



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template – Psychosocial 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 **December 2019** 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	<p>Total population (2018):</p> <ul style="list-style-type: none"> • Casey 340,419 • Greater Dandenong 166,094 • Mornington Peninsula 165,822 • Kingston 163,431 • Glen Eira 153,858 • Frankston 141,845 • Stonnington 116,207 • Port Phillip 113,200 • Cardinia 107,120 • Bayside 105,718 <p>SEMPHN - 1,573,714</p>	<p>Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22nd October 2019).</p>
	<p>Highest estimated population growth rate between 2014 and 2024 in:</p> <ul style="list-style-type: none"> • Cardinia (4.4%) • Casey (2.7%) 	<p>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).</p>
	<p>Estimated population in 2026*:</p> <ul style="list-style-type: none"> • Casey 390,672 	<p>*Estimate calculated using annual growth rate published in: Department of Health and Human Services (DHHS). 2015 Local</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Greater Dandenong 178,206 • 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 	Government Area (LGA) Statistical Profiles (online). At: https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles (accessed 31 October 2017).
	<p>High proportion of children aged 0-4 years in 2018 in:</p> <ul style="list-style-type: none"> • Cardinia 8.2% • Casey 8.0% • Greater Dandenong 7.0% 	Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22 nd October 2019).
	<p>High proportion of children aged 5-14 years in 2018 in:</p> <ul style="list-style-type: none"> • Cardinia 14.9% • Casey 14.8% • Bayside 13.8% 	Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22 nd October 2019).
	<p>High proportion of youth aged 15-24 years in 2018 in:</p> <ul style="list-style-type: none"> • Casey 14.2% • Greater Dandenong 13.9% • Stonnington 13.9% 	Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22 nd October 2019).
	<p>High proportion of people aged 24-64 years in 2018 in:</p> <ul style="list-style-type: none"> • Port Phillip 66.8% • Stonnington 59.0% 	Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22 nd October 2019).

Outcomes of the health needs analysis		
	<p>High proportion of people aged 65-84 years in 2018 in:</p> <ul style="list-style-type: none"> • Mornington Peninsula 21.2% • Bayside 15.5% • Kingston 14.3% • Frankston 13.5% 	<p>Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22nd October 2019).</p>
	<p>High proportion of people aged over 85 years in 2018 in:</p> <ul style="list-style-type: none"> • Bayside 3.5% • Mornington Peninsula 3.2% • Glen Eira 2.8% • Kingston 2.7% 	<p>Population Health Information Development Unit (PHIDU). LGA data - Published October 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 22nd October 2019).</p>
	<p>Relatively high proportion of Aboriginal and Torres Strait Islander population in 2018 in:</p> <ul style="list-style-type: none"> • Frankston 1.2% 	<p>PHIDU. LGA data - Published June 2019 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 20th September 2019).</p>
	<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% 	<p>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>
	<p>Highest proportion of refugee arrivals between 2018-19 initially settled in:</p> <ul style="list-style-type: none"> • Casey 43.2% • Greater Dandenong 43.0% 	<p>Department of Home Affairs (DHA). Settlement Reports (online). At: https://data.gov.au/data/dataset/8d1b90a9-a4d7-4b10-ad6a-8273722c8628 (accessed 29 November 2019).</p>
<p>SEMPHN - Demographic profile</p> <ul style="list-style-type: none"> • Casey is the most populated LGA in the SEMPHN region, with over 340,000 residents in 2018 • Cardinia and Casey are projected to have the highest annual population growth rate in the SEMPHN region over the next decade • Frankston had the highest proportion of Aboriginal and Torres Strait Islander people in the SEMPHN region 		

Outcomes of the health needs analysis

- 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

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 • Frankston 16.6 	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).
	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 2011-2015 in: <ul style="list-style-type: none"> • Cardinia 47.4 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1st October 2019).

Outcomes of the health needs analysis

- Frankston 44.3
- Mornington Peninsula 41.1

Identified needs – Health status and outcomes

- Greater Dandenong and Frankston had high proportions of people with poor health and health outcomes
- Casey and Cardinia had relatively high rates of obesity
- Greater Dandenong, Mornington Peninsula and Frankston 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) 	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.

Outcomes of the health needs analysis		
	Victoria – 12.7 ASR per 100 people	
	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.
	High rates of overnight hospitalisations in 2017-18 due to any mental health condition in the following Statistical Area 3 (SA3) regions: <ul style="list-style-type: none"> Frankston – 164 per 10,000 people Port Phillip – 141 per 10,000 people 	AIHW. Overnight admitted mental health-related care 2017-18 (online). At: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/data (accessed 29 November 2019).
Identified Priority Needs – Mental Health Outcomes		
<ol style="list-style-type: none"> Areas of greatest overall mental health need are the Cities of Greater Dandenong, Frankston and Cardinia High rates of hospitalisation due to mental health disorders in the SA3 regions of Frankston and Port Phillip 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	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).

Outcomes of the health needs analysis		
	<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>
	<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 	<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>Low median weekly equivalised household income in 2016 in:</p> <ul style="list-style-type: none"> • Greater Dandenong \$659 	<p>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>
	<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 	<p>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>
	<p>High proportion of dwellings with households requiring extra bedrooms (2016):</p> <ul style="list-style-type: none"> • Greater Dandenong 10.8% 	<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>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 		

Outcomes of the health needs analysis

- 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

Indicators of psychosocial need

Key unmet psychosocial needs for consumers with a severe mental illness:

Clinicians' perspectives:

- Social isolation
- Meaningful and purposeful activities
- Education or employment
- Support in sourcing and maintaining safe housing
- Support in navigation / coordination of how to access support in the community to reduce isolation and fragmentation of supports
- Physical health
- Self-management strategies in recovery

Consumers and carers' perspectives:

- 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

Consultation findings from focus groups with staff from the following services in 2018:

- Stepped Care Model providers
- MHCSS services
- PIR, PHaMs and Respite services
- Homelessness and AOD services

Consultation findings from survey responses by consumers and carers, 2018

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Financial stability and budgeting • Daily living skills • Securing and maintaining stable housing • 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 	<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

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Cardinia 0.29 <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 psychosocial 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>Mental health need was calculated based on the following indicators:</p> <ul style="list-style-type: none"> Psychological distress Mental health hospitalisations <p>Psychosocial 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 	<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, PHaMs and Respite services Homelessness and AOD services

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Older adults who are ineligible for the NDIS and for whom aged care is unsuitable • People with a forensic history • Consumers that might be eligible for the NDIS but are not transitioning due to the complexity of the process 	
People experiencing homelessness	<p>Sub-groups ¹</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 	<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).</p> <p>² Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. <i>PLoS medicine</i>, 5(12), e225.</p> <p>³ Raoult, D., Foucault, C., & Brouqui, P. (2001). Infections in the homeless. <i>The Lancet infectious diseases</i>, 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"> • Difficulty maintaining appointments or treatment regimes • Lack of awareness of support services • 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"> • Greater Dandenong – 6,570 people (54%) • Casey – 4,661 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>
	Factors contributing to increased risk of mental health issues:	UNHCR (2013). Asylum-seekers on bridging visas in Australia: Protection gaps UNHCR consultation 2013

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> • Low proficiency in English • 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 • Common mental health disorders among refugees include: 	<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"> ○ 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 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>

Identified Priority Needs – Refugees and Asylum Seekers

1. High concentration of refugee and asylum seeker communities in Greater Dandenong and Casey

Outcomes of the health needs analysis

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 SEMPLHN 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) 	<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

- 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
 - 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:

Outcomes of the health needs analysis

	<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> <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 	<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>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> 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 	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>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 8,974 people (0.6% of the total population) were of Aboriginal and/or Torres Strait Islander origin. The largest proportions live in the following LGAs:</p>	<p>PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 29 November 2019); 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"> • Frankston (1.2% of total population, approximately 1,640 people) • Mornington Peninsula (1.0% of total population, approximately 1,618 people) • Cardinia (1.0% of total population, approximately 930 people) • Casey (0.6% of total population, approximately 1,941 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 and wellbeing • Financial barriers • Lack of culturally appropriate services and information 	<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</p>

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Transport barriers • Lack of trust • Family relationships to clinic staff, where aboriginal staff are hired 	<p>mental health services by Australia's Indigenous people: seeking a way forward. International journal of mental health nursing, 19(2), 75-82.</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 • 23% of Indigenous Australians report having a mental health condition and at least one other long-term 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

- 45% of Indigenous Australians with a mental health condition report experiencing homelessness
- 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).

Outcomes of the service needs analysis

	<p>Relatively high proportion of people who sought professional help for a mental health problem in 2014 in:</p> <ul style="list-style-type: none"> • Frankston 19.8% • Port Phillip 18.4% <p>Relatively low proportion of people who sought professional help for a mental health problem in 2014 in:</p> <ul style="list-style-type: none"> • Greater Dandenong 8.5% 	<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>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% 	<p>PHN Stakeholder engagement survey November 2016</p>

Outcomes of the service needs analysis			
	<ul style="list-style-type: none"> Lack of accommodation during treatment 14% Communication difficulties (e.g. experiences of people with hearing or intellectual disabilities) 11% 		
	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>SEMPHN Sector Consultation Survey, September 2016 (unpublished) 53%.</p> <p>SEMPHN Sector Consultation Survey, October 2017 (unpublished) found similar results to the previous year's survey at 48%.</p>	
SEMPHN commissioned Psychosocial services	<p>As at 30 September 2019 there were:</p> <ul style="list-style-type: none"> 41 current clients in National Psychosocial Support (NPS) funded programs 28 current clients in NPS-Brokerage funded programs (clients who have had at least one service contact where the client showed up) 7 current clients of Continuity of Support (CoS) funded programs 547 current clients of Transition Support Project (TSP) funded programs (clients currently supported by TSP service providers) 	SEMPHN analysis of NPS, NPS Brokerage, CoS and TSP program data collected between 1 July 2017 and 30 September 2019.	../.../Pages/Skype-audio-set-up-and-making-calls.aspx

Outcomes of the service needs analysis		
	<p>At 30 September, there were 95 people on a waiting list for CoS/waiting for CoS to become available in their area. 435 TSP clients had completed applications for the NDIS, with 109 having been approved and exited to the NDIS. 16 clients from TSP had transitioned to CoS funded programs.</p> <p>1 client has completed episodes in NPS, no clients have completed episodes in CoS.</p>	
<p>Identified needs – Access to health services</p> <ul style="list-style-type: none"> 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 psychosocial 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 	<p>Consultation findings from survey responses by service providers, consumers and carers, 2018</p>

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> • 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>Suggestions to improve current psychosocial 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 • Intake processes 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 	

Outcomes of the service needs analysis

	<p>health) alongside addressing mental health needs</p> <ul style="list-style-type: none"> • 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 psychosocial 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>