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Dr Amanda Beem
Acting Committee Secretary
Mental Health Select Committee
Parliament House
George Street
BRISBANE QLD 4000

Submitted via email: mhsc@parliament.qld.gov.au

Dear Dr Beem and Members of the Committee,

RE: Inquiry into the opportunities to improve mental health outcomes for Queenslanders

The Australian Psychological Society (APS) welcomes the opportunity to respond to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders.* The APS is Australia's largest and pre-eminent psychological association with more than 27,000 members. We are dedicated to advancing the scientific discipline and ethical practice of psychology in the communities we serve to promote their mental health and wellbeing. We strive to realise the full human potential of individuals, organisations and their communities through the application of psychological science and knowledge.

We consider the current consultation timely in terms of the growing demand for services across the care sector, increasing concerns about labour shortages, and the need to ensure the quality and safety of service provision – as evidenced in several recent Royal Commissions and Government inquiries across Australia.

The combined effects of the devastating 2020 bushfire season, impacts of climate change, as well as the multiplicitous effects of the global COVID-2019 pandemic, and associated restrictions, have led to an increase in the need for mental health support. The APS has called upon Governments to address many barriers to the provision of high-quality mental health care for all Australians. We are aware of the current issues facing the States and Territories, and in this case, Queensland in particular.

The Inquiry is an important opportunity for Queensland to reflect upon the current state of the mental health system and design future-focused solutions. Given the importance of this opportunity, we would have appreciated additional time to survey our members and collect data specific to the terms of reference. We may not have data or a policy stance on every term of reference included but will provide the most relevant points based on input from our members and previous submissions.

The economic and societal impact of mental illness in Queensland

Mental ill-health affects all Australians directly or indirectly. Almost one in five Australians experience some form of mental illness in any given year. As highlighted in the most recent report of the Queensland Chief Health Officer (CHO), *The Health of Queenslanders 2020*[1], published ahead of quantifiable impacts of COVID-19, more than one in five Queensland adults (23% compared to 20% nationally) reported a long-term mental or behavioural problem and there were 767 suicides by Queenslanders—a rate of 15 per 100,000 population (compared to 12.6 per 100,000 nationally)[1].

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The CHO report[1] and others[2–4] highlight that some groups of Queenslanders are at increased risk for mental ill-health, including:

- parents in the perinatal period,
- children and youth,
- residents of aged care facilities,
- people with a disability or restrictive long-term health condition, including long COVID
- LGBTIQ+ Queenslanders,
- Aboriginal and Torres Strait Islander adults, especially those living in remote areas,
- socially isolated and lonely Queenslanders,
- prisoners,
- socioeconomically disadvantaged Queenslanders,
- refugees,
- the homeless, and
- unemployed Queenslanders.

While specific Queensland modelling is lacking, the Productivity Commission has estimated the cost of mental ill-health and suicide to the Australian economy is around $200 to $220 billion per year[5]. This cost includes direct economic costs of about $40 to $70 billion per year for providing health, housing and justice services, lost productivity due to reduced employment opportunities, absenteeism and presenteeism, and the cost of care provided by family and friends. Indirect costs associated with diminished health and reduced life expectancy are estimated at $150 billion. With a population share of over 20% and above national average population growth, mental ill-health can be estimated to cost the Queensland economy $40 to $44 billion per year.

The current needs of and impacts on the mental health service system in Queensland

Psychologists are a key resource in the mental health workforce. As of December 2021, there are 7,783 psychologists registered in Queensland[6]. At the time of writing, the APS had 5087 members based in Queensland. Table 1 in the Appendix outlines the percentages of these Queensland-based members employed in not-for-profit, private, and public settings. As is evident in Table 1, psychologists provide psychological services across the lifespan and are engaged with consumers across all aspects of the mental health support system in Queensland.

The demand for mental health services has markedly increased since 2020, yet the psychological workforce has not grown to meet this demand. The current assessment is that Australia only has 35% of the required psychology workforce[7]. Waitlists are a significant risk to the community and the economy. Evidence suggests that the longer a patient waits to seek and receive treatment, the greater the risk of a condition becoming chronic, taking longer to resolve, or being associated with poorer outcomes[8,9] – which will cost our health system considerably more in the long run [see 10].

At a national level, a report commissioned by the Australian College for Emergency Medicine describes the dramatic increase of emergency department presentations[11]. Colloquially named the 'canary in the coalmine', increases in presentations to emergency departments suggests patients typically have no other avenues of support and signals that the entire mental health care system is not coping with demand.

Data based on a survey of our members conducted in September 2021 shows in Queensland alone:

- 91% of psychologists reported seeing an increase in wait times from March 2020, with 65% reporting dramatically increased wait times.
- 61% currently have a waiting list of more than three months or are not taking on new clients, whereas before the pandemic, 80% of psychologists surveyed were able to see a new client within two months.
- Psychologists in Queensland almost unanimously (93%) agreed with the benefits of telehealth psychology sessions (which were originally made available as a temporary COVID-19 measure)[12].
- 76% of psychologists across the nation would be willing to take on new clients who live in other states, territories and locations via telehealth.
- Further, 98% of psychologists in Queensland believe the additional 10 Medicare subsidised psychology sessions would benefit those who need them and should remain a permanent feature of the Better Access Program.

The experiences and leadership of people with lived experience of mental illness

A November 2021 survey of over 500 consumers and carers by Lived Experience Australia (LEA)[13] found that an overwhelming majority place high value in psychological services and support, with 90% of respondents recommending seeing a psychologist to a friend or family member.

The LEA survey results highlight, however, significant barriers for people seeking psychological support. Consumers and carers confirmed the unmet need indicated in the APS survey results of our Queensland members described above, with only around 60% of consumers and carers able to see a psychologist within 3-months of referral. The LEA survey results indicated that while Medicare subsidies are helping people to access psychological support, gap fees can prevent some people from accessing help. Over half of consumers and carers surveyed by LEA reported paying a gap fee ranging from $51 to $200 with an average gap fee of approximately $170. To ensure people get the care they need, when they need it, LEA identified consumers and carers need shorter wait times, more affordable psychological care and more availability of psychologists including those with specific skills working with diverse groups and trauma.

The mental health needs of people at greater risk of poor mental health

We acknowledge the expansive list of groups of Queenslanders at higher risk of developing mental ill-health as detailed by the Queensland Mental Health Commission[14] and highlighted earlier in this submission. We have selected a few of these to provide context from the APS' perspective:

- **Parents in the perinatal period -** Research shows that perinatal mental ill-health is a critical public health issue affecting more than 100,000 families every year[2]. Perinatal anxiety impacts 1 in 5 new mothers, with 1 in 10 women experiencing perinatal depression during pregnancy, and 1 in 7 in the first year following birth[15]. Furthermore, evidence suggests that 1 in 10 new fathers will experience postnatal depression[2], with many having limited awareness that perinatal mental health issues also affect fathers[16]. Changing practices and circumstances associated with COVID-19 restrictions have also been shown to increase the likelihood of maternal perinatal mental health disorders[17], with potential impacts on partners and extended families. The prevalence of perinatal anxiety and depression is reportedly worse in rural and remote areas where services are already under severe strain, with 1 in 5 women experiencing perinatal depression and anxiety[18].

  Parents from vulnerable groups may face additional mental health challenges during the perinatal period, including families from LGBTIQ+, CALD and Aboriginal and Torres Strait Islander communities. Early identification and intervention, with person-centred treatments, is required to improve the mental health of individuals and families and reduce the financial burden on the Australian economy[19].

- **Children and youth suffering from ill mental health** – Each year, 1 in 7 school-aged children experience one or more mental health or neurodevelopmental disorders in Australia[20]. These child and youth mental health challenges are usually preceded by non-specific psychosocial concerns, serving as an early warning indicator of future ill-health. Alarmingly, pre-pandemic figures show that 1 in 5 Australian children started school showing signs of social-emotional stress[20].

  Updated information demonstrates that COVID-19 has had a significant negative impact on the mental health of school-aged children. Parents have reported worsening of their children's mental health as the pandemic has progressed, and almost three-quarters of adolescents reported declining mental health outcomes due to COVID-19[21]. Currently, there is limited availability and access to services' upstream' to tackle the childhood psychosocial determinants of mental health and challenging developmental backgrounds of many who go on to develop mental health difficulties.

- **Queenslanders in residential aged care -** People living in residential aged care are another subgroup at higher risk of poor mental health. Many mental health conditions, such as dementia, depression and anxiety, are more prevalent for older adults in residential aged care settings when compared to community-dwelling older adults.

  As of June 2019, most (87%) of older people in residential aged care in Australia were identified with at least one mental health or behavioural condition. Half had a diagnosis of depression[22].

  Non-pharmacological psychological and behavioural management strategies are essential for limiting the prescribing of psychotropic medicines for older people in residential care. Australian studies have, however, demonstrated that dispensing of psychotropic medications to older Australians increases markedly soon after entry into care. During their first three months in residential care, 20-21% of residents received an antipsychotic, 28-41% received antidepressants, and 22-31% had received benzodiazepines[23,24]. Evidence demonstrates that psychotherapy provides equivalent and frequently superior outcomes for many mental disorders compared to psychiatric treatment[25–27].

- **Queenslanders who experience social isolation and loneliness** – In an APS submission last year to the Government *Inquiry into Social Isolation and Loneliness in Queensland*, we reported data from available studies demonstrating the vast scale of loneliness in our Australian community. Before the COVID-19 pandemic, 1 in 4 Australians aged 12 to 89 was lonely all or part of the time, and nearly 55% of Australian adults reported lacking companionship at least sometimes[3]. During COVID-19, the experience of loneliness fluctuated but increased overall with almost 1 in 2 people reporting problematic levels of loneliness at the peak of the first and second waves and associated lockdowns in mid-2020[28,29].

  People experiencing social isolation and loneliness are at an increased risk of physical as well as mental ill-health including increased risk of depression, anxiety, paranoia and suicidality, and overall mortality risk[30–32]. Many of the same groups already identified as at increased risk for mental ill-health are also at increased risk for social isolation and loneliness. Preventing and responding to social isolation and loneliness will improve the mental well-being, physical health, and productivity of all Queenslanders and help reduce the demand and costs associated with mental health specialist services and hospital care in Queensland.

- **Incarcerated offenders in prisons and correctional facilities** – As detailed in other sections of our response, the lack of access to appropriate psychological intervention and services means that psychology staff in correctional facilities are often focused on the most pressing cases. As a result, the services concentrate on risk assessment and those with acute suicidality. Our members have informed us some psychologists deliver group skill-building programs, but there is almost no individualised, tailored psychological treatment in correctional facilities. Not only does this signal a 'duty of care' issue, but it represents a lost opportunity to address some underlying issues which are likely to have contributed to offending behaviour.

  Those in forensic populations remain at risk for relapse and re-entry into the correctional and mental health systems given poor access to treatment, limited access to psychosocial supports and services, poor job-related skills, limited accommodation and financial resources, developmental trauma, and so on forth. Ideally, mental health services in prisons should be closely linked with treatment services in the community[33]. Current services in prisons and correctional facilities appear to be unduly limited in scope and time.

How investment by the Queensland government and other levels of Government can enhance outcomes for Queenslanders requiring mental health treatment and support

In previous submissions and through direct correspondence, the APS has called upon governments to help address this unmet demand for mental health care. The return on investment for government funding to support the mental health system is clear, given the lack of progress on mental health reform is costing Australia around $600 million a day, or $220 billion every year[5].

The APS strongly recommends that, first and foremost, urgent government action is undertaken to address current and increasing shortfalls in the psychology workforce which currently impacts Queensland, including in rural and remote locations[34]. Growing and developing the psychology workforce will increase the provision of timely, evidence-based mental health care throughout the community and help ease the growing pressure on the Queensland public health system.

We summarise below the APS's key recommendations and initiatives for Government investment in the psychology workforce, including the public sector psychology workforce. We also provide specific recommendations for Federal and State Government action which will ultimately enhance outcomes for groups of Queenslanders requiring mental health treatment and support.

Invest in the State public sector psychology workforce and service quality

As noted by both the Queensland Mental Health Commission[14] and Queensland Health[35] submissions, compared to other states and territories in the past decade, Queensland has had some of the lowest per capita expenditure on mental healthcare. Our members working with the public system describe the consequence of chronic underfunding as staff being overwhelmed by the demand for care. The current state of workforce issues has been described by our members as a crisis. More is needed to support Queensland's current public sector psychology workforce and attract and retain the best employees to work in public mental health and wellbeing care.

The result of the long-term strain on an under-resourced system has consequences for the workforce and ultimately service safety and quality, including:

- **Care dedicated to risk management of severe and complex cases** – The priority in acute mental health settings in Queensland is to identify patients who are at the highest risk (to themselves and others) and to manage this risk. With low staff numbers and a high volume of patients, very limited resourcing is available to provide clinical care focused on the management of symptoms to establish positive mental health outcomes.
- **Psychologists' full scope of practice is not being utilised –** Psychologists working in Queensland Health are typically grouped with other 'allied health' under a generic public sector award. In addition, many psychology positions in public mental health are generic in nature and generally provide 'case management' within a biomedical model of care. Our members report that patients have very limited access (or none) to psychological treatment in the public mental health system. This means that highly trained (for example, Masters or Doctorate trained) psychologists are not using their skills to deliver psychological interventions. Ideally, case managers should be administrators trained for that purpose and psychologists' skills and expertise reserved for mental health treatment and recovery.
- **Treatment and recovery are not KPIs** – With stretched resources, priority is given to other tasks and not psychological treatment as it is viewed as 'labour intensive', despite its demonstrable efficacy[25–27]. Instead of concentrating on treatment toward recovery, the focus is placed on getting people well enough to exit the hospital system. The APS recommends including treatment and recovery as key performance indicators (KPIs) in the public sector to ensure that this remains a focus of qualified healthcare staff, including psychologists.
- **Limited integration of services** – Mental health and alcohol and drug treatment services in the public system in Queensland are disjointed. Mental health staff often view addiction as a separate issue and fail to recognise not only co-morbidity but the intrinsic links between trauma, substance abuse, and mental health. In general, there is a need for greater collaboration and shared treatment and support planning between Government and non-government mental health and substance abuse services.
- **Poor resourcing of multi-disciplinary care** – Psychologists in both public and private settings have reported the need for more support via multi-disciplinary case conferencing. The ultimate provision of care can be achieved when medical and allied health professionals work collaboratively to share insights and plan treatment for patients. Currently, this occurs mostly at the 'charity' of professionals who spend uncompensated time working with others in a multi-disciplinary team to plan and provide care to patients.
- **Limited opportunities to increase efficiency** – Current caseloads and high demand for care means there are limited opportunities to identify cost and process efficiencies. Our members report a high burden from paperwork which could be streamlined if the opportunity and resourcing were afforded.
- **Lack of support for placements and supervisors** – Placements working under qualified and experienced psychologists are critical to the training and registration of psychologists nationally. In the Queensland public system, there are currently a number of barriers which disincentivise potential supervisors from undertaking this crucial training and mentoring role. This includes the high demand and lack of time available for such tasks, as well as the mandatory training which supervisors need to undertake using their own funds and in their own time.
- **Greater recognition of skills and qualifications** – Overall, there remains a distinct lack of understanding and appreciation for the role and skills of psychologists. The current awards do not appropriately recognise and reward the training that psychologists have undertaken, in particular those with Master's and Doctorate degrees. While a postgraduate degree allowance is available at levels HP3 and HP4* this recognition is not available for senior positions. This acts as a disincentive for staff to progress into roles with more responsibilities and progress their career within the public sector. There are also limited opportunities for a clear career pathway for psychologists in the public system and to undertake movements across positions, secondments etc.
- **Current conditions are conducive to burnout –** Due to the number of high-risk patients, and at times overwhelming patient load, there is a high risk of burnout of psychologists in the public health system in Queensland. If staff are affected by burnout, they then take leave which adds additional strain on remaining staff. Ideally, the system should be appropriately resourced to help minimise the risk of burnout.

* HP3 is entry level, HP4 is a 'Senior Clinician', HP5 is a 'Team leader'/'Advanced' Senior psychologist

- **Loss of talent from the public system** – As described, the challenging working conditions facing psychologists in the public system, and limited career pathways, has led to a movement of the workforce out of the public system into private practice. In private settings, psychologists are better remunerated and are typically able to choose their own hours which helps them to manage burnout and work-life balance.

Growing the psychology workforce

The APS calls for both Federal and State funding to grow the overall psychology workforce.

Federal initiatives:

- Improve funding to tertiary institutions to considerably increase the number of psychology qualification places and offer scholarships to encourage students to study and practice psychology, particularly in rural and remote settings and with 'at risk' groups. This may also include expanding the Workforce Incentive Program (beyond medical practices) to include psychology practices in regional, rural, and remote areas.
- Incentivise supervised, federally funded placements critical to the skill development required in psychological training. The APS could support federally funded scholarships by promoting and arranging psychology student placements in rural and remote areas and with our most vulnerable groups.

State and Federal initiatives:

- Fund training for Aboriginal and Torres Strait Islander people to become psychologists. This includes supporting existing initiatives to develop national and local workforce capabilities required to ensure appropriate and effective services for Aboriginal and Torres Strait Islander peoples, such as the Australian Indigenous Psychology Education Project (AIPEP)[36].
- Ensure paid employment pathways for provisional psychologists in public and private settings. The APS recommends ensuring clear career pathways for a paid graduate workforce in the State public sector and Better Access eligibility for provisional psychologists to enable them to work in private practice under supervision.

Improving consumer access to psychological support by fully harnessing digital capabilities

The APS calls for Federal support for improved consumer access to psychological services.

Federal initiatives:

- Better integration of telehealth, online and digital services into everyday practice will help psychologists reach vulnerable groups and help to overcome the maldistribution of psychological expertise throughout Queensland. The APS is pleased about the Federal Government's decision to make telehealth a permanent mode of treatment which will continue to support Queensland residents to access online psychological (mental health) treatment. This helps to overcome geographical separation and mobility issues which may hinder access to care.

  Positively, approximately 78% of psychologists report that they are prepared to take on new clients that live in other locations[37].
- Fund the APS to develop and deliver training and support for psychologists and other practitioners utilising telehealth technologies and digital solutions. With telehealth permanency, the APS believes it is crucial to invest in appropriate professional quality assurance training to maintain current National Safety and Quality Digital Mental Health (NSQDMH) Standards[38].
- Improve digital mental health services and alleviate wait times to see psychologists by funding the APS to enhance the APS' *Find a Psychologist* tool. Working with consumers to co-design the rebuild will make it easier and faster for everyday Australians to connect with a psychologist in times of need. With funding support, the APS can deliver a platform that simplifies, streamlines and enhances the ability to find and connect with an available psychologist, regardless of location. We will build the tool and roll out a strategic, multi-channel public awareness campaign, with appropriate recognition of Government investment.

Specific initiatives for parents in the perinatal period

The APS calls for both Federal and State funding to support better perinatal mental health.

Federal initiatives:

- Support the universal screening of parents in the perinatal period as recommended in the Productivity Commission Mental Health Report 2020[5].

- Introduce Medicare Benefits Schedule (MBS) perinatal parenting items as part of the current budget cycle would support increased mental health screening and enable more timely early identification and linking to accessible, community-based perinatal mental health services provided by psychologists.
- Remove barriers to continuity of care, prevent premature treatment drop-out, and decrease the unnecessary administrative burden on GP's by ensuring MBS perinatal items do not require a formal diagnosis and the length of care is determined by the treating psychologist.
- Increase psychological services for perinatal mental health in rural, regional and remote areas via innovative service models (including digital health services, telehealth and offering psychologists other incentives similar to those afforded to GP's working in these locations).

State initiatives:

- Fund additional inpatient (mother-baby units) and outpatient perinatal mental health care, with evidence-based psychological support being a core aspect of treatment programs.

Specific initiatives for children and youth

Pre-pandemic less than half of younger children and two-thirds of older children in Australia, and we would assume similar in Queensland, gained access to mental health services when needed[39]. Significant barriers in finding mental health support have continued throughout the pandemic with almost half of parents reporting difficultly gaining access to care[21]. For those children and youth who do access mental health services, the evidence indicates that up to half do not receive enough sessions to sufficiently treat their condition[39]. As previously described, a strong collaborative effort is required.

Psychologists in schools can deliver safe, evidence-based mental healthcare that Australian children and young people need. However, psychologists with specific expertise in schools and child and family mental health are in increasingly short supply, particularly in regional and rural areas. The APS calls on the State and Federal Governments to:

State and Federal initiatives:

- Work together to increase the ratio of school psychologists to a minimum of one full-time equivalent for every 500 students[40], as recommended in the final report of Federal Parliament's Select Committee on Mental Health and Suicide Prevention[40] and a long-held position of the APS.
- Fund the APS to design parent education programs to prevent anxiety disorders in children based on the Productivity Commission (2020) recommendation to expand the co-design and delivery of targeted education programs for parents, to significantly reduce healthcare costs related to treating anxiety[5].

Specific initiatives in the disability and aged-care sectors

The provision of high-quality psychological services is essential to the care required for Australians of older age or living with a disability; especially given the diverse cognitive, behavioural and psychosocial needs with which they can present. The APS, consequently, believes it is vitally important that the Government promptly and meaningfully responds to the importance of developing a workforce in both sectors that is: (a) sufficient for the demand for services, (b) appropriately credentialed and (c) experienced and highly capable. To assist in the creation of a qualified and skilled aged-care and disability workforce capable of addressing the psychological needs of older age Australians and those with a disability, while adhering to the highest quality service delivery standards, the APS calls on the Federal Government to:

Federal initiatives:

- Fund a highly skilled workforce that is capable of providing NDIS and aged care services by developing a specific training syllabus for psychologists undertaking post-graduate qualifications; including placement programs managed by the APS.
- Fund provisional psychologists to undertake graduate programs in the disability and aged care sectors to create a specialised workforce.
- Fund the APS to develop a high-quality supervision and professional development framework for psychologists working in the aged care and disability sectors.

In summary, through their extensive training, psychologists are skilled to provide the most recent and leading evidence-based assessments and interventions for individuals and groups experiencing mental health difficulties or vulnerabilities associated with a range of other health and social conditions. Psychologists are also well positioned to lead prevention and early intervention programs that optimise psychological wellbeing and functioning of individuals and diverse communities.

Attracting, retaining and utilising the full scope of practice of the psychology workforce within Queensland can increase the capacity of the system to provide the necessary clinical care to manage symptoms of mental ill-health and help to foster positive mental health as part of comprehensive recovery-oriented models of care[41,42]. We call on the State Government in partnership with the Federal Government to take action to urgently address the existing and growing shortfall in the psychology workforce and provision of psychological services throughout Queensland.

Thank you for the opportunity to respond to this inquiry. If any further information is required from the APS I would be happy to be contacted through my office on [redacted] or by email at [redacted]

Kind regards,

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

Appendix

Table 1: The proportion of APS Queensland members employed in non-government/not-for-profit organisations, private, and public settings.

Workplace Setting	NGO / NFP	Private	Public	Grand Total
Private Practice - solo	-	23.76%	-	23.76%
Private practice - group	-	22.78%	-	22.78%
Mental health service (not hospital)	3.06%	1.41%	3.18%	7.65%
Higher education provider	-	1.21%	4.87%	6.09%
Child / youth / family service	2.85%	1.11%	1.79%	5.76%
Business/Corporate	-	5.33%	-	5.33%
School	-	2.88%	1.74%	4.62%
Hospital - General or other	-	0.23%	3.18%	3.41%
Other	1.92%	1.24%	-	3.16%
Disability service	0.86%	1.26%	0.63%	2.75%
Hospital - Psychiatric/mental health	-	0.73%	1.59%	2.32%
Other government department (not listed above)	-	-	2.15%	2.15%
Health centre (not hospital)	0.45%	0.53%	0.91%	1.89%
GP or medical specialist clinic	-	1.79%	-	1.79%
Corrections service	-	-	1.11%	1.11%
Rehabilitation service	-	0.53%	0.51%	1.04%
Community support / social welfare service	1.04%	-	-	1.04%
Defence	-	-	0.71%	0.71%
Drug and alcohol service	0.28%	-	0.40%	0.68%
Police / emergency services	-	-	0.51%	0.51%
Sport and exercise facility	0.10%	0.15%	0.10%	0.35%
Veteran's services	-	-	0.33%	0.33%
Primary Health Network	0.20%	-	-	0.20%
Professional association	0.15%	-	-	0.15%
Juvenile Justice	-	-	0.15%	0.15%
Research centre (not a university)	-	0.03%	0.08%	0.10%
Courts	-	-	0.10%	0.10%
Dispute Resolution Service	0.05%	-	0.03%	0.08%
Grand Total	10.96%	64.97%	24.07%	100.00%

Note: '-'indicates a percentage of <0.00% (n = 3960 out of 5087 members)

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