



Australian Government

Department of Health

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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 2016** 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 – Social Determinants of Mental Health		
Priority Area	Key Issue	Description of Evidence
Social Determinants of Mental Health	<p>High socio-economic disadvantage in the following local government areas (LGAs):</p> <ul style="list-style-type: none"> • Greater Dandenong • Frankston • Casey • Cardinia 	Evaluation of a combination of data extracted from the PHIDU Social Health Atlas including SEIFA index of relative socio-economic disadvantage scores, unemployment, pensioner and welfare data, education, housing assistance, mortgage and rental stress, and personal financial stress.
	<p>High proportion of disability support pensioners in the following LGAs:</p> <ul style="list-style-type: none"> • Greater Dandenong (7.9%) • Frankston (6.7%) • Mornington Peninsula (6.1%) <p>Victoria – 5.4%</p>	PHIDU Social Health Atlas. Estimates are based on data from the ABS Census 2011 (unpublished) data; Department of Social Services, June 2014; Department of Veterans' Affairs, 1 July 2014; and the ABS Estimated Resident Population, 30 June 2013.
	<p>Low community strength and support in the following LGA:</p> <ul style="list-style-type: none"> • Greater Dandenong 	Identified through analysis of the VicHealth Indicators Survey 2011; PHIDU Social Health Atlas based on modelled estimates from the 2010 General Social Survey, ABS (unpublished); and the ABS Estimated Resident Population, 30 June 2010.
	<p>High proportion of people reporting a poor work-life balance in the following LGA:</p> <ul style="list-style-type: none"> • Kingston (51.6%) • Casey (49.5%) • Stonnington (49.1%) • Frankston (48.2%) <p>Victoria – 46.9%</p>	VicHealth Indicators Survey 2011.

Outcomes of the health needs analysis – Social Determinants of Mental Health

Social Determinants of Mental Health (Continued)	High rate of homelessness in the following LGAs: <ul style="list-style-type: none"> • Port Phillip (16.1 per 1,000 people) • Greater Dandenong (9.2 per 1,000 people) Victoria – 4.3 per 1,000 people	Census of population and housing: Estimating homelessness, 2011; and ABS Estimated Resident Population, 2011.
	People who report having a mental health condition experience higher rates of homelessness compared to people of the same age who do not have a mental health condition.	Australian Bureau of Statistics (2014). General Social Survey, 2014.
	High rates of reported incidents of family violence in the following LGAs: <ul style="list-style-type: none"> • Frankston (17.7 per 1,000 people) • Greater Dandenong (14.5 per 1,000 people) • Cardinia (14.0 per 1,000 people) • Casey (13.6 per 1,000 people) Victoria – 11.3 per 1,000 people	Victoria Police Family Incident Reports 2009/10 – 2013/14.

Identified Priority Needs – Social Determinants of Mental Health

1. The cities of Greater Dandenong and Frankston are south eastern Melbourne’s areas of greatest economic and social disadvantage
2. Interrelationship between mental illness and homelessness in the areas of Port Phillip and Greater Dandenong

2.2 Mental Health Outcomes

Outcomes of the health needs analysis – Mental Health Outcomes		
Priority Area	Key Issue	Description of Evidence
Overall Health	High rate of 'fair' or 'poor' self-assessed health in the following LGA: <ul style="list-style-type: none"> Greater Dandenong (19.3 ASR per 100 people) Victoria – 14.1 ASR per 100 people	PHIDU Social Health Atlas modelled estimates. The data on which the estimates are based are self-reported data, reported to interviewers in the 2011–13 Australian Health Survey.
Psychosocial distress	Highest rates of high psychological distress in the following LGAs: <ul style="list-style-type: none"> Greater Dandenong (14.4 ASR per 100 people) Frankston (12.7 ASR per 100 people) Victoria – 11.4 ASR per 100 people	Public Health Information Development Unit (PHIDU) Social Atlas of Australia (Victoria) age standardised rates (ASR) of persons experiencing high or very high psychological distress, as measured by the Kessler 10 Psychological Distress Scale (K10).
Prevalence of Mental Health Conditions	Highest rates of self-reported mental health and behavioural problems 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.
	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 modeled prevalence estimates of mild, moderate and severe mental illness in the SEMPLHN 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 – Mental Health Outcomes		
Priority Area	Key Issue	Description of Evidence
Prevalence of Mental Health Conditions (continued)	<p>Prevalence of eating disorders effects 59,203 people within the catchment, only one in six will get treatment this includes the following disorders:</p> <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).
Hospitalisation due to Mental Health Conditions	<p>Highest crude rates of mental health related triage category 1-3 emergency department (ED) presentations in the SEMPHN region occur for the following conditions:</p> <ul style="list-style-type: none"> • Depression – 93.4 per 100,000 people • Anxiety – 70.0 per 100,000 people • Suicide attempt – 66.6 per 100,000 people <p>Highest crude rates of mental health related triage category 4 and 5 ED presentations in the SEMPHN region occur for the following conditions:</p> <ul style="list-style-type: none"> • Anxiety – 72.0 per 100,000 people • Depression – 53.1 per 100,000 people • Schizophrenia – 26.3 per 100,000 people 	PHN specific analysis of the Victorian Department of Health and Human Services unpublished data on Victorian emergency department presentations accessed via Polar Explorer.
	<p>High rates of overnight hospitalisations due to any mental health condition in the following Statistical Area 3 (SA3) regions:</p> <ul style="list-style-type: none"> • Frankston – 1,132 ASR per 100,000 people (1.3 times greater than SEMPHN average) • Port Phillip – 1,121 ASR per 100,000 people (1.3 times greater than SEMPHN average) <p>SEMPHN – 893 ASR per 100,000 people</p>	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.

Outcomes of the health needs analysis – Mental Health Outcomes

Priority Area	Key Issue	Description of Evidence
Hospitalisation due to Mental Health Conditions (Continued)	High rates of hospital bed days due to any mental health condition in the following SA3 regions: <ul style="list-style-type: none"> Port Phillip – 18,548 ASR per 100,000 people (1.5 times greater than SEMPHN average) SEMPHN – 12,216 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High average length of stay in hospital due to any mental health condition in the following SA3 regions: <ul style="list-style-type: none"> Port Phillip – 16.9 days (1.4 times greater than SEMPHN average) SEMPHN – 12.1 days	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of overnight hospitalisations due to schizophrenia and delusional disorders in the following SA3 regions: <ul style="list-style-type: none"> Dandenong – 307 ASR per 100,000 people (1.7 times greater than SEMPHN average) Port Phillip – 305 ASR per 100,000 people (1.7 times greater than SEMPHN average) SEMPHN – 176 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rate of bed days due to schizophrenia and delusional disorders in the following SA3 regions: <ul style="list-style-type: none"> Port Phillip – 7,590 ASR per 100,000 people (2.1 times greater than SEMPHN average) Dandenong – 6,748 ASR per 100,000 people (1.8 times greater than SEMPHN average) SEMPHN – 3,702 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.

Outcomes of the health needs analysis – Mental Health Outcomes

Priority Area	Key Issue	Description of Evidence
Hospitalisation due to Mental Health Conditions (Continued)	High rate of overnight hospitalisations due to anxiety and stress disorders in the following SA3 regions: <ul style="list-style-type: none"> • Port Phillip – 156 ASR per 100,000 people (1.4 times greater than SEMPHN average) • Frankston – 138 ASR per 100,000 people (1.3 times greater than SEMPHN average) SEMPHN – 109 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rate of hospital bed days due to anxiety and stress disorders in the following SA3 region: <ul style="list-style-type: none"> • Port Phillip – 1,965 per 100,000 people (2.0 times greater than SEMPHN average) SEMPHN – 997 per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of overnight hospitalisations due to bipolar and mood disorders in the following SA3 regions: <ul style="list-style-type: none"> • Stonnington-West – 142 ASR per 100,000 people (1.3 times greater than SEMPHN average) • Port Phillip – 141 ASR per 100,000 people (1.3 times greater than SEMPHN average) SEMPHN – 107 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of hospital bed days due to bipolar and mood disorders in the following SA3 regions: <ul style="list-style-type: none"> • Port Phillip – 3,038 ASR per 100,000 people (1.5 times greater than SEMPHN average) • Bayside – 2,783 ASR per 100,000 people (1.4 times greater than SEMPHN average) • Stonnington-West – 2,656 ASR per 100,000 people (1.4 times greater than SEMPHN average) SEMPHN – 1,967 ASR per 100,000 people	PHN specific, SA3 level analysis of AIHW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.

Outcomes of the health needs analysis – Mental Health Outcomes		
Hospitalisation due to Mental Health Conditions (Continued)	High average length of stay in hospital due to bipolar and mood disorders in the following SA3 regions: <ul style="list-style-type: none"> Dandenong – 23.4 days (1.3 times greater than SEMPHN average) SEMPHN – 18.4 days	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of overnight hospitalisations due to depressive episodes in the following SA3 regions: <ul style="list-style-type: none"> Casey-South – 177 ASR per 100,000 people (1.4 times greater than SEMPHN average) SEMPHN – 124 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of hospital bed days due to depressive episodes in the following SA3 regions: <ul style="list-style-type: none"> Casey-South – 2,188 ASR per 100,000 people (1.3 times greater than SEMPHN average) SEMPHN – 1,744 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High average length of stay in hospital due to depressive episodes in the following SA3 regions: <ul style="list-style-type: none"> Port Phillip – 20.2 days (1.4 times greater than SEMPHN average) SEMPHN – 14.1 days	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
Suicide and Self-harm	Higher than average rates of suicide deaths , attempts and/or ideation in the following LGAs: <ul style="list-style-type: none"> Port Phillip Frankston Cardinia 	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.

Outcomes of the health needs analysis – Mental Health Outcomes		
Priority Area	Key Issue	Description of Evidence
Suicide and Self-harm (continued)	High rates of hospitalisations for intentional self-harm in the following SA3 regions: <ul style="list-style-type: none"> Frankston – 221 per 100,000 ASR (1.9 times greater than average) Mornington Peninsula – 211 per 100,000 ASR (1.8 times greater than average) SEMPHN – 119 ASR per 100,000 people	PHN specific analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High rates of hospital bed days for intentional self-harm in the following SA3 regions: <ul style="list-style-type: none"> Stonnington West – 733 ASR per 100,000 (1.7 times greater than average) Frankston – 694 ASR per 100,000 (1.6 times greater than average) SEMPHN – 442 ASR per 100,000 people	PHN specific analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
	High length of stay in hospital for intentional self-harm in the following SA3 regions: <ul style="list-style-type: none"> Port Phillip – 7.2 days (1.6 times greater than SEMPHN average) Glen Eira – 7.1 days (1.6 times greater than SEMPHN average) Stonnington-West – 6.7 days (1.5 times greater than SEMPHN average) Short length of stay in hospital for intentional self-harm in the following SA3 region: <ul style="list-style-type: none"> Dandenong – 2.6 days per hospitalisation (1.7 times less than SEMPHN average) SEMPHN – 4.4 days	PHN specific analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-14.
Identified Priority Needs – Mental Health Outcomes <ol style="list-style-type: none"> 1. Areas of greatest overall mental health need are the Cities of Greater Dandenong and Frankston 2. High rates of hospitalisation due to mental health disorders in the Cities of Frankston and Port Phillip 3. Disproportionate rates of hospitalisation due to schizophrenia and delusional disorders in the Cities of Greater Dandenong and Port Phillip 4. High rates of suicide and self-harm in the Cities of Port Phillip and Frankston 		

2.3 Vulnerable Populations:

Outcomes of the health needs analysis – Vulnerable Populations		
Priority Area	Key Issue	Description of Evidence
Refugees and asylum seekers	<p>Demographic Statistics: Between 2006 and 2016 12,128 humanitarian entrants 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>Humanitarian entrants arriving in the SEMPHN region between 2001 and 2011 were predominantly from Sudan, Iraq, Afghanistan and Burma/Myanmar.</p> <p>In the last 5 years, the majority of humanitarian entrants 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>

Outcomes of the health needs analysis – Vulnerable Populations		
Priority Area	Key Issue	Description of Evidence
Refugees and asylum seekers (continued)	<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 • Disconnection from family and friends • Worry about family and friends • Food insecurity and risk of homelessness do 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>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> <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 – Vulnerable Populations

Refugees and asylum seekers (continued)	<p>Mental health issues (continued):</p> <ul style="list-style-type: none"> 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. 	Consultations listed above (page 18).
	<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 Domestic 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 domestic 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"> Improved communication and coordination between case workers and general practices Stronger links and referral pathways to health and non-health service providers in the region Increased access to interpreter services when accessing mental health services Development of cultural competence among health professionals and administration staff in mental health services Solutions to long wait times for culturally appropriate services Training for general practitioners on availability of culturally appropriate referral options Improved health literacy and reduced stigma associated with mental disorders and mental health services Improved visibility of mental health services that provide culturally appropriate and/or language services 		

Outcomes of the health needs analysis – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
<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.</p> <p>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 – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
<p>Cultural and linguistically diverse (CALD) populations (continued)</p>	<p>City of Casey</p> <ul style="list-style-type: none"> • 98,000 people (37%) born overseas • 75,000 people (28%) born in a non-English speaking country, most commonly: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Sinhalese (5,700 people) ○ Persian/Dari (5,600 people) ○ Arabic (3,500 people) • 13,000 people (5%) have low English proficiency <p>City of Glen Eira</p> <ul style="list-style-type: none"> • 51,000 people (37%) born overseas • 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>PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data, 2013.</p> <p>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 – Vulnerable Populations

Cultural and linguistically diverse (CALD) populations (continued)	Factors contributing to increased risk of mental health issues: <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 	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.
	Mental health issues: <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 	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. 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.

Outcomes of the health needs analysis – Vulnerable Populations		
Cultural and linguistically diverse (CALD) populations (continued)	Barriers to accessing mental health services: <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 – Culturally and Linguistically Diverse Populations <ol style="list-style-type: none"> 1. Large populations of people with CALD backgrounds in the Cities of Greater Dandenong and Casey 2. Development of cultural competence among health professionals and administration staff in mental health services 3. Training for general practitioners on availability of culturally appropriate referral options 4. Increased access to interpreter services when accessing mental health services 5. Care-coordination to assist with navigation through the health system 6. Improved access to and use of mental health services at early onset of mental ill-health before mental health issues reach a crisis point 7. Improved health literacy and reduced stigma associated with mental disorders and mental health services 8. Improved visibility of mental health services that provide culturally appropriate and/or language services 		
Aboriginal and Torres Strait Islander People	Demographic Statistics: An estimated 7000 people of Aboriginal and/or Torres Strait Islander origin live in the SEMPHN catchment area. The largest proportions live in the following LGAs: <ul style="list-style-type: none"> • Casey (approximately 27% or 1,900 people) • Frankston (approximately 19% or 1,300 people) • Mornington Peninsula (approximately 17% or 1,200 people) 	Identified through a PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013).

Outcomes of the health needs analysis – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
<p>Aboriginal and Torres Strait Islander People (continued)</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> <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 	<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>

Outcomes of the health needs analysis – Vulnerable Populations

<p>Aboriginal and Torres Strait Islander People (continued)</p>	<p>Mental health issues (continued):</p> <ul style="list-style-type: none"> • 19% of total disease burden among Indigenous Australians is due to mental and substance abuse 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 • 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 	<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> <p>Australian Health Minister’ Advisory Council (2015). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.</p>
<p>Identified Priority Needs – Aboriginal and Torres Strait Islander People</p> <ol style="list-style-type: none"> 1. Services equipped to address comorbid substance use and psychiatric disorders 2. Outreach to hard-to-reach and disengaged young people in the community 3. Improved cultural competence among mainstream health professionals and administration staff 		

Outcomes of the health needs analysis – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
<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 • 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 level 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 	<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 Australians. The Australian Research Centre in Sex, Health and Society, La Trobe University.</p>

Outcomes of the health needs analysis – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
<p>LGBTI people (continued)</p>	<p>Mental health issues (continued):</p> <ul style="list-style-type: none"> • 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 ▪ 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>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 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. LGBTI-inclusive practice guidelines for health services 2. LGBTI-sensitivity training for the health sector 3. Improved visibility of mental health services with providers who are welcoming of LGBTI clients
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Outcomes of the health needs analysis – Vulnerable Populations		
Young people	<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>Victorian – 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>	PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013).
	<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) ○ 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 	<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> <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>
Young people (continued)	<p>Mental health issues (continued):</p> <ul style="list-style-type: none"> • 12 month prevalence of mental health disorders in young Australians aged 12-17: <ul style="list-style-type: none"> ○ Any mental health disorder – 14% 	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.

Outcomes of the health needs analysis – Vulnerable Populations		
	<ul style="list-style-type: none"> ○ 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>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%) ● 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) 	<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>
Young people (continued)	<p>Mental health service needs among young people (continued):</p> <ul style="list-style-type: none"> ● 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) 	Listed above (page 29).

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	<ul style="list-style-type: none"> ○ ADHD medicines – 3,377 ASR per 100,000 young people (2.2 times less than Victorian rate) 	
<p>Identified Priority Needs – Young People</p> <ol style="list-style-type: none"> 1. High mental health service needs in the areas of Frankston and Mornington Peninsula 2. Low mental health service usage despite indicators of high need in the Dandenong area 3. Improved outreach to young people in need of mental health services 		
<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>

Outcomes of the health needs analysis – Vulnerable Populations

Priority Area	Key Issue	Description of Evidence
Older persons (65+ years) (continued)	<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 	National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue; and Alzheimers Australia
	<p>Barriers to accessing mental health services:</p> <ul style="list-style-type: none"> • Older people are often more hesitant to share anxiety and depression with others leading to delay in seeking professional help 	National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue.

Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Consumer navigation of the health system	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).
	53% 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.	SEMPHN Sector Consultation Survey, September 2016 (unpublished).
Needs identified by health service providers	81% of surveyed health service providers identified mental health as the priority health issue facing their most at-need client groups. 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. Inadequate staffing was the most commonly identified challenge for mental health service providers surveyed by SEMPHN.	SEMPHN Sector Consultation Survey, September 2016 (unpublished).
Mental health work force	Lack of clarity and regulation around staff types in the mental health sector with significant variation in position titles and staff qualifications.	SEMPHN-commissioned Integrated Atlas of Mental Health, AOD and Homelessness for South Eastern Melbourne, ConNetica Consulting Pty Ltd (unpublished).
Mental health service type	Strong dependence on non-acute outpatient care, particularly mobile outreach support. No provision of acute and non-acute Day Care or Day Programs. Few services relative to population need in the Cities of Cardinia and Mornington Peninsula	SEMPHN-commissioned Integrated Atlas of Mental Health, AOD and Homelessness for South Eastern Melbourne, ConNetica Consulting Pty Ltd (unpublished).

Outcomes of the service needs analysis		
Mental health service utilisation	Low overall mental health service utilisation relative to expected need in the following LGA: <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.
	High overall mental health services utilisation in the following LGAs: <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	High rate of MBS-funded services for GP mental health treatment plans in the following SA3 region: <ul style="list-style-type: none"> Frankston – 6,602 ASR per 100,000 people (1.4 times greater than Victorian average) Victoria – 4,769 ASR per 100,000 people	PHN specific, local level analysis of the National Health performance Authority’s Australian Atlas of Health Care Variation, 2013-14.
	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.	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 adults (aged 18 to 64 years)	High prescribing rates of antidepressant medicines among 18 to 64 year olds in the following SA3 regions: <ul style="list-style-type: none"> Frankston – 131,423 ASR per 100,000 (1.3 times greater than Victorian average) Mornington Peninsula – 130,409 ASR per 100,000 (1.3 times greater 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.
	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.

Outcomes of the service needs analysis		
Psychotropic medication prescribing rates among adults (continued)	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)	Service utilisation is highest in the following SA3 region: <ul style="list-style-type: none"> Frankston Service utilisation is lowest in the following SA3 regions: <ul style="list-style-type: none"> Casey - North Dandenong 	Commonwealth Department of Health data on MHNIP patient and service numbers, by SA3 for 2014-15 financial year; and ABS 2014 estimated resident population.
ATAPS	Between 2013 and 2016: <ul style="list-style-type: none"> An average of 38% of clients referred to ATAPS received zero sessions Greater than 90% of clients spoke only English at home Most clients were diagnosed with depression or anxiety disorders 	SEMPHN ATAPS MDS portal.
	Some providers feel that 12 sessions per year is not a sufficient number of sessions for many clients and that additional funding for mental health services is required to meet the current need.	SEMPHN Sector Consultation Survey, September 2016.
Headspace	Improve assertive outreach to young people. <ul style="list-style-type: none"> 33.5% of clients reside in the same postcode as the centre they attend 91.1% of clients heard about Headspace by word-of-mouth 45.1% 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.
	Unequal gender distribution of services with 58.7% of clients identifying as female compared to 39.5% male.	South Eastern Melbourne PHN Headspace Activity Report for the 2015/16 financial year.

Outcomes of the service needs analysis		
Headspace (continued)	<p>Maintaining stable accommodation is an issue for 13.9% of SEMPHN Headspace clients.</p> <p>Maintaining stable accommodation is an issue for more clients at Dandenong (18.0%) and Frankston (16.3%) centres than Elsternwick (10%) and Narre Warren centres (9.7%).</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 (21.1%) with the greatest proportion represented in Elsternwick Headspace (27.2%) and the lowest in Narre Warren (16.2%).</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 • 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 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 	Consultation with South Eastern Melbourne Partners in Recovery.

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Partners in Recovery (PIR) (continued)	<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 	Consultation with South Eastern Melbourne Partners in Recovery.
<p>Identified Priority Needs – Service Needs Analysis</p> <ol style="list-style-type: none"> 1. Improved ease of navigation through the mental health system for consumers, carers and providers 2. Improved inter-connectedness and referral pathways through services in the health and non-health sectors 3. Investigation into reasons behind the relatively low usage of mental health services among residents of the Dandenong area where mental health needs are high 4. Improved mental health service usage among residents of the Dandenong area 5. Investigation into the reasons behind the exceptionally high usage of mental health services among residents of the Frankston area 6. Reduction in the proportion of clients referred to ATAPS who fall out of the service before their first session 7. Increase in the proportion of ATAPS referrals for eligible people in the region from culturally and linguistically diverse backgrounds 8. Improved assertive outreach to young people in need in the region, especially young males who are less likely to seek help for mental health issues 9. Provision of services for people with severe and complex mental health needs, particularly those individuals residing in the Bayside area and those who will not be eligible for services under the NDIS 10. Improved carer and family-inclusive practice among mental health service providers 11. Improved support services for carers and families of people living with complex mental health conditions 		