), 35-39 year olds (79%) and 55-59 year olds (75%).

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 is a sub-set of the total referral data and relates only 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 13. Total Referrals by Age and Gender to 2 November 2005 N=70

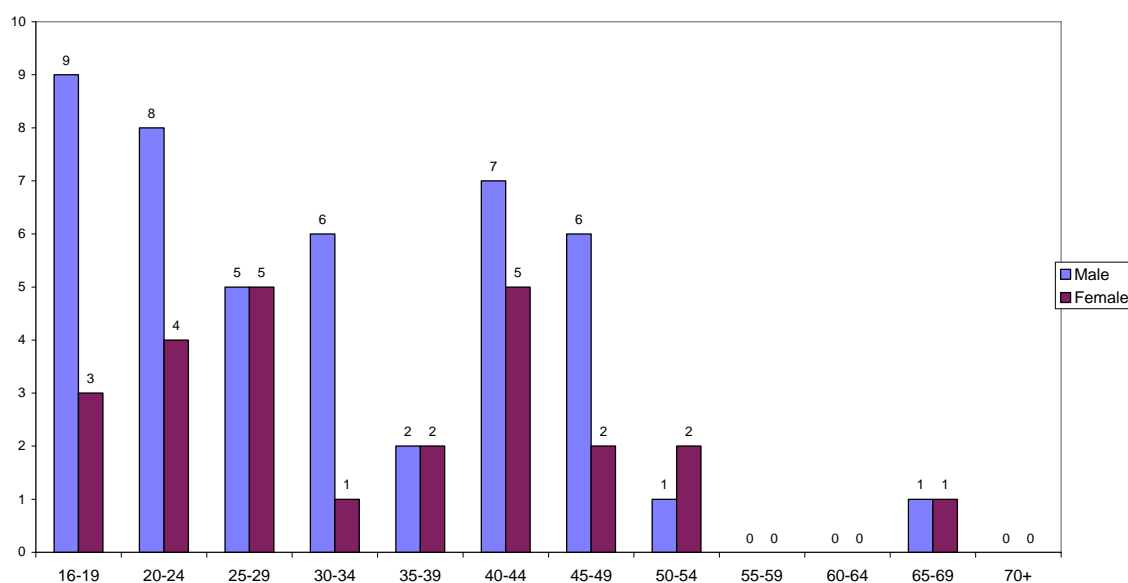


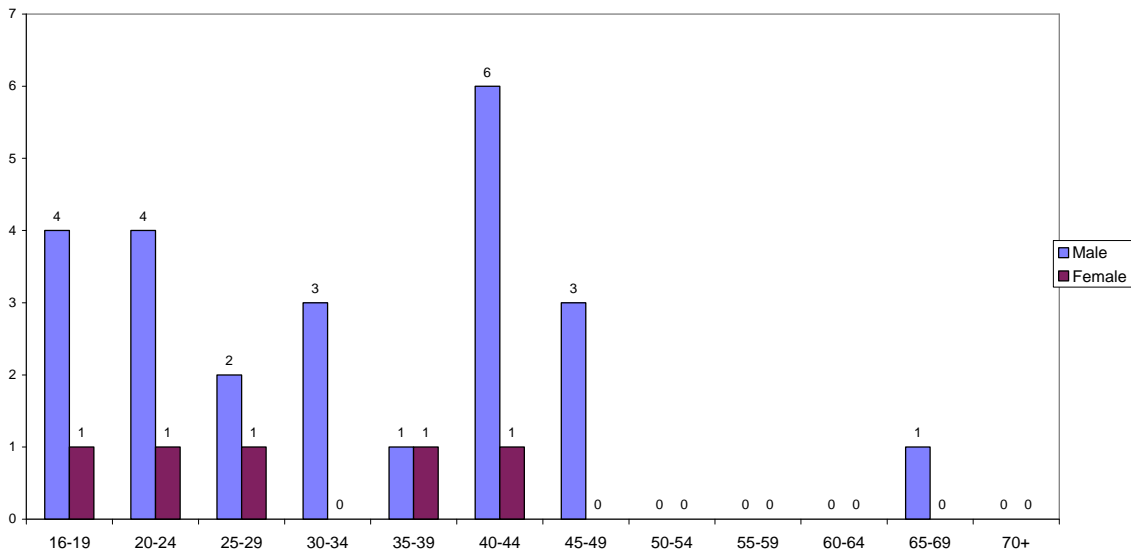
Figure 13 demonstrates that the ratio of males to females in the total referral population has remained at approximately 2:1 in the current reporting period (64% and 36% respectively). This is consistent with the gender distribution in the consultation phase.

Matters have moved into the referral phase for at least twice as many males as females in the 16-19 and 20-24 age categories. Males are also represented significantly more frequently than females in the 30-34 year age category. The only age category in which females are more frequently represented than males is the 50-54 category.

Numbers of referrals in the 40-44 and 45-49 age categories remain relatively high.

The number of referrals in the 50+ categories has not changed since the July reporting period.

Figure 14. Referrals Endorsed by Regional Directors by Age and Gender to 2 November 2005 N=29



The endorsed referrals population comprises 24 males and 5 females. Figure 14 highlights the change in ratio of males to females in matters referred or being referred to the Multiple and Complex Needs Panel.

In the current reporting period, the ratio of males to females at the endorsed referral phase is almost 5:1 (83% and 17% respectively). This is a move from a ratio of approximately 4:1 in the July reporting period.

Of particular note in this current reporting period is the number of males in the 40-44 and 45-49 age categories. Thirty one percent (N=9) of endorsed referrals relate to men in their forties. While numerically there is not a significant difference, it is higher than the number of endorsed referrals relating to men under the age of 24 (28% N=8).

Figure 15. Total Referrals by Age and the Appearance of Mental Disorder to 2 November 2005 N=70

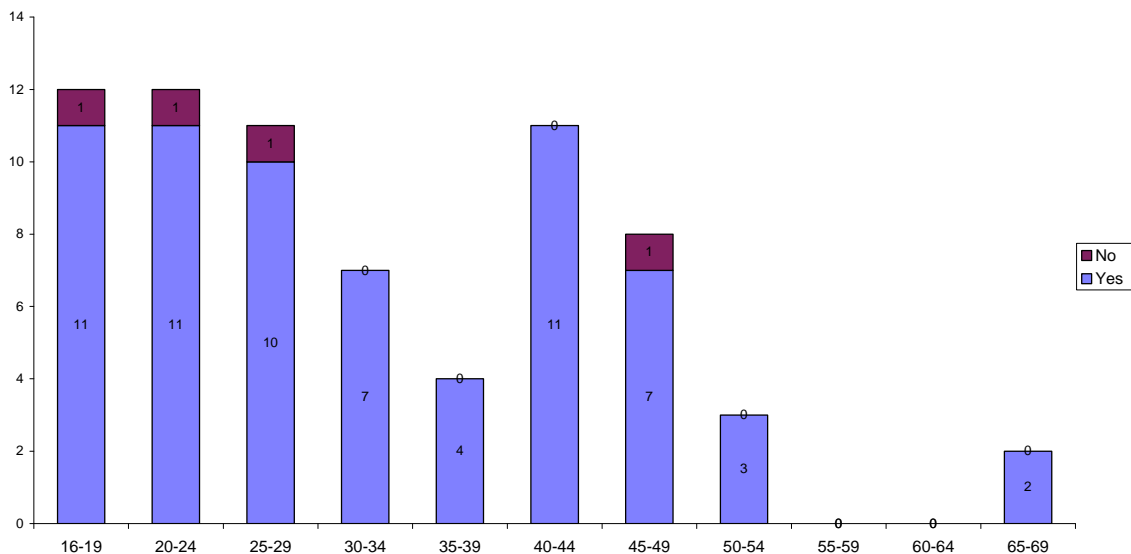


Figure 15 highlights that the appearance of a mental disorder is dominant across all represented age categories in the total referral phase. Only 4 referrals do not identify this condition. Among endorsed referrals (Figure 16 below) only 2 individuals do not appear to have a mental disorder.

Figure 16. Referrals Endorsed by Regional Directors by Age and the Appearance of a Mental Disorder to 2 November 2005 N=29

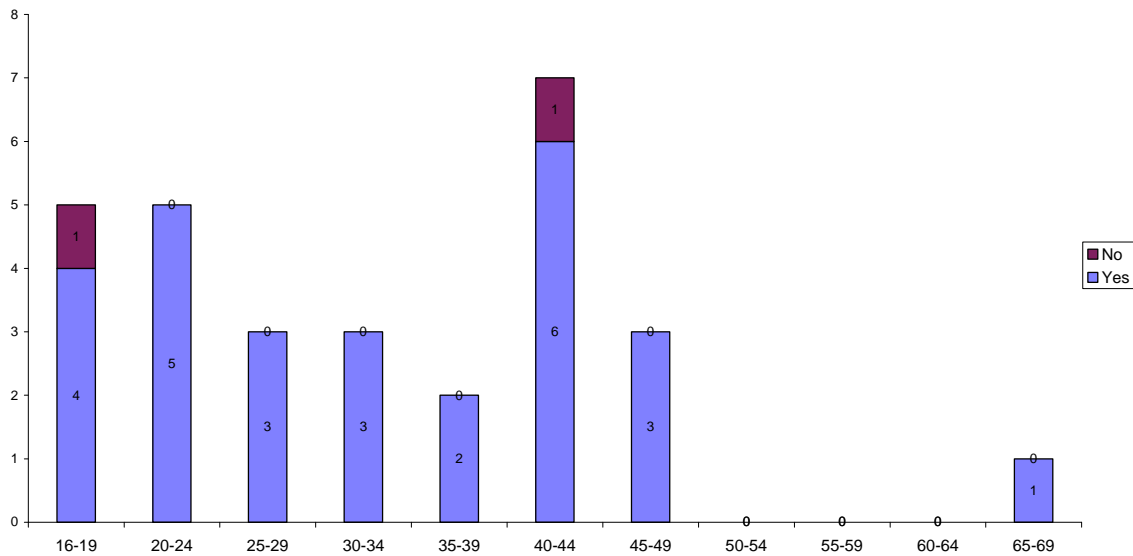
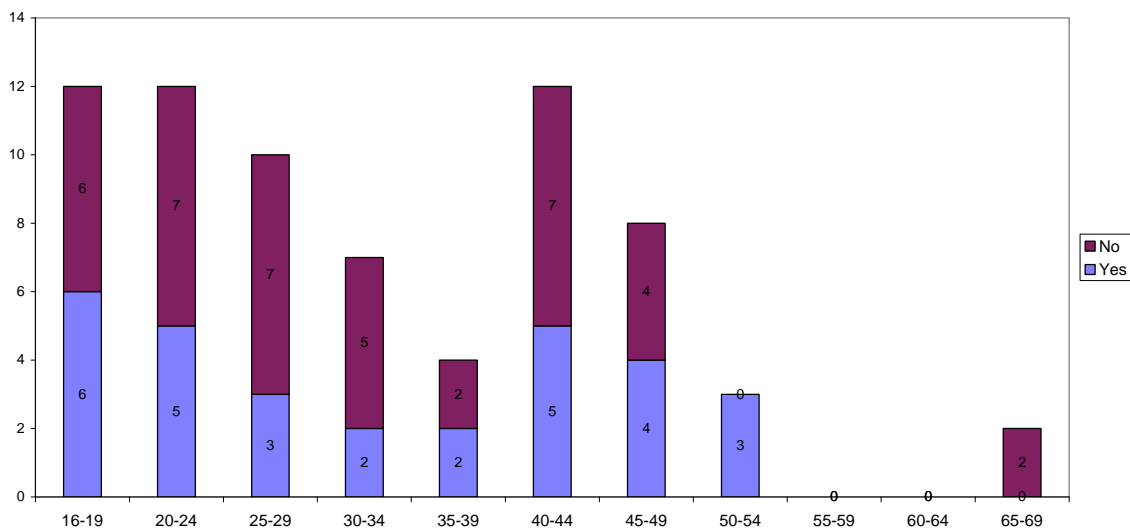


Figure 17. Total Referrals by Age and the Appearance of an ABI to 2 November 2005 N=70



Among total referrals, Figure 17 indicates that 43% (N=30) are identified as appearing to have an ABI. With the exception of the 50-54 age range where all referrals identify the appearance of an ABI (N=3) and the 65-69 age range where the appearance of the condition is not identified, it is identified in between 29% and 50% of the referrals in the remaining age categories.

Among endorsed referrals (Figure 18 below), a significant 80% referrals relating to 16-19 year olds identify the appearance of an ABI. In the 40-44 year old age category, the appearance of an ABI is also identified for the majority of referrals (57%).

Figure 18. Referrals Endorsed by Regional Directors by Age and Appearance of an ABI to 2 November 2005 N=29

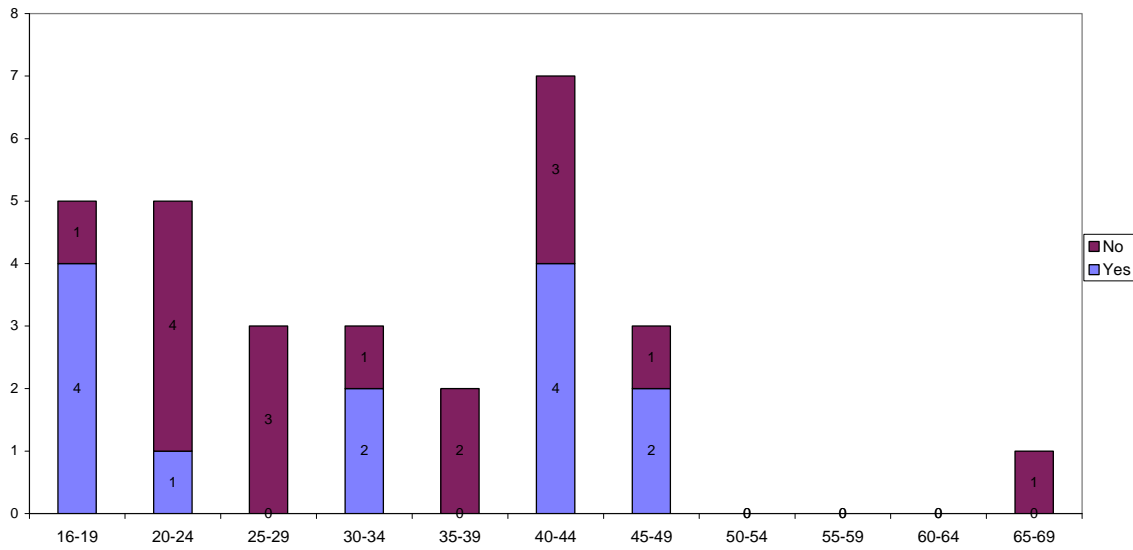
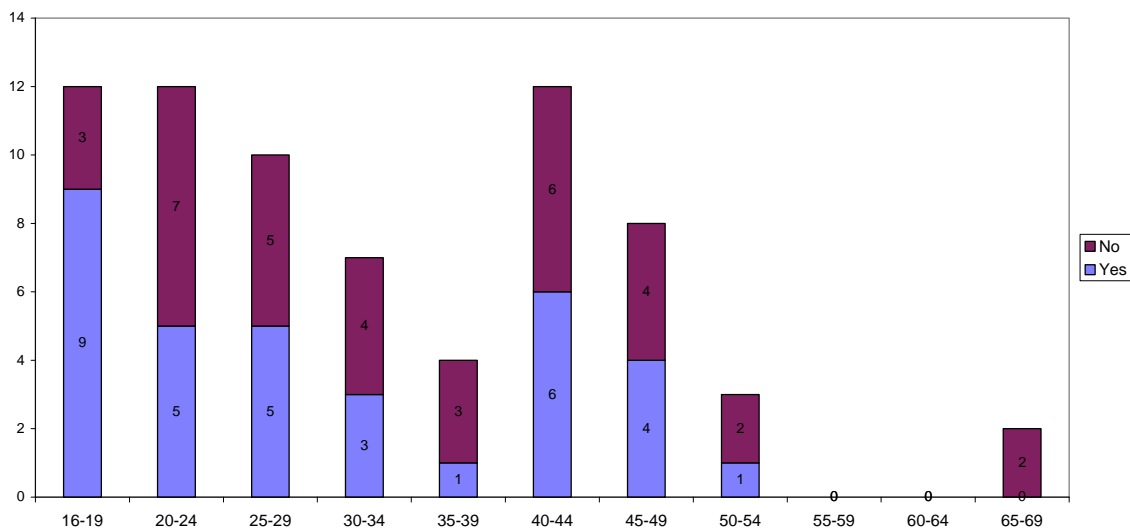


Figure 19. Total Referrals by Age and the Appearance of Intellectual Impairment to 2 November 2005 N=70



Overall, a little under half of the total referral population (49% N=34) are identified as appearing to have an intellectual impairment. Figure 19 demonstrates that for referrals relating to individuals in the 16-19 age category, the appearance of an intellectual impairment occurs most frequently with 75% of referrals identifying the condition.

Figure 20 (below) demonstrates that, among endorsed referrals, the appearance of an intellectual impairment occurs frequently in all age categories (except for 35-39 year olds). In the 16-19 and 20-24 age categories in particular, the 80% of endorsed referrals identify the condition.

Figure 20. Endorsed Referrals by Age and the Appearance of Intellectual Impairment to 2 November 2005 N=29

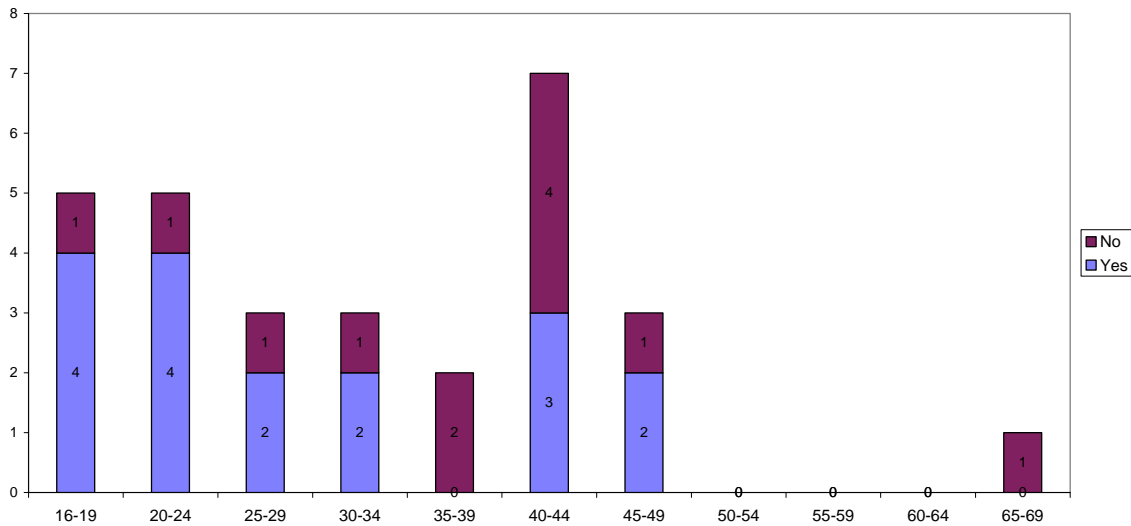
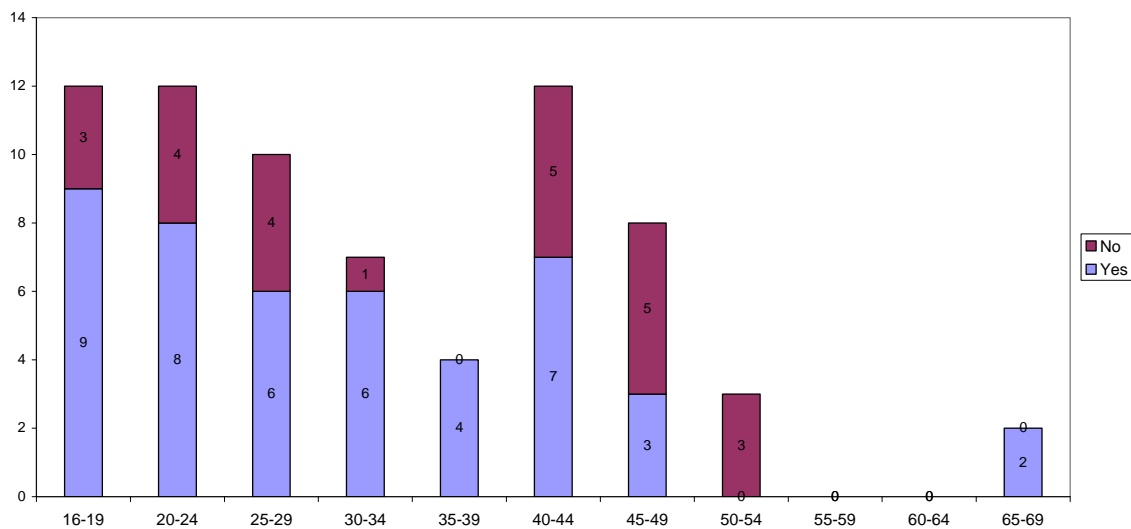


Figure 21. Total Referrals by Age and the Appearance of Substance Abuse Issues to 2 November 2005 N=70



Figures 21 and 22 highlight the shifts in the frequency with which the appearance of substance abuse issues are identified. For example, among the total referrals 75% of those relating to 16-19 year olds, 67% of those relating to 20-24 year olds and 86% of those relating to 30-34 year olds identify the appearance of substance abuse issues. Among endorsed referrals these figures increase for the 16-19 age category (80%) and decrease for the 20-24 (40%) and 30-34 (67%) age categories.

Figure 22. Endorsed Referrals by Age and the Appearance of Substance Abuse Issues to 2 November 2005 N=29

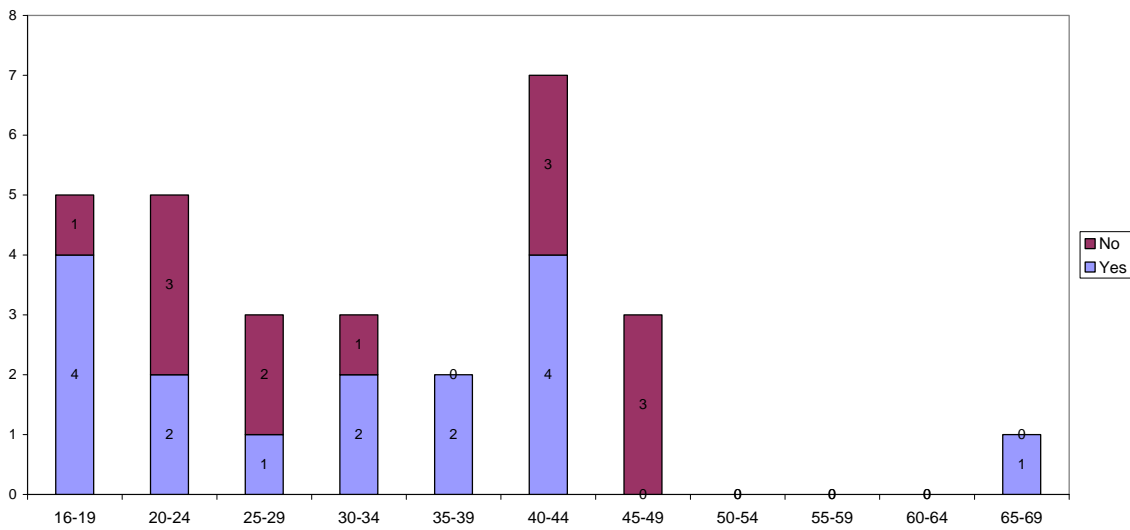
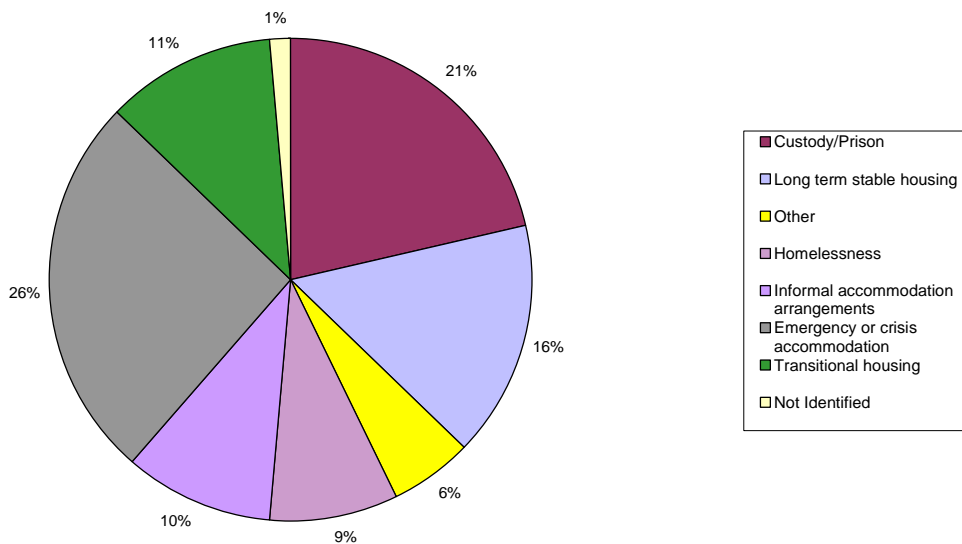


Figure 23. Total Referrals by Accommodation Status to 2 November 2005 N=70



As is highlighted in Figure 23, 45% of total referrals relate to individuals who experience some degree of homelessness (emergency or crisis accommodation N=18, informal arrangements N=7 and homeless N= 6). This is consistent with the July data.

The percentage of referrals relating to individuals in custody or prison in the current period has risen to 21% (N=15) which is an increase of 8% on the July data.

Figure 24. Referrals Endorsed by Regional Directors by Accommodation Status to 2 November 2005 N=29

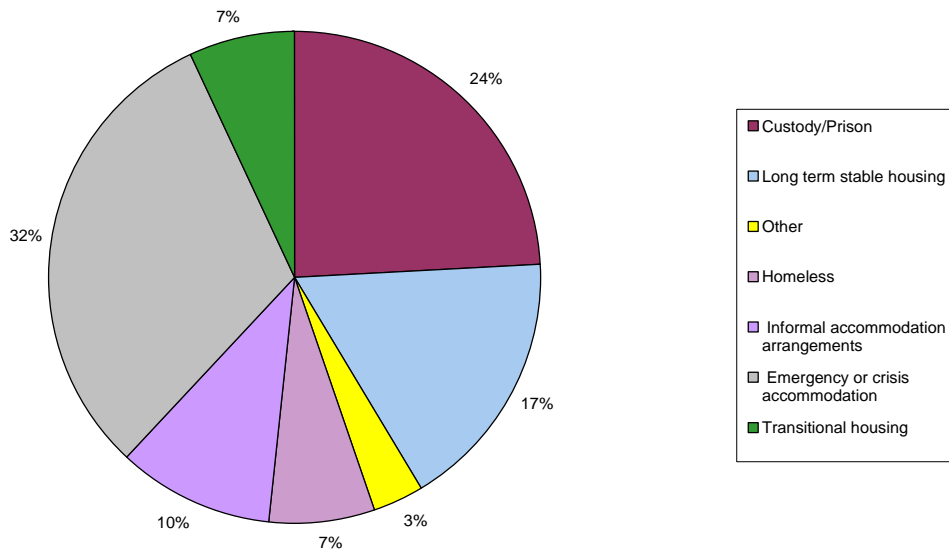


Figure 24 indicates that among those referrals endorsed by regional directors for referral to the Multiple and Complex Needs Panel, 49% related to individuals who experience either primary or secondary homelessness. This compares with 58% in the July reporting period.

While the percentage of referrals relating to homeless persons decreased in the current period, the percentage of referrals relating to individuals in custody or prison increased from 13% to 24% (N=7).

Figure 25. Total Referrals by Physical Health Status to 2 November 2005 N=70

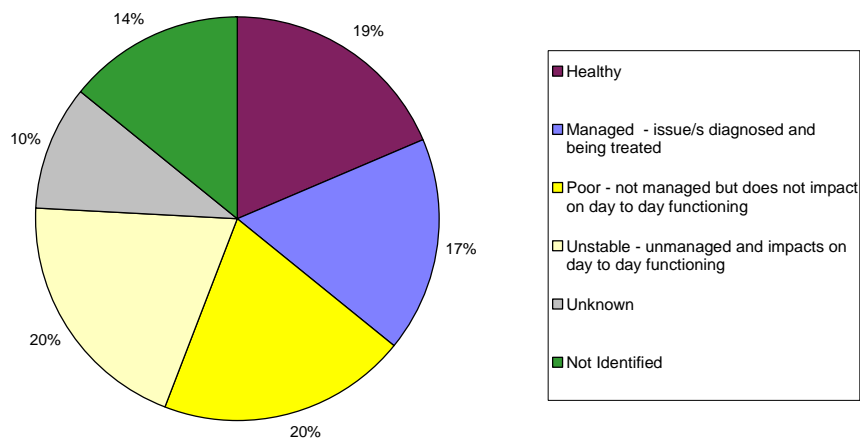


Figure 25 indicates that while 36% of referrals in the total referral population relate to individuals who have no identified health issues or whose health issues are managed, 40% relate to individuals whose health is rated, not surprisingly, as poor or unstable.

In a further 24% (N=17) of referrals health status is not recorded or is unknown.

Figure 26. Referrals Endorsed by Regional Directors by Physical Health Status to 2 November 2005 N=29

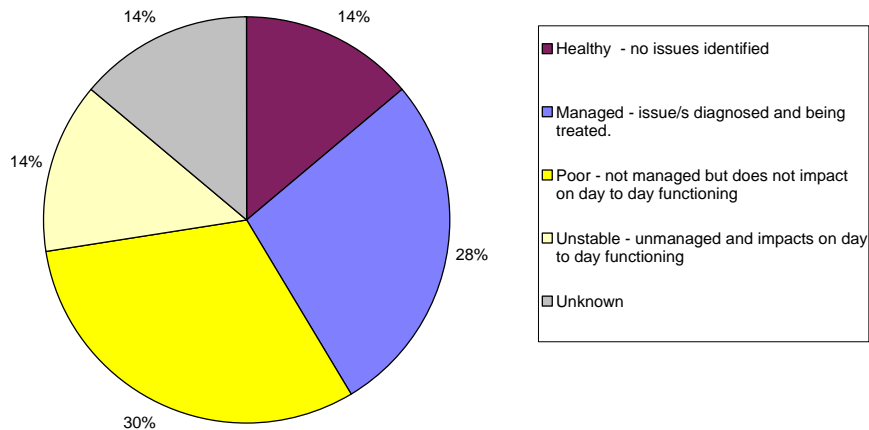
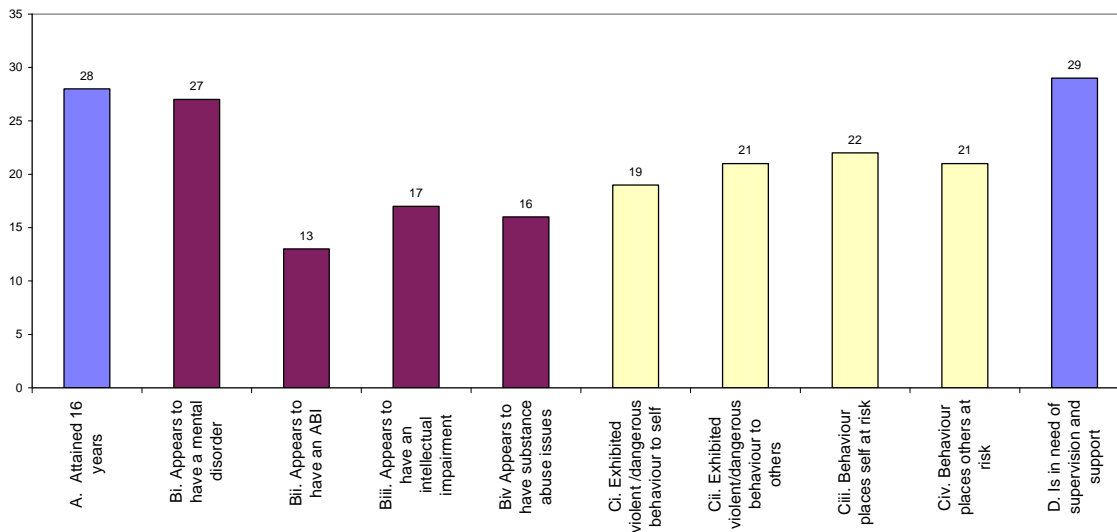


Figure 26 indicates, as would be expected, that the proportion of matters relating to individuals with poor or unstable health issues (44% N=13) is highest among referrals endorsed for referral to the Multiple and Complex Needs Panel.

Figure 27. Referrals Endorsed by Regional Directors by Eligibility Criteria to 2 November 200 N=29



Consistent with data presented in Figure 16, Figure 27 highlights that 93% of referrals endorsed by regional directors for referral to the Multiple and complex Needs Panel relate to individuals identified as appearing to have a mental disorder. This compares to 96% in the July data.

While not statistically significant, among endorsed referral, those relating to individuals appearing to have an intellectual impairment were marginally greater in number than those relating to individuals appearing to have substance abuse issues.

Similarly, those referrals relating to individuals identified as exhibiting behaviour which places themselves at risk were marginally greater in number than those relating to individuals who were identified as exhibiting behaviours which place others at risk.

Please note that the identification of only 28 (97%) endorsed referrals relating to individuals who meet the age criterion reflects a data entry issue.

Figure 28. Referrals Endorsed by Regional Directors by Number of Conditions Met to 2 November 2005 N=29

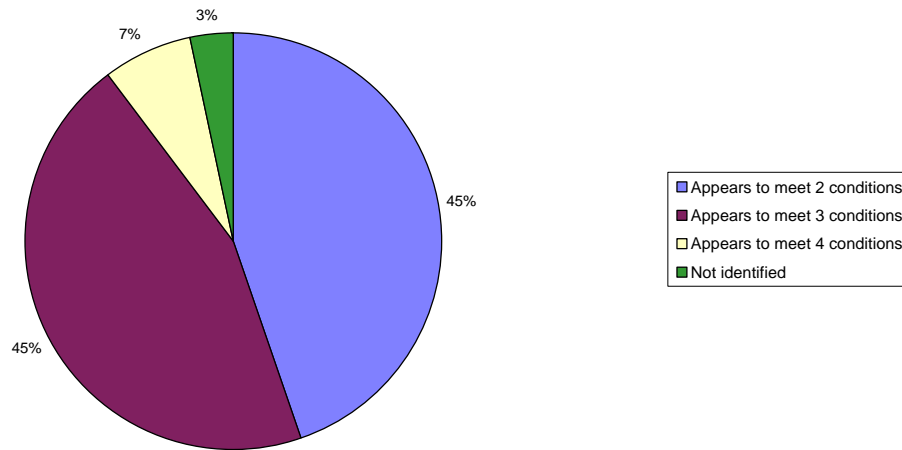


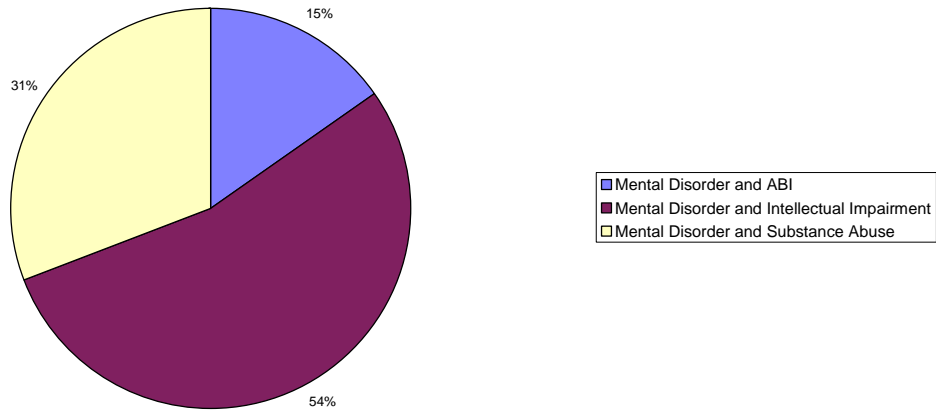
Figure 28 indicates that 45% of endorsed referrals relate to individuals who are identified as appearing to meet two of the Criterion 'B' diagnostic sub-criteria. This percentage is slightly lower than the July data which indicated that 50% of endorsed referrals related to individuals appearing to meet 2 sub-criteria

A further 45% of endorsed referrals in the current reporting period relate to individuals who appear to meet 3 of the Criterion 'B' diagnostic sub-criteria. This figure is slightly higher than the July data which identified 42% of endorsed referrals as relating to individuals appearing to meet 3 sub-criteria.

Four percent (N=2) of endorsed referrals relate to individuals identified as appearing to meet all 4 diagnostic sub-criteria of criterion 'B'.

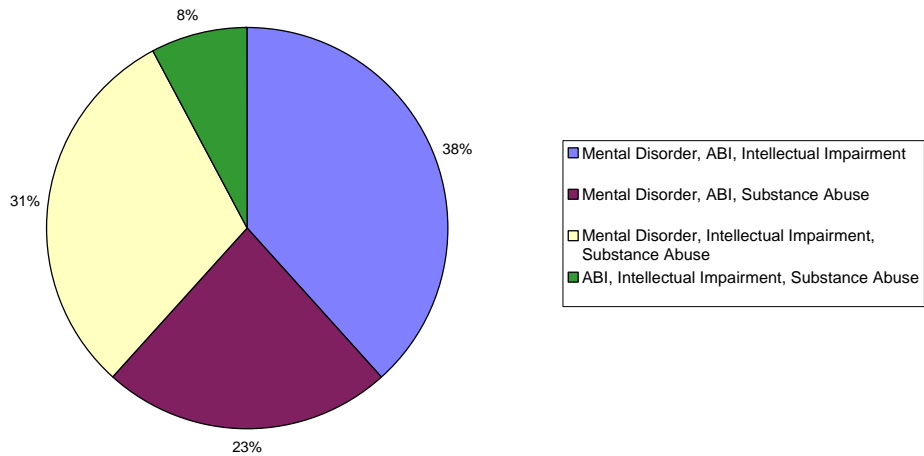
The combinations of 'B' sub-criteria met are examined in Figures 29 and 30 below.

Figure 29. Referrals Endorsed by Regional Directors by Two 'B' Sub-Criteria Met to 2 November 2005 N=13



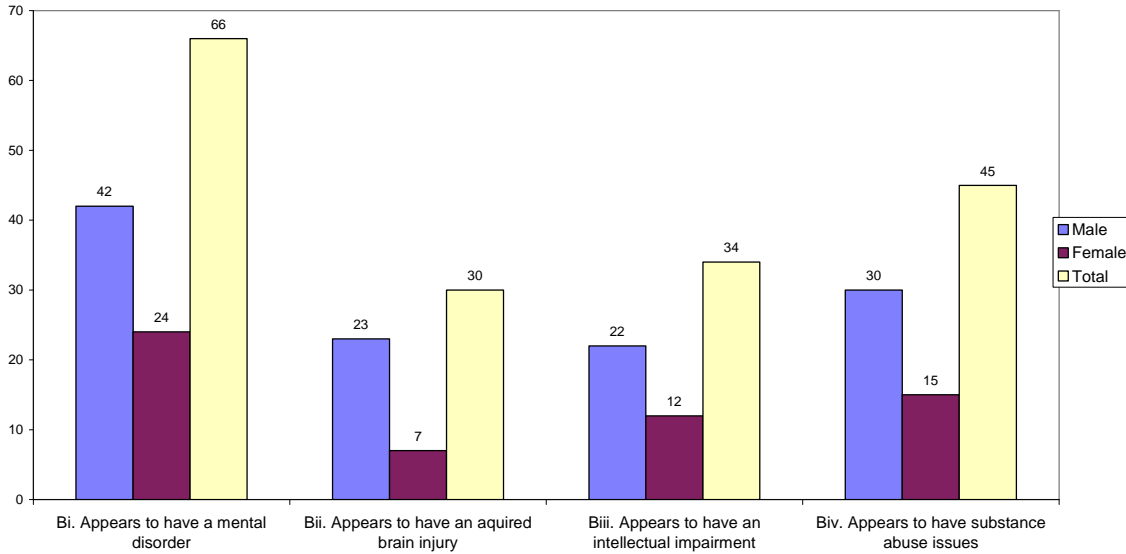
Consistent with the April and July data, while the overall numbers in this category is small, the combination of mental disorder and intellectual impairment (N=7) is dominant among those referrals where 2 'B' sub-criteria are met.

Figure 30. Referrals Endorsed by Regional Directors by Three 'B' Sub-Criteria Met to 2 November 2005 N=13



Where 3 'B' sub-criteria are identified, Figure 30 indicates that the combinations of mental disorder, ABI and intellectual impairment (N=5) occur slightly more frequently than the combination of mental disorder, ABI and intellectual impairment (N=4).

Figure 31. Total Referrals by Gender and 'B' Sub-Criteria Met to 2 November 2005 N=70

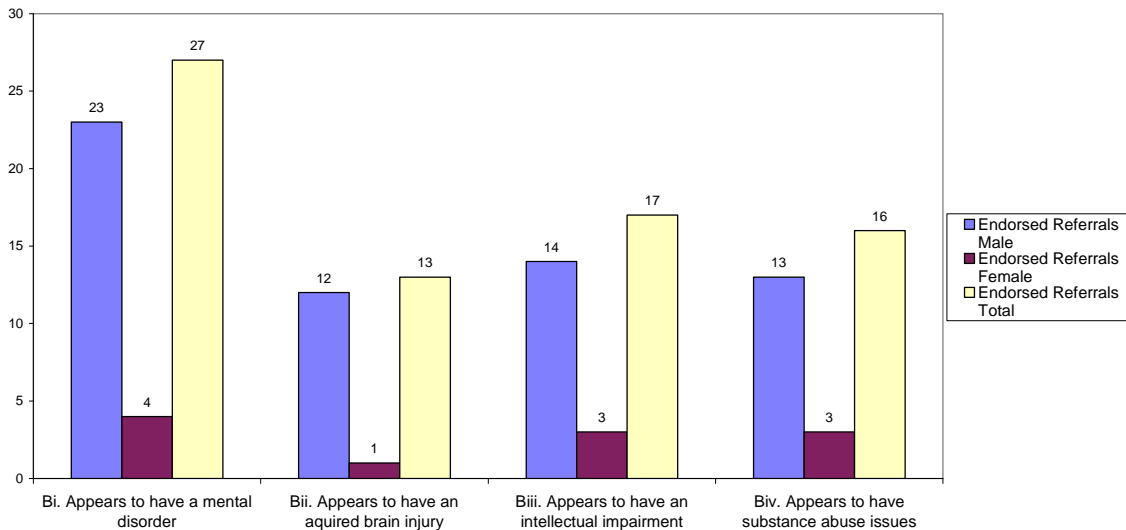


Of the 70 matters in the referral stage, 45 relate to males and 25 to females.

Figure 31 highlights the prevalence of the appearance of a mental disorder in referrals relating to both males (93%) and females (96%). The next most prevalent condition identified in referrals relating to both genders is the appearance of substance abuse issues (66% males and 60% females).

The proportions of males and females identified as meeting the 'diagnostic' sub-criteria are broadly comparable with the exception of the appearance of an ABI. Fifty-one percent of males compared to 28% of females were identified as appearing to meet this sub-criterion.

Figure 32. Referrals Endorsed by Regional Directors by Gender and 'B' Sub-Criteria Met to 2 November 2005 N=29



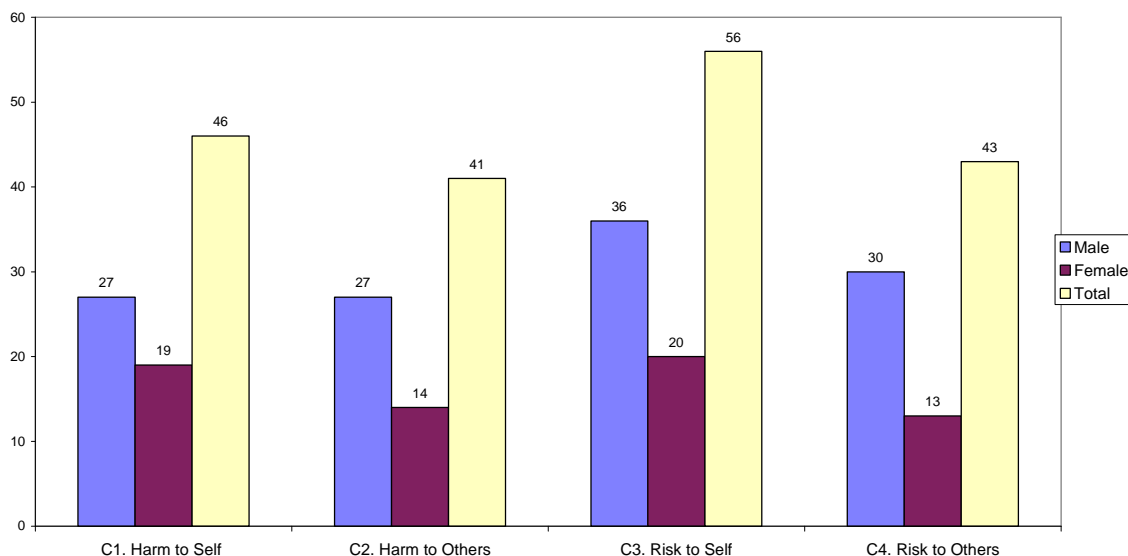
Of the 29 matters at the 'endorsed' referral stage, 5 relate to females and 24 to males.

The trend observable in the percentages of males and females identified as appearing to meet the individual 'B' sub-criteria at the 'total' referral stage (Figure 31) is also generally apparent in the endorsed referral data.

One variation worth noting is that by the endorsed referral stage, the percentage of referrals that identify males as appearing to have an intellectual impairment (58%) is marginally higher

than the percentage of referrals that identify males as appearing to have substance abuse issues (54%). This is consistent with the July data.

Figure 33. Total Referrals by Gender and 'C' Sub-Criteria Met to 2 November 2005 N=70



Consistent with the current consultation data and the April and July referral data, among total referrals, the behaviour categories of harm or risk of harm to self was identified marginally more frequently than the categories of harm or risk of harm to others.

Among referrals relating to males, a history of violent or dangerous behaviour towards others is identified as frequently as self-directed violent or dangerous behaviour (60%). Among referrals relating to females, as might be expected, self-harm (76%) is identified ahead of harm to others (56%). Eighty percent of referrals relating to males and 80% of those relating to females identify risk to self ahead of risk to others (66% and 52% respectively).

Figure 34 (below) highlights that among 'endorsed' referrals, there is less variation in the categories than is observable in the total referrals group. For females, harm to self (80%) and risk of harm to self (80%) continues to be identified ahead of harm to others (60%) and risk of harm to others (60%). For males however, while risk of harm to self (79%) is identified marginally more frequently than risk of harm to others (75%), a history of harm to others (75%) is identified more frequently than a history of self-harm (63%).

Figure 34. Referrals Endorsed by Regional Directors by Gender and 'C' Sub-Criteria Met to 2 November 2005 N=29

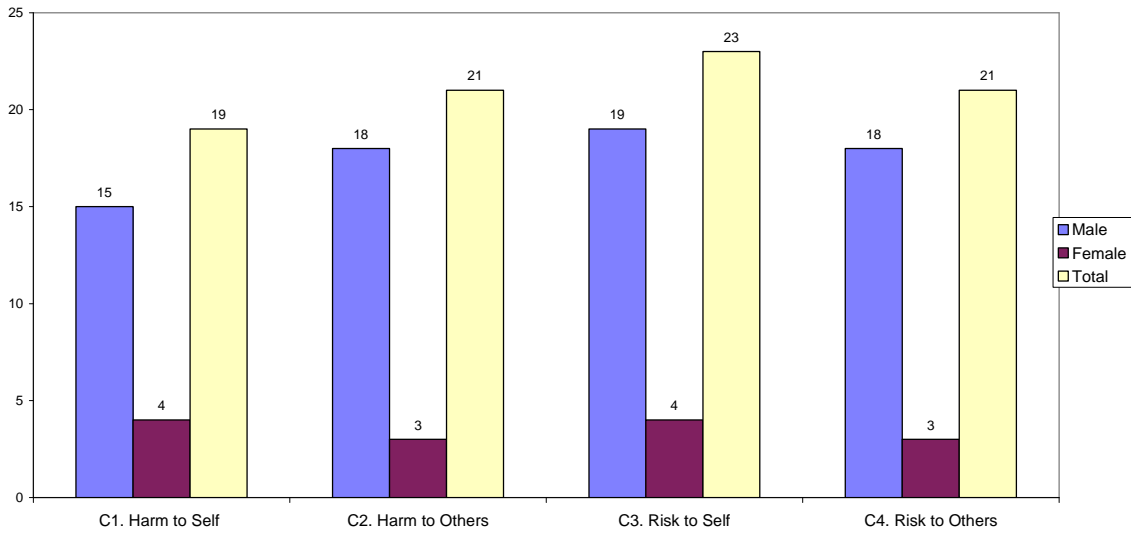


Figure 35. Referrals Endorsed by Regional Directors by Sub-Source of Referral to 2 November 2005 N=29

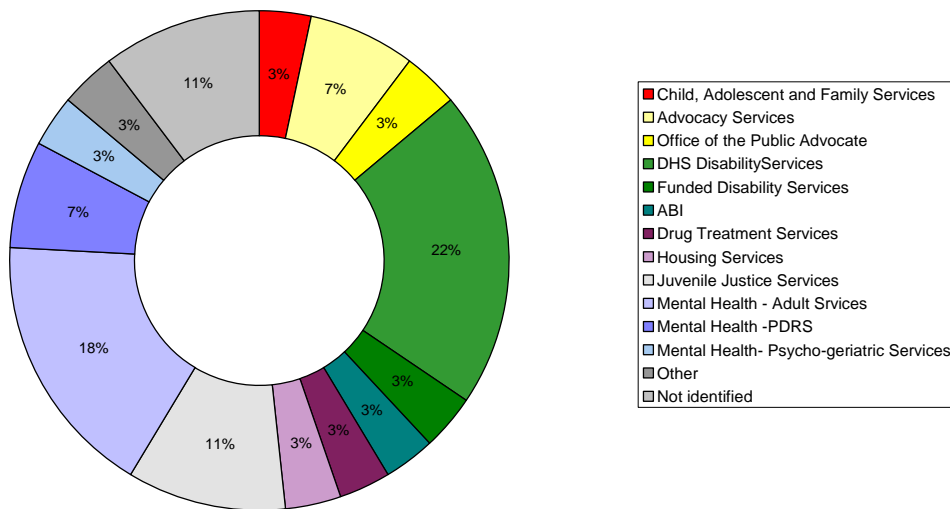


Figure 35 indicates that, mental health 28% (N=8) and disability 28% (N=8) providers are responsible for the majority of all endorsed referrals. This represents a slight change from the April and July data where mental health providers were the largest group of referrers (42% and 33% respectively).

Interestingly, while substance abuse issues are identified in a significant number of referrals, drug treatment services are not a prominent source of referral.