



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template – Psycho-social impairment

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	Total population (2016): <ul style="list-style-type: none"> Casey 299,301 Mornington Peninsula 154,999 Greater Dandenong 152,050 Kingston 151,389 Glen Eira 140,875 Frankston 134,143 Stonnington 103,832 Port Phillip 100,863 Bayside 97,087 Cardinia 94,128 	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 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: https://www2.health.vic.gov.au/about/reporting-planning-data/gis-

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 	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 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 24-64 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% 	
<p>High proportion of people aged over 85 years in 2016 in:</p> <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).
<p>Relatively high proportion of Aboriginal and Torres Strait Islander population in 2016 in:</p> <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).
<p>High proportion of people born in predominantly non-English speaking countries in 2016 in:</p> <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).
<p>Highest proportion of refugee arrivals between 2016-17 initially settled in:</p> <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

- Casey is the most populated LGA in the SEMPHN region, with nearly 300,000 residents in 2016
- Cardinia and Casey are projected to have the highest annual population growth rate in the SEMPHN region over the next decade
- 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 all the refugee arrivals in our region

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Key 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 obesity (ASR per 100) in 2014-15 in: <ul style="list-style-type: none"> Cardinia 32.4 Casey 32.2 Frankston 30.8 	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 undertook no or low exercise in the previous week (ASR per 100) in 2014-15 in: <ul style="list-style-type: none"> Greater Dandenong 73.4 	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 proportion of people with a profound or severe disability in 2016 in: <ul style="list-style-type: none"> Greater Dandenong 6.6% Mornington Peninsula 5.8% Frankston 5.8% 	PHIDU. LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High rate of youth (15-24 years) mortality (ASR per 100,000) between 2010-14 in: <ul style="list-style-type: none"> Cardinia (56.5) Frankston (53.0) Port Phillip (47.2) 	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).
Identified needs – Health status and outcomes <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 		

Outcomes of the health needs analysis

- Mornington Peninsula had a high proportion of people with a profound or severe disability

Priority Area	Key Issue	Description of Evidence
Indicators of mental health need	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).
	High proportion of people experiencing high/very high levels of social isolation (2014): <ul style="list-style-type: none"> • Greater Dandenong 25.9% • Casey 21.2% • Port Phillip 20.5% • Cardinia 20.1% 	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).
	Highest rates of self-reported mental health and behavioural problems in 2011-12 in the following LGAs: <ul style="list-style-type: none"> • Frankston (13.9 ASR per 100 people) • Mornington Peninsula (13.4 ASR per 100 people) Victoria – 12.7 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 average of the ABS Estimated Resident Population, 30 June 2011 and 30 June 2012, based on the Australian standard.
	2016 modelled prevalence estimates of mild, moderate and severe mental illness in the SEMPHN 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.

Outcomes of the health needs analysis		
	<p>High rates of overnight hospitalisations in 2015-16 due to any mental health condition in the following Statistical Area 3 (SA3) regions:</p> <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>PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.</p>
<p>Identified Priority Needs – Mental Health Outcomes</p> <ol style="list-style-type: none"> 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, Port Phillip and Dandenong 3. Port Phillip had a high proportion of people experiencing high/very high levels of social isolation, as well as high rates of youth mortality 		
Indicators of social need	<p>High level of disadvantage (IRSD) in 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong 895 	<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 rate of people who left school at Year 10 or below (ASR per 100) in 2016 in:</p> <ul style="list-style-type: none"> • Cardinia 33.8 • Greater Dandenong 32.9 • Casey 30.7 • Frankston 30.2 	<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>
	<p>High unemployment rate in June 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong 12.4% • Casey 8.0% • Cardinia 7.0% 	<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>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):</p> <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).
	<p>Low median weekly equivalised household income in 2016 in:</p> <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).
	<p>High rate of homelessness per 1,000 population in 2016 in:</p> <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).
	<p>High proportion of dwellings with households requiring extra bedrooms (2016):</p> <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).
<p>Identified needs – Social needs</p> <ul style="list-style-type: none"> 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 		
	Key unmet psycho-social needs for consumers with a severe mental illness:	Consultation findings from focus groups with staff from the following services in 2018:

Outcomes of the health needs analysis

<p>Indicators of psycho-social need</p>	<p>Clinicians' perspectives:</p> <ul style="list-style-type: none"> • Social Isolation. • Meaningful and purposeful activities. • Education or employment. • Support in sourcing and maintaining safe housing • Support navigation / coordination of how to access support in the community to reduce isolation and fragmentation of supports • Physical Health • Self-management strategies in recovery <p>Consumers and carers' perspectives:</p> <ul style="list-style-type: none"> • Maintaining and improving mental health • Reduced or safer substance use • Participation in social and recreational activities • Improving social connection with community, family and friends • Improving physical health • Connections to other services • Financial stability and budgeting • Daily living skills • Securing and maintaining stable housing 	<ul style="list-style-type: none"> • Stepped Care Model providers • MHCSS services • PIR, Pham's and Respite services • Homelessness and AOD services <p>Consultation findings from survey responses by consumers and carers, 2018</p>
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Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Securing and maintaining employment or volunteering opportunities • Getting around the community 	
	<p>Key areas of need identified by PIR consumers within the SEMPHN region:</p> <ul style="list-style-type: none"> • Daytime activities • Psychological distress • The company of others • Physical health • Employment/volunteering • Budgeting • Information about treatment • Accommodation • Psychotic symptoms • Home care. 	<p>PIR consumer responses to the CANSAS (based on 1,252 responses extracted on 31/10/2018)</p>
	<p>LGAs with the greatest social need (composite scores presented):</p> <ul style="list-style-type: none"> • Greater Dandenong 0.48 • Port Phillip 0.35 • Casey 0.34 • Frankston 0.30 • Cardinia 0.29 	<p>Social need was calculated based on the following indicators:</p> <ul style="list-style-type: none"> • Social isolation • People who spoke with less than five people the previous day • Unemployment • Homelessness <p>Mental health need was calculated based on the following indicators:</p> <ul style="list-style-type: none"> • Psychological distress • Mental health hospitalisations

Outcomes of the health needs analysis		
	<p>LGAs with the greatest mental health need (composite scores presented):</p> <ul style="list-style-type: none"> • Greater Dandenong 0.48 • Frankston 0.45 • Cardinia 0.44 • Casey 0.42 • Glen Eira 0.39 <p>LGAs with the greatest psycho-social need (composite scores presented):</p> <ul style="list-style-type: none"> • Greater Dandenong 1.00 • Casey 0.79 • Frankston 0.78 • Cardinia 0.76 	<p>Psycho-social need was calculated based:</p> <ul style="list-style-type: none"> • Social need • Mental health need
Priority population groups		
Stakeholder consultations	<p>Population groups that are in greatest need of the psychosocial support:</p> <ul style="list-style-type: none"> • People experiencing homelessness • People with multiple comorbidities • People from culturally and linguistically diverse backgrounds • Refugees and asylum seekers • Aboriginal and Torres Strait Islander people • Older Adults, who are ineligible for the NDIS and for whom aged care is unsuitable • People with a forensic History 	<p>Consultation findings from focus groups with staff from the following services in 2018:</p> <ul style="list-style-type: none"> • Stepped Care Model providers • MHCSS services • PIR, Pham's and Respite services • Homelessness and AOD services

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Consumers that might be eligible for the NDIS, but are not transitioning due to the complexity of the process 	
<p>People experiencing homelessness</p>	<p>Sub-groups¹</p> <ul style="list-style-type: none"> • Males experienced higher rates of homelessness • Indigenous Australians experienced higher rates of homelessness • Children: almost one in six Victorians counted as homeless on census night in 2011 was a child aged under 12 years (3,638 children). • Youth: about 6,130 Victorians aged 12–25 years had nowhere to call home on census night in 2011, comprising about one-quarter of all homeless Victorians. <p>Key health issues^{2,3}</p> <ul style="list-style-type: none"> • Mental health issues¹ • Alcohol and drug dependence¹ • Infectious diseases² <p>Barriers to accessing services^{4,5}</p> <ul style="list-style-type: none"> • Financial hardship • Lack of transportation to medical facilities • Lack of identification or Medicare Card • Difficulty maintaining appointments or treatment regimes • Lack of awareness of support services 	<p>¹ ABS. 2049.0 - Census of Population and Housing: Estimating homelessness, 2011 (online). At: http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0 (accessed 10 November 2017). Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008).</p> <p>² The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. PLoS medicine, 5(12), e225.</p> <p>³ Raoult, D., Foucault, C., & Brouqui, P. (2001). Infections in the homeless. The Lancet infectious diseases, 1(2), 77-84.</p> <p>⁴ Australian Human Rights Commission. Homelessness is a Human Rights Issue (online). At: https://www.humanrights.gov.au/publications/homelessness-human-rights-issue (accessed 14 November 2017).</p> <p>⁵ North and West Metropolitan Local Area Service Network. North and West Metropolitan Region LASN Client Focus Group 3 Report (online). At: http://www.nwhn.net.au/Resources.aspx (accessed 10 November 2017).</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Assessment process is repetitive and lacks sensitivity to client circumstances 	
Refugees and asylum seekers	<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%). 	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>Factors contributing to increased risk of mental health issues:</p> <ul style="list-style-type: none"> Low proficiency in English Uncertain visa status and lengthy processing times General uncertainty about the future 	<p>UNHCR (2013). Asylum-seekers on bridging visas in Australia: Protection gaps UNHCR consultation 2013</p> <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>

Outcomes of the health needs analysis

<ul style="list-style-type: none"> • 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>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. • Common mental health disorders among refugees include: <ul style="list-style-type: none"> ○ depression; ○ anxiety; and ○ post-traumatic stress disorder (PTSD). 	<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

	<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 of family violence resulted in family separation and divorce. 	<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>
<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 		

Outcomes of the health needs analysis

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) ○ Cambodia (6,200 people) • 93,000 people (65%) speak a language other than English at home, most commonly: <ul style="list-style-type: none"> ○ Vietnamese (16,600 people) ○ Khmer (6,900 people) ○ Cantonese (5,300 people) ○ Punjabi (4,300 people) • 24,000 people (16%) have low English proficiency 	<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>
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Outcomes of the health needs analysis

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
- 40,000 people (28%) born in a non-English speaking country, most commonly:
 - 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:
 - Greek (5,800 people)
 - Russian (5,000 people)
 - Mandarin (4,200 people)

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • 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</p> <p>Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.</p>
	<p>Mental health issues:</p> <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 	<p>Minas, H., et al. (2013). Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. <i>Mental Health in Multicultural Australia</i>. Laurence, J. et al. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. <i>CMAJ</i> 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</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> 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 	mental health; and PHIDU Social Atlas data on persons experiencing high or very high psychological distress.
	<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>
<p>Identified Priority Needs - Cultural and linguistically diverse (CALD) populations</p> <ol style="list-style-type: none"> Large proportion of people from CALD backgrounds in Greater Dandenong and Casey Relatively high proportion of migrants with poor English proficiency in Greater Dandenong Relatively low rates of mental health service utilisation among people from CALD backgrounds 		
<p>Aboriginal and Torres Strait Islander People</p>	<p>Demographic Statistics:</p> <p>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) 	<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>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • 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>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> <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>Barriers to accessing services:</p> <ul style="list-style-type: none"> • Poor health literacy • Different attitudes towards health & wellbeing • Financial barriers • Lack of culturally appropriate services and information • Transport barriers • Lack of trust 	<p>Davy, C., Harfield, S., McArthur, A., Munn, Z., & Brown, A. (2016). Access to primary health care services for Indigenous peoples: A framework synthesis. International journal for equity in health, 15(1), 163.</p> <p>Isaacs, A. N., Pyett, P., Oakley-Browne, M. A., Gruis, H., & Waples-Crowe, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. International journal of mental health nursing, 19(2), 75-82.</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> Family relationships to clinic staff, where aboriginal staff are hired 	
	<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 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 	<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

- Suicide and self-harm
 - 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

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 2017).
	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 2017).
	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 2017).
	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

<p>Consultations with service providers, consumers and carers</p>	<p>What currently works in psycho-social support services</p> <p>Service providers' perspectives:</p> <ul style="list-style-type: none"> • Application of a person centred, strengths based approach to client care and treatment • Flexibility in therapeutic approach and mode of service delivery • Application of a holistic framework to service delivery • A multidisciplinary care team approach • Use of peer workers • Continuity of care across catchments via internal transfers (e.g. PHaMs) <p>Consumer and carers' perspectives:</p> <ul style="list-style-type: none"> • Regular contact with skilled staff • Person centred care provided through a holistic framework • Group programs and recreational activities in terms of promoting social inclusion and connections 	<p>Consultation findings from survey responses by service providers, consumers and carers, 2018</p>
<p>Suggestions to improve current psycho-social services</p> <p>Service providers' perspectives:</p> <ul style="list-style-type: none"> • Continued funding to create stability in service delivery • Co-located, integrated services 		

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • Intake processed tailored to the circumstances of people accessing service (e.g. no phone, no permanent address, limited or no proficiency in English) • Increasing efforts to allow same worker/service/care team to support client throughout • Increasing focus on the functional needs of clients (e.g. social skills, finance, physical health) alongside addressing mental health needs • Activities to increase social connections • Access to services for communities or demographic groups identified by service providers as having unmet needs <p>Consumer and carers' perspectives:</p> <ul style="list-style-type: none"> • Individual and group therapies that are client centred • Provision of supported, long-term, permanent accommodation which includes clinical care • Strategies to facilitate low turnover of staff • Improve the competency and skills of the workforce • Availability of a 24/7 telephone helpline 	
	<p>Essential elements for psycho-social support services:</p> <ul style="list-style-type: none"> • Assertive outreach • Patient navigation/support facilitation • Personalised assistance • Decision making support • Peer support services 	<p>Kaplan & McGrath, 2018, Optimising support for people with psychosocial disabilities participating in the NDIS, Volume 2: Literature review</p>

