



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template – Mental Health

This template must be used to submit the Primary Health Network's (PHN's) Needs Assessment report to the Department of Health (the Department) by **15 November 2018** as required under Item E.5 of the Standard Funding Agreement with the Commonwealth.

Name of Primary Health Network

South Eastern Melbourne

When submitting this Needs Assessment Report to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Report has been endorsed by the CEO.

Section 2 – Outcomes of the health needs analysis

2.1 Social Determinants of Mental Health

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Demographic profile	Estimated Resident Population (2018): <ul style="list-style-type: none"> • Casey 318,911 • Greater Dandenong 161,632 • Kingston 159,815 • Mornington Peninsula 159,797 • Glen Eira 151,968 • Frankston 139,129 • Stonnington 115,048 • Port Phillip 112,393 • Bayside 104,656 • Cardinia 104,427 	DELWP, Victoria in Future 2016. At: https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future-2016 (Accessed 8 November 2018)
	Highest estimated population growth rate between 2014 and 2024 in: <ul style="list-style-type: none"> • Cardinia (4.4%) • Casey (2.7%) 	Department of Health and Human Services (DHHS). 2015 Local Government Area (LGA) Statistical Profiles (online). At: https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles (accessed 12 October 2017).
	Estimated population in 2026*: <ul style="list-style-type: none"> • Casey 390,672 • Greater Dandenong 178,206 	*Estimate calculated using annual growth rate published in: Department of Health and Human Services (DHHS). 2015 Local Government Area (LGA) Statistical Profiles (online). At:

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Mornington Peninsula 176,369 • Kingston 167,228 • Glen Eira 152,559 • Frankston 145,269 • Cardinia 144,785 • Stonnington 122,897 • Port Phillip 120,562 • Bayside 105,140 	https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles (accessed 31 October 2017).
	High proportion of children aged 0-4 years in 2016 in: <ul style="list-style-type: none"> • Cardinia 8.3% • Casey 7.9% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High proportion of children aged 5-14 years in 2016 in: <ul style="list-style-type: none"> • Cardinia 14.8% • Casey 14.7% • Bayside 13.8% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	Relatively high proportion of youth aged 15-24 years in 2016 in: <ul style="list-style-type: none"> • Casey 13.9% • Greater Dandenong 13.9% • Stonnington 13.7% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High proportion of people aged 25-64 years in 2016 in: <ul style="list-style-type: none"> • Port Phillip 67.5% • Stonnington 58.7% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High proportion of people aged 65-84 years in 2016 in: <ul style="list-style-type: none"> • Mornington Peninsula 17.4% • Bayside 14.8% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Kingston 11.9% 	
	High proportion of people aged over 85 years in 2016 in: <ul style="list-style-type: none"> Bayside 3.7% Mornington Peninsula 3.3% Glen Eira 3.0% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	Relatively high proportion of Aboriginal and Torres Strait Islander population in 2016 in: <ul style="list-style-type: none"> Frankston 1.0% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High proportion of people born in predominantly non-English speaking countries in 2016 in: <ul style="list-style-type: none"> Greater Dandenong 54.2% 	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	Highest proportion of refugee arrivals between 2016-17 initially settled in: <ul style="list-style-type: none"> Casey 50.7% Greater Dandenong 42.8% 	Department of Social Services (DSS). Historical Settlement Reports (online). At: https://data.gov.au/dataset/settlement-reports (accessed 27 October 2017).
SEMPHN - Demographic profile <ul style="list-style-type: none"> Casey is the most populated LGA in the SEMPHN region, with over 300,000 residents in 2018 Cardinia and Casey are projected to have the highest annual population growth rate in the SEMPHN region over the next decade Casey, Greater Dandenong and Stonnington have a high proportion of youth aged 15-24 years Mornington Peninsula and Bayside have the highest proportion of people aged over 65 years in the SEMPHN region Frankston had the highest proportion of Aboriginal and Torres Strait Islander people in the SEMPHN region Over half the population in Greater Dandenong was born in a predominantly non-English speaking country Casey and Greater Dandenong receive nearly 94% of all refugee arrivals in the SEMPHN region 		

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Social determinants of health	High level of disadvantage (IRSD) in 2016 in: <ul style="list-style-type: none"> Greater Dandenong 895 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 31 October 2018).
	High rate of people who left school at year 10 or below (ASR per 100) in 2016 in: <ul style="list-style-type: none"> Cardinia 33.8 Greater Dandenong 32.9 Casey 30.7 Frankston 30.2 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High unemployment rate in June 2016 in: <ul style="list-style-type: none"> Greater Dandenong 12.4% Casey 8.0% Cardinia 7.0% 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High rate of people who had government support as their main source of income, for longer than 12 months in the last two years (2014) (ASR/100): <ul style="list-style-type: none"> Greater Dandenong 27.5 Frankston 20.5 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 31 October 2018).
	Low median weekly equivalised household income in 2016 in: <ul style="list-style-type: none"> Greater Dandenong \$659 	Australian Bureau of Statistics. 1410 - Data by Region, 2011-16 (online). At http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/14102011-16?OpenDocument (accessed 30 October 2017).

Outcomes of the health needs analysis

	High rate of homelessness per 1,000 population in 2016 in: <ul style="list-style-type: none"> • Greater Dandenong 12.8 • Port Phillip 11.2 	City of Greater Dandenong. Statistical Data for Victorian Communities (online). At: http://www.greaterdandenong.com/document/18464/statistical-data-for-victorian-communities (accessed 31 October 2018).
	High proportion of dwellings with households requiring extra bedrooms 2016: <ul style="list-style-type: none"> • Greater Dandenong 10.8% 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 31 October 2018).

Identified needs – Social determinants of health

- Greater Dandenong is the most disadvantaged LGA in the SEMPHN region, with high rates of early school leavers, high unemployment, low household income, overcrowded housing and homelessness
- Very high rates of homelessness in Port Phillip
- Cardinia and Casey have some of the highest rates of early school leavers and unemployment in the SEMPHN region
- Frankston has one of the highest rates of early school leavers and welfare dependence

Priority Area	Key Issue	Description of Evidence
Behavioural risk factors, health status and outcomes	High rate of fair or poor self-assessed health (ASR per 100) in 2014-15 in: <ul style="list-style-type: none"> • Greater Dandenong 20.1 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High rate of psychological distress (ASR per 100) in 2014-15 in: <ul style="list-style-type: none"> • Greater Dandenong 16.7 • Frankston 15.0 • Casey 14.9 • Cardinia 14.0 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).

Outcomes of the health needs analysis		
	<p>High proportion of people experiencing high/very high levels of social isolation 2014:</p> <ul style="list-style-type: none"> • Greater Dandenong 25.9% • Casey 21.2% • Port Phillip 20.5% • Cardinia 20.1% 	<p>DHHS. Victorian Population Health Survey (2014). At: https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey (accessed 31 October 2018).</p>
	<p>High rate of obesity (ASR per 100) in 2014-15 in:</p> <ul style="list-style-type: none"> • Cardinia 32.4 • Casey 32.2 • Frankston 30.8 	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).</p>
	<p>High rate of people who undertook no or low exercise in the previous week (ASR per 100) in 2014-15 in:</p> <ul style="list-style-type: none"> • Greater Dandenong 73.4 	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).</p>
	<p>High proportion of people with a profound or severe disability in 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong 6.6% • Mornington Peninsula 5.8% • Frankston 5.8% 	<p>PHIDU. LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).</p>
	<p>High rate of youth (15-24 years) mortality (ASR per 100,000) between 2010-14 in:</p> <ul style="list-style-type: none"> • Cardinia (56.5) • Frankston (53.0) • Port Phillip (47.2) 	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).</p>

Outcomes of the health needs analysis

	<p>Key areas of need identified by stakeholders:</p> <ul style="list-style-type: none"> • General, oral and physical health (AOD, homeless, MH) • Intravenous use among AOD users • Support for clients between initial contact and actual treatment (e.g. counselling, non-residential withdrawal for AOD use) • Provision of crisis housing • Pharmaceutical misuse and elder abuse among seniors • Family violence • Community safety, for example, school programs to targeted males at a developmental age and promote positive behaviour towards women • Sexually Transmitted Infections among especially young men, sex workers and prisoners • Managing social isolation through infrastructure (e.g. social support drop-in centres) 	SEMPHN stakeholder engagement, 2017
<p>Identified needs – Health status and outcomes</p> <ul style="list-style-type: none"> • Greater Dandenong and Frankston had high proportions of people with poor health and health outcomes • Casey and Cardinia had relatively high rates of obesity, psychological distress, social isolation • Mornington Peninsula had a high proportion of people with a profound or severe disability 		
Priority Area	Key Issue	Description of Evidence
	<p>Highest rates of self-reported mental health and behavioural problems in 2011-12 in the following LGAs:</p> <ul style="list-style-type: none"> • Frankston (13.9 ASR per 100 people) 	PHIDU Social Health Atlas. Statistics are based on modelled estimates from the 2011–13 Australian Health Survey, ABS (unpublished); and the

Outcomes of the health needs analysis		
Prevalence of Mental Health Conditions	<ul style="list-style-type: none"> Mornington Peninsula (13.4 ASR per 100 people) Victoria – 12.7 ASR per 100 people 	average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012, based on the Australian standard.
	Estimated national 12-month prevalence rates for major disorder groups include: <ul style="list-style-type: none"> Any mental disorder – 20% Anxiety disorders – 14.4% Affective disorders – 6.2% Substance use disorders – 5.1% 	Australian Bureau of Statistics (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007.
	2016 modelled prevalence estimates of mild, moderate and severe mental illness in the SEMP HN region are as follows: <ul style="list-style-type: none"> Mild – 132,718 people (9.0%) Moderate – 67,323 people (4.6%) Severe – 45,500 people (3.1%) 	New South Wales Ministry of Health (2016). National Mental Health Service Planning Framework Decision Support Tool Aus. v2.
	Prevalence of eating disorders affects 59,203 people within the catchment, only one in six will get treatment this includes the following disorders: <ul style="list-style-type: none"> Anorexia Nervosa 1,689 (3%) Bulimia Nervosa 7,056 (12%) Binge Eating Disorder 27,720 (47%) Other eating disorders 22,738 (38%) 	Eating Disorder Victoria presentation to Victorian PHN Alliance (VPHNA) Mental Health leads (October 2016).
Priority Area	Key Issue	Description of Evidence
Hospitalisation due to Mental	High rates of overnight hospitalisations in 2015-16 due to any mental health condition in the following Statistical Area 3 (SA3) regions:	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.

Outcomes of the health needs analysis		
Health Conditions	<ul style="list-style-type: none"> Frankston – 143 ASR per 10,000 people Port Phillip – 121 ASR per 10,000 people Dandenong – 119 ASR per 10,000 people 	
	<p>High rates of overnight hospitalisations in 2015-16 due to schizophrenia and delusional disorders in the following SA3 regions:</p> <ul style="list-style-type: none"> Port Phillip – 35 ASR per 10,000 people Dandenong – 31 ASR per 10,000 people Frankston – 24 ASR per 10,000 people 	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	<p>High rates of overnight hospitalisations in 2015-16 due to anxiety and stress in the following SA3 regions:</p> <ul style="list-style-type: none"> Cardinia – 18 ASR per 10,000 Frankston – 16 ASR per 10,000 people 	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	<p>High rates of overnight hospitalisations in 2015-16 due to bipolar and mood disorders in the following SA3 regions:</p> <ul style="list-style-type: none"> Stonnington West – 16 ASR per 10,000 people Frankston – 15 ASR per 10,000 people Glen Eira – 15 ASR per 10,000 people 	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	<p>High rates of overnight hospitalisations in 2015-16 due to depressive episodes in the following SA3 regions:</p> <ul style="list-style-type: none"> Cardinia – 27 ASR per 10,000 people Casey North – 23 ASR per 10,000 people Casey South – 21 ASR per 10,000 people Frankston – 21 ASR per 10,000 people Dandenong – 20 ASR per 10,000 people Mornington Peninsula – 18 ASR per 10,000 people 	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.

Outcomes of the health needs analysis		
	<p>High rates of hospital bed days in 2015-16 due to depressive episodes in the following SA3 regions:</p> <ul style="list-style-type: none"> • Mornington Peninsula – 18 ASR per 10,000 people • Stonnington West – 20 ASR per 10,000 people • Frankston – 21 ASR per 10,000 people • Dandenong – 20 ASR per 10,000 people • Stonnington East – 20 ASR per 10,000 people • Bayside – 20 ASR per 10,000 people • Casey North – 23 ASR per 10,000 people • Cardinia – 27 ASR per 10,000 people 	<p>PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.</p>
Suicide and Self-harm	<p>Higher than average rates of suicide deaths, attempts and/or ideation in the following LGAs:</p> <ul style="list-style-type: none"> • Port Phillip • Frankston • Cardinia 	<p>Consultation with the Victorian Department of Health and Human Services AIHW Mortality Over Regions and Time (MORT) books, 2009-2013; the Victorian Emergency Minimum Dataset; and PHIDU's Estimated Resident Population 2014.</p>
	<p>High rate of deaths from suicide and self-inflicted injuries for people aged under 75 years in:</p> <ul style="list-style-type: none"> • Cardinia – 16.1 ASR per 100,000 	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 31 October 2018).</p>
	<p>High rates of overnight hospitalisations in 2014-15 for intentional self-harm in the following SA3 regions:</p> <ul style="list-style-type: none"> • Frankston – 248 per 100,000 ASR • Mornington Peninsula – 218 per 100,000 ASR 	<p>PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.</p>
	<p>Need for more timely and detailed data relating to suicide and self-harm in the region. Data used in this needs assessment are out of date and do not contain demographic information about the people affected. This lack of visibility makes planning targeted interventions at a local level difficult and requires a heavy reliance on anecdotal evidence to inform decision making.</p>	
Identified Priority Needs – Mental Health Outcomes		

Outcomes of the health needs analysis

1. Areas of greatest overall mental health need are the Cities of Greater Dandenong, Frankston and Cardinia
2. High rates of hospitalisation due to mental health disorders in the SA3 regions of Frankston, Dandenong and Cardinia
3. Need for more accurate and timely data relating to suicide and self-harm

Priority population groups

<p>Refugees and asylum seekers</p>	<p>Demographic Statistics: Between 2006 and 2016, 12,128 refugees have settled in the SEMPHN catchment area, mostly in the following LGAs:</p> <ul style="list-style-type: none"> • Dandenong - 6570 people (54%) • Casey - 4661 people (38%) <p>Refugees arriving in the SEMPHN region between 2001 and 2011 were predominantly from Sudan, Iraq, Afghanistan and Burma/Myanmar.</p> <p>In the last five years, the majority of refugee arrivals in the SEMPHN region were:</p> <ul style="list-style-type: none"> • male (3,383 or 62%); • aged 18-44 years (3,000 or 55%); • emigrated from Afghanistan (2,818 or 51%), Iran (604 or 11%) or Pakistan (566 or 10%); • speak Dari (1468 or 27%), Hazaragi (1419 or 26%), Arabic (348 or 6%) or Farsi-Afghan (316 or 5%); and have very poor or no proficiency in English (4041 or 74%). 	<p>PHN-specific analysis of reports developed using the Department of Immigration and Border Protection's Settlement Reporting Facility (http://www.immi.gov.au/settlement).</p>
	<p>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> • Low proficiency in English 	<p>UNHCR (2013). Asylum-seekers on bridging visas in Australia: Protection gaps UNHCR consultation 2013</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Uncertain visa status and lengthy processing times • General uncertainty about the future • Disconnection from family and friends • Worry about family and friends • Food insecurity and risk of homelessness due to financial stress • Social isolation • Stress of migration and adjustment to new country • Trauma prior to migration • Limited or no opportunity to utilise occupational skills • Lack of meaningful activity • Racism and discrimination 	<p>Tyrrell, L. et al. (2016). Talking about health and experiences of using health services with people from refugee backgrounds, Victorian Refugee Health Network: Melbourne.</p> <p>Consultation with various local refugee and asylum seeker health organisations including: The Red Cross Australia – Dandenong Branch, Life Without Barriers – Dandenong Branch, AMES Australia – Dandenong Branch, Jesuran Wellness Centre – Dandenong, Monash Health – Refugee Health and Wellbeing Centre, Asylum Seeker Resource Centre, Foundation House and the Victorian Refugee Health Network.</p>
	<p>Mental health issues:</p> <ul style="list-style-type: none"> • Refugees in South Eastern Melbourne are: <ul style="list-style-type: none"> - 23% more likely to present to an emergency department than other residents; and - 47% more likely to be admitted to hospital than other residents. • Rate of long-term psychological conditions among refugees is higher compared to other migrant populations. • Access to family and community support is generally lower compared to other migrant populations. 	<p>An Evaluation of the Primary Healthcare Needs of Refugees in South East Metropolitan Melbourne: A report by the Southern Academic Primary Care Research Unit to the Refugee Health Research Consortium, Dandenong, May 2011. Department of Human Services: Refugee Health and Wellbeing Action Plan 2008-2010. Victoria: Department of Human Services, 2008.</p> <p>Consultation with various local refugee and asylum seeker health organisations including: The Red Cross Australia – Dandenong Branch, Life Without Barriers – Dandenong Branch, AMES Australia – Dandenong Branch, Jesuran Wellness Centre – Dandenong, Monash Health – Refugee Health and Wellbeing Centre, Asylum Seeker Resource Centre, Foundation House and Victorian Refugee Health Network</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Common mental health disorders among refugees include: <ul style="list-style-type: none"> - depression; - anxiety; and - post-traumatic stress disorder (PTSD). <p>Organisations that provide health services to asylum seekers and refugees in the region report an increase in mental health, homelessness and alcohol and other drug issues associated with changes in government policy and visa status.</p>	
	<p>Barriers to accessing mental health services:</p> <ul style="list-style-type: none"> • Lack of accommodation of cultural perceptions of mental health • Stigma around mental health in the community • Lack of specialised torture and trauma counselling and support • Lack or poor use of interpreter services • Low levels of health literacy and unfamiliarity with the Australian health system • Lack of private transportation • Family violence – Identified as a barrier to access for some women in the Afghan community whose husbands will not allow them to access health services due to past cases where reported incidents 	<p>Victorian Department of Health and Human Services Victorian refugee health and wellbeing action plan: Consultation Summary (2011-12).; An Evaluation of the Primary Healthcare Needs of Refugees in South East Metropolitan Melbourne: A report by the Southern Academic Primary Care Research Unit to the Refugee Health Research Consortium, Dandenong, May 2011.; Afghan Community Health and Wellbeing Needs Assessment (2016): A Qualitative study by Link Health and Community.</p> <p>Consultation with local refugee and asylum seeker health organisations including: The Red Cross Australia, Life Without Barriers, AMES Australia, Jesuran Wellness Centre, Monash Health Refugee Health and Wellbeing Centre, Asylum Seeker Resource Centre, Foundation House and Victorian Refugee Health Network</p>

Outcomes of the health needs analysis		
	of family violence resulted in family separation and divorce.	
<p>Identified Priority Needs – Refugees and Asylum Seekers</p> <ol style="list-style-type: none"> 1. High concentration of refugee and asylum seeker communities in Greater Dandenong and Casey 2. Large proportion of refugees and asylum seekers have very poor English proficiency 3. High levels of financial stress and unemployment among refugees and asylum seekers 4. Relative high prevalence of mental health related issues among refugees and asylum seekers 		
<p>Cultural and linguistically diverse (CALD) populations</p>	<p>Demographic Statistics: In the SEMPHN region, approximately:</p> <ul style="list-style-type: none"> • 450,000 people (33%) were born overseas • 320,000 people (23%) were born in a non-English speaking country • 60,000 people (4%) have low English proficiency <p>The following LGAs have the largest populations of people from CALD backgrounds (all values are approximate estimates):</p> <p>City of Greater Dandenong</p> <ul style="list-style-type: none"> • 86,000 people (60%) born overseas • 80,000 people (55%) born in a non-English speaking country, most commonly: <ul style="list-style-type: none"> - Vietnam (13,000 people) - India (11,000 people) - Sri Lanka (6,500 people) 	<p>PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data, 2013. Australian Bureau of Statistics 2011 Census of population and housing; and Australian Bureau of Statistics Estimated Resident Population, 2011.</p>

Outcomes of the health needs analysis

- Cambodia (6,200 people)
- 93,000 people (65%) speak a language other than English at home, most commonly:
 - Vietnamese (16,600 people)
 - Khmer (6,900 people)
 - Cantonese (5,300 people)
 - Punjabi (4,300 people)
- 24,000 people (16%) have low English proficiency

City of Casey

- 98,000 people (37%) born overseas
- 75,000 people (28%) born in a non-English speaking country, most commonly:
 - India (10,300 people)
 - Sri Lanka (7,500)
 - Afghanistan (4,400)
- 83,000 people (31%) speak a language other than English at home, most commonly:
 - Sinhalese (5,700 people)
 - Persian/Dari (5,600 people)
 - Arabic (3,500 people)
- 13,000 people (5%) have low English proficiency

City of Glen Eira

- 51,000 people (37%) born overseas

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • 40,000 people (28%) born in a non-English speaking country, most commonly: <ul style="list-style-type: none"> - India (5,000 people) - China (4,200 people) - Greece (2,100 people) • 43,000 people (31%) speak a language other than English at home, most commonly: <ul style="list-style-type: none"> - Greek (5,800 people) - Russian (5,000 people) - Mandarin (4,200 people) • 5000 people (4%) have low English proficiency 	
	<p>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> • Poor health literacy levels, particularly in relation to: <ul style="list-style-type: none"> - Appraising health information - Ability to find good health information - Navigating the health system • Low proficiency in English • Disconnection from family • Racism and discrimination • Stress of migration and adjustment to new country • Trauma prior to migration • Limited opportunity to utilise occupational skills • Higher levels of socially determined risk factors 	<p>SEMPHN-commissioned health literacy assessment of the community conducted by the Health Services Improvement Unit in the Centre for Population Health Research, Deakin University Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.</p>
	<p>Mental health issues:</p>	<p>Minas, H., et al. (2013). Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. Mental Health</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • New migrants generally have lower prevalence of mental disorders than the general population (likely due to health assessments required prior to immigrating), however over time prevalence increases to similar levels as the general population • More likely to be exposed to quality and safety risks including misunderstandings and misdiagnosis, often due to language and cultural barriers • Over-represented in involuntary admissions to hospital and acute inpatient units • Higher proportion diagnoses with psychosis compared to Australian-born population • Relatively low mental health service use compared to Australian-born populations with similar mental health needs • May be more likely to access mental health care only when they become acutely and seriously unwell 	<p>in Multicultural Australia. Laurence, J. et al. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ 2011. DOI:10.1503/cmaj.090292. Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. Stolk, Y., et al (2008). Access to mental health services in Victoria: A focus on ethnic communities. Melbourne: Victorian Transcultural Psychiatry Unit.</p> <p>PHN specific analysis of: Medicare Benefit Scheme (MBS) data on total mental health patients and GP mental health services; DHHS registered mental health clients data, by LGA; analysis of social determinants of mental health; and PHIDU Social Atlas data on persons experiencing high or very high psychological distress.</p>
	<p>Barriers to accessing mental health services:</p> <ul style="list-style-type: none"> • Lack of accommodation of different cultural perceptions of mental health • Stigma around mental health in the community • Lack or poor use of interpreter services • Low levels of health literacy and unfamiliarity with the Australian health system 	<p>Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery</p> <p>SEMPHN-commissioned health literacy assessment of the community conducted by the Health Services Improvement Unit in the Centre for Population Health Research, Deakin University;</p> <p>Stolk, Y., et al (2008). Access to mental health services in Victoria: A focus on ethnic communities. Melbourne: Victorian Transcultural Psychiatry Unit.</p>
Identified Priority Needs - Cultural and linguistically diverse (CALD) populations		

Outcomes of the health needs analysis

1. Large proportion of people from CALD backgrounds in Greater Dandenong and Casey
2. Relatively high proportion of migrants with poor English proficiency in Greater Dandenong
3. Relatively low rates of mental health service utilisation among people from CALD backgrounds

Aboriginal and Torres Strait Islander People	<p>Demographic Statistics: In 2016, an estimated 7,734 people (0.5% of the total population) were of Aboriginal and/or Torres Strait Islander origin. The largest proportions live in the following LGAs:</p> <ul style="list-style-type: none"> • Frankston (0.9% of total population, approximately 1,311 people) • Mornington Peninsula (0.8% of total population, approximately 1,258 people) • Casey (0.7% of total population, approximately 2,021 people) • Cardinia (0.7% of total population, approximately 644 people) 	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017); data compiled by PHIDU based on data developed by Prometheus Information Pty Ltd, under a contract with the Australian Government Department of Health</p>
	<p>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> • Social disadvantage • Economic disadvantage • Damage to traditional culture, spirituality and language • Child removals • Incarceration rates • Inter-generational trauma • Higher prevalence of chronic physical illnesses • Discrimination and racism 	<p>Australian Health Minister' Advisory Council (2015). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.</p> <p>Jorm, A. et al. (2012). Mental health of Indigenous Australians: a review of findings from community surveys. MJA 196(2).</p> <p>Australian Institute of Health and Welfare 2016. Australian burden of disease study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.</p>

Outcomes of the health needs analysis

		<p>Australian Bureau of Statistics (2016). Aboriginal and Torres Strait Islander people with a mental health condition. National Aboriginal and Torres Strait Islander Social Survey, 2014-15. ABS: Canberra.</p>
	<p>Mental health issues:</p> <ul style="list-style-type: none"> • Common mental health related hospitalisations nationally: <ul style="list-style-type: none"> - Psychoactive substance use (37% of episodes) - Schizophrenia (23% of episodes) - Mood disorders (15% of episodes) - Neurotic/stress-related disorders (15% of episodes) • Rates for mental health related hospitalisations were highest in the 25-54 year age groups • 90% of SEMPHN-area clients of the Dandenong and District Aborigines Co-operative (DDACL) have dual mental health and alcohol and drug diagnoses • 30% of Indigenous Australians report high or very high psychological distress levels, nearly three times that reported by non-Indigenous Australians • 19% of total disease burden among Indigenous Australians is due to mental and substance use disorders • 29% of Indigenous Australians report having a diagnosed mental health condition 	<p>Australian Health Minister’ Advisory Council (2015). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.</p> <p>Australian Bureau of Statistics (2014). Australian and Torres Strait Island health survey: first results, Australia 2012–13.</p> <p>Australian Institute of Health and Welfare (2016). Australian burden of disease study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.</p> <p>Australian Bureau of Statistics (2016). Aboriginal and Torres Strait Islander people with a mental health condition. National Aboriginal and Torres Strait Islander Social Survey, 2014-15. ABS: Canberra.</p> <p>Mental health and Aboriginal people and communities. 10-year mental health plan technical paper referencing the Department of Health & Human Services 2014, CMI-ODS administrative data 2013–14, unpublished, State Government of Victoria, Melbourne.</p> <p>Australian Bureau of Statistics 2016, Causes of Death, Australia, 2015; Intentional self-harm in Aboriginal and Torres Strait Islander people.</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • 23% of Indigenous Australians report having a mental health condition and at least one other long-term health condition • 45% of Indigenous Australians with a mental health condition report experiencing homelessness • Suicide and self-harm <ul style="list-style-type: none"> - Intentional self-harm was the leading cause of death from 2011-2015 for Indigenous Australians between 15 and 34 years of age - Rate of death due to self-harm among Indigenous Australians is twice as high as the rate among non-Indigenous Australians - Age-specific suicide rates among Indigenous Australians between 15 and 44 years of age is between two to four times those of non-Indigenous Australians 	
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<p>Identified Priority Needs - Aboriginal and Torres Strait Islander People</p> <ol style="list-style-type: none"> 1. Large population of Aboriginal and Torres Strait Islander People in Casey, Frankston and Mornington Peninsula 2. High levels of disadvantage among Aboriginal and Torres Strait Islander People 3. Relatively high levels of psychological distress among Aboriginal and Torres Strait Islander People 		
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<p>LGBTI people</p>	<p>Demographic Statistics:</p> <ul style="list-style-type: none"> • In the SEMPHN region, LGBTI people are more likely to live in the St. Kilda area • 9% of adult men and 15% of women in Australia report same-sex attraction; 2% identify as lesbian, gay or bisexual 	<p>Australian Bureau of Statistics 2011 census data.</p> <p>Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd Edition.</p> <p>National LGBTI Health Alliance. Sydney; Smith, E et al. (2014). From Blues to Rainbows: Mental health and wellbeing of gender diverse and</p>
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Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • International estimates of the prevalence of trans people are between 1 in 500 and 1 in 11,500 people • Estimates on the number of intersex people vary from 1 in 200 to 1 in 2000 people <p>Mental health issues:</p> <ul style="list-style-type: none"> • Mental ill-health is significantly higher among LGBTI Australians • Homosexual/bisexual Australians are twice as likely to have high/very high levels of psychological distress as heterosexual Australians • Homosexual/bisexual Australians are more than twice as likely to experience anxiety disorders as heterosexual Australians • Gender diverse and transgender young people are more likely to experience significant depressive symptoms compared to cisgender young people • Mental health conditions (depression/anxiety) are the most commonly reported diagnosed condition among LGBTI people • Suicidality <ul style="list-style-type: none"> ○ Compared to the general population, LGBTI people are more likely to attempt suicide: <ul style="list-style-type: none"> - LGBTI young people – 5 times more likely - Transgender adults – 11 times more likely 	<p>transgender young people in Australia. Melbourne: The Australian Research Centre in Sex, Health, and Society</p> <p>McNeil, J et al. (2012). Trans Mental Health Study: Scottish Transgender Alliance; Clark, T.C. et al. (2014).</p> <p>The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12).</p> <p>Leonard, W. et al. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians. The Australian Research Centre in Sex, Health and Society, La Trobe University.</p> <p>Australian Bureau of Statistics 2011 census data.</p> <p>Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd Edition.</p> <p>National LGBTI Health Alliance. Sydney; Smith, E et al. (2014). From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia. Melbourne: The Australian Research Centre in Sex, Health, and Society</p> <p>McNeil, J et al. (2012). Trans Mental Health Study: Scottish Transgender Alliance; Clark, T.C. et al. (2014).</p> <p>The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12).</p> <p>Leonard, W. et al. (2012) Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender</p>
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Outcomes of the health needs analysis

	<ul style="list-style-type: none"> - People with intersex variation – 6 times more likely • Suicide ideation <ul style="list-style-type: none"> ○ Compared to the general population, LGBTI people are more likely to have thoughts of suicide: <ul style="list-style-type: none"> - Lesbian, Gay and Bisexual people – 6 times more likely - Transgender people – 18 times more likely <p>Barriers to accessing mental health services:</p> <ul style="list-style-type: none"> • General reluctance among transgender and gender diverse people to seek medical advice and assistance • LGBT people may delay seeking treatment due to expectations they will face discrimination or receive reduced quality of care <p>Identified mental health needs:</p> <ul style="list-style-type: none"> • Develop and implement LGBTI-inclusive practice guidelines for health services • Develop and implement health sector LGBTI sensitivity training 	<p>Australians. The Australian Research Centre in Sex, Health and Society, La Trobe University.</p>
<p>Identified Priority Needs – LGBTI people</p> <ol style="list-style-type: none"> 1. High proportion of people who identify as LGBTI in the Port Phillip region 2. Significantly higher rates of mental health issues among LGBTI people 3. Reluctance among LGBTI people to seek medical advice or treatment due to fear of discrimination 		

Outcomes of the health needs analysis

<p>Young people</p>	<p>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> • Higher than average rate of children on child protection orders in the following LGAs: <ul style="list-style-type: none"> - Frankston (6.9 per 1,000 children) - Port Phillip (6.0 per 1,000 children) - Greater Dandenong (5.7 per 1,000 children) <p>Victoria – 5.2 per 1,000 children</p> <ul style="list-style-type: none"> • Higher than average rates of substantiated child abuse in the following LGAs: <ul style="list-style-type: none"> - Frankston (12.4 per 1,000 children) - Greater Dandenong (11.0 per 1,000 children) - Mornington Peninsula (8.7 per 1,000 children) <p>Victoria – 6.7 per 1,000 children</p> <ul style="list-style-type: none"> • High proportion of adolescents who reported being bullied at school in the following LGA: <ul style="list-style-type: none"> - Mornington Peninsula (19.1% of adolescents) <p>Victoria – 17.9% of adolescents</p>	<p>PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013).</p>
	<p>Mental health issues:</p> <ul style="list-style-type: none"> • High prevalence of children with emotional or behaviour problems in the following LGAs: <ul style="list-style-type: none"> - Frankston (6.7% of children) - Casey (5.5% of children) 	<p>PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013).</p> <p>ABS Causes of Death, Australia 2015, Intentional self-harm: Key characteristics.</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> - Cardinia (5.4% of children) <p>Victoria – 4.3% of children</p> <ul style="list-style-type: none"> • Suicide is the leading cause of death among young Australians • 12 month prevalence of mental health disorders in young Australians aged 12-17: <ul style="list-style-type: none"> - Any mental health disorder – 14% - Anxiety – 7% - Attention Deficit Hyperactivity Disorder (ADHD) – 6.3% - Major depressive disorders – 5% • Young men (age 16-24 years) are less likely to seek help for a mental health difficulty compared to young women 	<p>Australian Institute of Health and Welfare (2016). Australia’s health 2016. Australia’s health series no. 15. Cat. no. AUS 199. Canberra: AIHW.</p> <p>Slade, T., et al. (2009). The mental health of Australians 2: Report on the 2007 national survey of mental health and wellbeing. Canberra: Department of Health and Ageing.</p>
	<p>Mental health service needs among young people:</p> <ul style="list-style-type: none"> • High proportion of young people accessing MBS-funded mental health services in the following SA3 regions: <ul style="list-style-type: none"> - Frankston (12.8%) - Mornington Peninsula (11.7%) - SEMPHN (9.3%) • Low proportion of young people accessing MBS-funded mental health services in the following SA3 region: <ul style="list-style-type: none"> - Dandenong (5.0%) - SEMPHN (9.3%) 	<p>PHN specific, SA3-level analysis of Medicare Benefit Scheme (MBS) data on MBS-funded mental health services provided in 2013-14 financial year.</p> <p>PHN specific, SA3-level analysis of the National Health performance Authority’s Australian Atlas of Health Care Variation, 2013-14.</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • High prescribing rates for all psychotropic medicines in the SA3 region of Frankston: <ul style="list-style-type: none"> - Antidepressants – 11,829 ASR per 100,000 young people (1.5 times greater than Victorian rate) - Antipsychotics – 2,389 ASR per 100,000 young people (1.3 times greater than Victorian rate) - ADHD medicines – 10,854 ASR per 100,000 young people (1.5 times greater than Victorian rate) • Low prescribing rates for psychotropic medicines for young people in the SA3 region of Dandenong: <ul style="list-style-type: none"> - Antidepressants – 2,899 ASR per 100,000 young people (2.7 times less than Victorian rate) - Antipsychotics – 986 ASR per 100,000 young people (1.8 times less than Victorian rate) - ADHD medicines – 3,377 ASR per 100,000 young people (2.2 times less than Victorian rate) 	
	<p>High rate of potentially vulnerable/at risk youth in (composite scores presented):</p> <ul style="list-style-type: none"> • Frankston (0.15) • Cardinia (0.13) • Mornington Peninsula (0.12) 	<p>Findings from internal analysis of data from various sources, including:</p> <ul style="list-style-type: none"> • The Victorian Child and Adolescent Monitoring System (2015). https://www.education.vic.gov.au/about/research/Pages/vcam_sindicator.aspx

Outcomes of the health needs analysis

<ul style="list-style-type: none">• Greater Dandenong (0.12) <p>High proportion of disadvantaged youth in (composite scores presented):</p> <ul style="list-style-type: none">• Greater Dandenong (0.16)• Frankston (0.16)• Cardinia (0.14)• Casey (0.13) <p>High estimated burden of severe mental health disorders among youth in 2015/16 in (composite scores presented) :</p> <ul style="list-style-type: none">• Casey (0.15)• Greater Dandenong (0.14)• Cardinia (0.14)• Frankston (0.13) <p>Based on the above findings, the following LGAs have been identified as having the greatest need for youth severe services (composite scores presented):</p> <ul style="list-style-type: none">• Frankston (14.4)• Greater Dandenong (14.0)• Cardinia (13.4)• Casey (13.0)	<ul style="list-style-type: none">• Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data• The Victorian Admitted Episodes Dataset (2015/16)
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Identified Priority Needs – Young People

1. High mental health service needs in the areas of Frankston, Greater Dandenong, Casey and Cardinia
2. Low mental health service usage despite indicators of high need in the Dandenong area

Outcomes of the health needs analysis

<p>Older persons (65+ years)</p>	<p>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> • Loss of ability to live independently due to mental or physical problems • Increased likelihood of experiencing bereavement • Drop in socioeconomic status with retirement or disability • Feelings of isolation • Loss of independence • Loneliness • Elder abuse • Age discrimination 	<p>World Health Organisation. (2016). Mental health and older adults fact sheet. Accessed October 2016 www.who.int/mediacentre/factsheets/fs381/en/.</p> <p>Australian Human Rights Commission. (2015). National prevalence survey of age discrimination in the workplace. NSW: Australian Human Rights Commission</p>
	<p>Mental health issues:</p> <ul style="list-style-type: none"> • Depression: <ul style="list-style-type: none"> - An estimated 10-15% of older people experience depression - Rates of depression among people living in residential aged-care are higher than those living at home - Depression is 3 to 4 times more common in people with dementia compared to older people without dementia • Anxiety <ul style="list-style-type: none"> - Estimated 10% of older people experience anxiety 	<p>National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue; and Alzheimers Australia</p>

Outcomes of the health needs analysis		
	<p>Barriers to accessing mental health services: Older people are often more hesitant to share anxiety and depression with others leading to delay in seeking professional help</p>	National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue.
People living in residential aged care facilities	<p>Relatively low rate of residential aged care places per 1,000 population aged over 70 years:</p> <ul style="list-style-type: none"> • Stonnington 67.4 • Mornington peninsula 72.4 • Cardinia 76.6 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 31 October 2018).
	<p>Characteristics of people using permanent residential aged care in the Southern Metro region in 2017:</p> <ul style="list-style-type: none"> • Nearly 50% were aged between 85-94 years • 67.9% were female • 0.2% identified as Indigenous • 27.6% indicated that they were born in a non-English speaking country • 12.0% indicated that they preferred a language other than English • 51.4% had a diagnosis of dementia 	Australian Institute of Health and Welfare (AIHW) (2018), “Explore services and places in aged care” in GEN Aged Care Data, https://www.gen-agedcaredata.gov.au/My-aged-care-region (accessed 6 November 2018)
	<p>Data gathered from the Aged Care Funding Instrument (ACFI) showed that among people in permanent residential aged care on 30 June 2016¹:</p> <ol style="list-style-type: none"> 1. 57% had a mental health or behavioural condition 2. 52% had dementia 	<p>¹Australian Institute of Health and Welfare 2017. GEN fact sheet 2015–16: People’s care needs in aged care. Canberra: AIHW</p> <p>²Petrova, S (2018), “Essential reading to get your head around Australia’s aged care crisis”, September 17 2018, The Conversation,</p>

Outcomes of the health needs analysis		
	<p>3. 46% had a diagnosis of depression.</p> <p>Other reports indicate that more than 50% of people in residential aged care facilities have depression compared to 10-15% of adults of the same age living in the community^{2,3}</p>	<p>https://theconversation.com/amp/essential-reading-to-get-your-head-around-australias-aged-care-crisis-103325 (accessed 7 November 2018).</p> <p>³Australian Institute of Health and Welfare 2013. Depression in residential aged care 2008–2012. Aged care statistics series No. 39. Cat. no. AGE 73. Canberra: AIHW.</p>
<p>Identified Priority Needs – Older people and people living in residential aged care facilities</p> <ol style="list-style-type: none"> 1. Very high rates of depression among residents of aged care facilities 2. Very low rate of residential aged care places in Stonnington, which may result in older people having to move to a residential aged care facility in another area 		
<p>Sector-identified vulnerable populations</p>	<p>Consultation with service providers across the catchment highlighted several population groups that have not been specifically highlighted in this needs assessment and may warrant additional focus in future needs analysis and service planning including:</p> <ul style="list-style-type: none"> • People experiencing end of life care; • Clients with a dual diagnosis of mental illness and alcohol and other drug use issues; • People bereaved due to suicide; and • Parents of very young children <p>Areas to focus on during the provision of services to these population groups were noted as follows:</p> <ul style="list-style-type: none"> • Health literacy; • Co-design of service with consumers; 	<p>SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (unpublished).</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none">• After-hours services for clients in residential aged care facilities;• Outreach programs; and• Infrastructure to promote social inclusion and engagement.	
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Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Access to services	SEMPHN health literacy survey results suggest 40% of residents have difficulty navigating the health system .	SEMPHN-commissioned community health literacy assessment conducted by the Health Services Improvement Unit in the Centre for Population Health Research, Deakin University (unpublished).
	High rate of people who reported experiencing a financial barrier to accessing healthcare when they needed it in the previous 12 months (ASR per 100) in 2014 in: <ul style="list-style-type: none"> Greater Dandenong 2.5 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2018).
	High rate of people who often have difficulty or cannot get to places with transport (ASR per 100) in 2014 in: <ul style="list-style-type: none"> Greater Dandenong 5.6 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2018).
	Low proportion of population who reside near public transport in 2015 in: <ul style="list-style-type: none"> Cardinia 43.3% Mornington Peninsula 46.1% Casey 62.4% 	DHHS. 2015 Local Government Area (LGA) Statistical Profiles (online). At: https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles (accessed 12 October 2018).
	Relatively high proportion of people who sought professional help for a mental health problem in 2014 in: <ul style="list-style-type: none"> Frankston 19.8% Port Phillip 18.4% 	DHHS. Victorian Population Health Survey (2014). At: https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data

Outcomes of the service needs analysis

	<p>Relatively low proportion of people who sought professional help for a mental health problem in 2014 in: Greater Dandenong 8.5%</p>	<p>and-reports/victorian-population-health-survey (accessed 31 October 2018).</p>
	<p>Main barriers to access:</p> <ul style="list-style-type: none"> • Lack of affordable medical services 69% • Lack of awareness of existing services 61% • Lack of affordable transport 59% • Shortage of allied health services 52% • Gaps in Health literacy 50% • Distance to health care services 42% • Lack of available after hours appointments 35% • Poor past experiences 35% • Lack of available appointments 30% • Shortage of culturally appropriate services 21% • Shortage of GPs 19% • Concerns related to privacy 19% • Shortage of Aboriginal health workers 14% • Lack of accommodation during treatment 14% • Communication difficulties (e.g. experiences of people with hearing or intellectual disabilities) 11% 	<p>PHN Stakeholder engagement survey November 2016</p>
	<p>The majority of surveyed mental health service providers identified a 'lack of awareness of existing health services' as a major challenge for their most at-need client groups.</p>	<p>SEMPHN Sector Consultation Survey, September 2016 (unpublished) 53%. SEMPHN Sector Consultation Survey, October 2017 (unpublished) found similar results to the previous year's survey at 48%.</p>

Outcomes of the service needs analysis

Identified needs – Access to health services

- Greater Dandenong has a high proportion of people who experience financial barriers to accessing health services as well as transport barriers
- Less than half the population in Cardinia and Mornington Peninsula reside near public transport

Priority Area	Key Issue	Description of Evidence
Needs identified by health service providers	<p>81% of surveyed health service providers identified mental health as the priority health issue facing their most at-need client groups.</p> <p>A lack of affordable medical services was the most commonly identified challenge facing the most at-need client groups of mental health service providers surveyed by SEMPHN.</p> <p>Inadequate staffing was the most commonly identified challenge for mental health service providers surveyed by SEMPHN.</p> <p>When asked what areas of service provision in the catchment require improvement, consulted health service providers indicated a need for:</p> <ul style="list-style-type: none"> • Enhanced coordination of care including more integrated services and streamlined referral pathways; • co-location of ‘wrap around’ services that provide linkage to other services including AOD, primary physical health care, housing, education and employment • a ‘client-directed’ approach to care which would: 	<p>SEMPHN Sector Consultation Survey, September 2016 (unpublished).</p> <p>SEMPHN Sector Consultation Survey, October 2017 (unpublished) found similar results to the previous year’s survey.</p> <p>SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (unpublished).</p>

Outcomes of the service needs analysis		
	<ul style="list-style-type: none"> - provide more flexibility of service delivery to address mental health as well as non-health needs such as affordability and transportation issues; - provide translators/services/information in multiple languages; - provide additional infrastructure/facilities (such as child care or transportation services/funding) to reduce barriers to accessing mental health services; - mental health assessments of AOD clients to ensure that 'one health element is not overlooked at the expense of the other'; and - place-based assertive outreach to engage with hard-to-reach client groups (i.e. residents of public housing estates). 	
Mental health work force	<p>Lack of clarity and regulation around staff types in the mental health sector with significant variation in position titles and staff qualifications.</p> <p>A lack of sufficient, targeted and appropriate funding, as well as funding structures which focused on short term funding contracts presently in place were noted as posing a challenge to appropriate service delivery by impeding recruitment and retention of skilled staff.</p>	<p>SEMPHN-commissioned Integrated Atlas of Mental Health, AOD and Homelessness for South Eastern Melbourne, ConNetica Consulting Pty Ltd (unpublished).</p> <p>SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (unpublished).</p>
Mental health service type	<p>Strong dependence on non-acute outpatient care, particularly mobile outreach support.</p>	<p>SEMPHN-commissioned Integrated Atlas of Mental Health, AOD and Homelessness for South Eastern Melbourne, ConNetica Consulting Pty Ltd (unpublished).</p>

Outcomes of the service needs analysis		
	<p>No provision of acute and non-acute Day Care or Day Programs.</p> <p>Few services relative to population need in the Shires of Cardinia and Mornington Peninsula</p>	
Mental health service utilisation	<p>Low overall mental health service utilisation relative to expected need in the following LGA:</p> <ul style="list-style-type: none"> Greater Dandenong 	PHN specific analysis of: MBS data on total mental health patients and GP mental health services; DHHS data on registered mental health clients by LGA; social determinants of mental health; and PHIDU Social Atlas data on psychological distress.
	<p>High overall mental health services utilisation in the following LGAs:</p> <ul style="list-style-type: none"> Frankston Port Phillip 	PHN specific, local level analysis of: Medicare Benefit Scheme (MBS) data on total mental health patients and mental health patients receiving GP mental health services; and DHHS data on registered mental health clients by LGA.
Mental Health Treatment Plans	<p>High rate of MBS-funded services for GP mental health treatment plans in the following SA3 region:</p> <ul style="list-style-type: none"> Frankston – 6,602 ASR per 100,000 people (1.4 times greater than Victorian average) <p>Victoria – 4,769 ASR per 100,000 people</p>	PHN specific, local level analysis of the National Health performance Authority's Australian Atlas of Health Care Variation, 2013-14.
	<p>Low rate of MBS-funded services for the preparation of mental health treatment plans by general practitioners in the Dandenong region despite relative high need of services.</p>	PHN specific, local level analysis of the National Health performance Authority's Australian Atlas of Health Care Variation, 2013-14.
Psychotropic medication prescribing rates among	<p>High prescribing rates of antidepressant medicines among 18 to 64 year olds in the following SA3 regions:</p> <ul style="list-style-type: none"> Frankston – 131,423 ASR per 100,000 (1.3 times greater than Victorian average) 	PHN specific, local level analysis of the National Health performance Authority's Australian Atlas of Health Care Variation, 2013-14.

Outcomes of the service needs analysis		
adults (aged 18 to 64 years)	<ul style="list-style-type: none"> Mornington Peninsula – 130,409 ASR per 100,000 (1.3 times greater than Victorian average) Victoria – 99,774 ASR per 100,000	
	Low prescribing rates of antidepressant medicines among adults, despite high psychological distress, in the following SA3 region: <ul style="list-style-type: none"> Dandenong – 72,051 ASR per 100,000 (1.4 times less than Victorian average) Victoria - 99,774 ASR per 100,000	PHN specific, local level analysis of the National Health performance Authority’s Australian Atlas of Health Care Variation, 2013-14; and the PHIDU Social Atlas data on persons experiencing high or very high psychological distress.
	Highest prescribing rates in Victoria of anxiolytic medicines among people aged 18 to 64 years occurs in the following SA3 region: <ul style="list-style-type: none"> Frankston – 33,138 ASR per 100,000 (1.6 times Victorian average) Victoria – 20,689 ASR per 100,000	PHN specific, local level analysis of the National Health performance Authority’s Australian Atlas of Health Care Variation, 2013-14.
Mental Health Nurse Incentive Program (MHNIP)	<ul style="list-style-type: none"> Service utilisation in fiscal year 2016-17 was highly inequitably distributed throughout the catchment with clients in some regions receiving up to 20 times more MHNIP services than others. Generally, more service delivery and service locations were offered in relatively more affluent LGAs located near the city compared to relatively more disadvantaged regions further east (Dandenong, Casey and Cardinia). Service delivery/usage did not reflect the relative need for service in much of the catchment with regions of relatively high need for services receiving fewer services than some areas with relatively low indicators of need. 	SEMPHN analysis of MHNIP program data collected between 1 July 2016 and 30 June 2017.

Outcomes of the service needs analysis

- Particularly underserved areas demonstrating significant need for increased service delivery included the **City of Greater Dandenong**, the **City of Casey** and **Cardinia Shire**.
- The majority of referrals into the MHNIP program were made by practitioners located within organisations where a MHNIP nurse was employed, disadvantaging clients who attended general practices where a MHNIP nurse was not physically located.
- Inherited data reporting practices in the MHNIP program were severely insufficient subsequently obscuring visibility and oversight of the program. For example:
 - more than 60% of records in a 1-year period were completely devoid of K10 scores;
 - standardised diagnosis coding was not utilised resulting in 200+ different diagnosis entries including health and non-health diagnoses
 - limited and/or inaccurate information collected on referrer details, client demographics and client session details
- Analysis of available outcome measures indicated that nearly 40% of current MHNIP clients had mild to moderate K10 scores suggesting that a significant proportion of MHNIP clients may have been more appropriately treated with a less intensive psychological intervention.

Outcomes of the service needs analysis

<p>Access to Allied Psychological Services (ATAPS)</p>	<ul style="list-style-type: none"> • Service utilisation in fiscal years 2015/16 and 2016/17 was highly inequitably distributed across the catchment with some regions receiving 10 times more ATAPS referrals and sessions than others. • More service delivery occurred and service providers were located in relatively more affluent LGAs near the city compared to relatively more disadvantaged regions further east (Dandenong, Casey and Cardinia). • Service delivery/usage did not reflect the relative need for service with many regions of relatively high indicators of need for services receiving fewer services than relatively lower need areas. <ul style="list-style-type: none"> - Particularly underserved areas demonstrating significant need for service delivery included the City of Greater Dandenong and Cardinia Shire. • An estimated average of 38% of clients referred into the ATAPS program never received a session from an allied health provider indicating a need for improving the referral pathways into the program and client follow-up. • Historically the demographics of clients in the ATAPS program have not reflected the diversity of the SEMPHN catchment with greater than 90% of clients speaking only English at home. This is a strong indicator that members of the culturally and linguistically diverse communities in the catchment are not accessing this service. 	<p>SEMPHN analysis of ATAPS program data collected between 1 July 2015 and 30 June 2017.</p>
	<p>Some providers feel that 12 sessions per year is not a sufficient number of sessions for many clients and that additional</p>	<p>SEMPHN Sector Consultation Survey, September 2016.</p>

Outcomes of the service needs analysis		
	funding for mental health services is required to meet the current need.	
Headspace	<p>Improve assertive outreach to young people.</p> <ul style="list-style-type: none"> • 36.0% of clients reside in the same postcode as the centre they attend • 92.5% of clients heard about Headspace by word-of-mouth • 42.4% of young people reported being referred to Headspace by a friend or family member 	Review of the SEMPHN Headspace Activity Report for 2015/16 financial year.
	<p>Unequal gender distribution of services with 61.4% of clients identifying as female compared to 36.6% male.</p>	South Eastern Melbourne PHN Headspace Activity Report for the 2015/16 financial year.
	<p>Maintaining stable accommodation is an issue for 10.4% of SEMPHN Headspace clients.</p> <p>Maintaining stable accommodation is an issue for more clients at Frankston (16.3%) centres than Elsternwick (12.8%), Bentleigh (10.5%), Dandenong (9.7%) and Narre Warren centres (7.2%).</p>	South Eastern Melbourne PHN Headspace Activity Report for the 2015/16 financial year. Statistic includes young people who reported having issues with their current living arrangements, those at risk of becoming homeless soon and those that are currently homeless or sleeping rough.
	<p>Large proportion of clients identify as LGBTI (26.7%) with the greatest proportion represented in Elsternwick Headspace (30.2%) and the lowest in Narre Warren (21.8%).</p>	South Eastern Melbourne PHN Headspace Activity Report for the 2015/16 financial year.
Partners in Recovery (PIR)	<p>PIR contracts are scheduled to end as the National Disability Insurance Scheme (NDIS) rolls out across the region. This may lead to the following issues:</p> <ul style="list-style-type: none"> • A subset of PIR clients will not qualify for the NDIS and will need to be placed in appropriate services 	Consultation with South Eastern Melbourne Partners in Recovery.

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • Work and relationships developed by PIR team may be lost with the end of the funding <p>PIR does not cover the Bayside area which presents the following issues:</p> <ul style="list-style-type: none"> • People with severe and complex mental illness in the Bayside area are currently at a disadvantage when connecting with required services • Connecting people in the Bayside region with severe and complex mental health conditions with the NDIS will be more difficult than in other parts of the region 	
	<p>Through community consultation, PIR has identified various carer and family needs including:</p> <ul style="list-style-type: none"> • Improved carer and family input into decision making • Provision of carer and family-inclusive practice generally • Improved follow up with carers • Provision of services for carers' wellbeing needs and carer-specific support services • Increased respite service providers for carers 	<p>Consultation with South Eastern Melbourne Partners in Recovery.</p>

