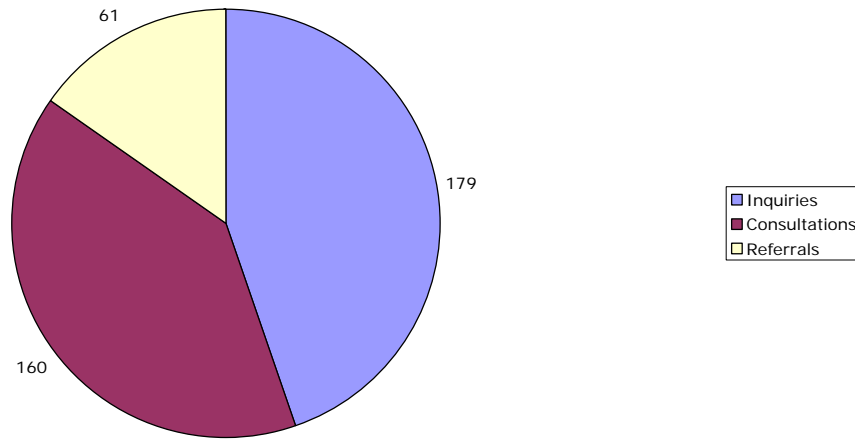


Multiple and Complex Needs Initiative

Regional Gateway Data Report July 2005

Overview

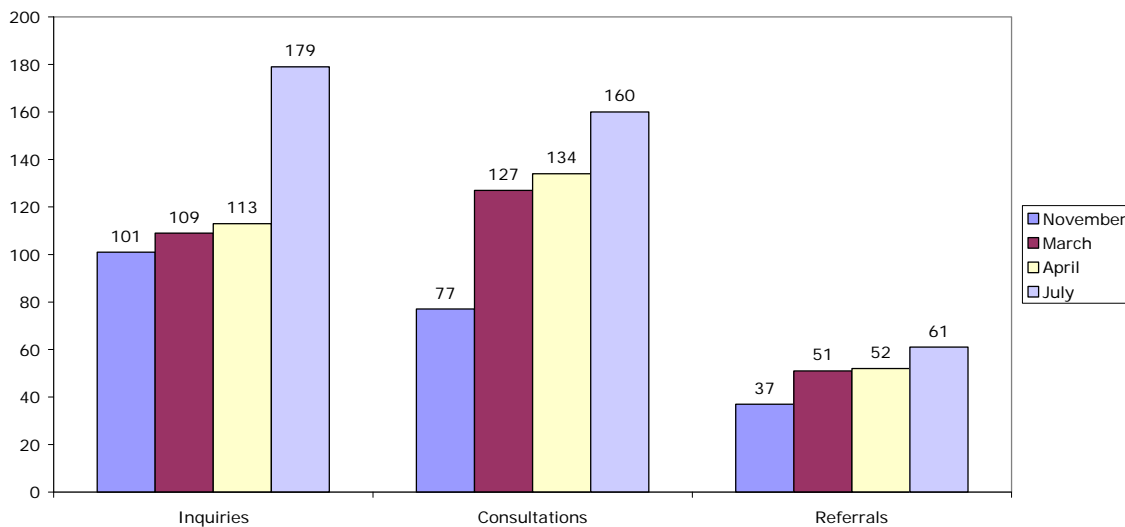
Figure 1. Total Inquiries, Consultations and Referrals to End July 2005



In the three months from April to July, the numbers of referrals in various stages of development increased by nine. The numbers of consultations increased by 26 and the number of inquiries increased by 66. Appropriately, the bulk of the matters reaching the Regional Gateway do not move beyond the consultation phase.

Figure 2 below provides a comparison of the activity at the Regional Gateway in the reporting periods since November. As expected, the volume of inquiries, consultations and referrals have increased over time with the service system's increasing awareness of the Initiative.

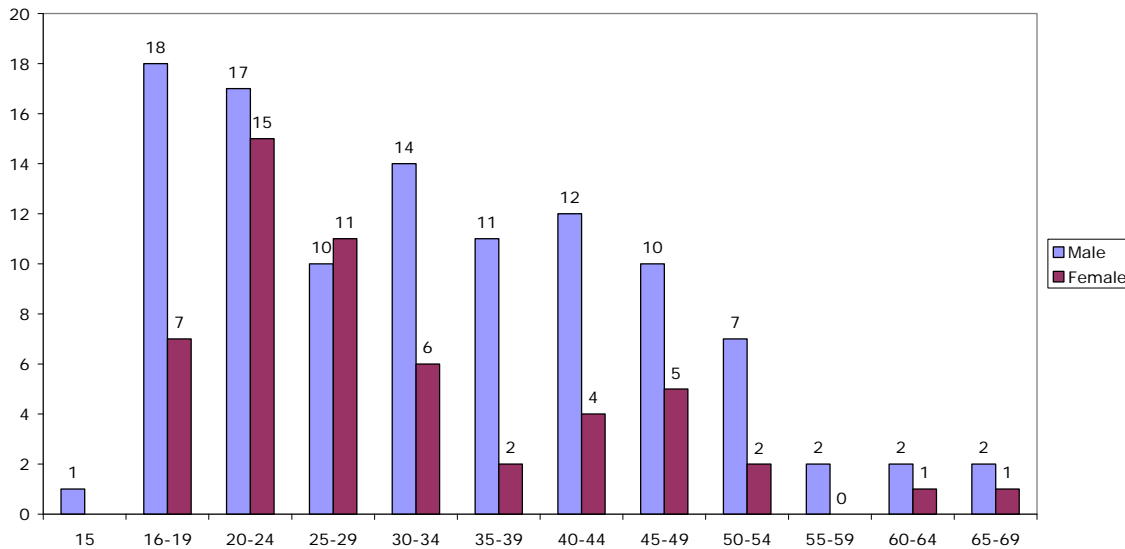
Figure 2. Comparison- Total Inquiries, Consultations and Referrals- November 2004, March 2005, April 2005 and July 2005



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 one-off contact or may require several contacts/meetings prior to resolution or progression to the referral stage.

Figure 3. Total Consultations by Age and Gender to End July 2005 N=160



As expected, the majority of consultations relate to males (N=106). The percentage of males for whom a consultation has been made (66.3%) has varied little in the past 3 months (April - 68%).

While males are represented most frequently in the 16-19 and 20-24 age categories, those over 35 years of age continue to be strongly represented. Those aged between 35 and 54 (N=40) represent 38% of the male consultation population.

The ratio of males to females in the current reporting period is almost 2:1. Consistent with the April data, the distribution of females was less consistent across the age categories. 48% of females for whom a consultation has been made are represented in the 20-24 and 25-29 age categories (N=26).

Figure 4. Total Consultations by Resolution Status at Regional Level to End July 2005 N=160

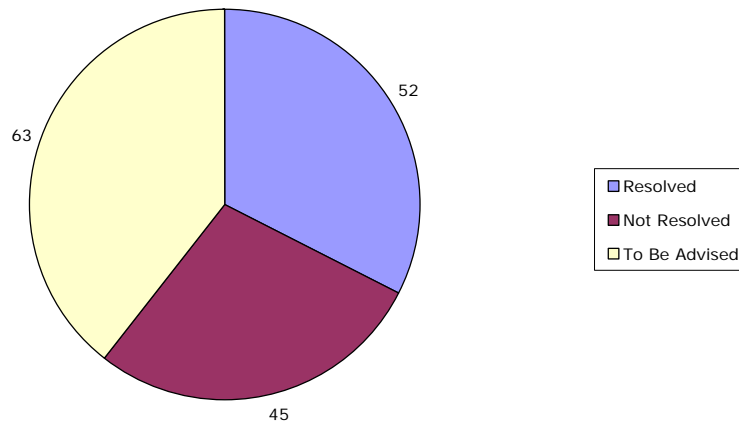


Figure 4 indicates that 33% of consultations were resolved at the regional level, with a further 39% yet to be finalised. While this data remains consistent with that of the April reporting period, it does show a small improvement (an increase of approximately 5%) in the numbers being resolved at the regional level.

Figure 5. Total Consultation by Source and Resolution Status at the Regional Level to End July 2005 N= 160

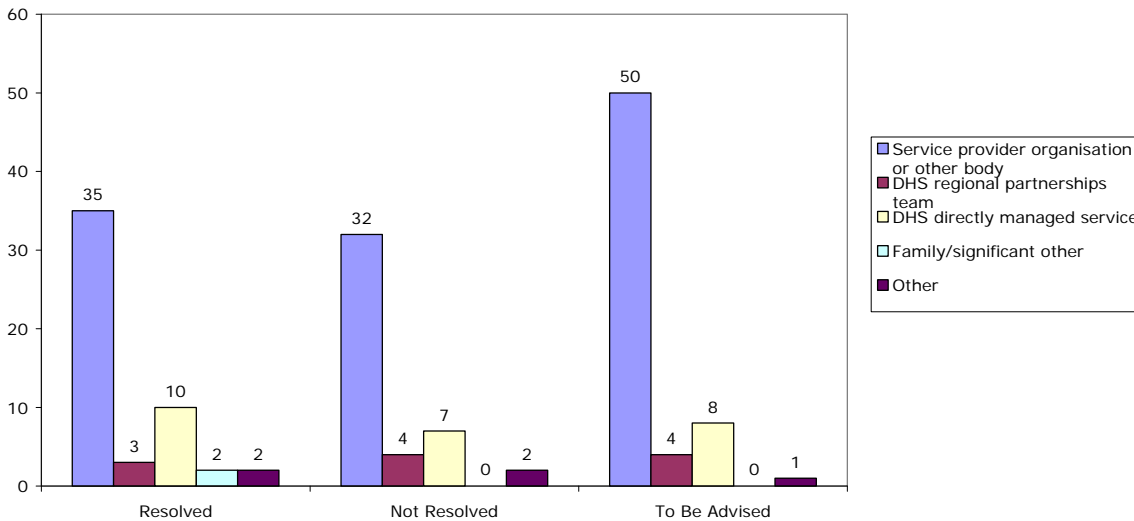


Figure 5 confirms that the predominant source of consultations is the funded service sector. With the small exception of the 'family/significant other' category, the source of a consultation does not appear to have any discernable impact on whether or not the matter is resolved at the regional level.

Figure 6. Consultations by Eligibility Criteria Met to End July 2005 N=160

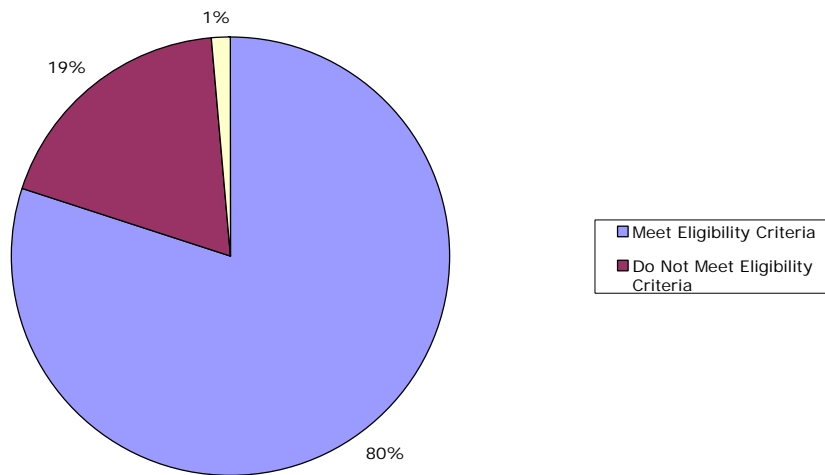


Figure 6. indicates that a significant majority (N=125) of those matters reaching the consultation phase do appear to meet the eligibility criteria.

This data , in conjunction with that on resolution of matters at the regional level highlights the very effective work being done with the multiple and complex needs population at the regional level.

Figure 7. Consultations by Eligibility Criteria Met to End July 2005 N=160

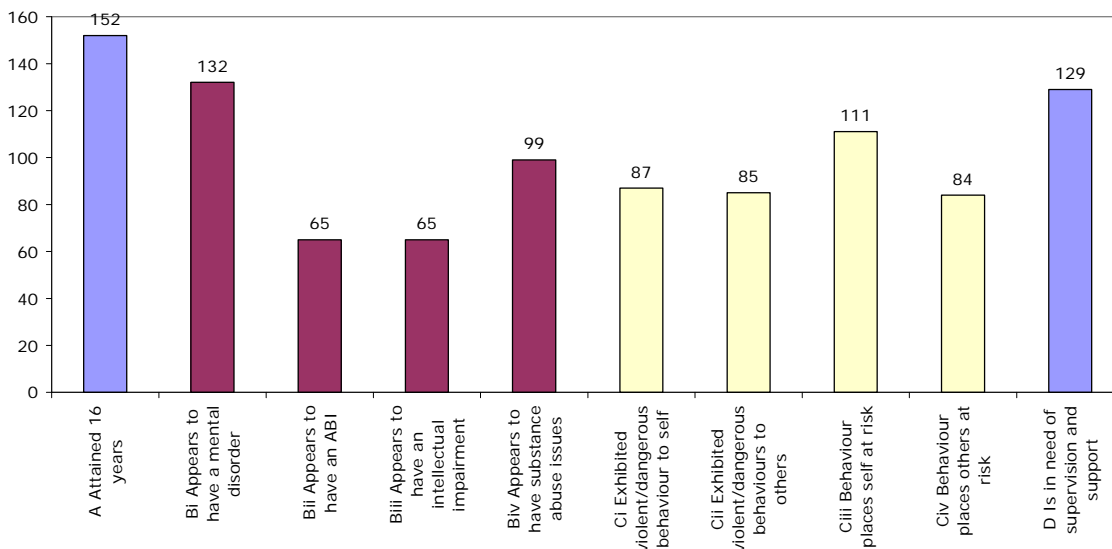
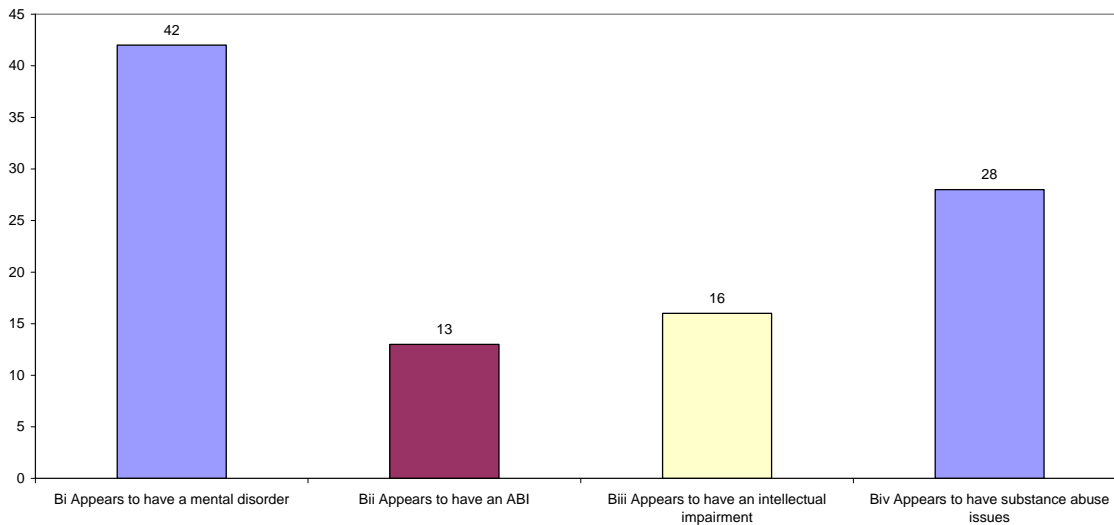


Figure 7 provides an overview of consultations by eligibility criteria appearing to be met.

Within the ‘diagnostic’ sub-criteria of criterion ‘B’, it is worth noting that 82% of the population appear to have a mental disorder. The next dominant ‘diagnostic’ sub-criterion is substance abuse (61%) followed by mental impairment (41%) and ABI (41%). These proportions are broadly consistent with the April data.

Again, within the behavioural sub-criteria of criterion ‘C’, there is a slight prevalence of behaviours resulting in harm /risk to self over those resulting in harm or risk to others.

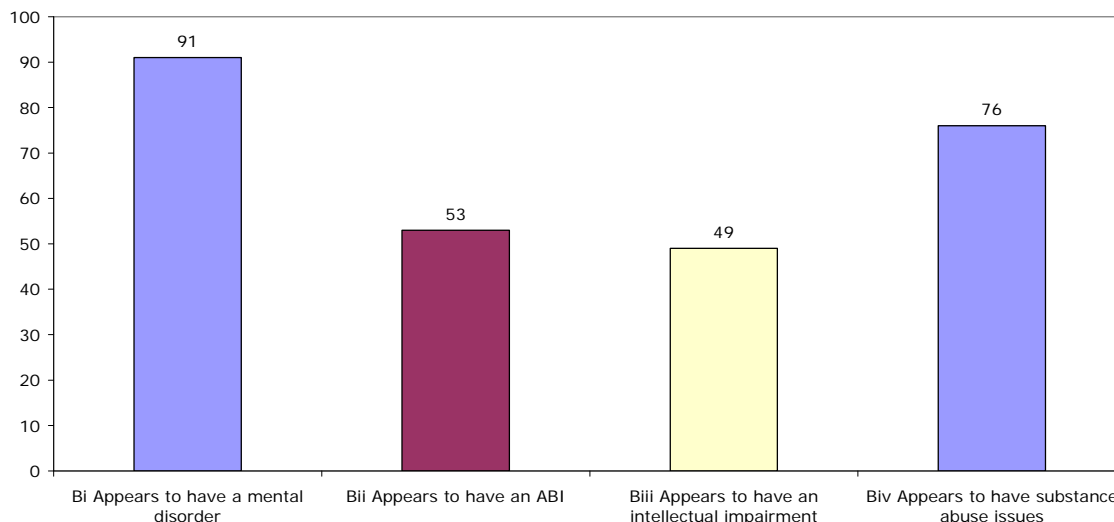
Figure 8. Consultations by Mental Health Source and 'B' Sub-Criteria Met to End July 2005 N=44



Figures 8 and 9 provide further analysis of the sources of consultations where the appearance of a mental disorder is indicated.

44 consultations have been made by mental health service providers. These providers account for almost 28% of all consultations. Not surprisingly, 95% of these consultations identify the appearance of a mental disorder within the 'diagnostic' sub-criteria of criterion 'B'. The appearance of substance abuse issues is the next most frequently identified sub-criterion (64%). This distribution is consistent with the April data.

Figure 9. Consultations by Source Other than Mental Health Services and 'B' Criteria Appearing to be Met to End July 2005 N=116



Service providers other than mental health providers were responsible for 72% of all consultations. While these providers did not identify the appearance of a mental disorder as frequently as mental health providers, incidence of the appearance of a mental disorder remains very significant among the consultations initiated by this group (78%). As with the mental health providers, substance abuse issues were the next dominant category (65.5%), followed by ABI (46%) and intellectual impairment (31%).

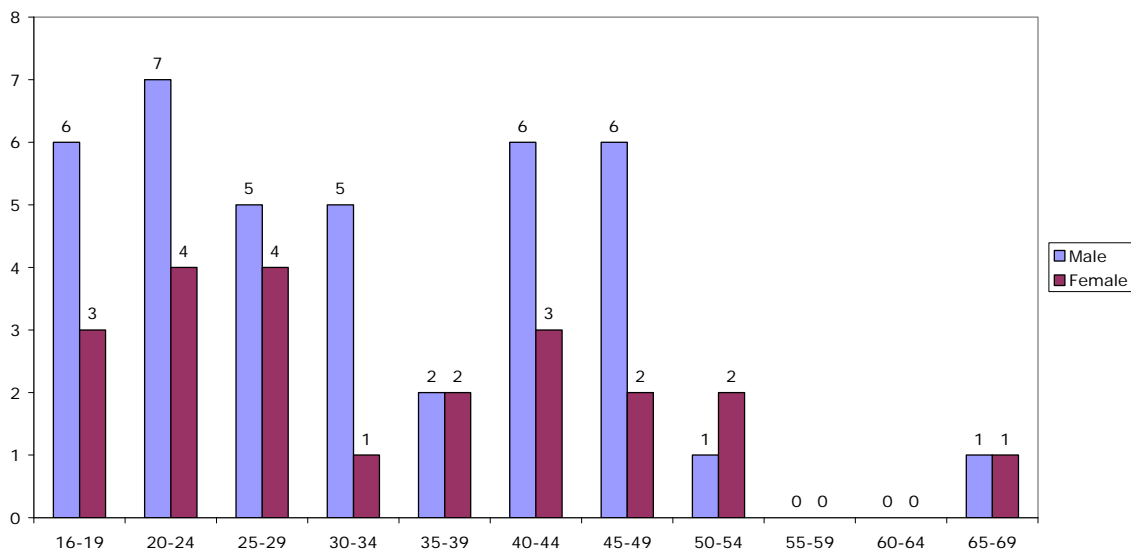
Referrals

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 10. Total Referrals by Age and Gender to End July 2005 N=61



Consistent with the April data, the ratio of males (N= 39- 64%) to females (N=22 -36%) in the total referral population remains approximately 2:1. This is also consistent with the gender ration at the Consultation phase.

Except for the 30-35 age category, there is a consistent distribution of males across the under 50 age categories. The relatively high number of males in the 40-44 and 45-49 age categories is consistent with the April data.

While not statistically significant, the only age category in which females are represented more frequently than males is the 50-54 category. The incidence of referrals for individuals over the age of 49 is low compared to the younger age categories.

Figure 11. Referrals Endorsed by Regional Directors by Age and Gender to End July 2005 N=24

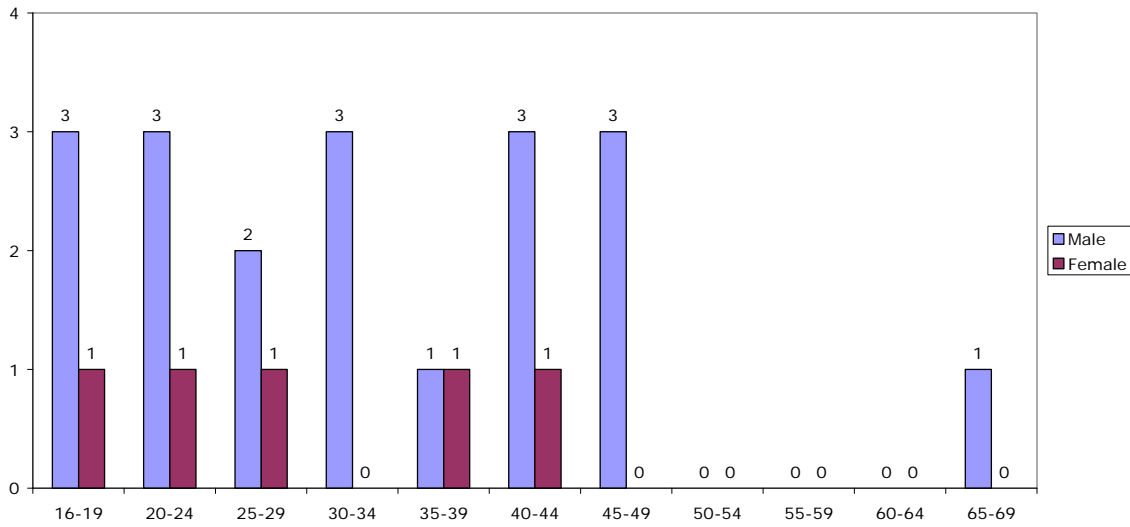


Figure 11 demonstrates that as matters move to the referral endorsement phase, the ratio of males to females alters significantly to approximately 4:1.

79% of endorsed referrals relate to males. 21% of endorsed referrals relate to females (this compares to 81% and 19% respectively in April).

Figure 12. Total Referrals by Accommodation Status to End July 2005 N=61

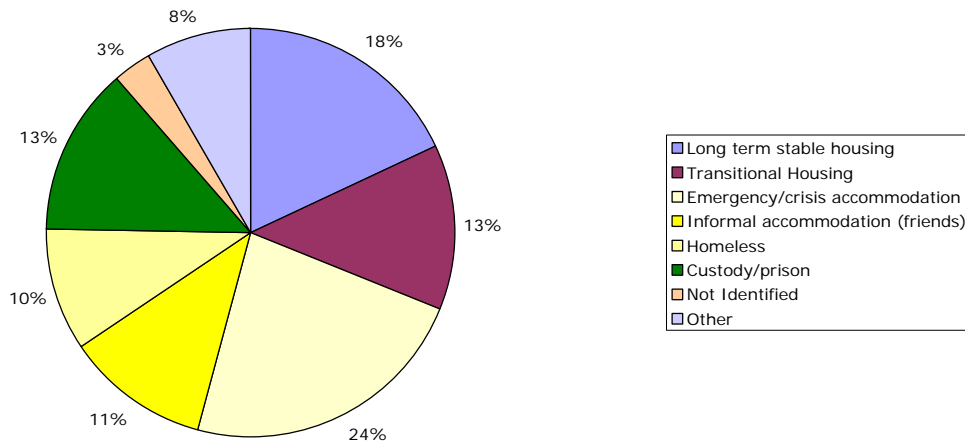
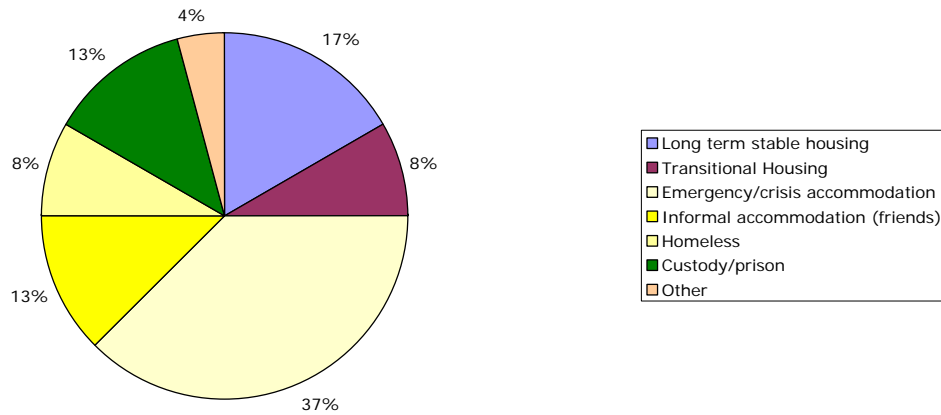


Figure 12 indicates that approximately 45% of those individuals in the referral phase experience some degree of homelessness (N=11 homeless, N=15 emergency/crisis accommodation and N=10 informal accommodation). This compares to 50% in the April reporting period.

A further 13% of the population were in custody or prison during the referral phase.

Figure 13. Referrals Endorsed by Regional Directors by Accommodation Status to End July 2005 N=24

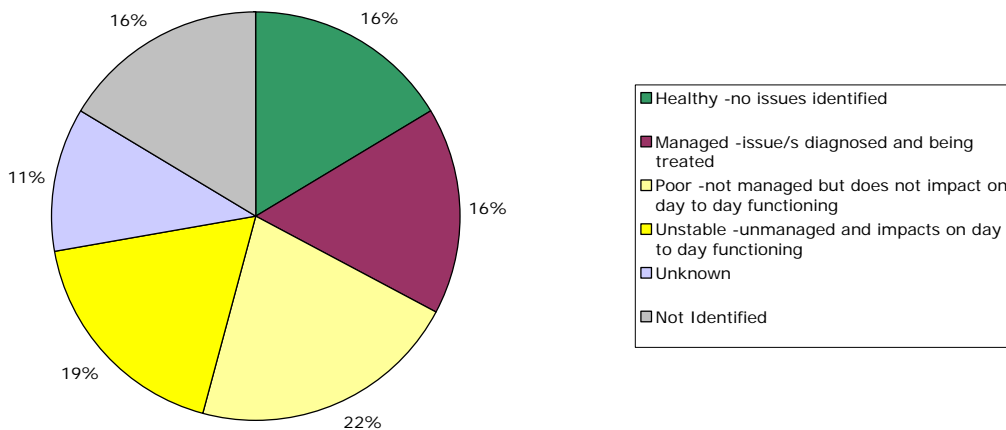


As Figure 13 indicates, the rate of homelessness (primary and secondary) amongst those referrals endorsed for referral to the Multiple and Complex Needs Panel is a significant 58%.

The rate of incarceration among this group remains a consistent 13% (N= 3).

This data reinforces the view that lack of appropriate accommodation options for the multiple and complex needs population is a critical issue.

Figure 14 . Total Referrals by Physical Health Status to End July 2005 N=61



Not surprisingly, Figure 14 highlights that 57% of individuals at the referral stage have physical health issues. While 19% (N=11) have issues that are not seen as impacting on their day to day functioning, 19% (N=11) have health issues that do impact on their lifestyles. This figure may alter with further clarification of those referrals where the individual's health status is currently recorded as 'unknown' or is not identified.

Figure 15. Referrals Endorsed by Regional Directors by Physical Health Status to End July 2005 N=24

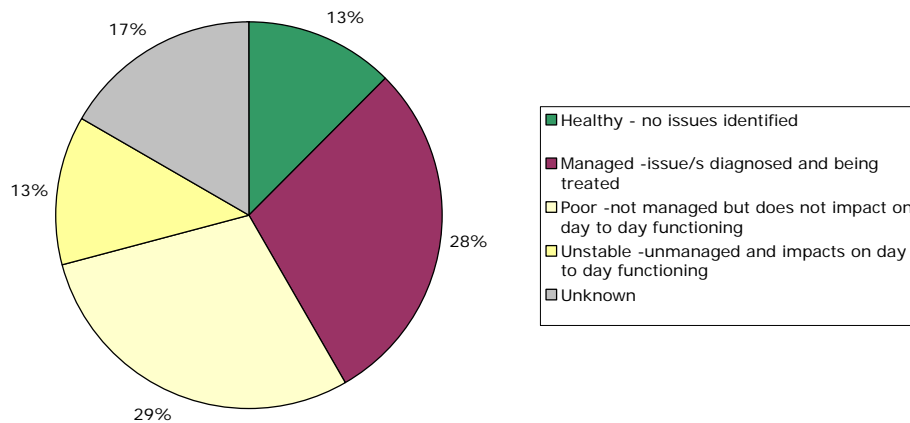
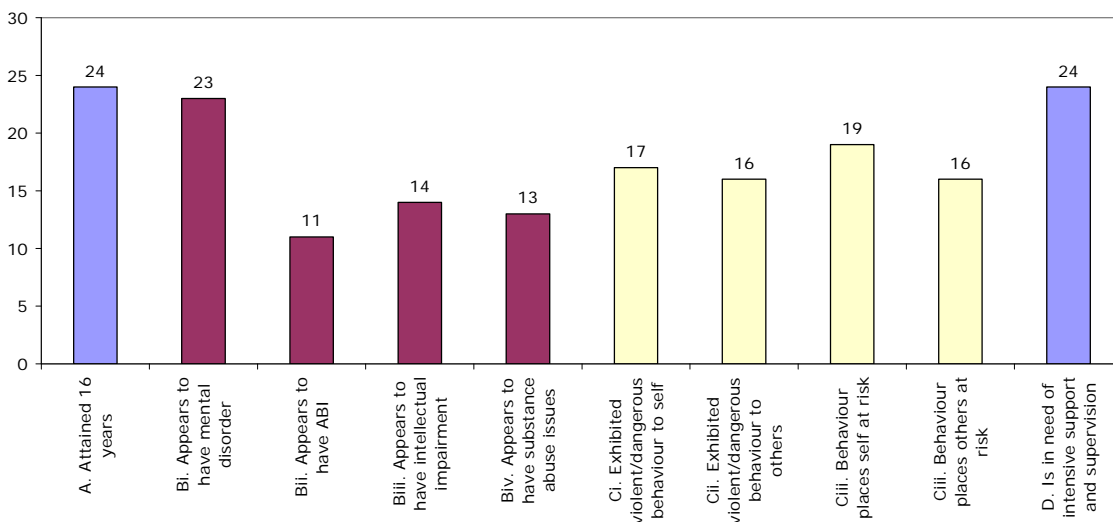


Figure 15 indicates that among those endorsed for referral to the Multiple and Complex Needs Panel, the number identified as having physical health issues raises to 70% (N=17). 13% (N=3) of those individuals are identified as having physical health issues which impact on their day to day functioning.

Figure 16. Referrals Endorsed by Regional Directors by Eligibility Criteria to End July 2005 N=24



In terms of eligibility criteria appearing to be met, 96% of those individuals whose referrals have been endorsed by the regional director, appear to have a mental disorder.

In this group, while not statistically significant, those identified as appearing to have a mental impairment (58%) are represented slightly more frequently than those with substance abuse issues (54%). This contrasts with the Consultation phase data where, as previously indicated, substance abuse issues are the next most dominant category after the appearance of a mental disorder.

It is worth noting that in terms of the behaviour categories of Criterion C, self harm/risk was identified ahead of the behaviour categories indicating risk/harm to others.

These trends are consistent with the April data.

Figure 17 . Referrals Endorsed by Regional Directors by Number of 'B' Sub-Criteria Met N=24

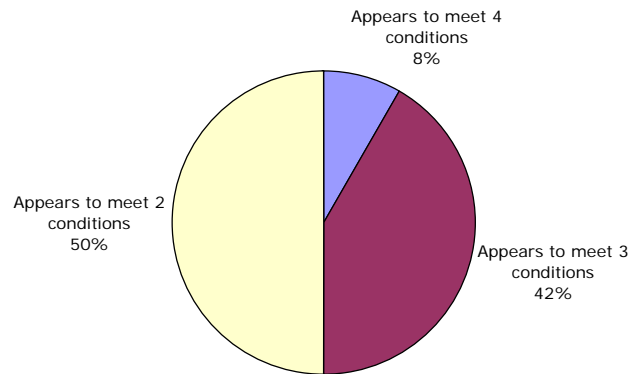
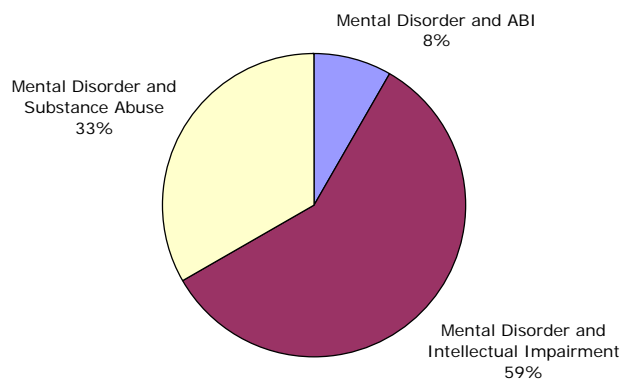


Figure 17 demonstrates that half of those individuals who have been endorsed for referral or referred to the Panel by regional directors meet more than 2 of the sub-criteria of 'diagnostic' criterion 'B'. This is a slight decrease on the number of individuals meeting more than 2 of the 'B' sub-criteria reported in the April data (53%).

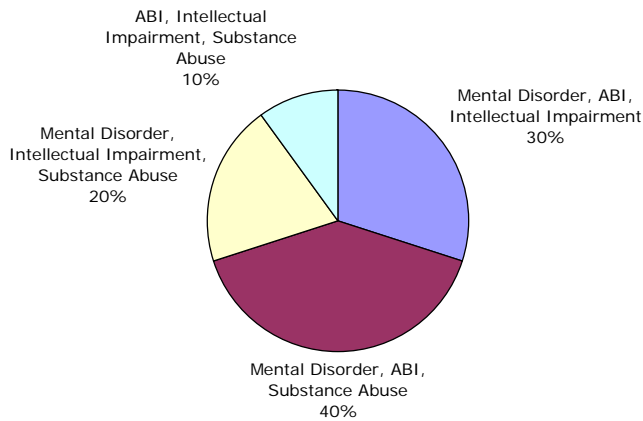
The combinations of 'B' sub-criteria met are examined in Figures 18 and 19 below.

Figure 18 . Referrals Endorsed by Regional Directors by Two 'B' Sub-Criteria Met N=12



As with the April 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 19. Referrals Endorsed by Regional Directors by Three 'B' Sub-Criteria Met N=10



Where 3 'B' sub-criteria are identified, Figure 19 indicates that the combinations of mental disorder, ABI and substance abuse (N=4) is slightly more dominant than the combination of mental disorder, ABI and intellectual impairment (N=3).

Figure 20. Total Referrals by Gender and 'B' Sub-Criteria Met to End July 2005 N=61

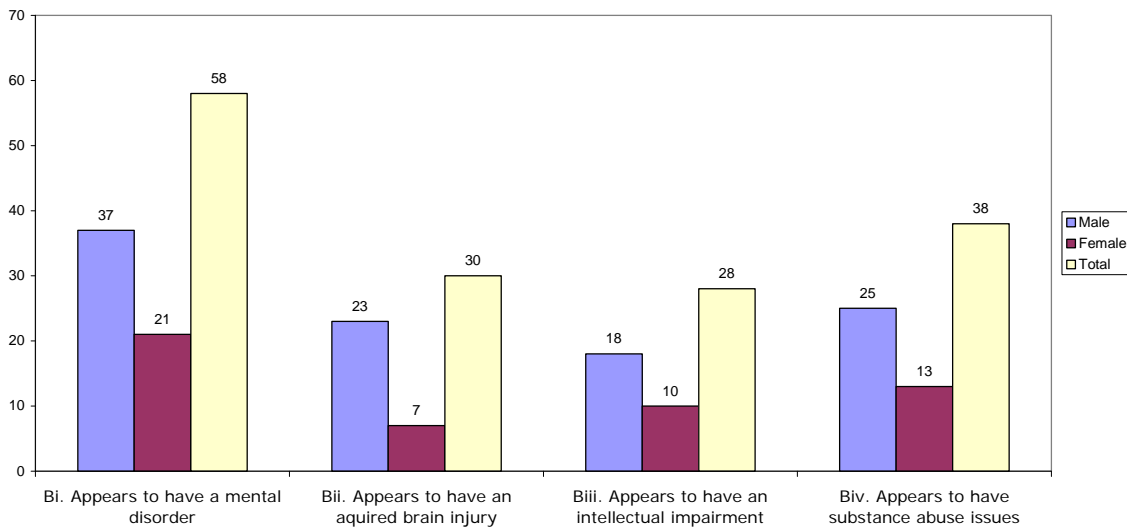
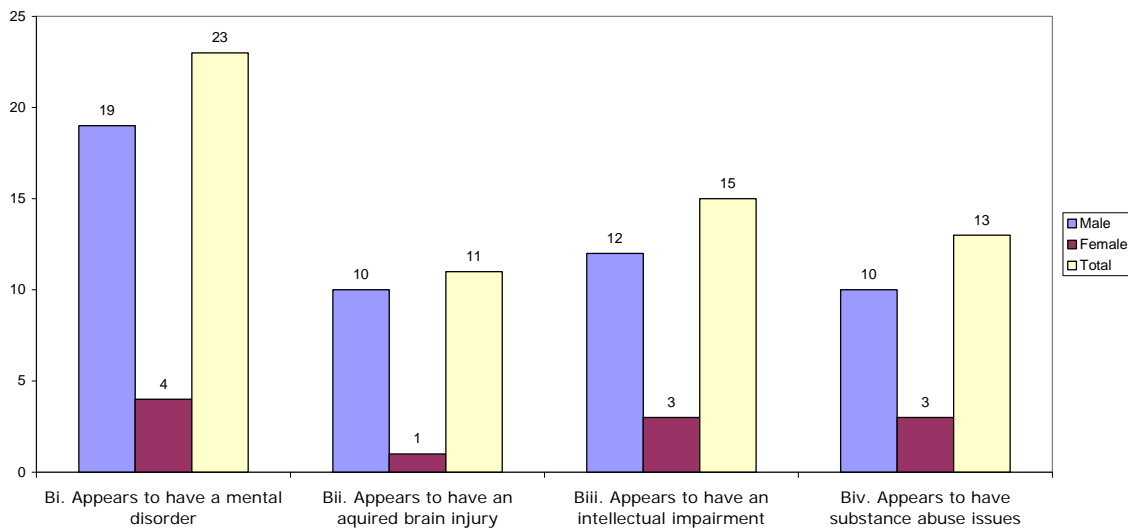


Figure 20 indicates that for the sub-criteria relating to the appearance of a mental disorder and the appearance of an intellectual impairment, there was broad consistency in the proportions of males and females identified as appearing to have these conditions. 95% of males and 95% of females in the total referrals group were identified as appearing to have a mental disorder. Similarly, 46% of males and 45% of females were identified as appearing to have an intellectual impairment. It is important to remember that among this group, the gender ratio of males to females is almost 2:1.

A greater proportion of males (58%) than females (32%) were identified as appearing to have an ABI. While not as significant, there is also a gender based variation in the proportions of males (64%) and females (54%) identified as having substance abuse issues.

Figure 21. Referrals Endorsed by Regional Directors by Gender and 'B' Sub-Criteria Met to End July 2005 N=24



Consistent with the broad trend apparent in the total referrals population, the relative proportions of males and females identified as appearing to have mental disorders (males 100%, females 80%) and intellectual impairment (males 63%, females 60%) are comparable. In this population, the greatest gender variation exists among those identified as appearing to have an ABI (males 52%, females 20%).

Again, it is worth noting that the overall ratio of males to females in this phase is approximately 4:1.

Figure 22. Total Referrals by Gender and Eligibility Criterion 'C' Behaviour Categories Met to End July 2005 N=61

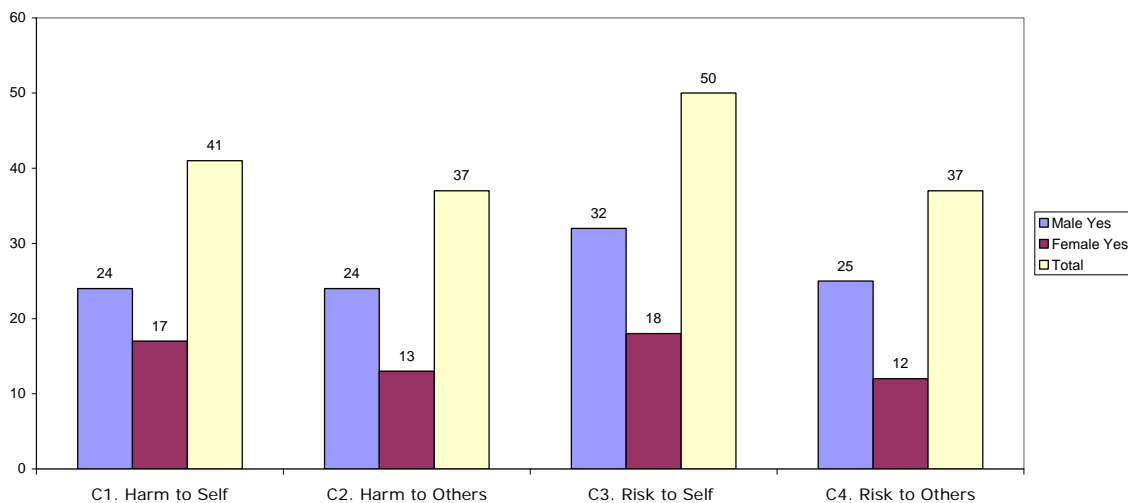
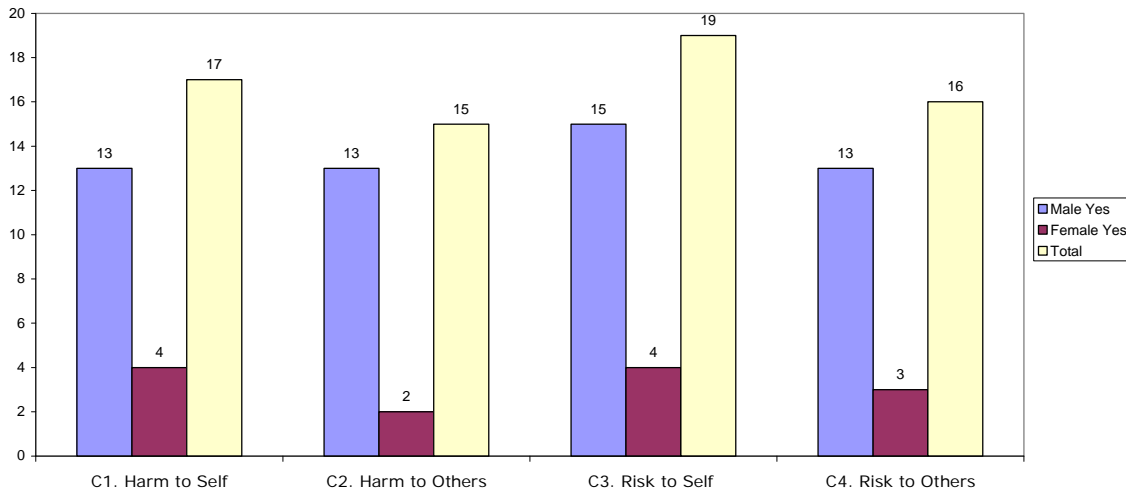


Figure 22 demonstrates that, consistent with the consultation data, among total referrals, the behaviour categories of harm or risk of harm to self was identified more frequently than the categories of harm or risk of harm to others.

As indicated previously, females comprise 36% (N=22) of the total referral population. Of this group, 77% were identified as having self harmed in the past. 81% were identified as being at risk of self harming. This contrasts with 59% identified as having previously harmed others, with 55% identified as engaging in behaviours that may place others at risk.

Among males (64% of the referral population N=39), the incidence of self harm is consistent with the incidence of harm to others. Interestingly, 82% of males in this population exhibit behaviour likely to put themselves at risk. 64% of the group are identified as exhibiting behaviour likely to put others at risk of serious harm.

Figure 23. Referrals Endorsed by Regional Directors by Gender and Eligibility Criterion 'C' Behaviour Categories Met to End July 2005 N=24

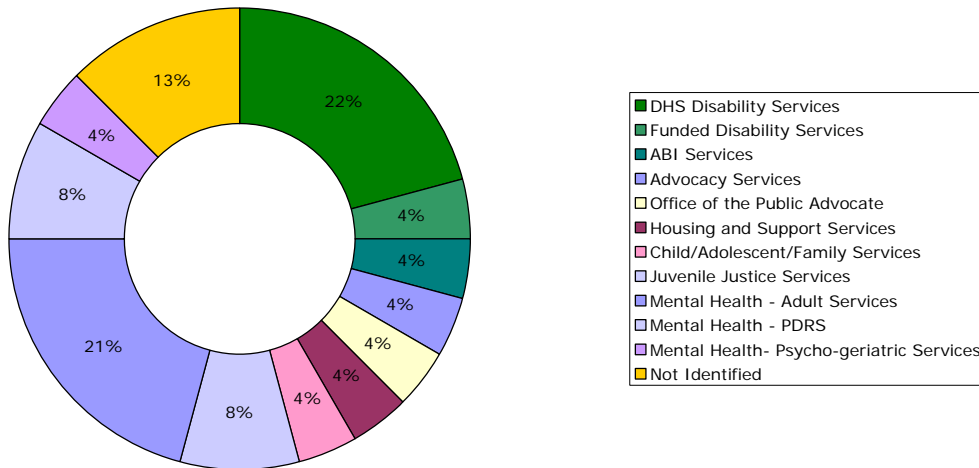


Among the endorsed referrals population, self harm or risk of self harm continues to be identified more frequently than harm or risk of harm to others.

In the male population (79% of total endorsed referrals N=19), it is worth noting that the incidence of harm to others remains equal to incidence of self harm exhibited (68% N=13). In terms of the 'risk of harm' categories, risk to self (78%) is identified ahead of risk to others (68%).

Among females (21% of total endorsed referrals N=5), harm to self is 80% - double that of harm to others. The incidence of risk to self is also 80% - this is broadly consistent with the male population. The risk to others is 60% - slightly lower, as might be expected, than for the male population.

Figure 24. Referrals Endorsed by Regional Directors by Sub-Source of Referral to End July 2005 N=24



In the context of the very significant number of individuals identified as appearing to have a mental disorder, it is not surprising that that mental health services have been the dominant referring group (33% - N=8). This is a slight decrease on the April data where mental health providers were responsible for 42% of endorsed referrals. Among the mental health services, Adult Mental Health Services remain the largest single source of referral (N=5).

Disability service providers (directly managed and funded sector) were responsible for 26% of referrals (N=6).