Australian Government
Department of Health

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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 2017** 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.

Instructions for using this template

Overview

This template is provided to assist PHNs to fulfil their reporting requirements for a Needs Assessment as required under Item E.5 of the Standard Funding Agreement (Funding Agreement) with the Department.

Further information for PHNs on the development of needs assessments is provided in the *Needs Assessment Guide*, available on the Department's website (www.health.gov.au/PHN).

The key output of needs assessment will be to inform the Activity Work Plan. In addition, the information provided by PHNs in this report may be used by the Department to inform programme and policy development.

Reporting

The Needs Assessment report template consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the health needs analysis

Section 3 – Outcomes of the service needs analysis

Section 4 – Opportunities, priorities and options

Section 5 – Checklist

PHN reports must be in a Word document and provide the information as specified in Sections 1-5.

Limited supplementary information may be provided in separate attachments if necessary. Attachments should not be used as a substitute for completing the necessary information as required in Sections 1-5.

While the PHN may include a range of material on their website, for the purposes of public reporting the PHN is required to make the tables in Section 2 and Section 3 publicly available on their website.

Submission Process

The Needs Assessment report must be lodged to the Grant Officer via email VicTasPHN@health.gov.au on or before **15 November 2017**.

Reporting Period

This Needs Assessment report will cover the period of 15 November 2016 to 30 June 2018 and will be reviewed and updated as needed.

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Section 1 – Narrative

This section provides PHNs with the opportunity to provide brief narratives on the process and key issues relating to the Needs Assessment.

Needs Assessment Process and Issues

South Eastern Melbourne Primary Health Network Catchment

Identifying the mental health needs of our community is the necessary and critical first step to deliver better mental health outcomes for the population in South Eastern Melbourne. With this in mind, this document identifies the most critical factors contributing to the variation in mental health outcomes across South Eastern Melbourne and, on this basis, recommends potential activities to address many of these issues.

The South Eastern Melbourne PHN (SEMPHN) serves a highly diverse population of more than 1.4 million people. Populations exist within the catchment that maintain very high standards of living while others endure some of the worst living standards in Australia. This extreme variance is echoed in the mental health outcomes of the population, with areas such as Greater Dandenong and Frankston exhibiting the poorest mental health and social outcomes of any region in the broader SEMPHN catchment.

There are also areas which reflect a hybrid, where generally good population health exists alongside communities with very poor health outcomes. This is best reflected in the City of Port Phillip, where there are both high standards of living and good health outcomes coupled with high rates of homelessness, mental health issues and drug addiction, contributing to poor health outcomes for pockets of the population.

The significant variability in the health of the SEMPHN community coupled with an economic environment that mandates that PHNs 'do more with less' has shaped this Mental Health Needs Assessment, including the proposed activities. In identifying areas of priority and corresponding activities, this document focuses specifically on areas and cohorts exhibiting the poorest health outcomes, often across a number of domains. By doing so, SEMPHN will be able to improve the health outcomes of our population using the most effective and efficient means.

The areas of priority and corresponding activities are designed to align with four key themes:

- Intelligent Commissioning;
- Co-Design and Patient Centricity;
- Health System Alignment; and
- Enhancing Professional Practice Capacity.

These themes reflect the central features of SEMPHN's organisational strategy, and therefore provide the frame for the organisation's current and future activities.

Process

The 2017 SEMPHN Mental Health Needs Assessment builds upon last year's needs analysis. The general mental health needs of the catchment have changed very little in the short time frame between needs analyses. However, some additional insights have been garnered over the last year and are presented within.

Included for the first time in this year's mental health needs assessment is a deep and thorough analysis of program data collected from SEMPHN-commissioned mental health services – specifically the Access to Allied Psychological Services (ATAPS) and the Mental Health Nurse Incentive Program (MHNIP). A local-level analysis of the services delivered by these two programs has provided substantial insight into service gaps and client need in the region.

The majority of this needs analysis relies on a range of secondary data sources including:

- Australian Bureau of Statistics (ABS) census data;
- various ABS, Department of Health, Victorian Department of Health and Human Services,
- Australian Institute of Health and Welfare (AIHW) and National Health Performance Agency (NHPA) reports;
- Medicare Benefit Schedule and Pharmaceutical Benefit Scheme data; and
- academic research reports and articles.

Where possible, efforts have been made to verify data published in secondary sources, and data custodians have been notified of any errors found. During the course of collecting data for this needs assessment, a few errors were identified in the PHIDU dataset relating to rate calculations and data labels, which were promptly corrected. However, given the size of the dataset, and lack of access to additional data sources that can be used for verification, it is possible that there are errors that haven't been identified. So data obtained from such secondary sources needs to be examined alongside relevant data published in other sources.

Data were analysed at the smallest geographical level available. Unfortunately, due to a dearth of local-level statistics, data is often presented at a regional, state or national level. Estimates were compared to the most relevant comparator possible.

Peer Groups

In previous needs assessments, local areas were compared against each other, and to state and national results. This made it difficult to identify the relative need in SEMPHN and to prioritise between needs. Natural variation between metropolitan and rural and regional areas means comparison with Victoria and Australia should be done with care. These comparisons also do not indicate whether a need ought to be addressed or not with the PHN's limited funding allocation. This year SEMPHN used a process of PHN peer grouping in order to compare against similar areas to help identify key areas of focus for SEMPHN. Peer PHNs from across the country were selected based on the following factors:

- Similar population size/density
- Similar mix of metropolitan and regional areas
- Similar demographic profiles (age, cultural diversity)

- Similar socio-economic profiles (areas of socio-economic advantage as well as areas of relative disadvantage)

Results for each of these PHNs were collated and sorted and a range was determined. Where an area within SEMPHN had a result for a measure that was outside of this peer range it was determined to be an area of potential concern. For example the peer range for psychological distress was 7.3 to 13.6. The LGAs of Greater Dandenong, Frankston, Casey and Cardinia fell outside this range and as such have been highlighted in this needs assessment.

The peer PHNs:

- Northern Sydney PHN
- Western Sydney PHN
- North Western Melbourne PHN
- Eastern Melbourne PHN
- Brisbane North PHN
- Brisbane South PHN
- Perth North PHN
- Perth South PHN

Where peer results were unavailable, areas were compared against other areas such as the Victorian, regional and national averages.

Consultation Process

Development of a Stepped Model of Care for mental health clients:

A large part of SEMPHN's 2016 mental health activity involved consultation and engagement with the primary mental health sector and associated stakeholders in order to develop a stepped model of care and relevant service elements for mental health clients. The findings of this and previous needs assessments informed this engagement and vice versa, resulting in SEMPHN developing a suite of targeted service elements which address specific community needs and are funded equitably according to those needs. The service elements involved in the Stepped Care Model have since been commissioned and as of 1 November 2017 have begun delivering services across the catchment.

Sector consultation:

Throughout the months of September and October this year, SEMPHN conducted an online survey and a series of in-person interviews to better understand the health needs of the catchment. A variety of relevant stakeholders in the region agreed to participate and provide their valuable insight including:

- SEMPHN managers and relevant staff members;
- SEMPHN-commissioned organisations;
- government and not-for-profit organisations;
- hospital networks;
- general practice;
- allied health clinics;
- local municipal councils; and
- research, advocacy and funding peak bodies.

Newly identified needs gathered through this year's consultation process are highlighted in red text throughout this document with the 2017 survey/consultations listed as the source.

A broad range of consultations were undertaken during the development of the first two Mental Health Needs Assessments (March and November 2016) upon which this year's needs assessment builds. Such consultations included:

- SEMPHN developed and administered two online surveys, one for regional service providers and one for the community, to understand the service level need and challenges from each of their perspectives. Responses were received from over 130 local service providers and over 20 community members.
- Two large stakeholder forums involving primary mental health service providers (from individual clinicians to service agencies). Each of these forums were attended by approximately 90 individuals, and provided attendees with an opportunity to discuss and reflect on the current state (including service gaps) and future opportunities for the primary mental health system in the SEMPHN region.
- A forum involving consumers, carers and consumer advocates to reflect on the current effectiveness (including service gaps) and future opportunities for the primary mental health system in the SEMPHN region.
- Six interviews with senior personnel from service agencies and the Department of Health and Human Services in the SEMPHN region to: i) understand the current challenges affecting the primary mental health service system; and ii) identify opportunities for future system and service development in line with the Commonwealth Government's model of stepped care.
- A further stakeholder forum involving primary mental health service providers (from individual clinicians to service agencies). This forum was attended by approximately 70 individuals, and provided attendees with an opportunity to explore the details of a future mental health service system in the SEMPHN region. This forum sought to build on previous discussions by providing stakeholders with an opportunity to begin to shape the design of the future service system
- A further forum involving consumers, carers and consumer advocates to begin to shape the design of the future mental health service system in the SEMPHN region, building on the previous contributions that this cohort made during a previous forum
- A roundtable involving senior personnel from each of the mental health service agencies currently delivering services in the SEMPHN region, LHNs, and a representatives from the Victorian Department of Health and Human Services. The purpose of this forum was to:
  i) consider the output from the previous stakeholder forums; and
  ii) develop a vision and roadmap for the mental health service system in the SEMPHN region, reflecting the need for a multi-model and stepped approach to care.
- Following from this roundtable, a series of working groups were formed to address specific issues identified at the roundtable. Those groups include evaluation and data sharing, peer workforce and health literacy.

In addition to the above consultations, SEMPHN also conducted the following activities:

- Commissioned the development of an Atlas of Mental Health, Alcohol and Other Drugs (AOD) and Homelessness services in the region

- Commissioned a project to understand the pathways of mental health patients through the major hospitals in the region

Additional Data Needs and Gaps

Understanding the need for mental health services within the community is challenging and local prevalence rates along the stepped model are based on synthetic estimates using demand/utilisation data, state and national level surveys, and regional risk factors. These estimates are obfuscated by a number of factors including:

- Data quality and timeliness, particularly at small geography;
- Identified challenges with access to services, particularly among vulnerable population groups;
- Stigmatisation of mental health issues; and
- Sector capacity to identify and support those with mental health conditions.

Having access to timely population, health and service usage data at a local geography would allow greater insight into the demographic profile, health needs, and service demands of the region and would enable the PHN to better commission initiatives that are targeted to populations in greatest need. Limited existence of, or access to, local level data has restricted the detail of analysis completed in the needs assessment. Aggregated data can obscure the impact of SEMPHN activities, particularly pilots or interventions targeted at particular subsets of the population, such as vulnerable populations.

Access to and sharing of linked unit record data would further allow PHNs to follow the patient journey through the complex mental health care system and understand key gaps, blockages and challenges, and ultimately allow for improved system design and integration. Regular access to unit record data at the practice, service and patient level from community, primary and tertiary health care providers would enable the PHN to determine in, as near as possible, real-time where to direct programs and to quantify the impact PHN activities are having on health outcomes in the region. SEMPHN has engaged with key regional stakeholders around data sharing and linking, however this has been challenging and centralised coordination would aid this process.

At present, the majority of data informing the needs assessment are accessed via a variety of organisation-specific portals. Each organisation is driven by its own priorities when providing data and not the needs of the audience accessing the data. Therefore data is often presented at the level of detail directed by the organisation capturing the data and includes limitations imposed by the data custodians or previous clients accessing the data. Data are presented at various geographic levels and there are limitations to the data elements available. Data are not refreshed at the same scheduled rate so comparisons must be made between population groups over varying time periods.

Different organisations present data on a variety of platforms including use of products such as: Excel spreadsheets, modified SAS tables, dashboards and pdf files. This adds time to the data extraction process and limits the analysis to what can be readily extracted. For example, ascertaining simple data on co-morbidities, length of stay in acute and sub-acute hospital

settings is currently not possible. If data were available in a timely manner at the appropriate level, needs assessments would evolve out of routine analysis completed during core business rather than as an additional reporting requirement. Access to quality and timely hospital data presents a key challenge particularly where key PHN outcomes include hospital level performance indicators. Limited access to emergency department and admitted patient data is currently provided through unwieldy dashboards.

A lack of local level data on mental health conditions and service needs of vulnerable populations makes planning for these groups more difficult. Limited identification creates additional challenges. Where possible minimum data sets should include the identification of people within these groups so that services can be better targeted to suit their needs.

The implementation of the Primary Mental Health Care Minimum Data Set is a key priority for SEMPHN and presents a significant challenge to the PHN and to local service providers, many of whom are not accustomed to onerous data collection activities. SEMPHN will work with providers to help them to understand the requirements of the PMHC MDS and improve the quality of data submitted.

Additional comments or feedback

This is an updated version of the Mental Health Needs Assessment submitted to the Commonwealth in November 2016. Given the short period of time between needs assessment reporting periods and the issues presented above with regards to timeliness of data collection, this process has uncovered limited discernible change in the mental health needs of the SEMPHN catchment. Any updated statistics and newly uncovered insights are highlighted throughout the document in red text, however for the most part, these updates have not had significant impact on the needs or priorities identified by SEMPHN in last year's needs assessment.

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
Population Demographics	**Total Population:** • Over 1.4 million people reside in the SEMPHN catchment area • The City of Casey is the most populated LGA containing 21% of the total resident population of SEMPHN **2016 resident population by LGA:** Casey – 299,301 Mornington Peninsula – 154,999 Greater Dandenong – 152,050 Kingston – 151,389 Glen Eira – 140,875 Frankston – 134,143 Stonnington – 103,832 Port Phillip – 100,863 Bayside – 97,087 Cardinia – 94,128	Population Health Information Development Unit (PHIDU). LGA data - Census 2016 (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	Highest estimated population growth rate between 2014 and 2024 in the following LGAs: • Cardinia (4.4%) • Casey (2.7%)	Department of Health and Human Services (DHHS). 2015 Local Government Area (LGA) Statistical Profiles (online). At: https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles (accessed 12 October 2017).

Outcomes of the health needs analysis – Social Determinants of Mental Health		
Social Determinants of Mental Health	High level of disadvantage (SEIFA - IRSD) in 2011 in: • Greater Dandenong (895) • Frankston (997)	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). 2016 Census data on the Index of Relative Socio-economic Disadvantage (IRSD) had not been released at the time of this publication.
	High rate of people who left school at year 10 or below (ASR per 100) in 2016 in: • Cardinia (33.8) • Greater Dandenong (32.9) • Casey (30.7) • Frankston (30.2)	PHIDU, supplementary data from 2016 Census. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High unemployment rate in June 2016 in: • Greater Dandenong (12.4%) • Casey (8.0%) • Cardinia (7.0%)	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	Low median weekly equivalised household income in 2016 in: • Greater Dandenong ($659)	Australian Bureau of Statistics. 1410 - Data by Region, 2011-16 (online). At http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/14102011-16?OpenDocument (accessed 30 October 2017).
	High proportion of people experiencing severe gambling-related problems in 2016 in: • Greater Dandenong (5%)	City of Greater Dandenong. Estimated prevalence of severe gambling problems (online). At: http://www.greaterdandenong.com/document/18464/statistical-data-for-victorian-communities (accessed 1 November 2017).
	High rate of gaming machine losses per adult population in 2016/17 in: • Greater Dandenong ($989)	Victorian Commission for Gambling and Liquor Regulation. Gaming machine expenditure by local government area - current

Outcomes of the health needs analysis – Social Determinants of Mental Health		
		half-year monthly (online). At: https://www.responsiblegambling.vic.gov.au/information-and-reSource/victorias-gambling-environment/gambling-statistics (acessed 27 October 2017) Note: Census 2016 data was used to calculate this rate
	High rate of **homelessness** in the following statistical area 3 (SA3) regions: • Port Phillip (16.1 per 1,000 people) • Greater Dandenong (9.2 per 1,000 people) Victoria – 4.3 per 1,000 people 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.	Census of population and housing: Estimating homelessness, 2011; and ABS Estimated Resident Population, 2011. (2016 Census data on homelessness had not been released at the time of this publication.) Australian Bureau of Statistics (2014). General Social Survey, 2014.
	High rates of reported incidents of **family violence** in the following LGAs: • Frankston (18.97 per 1,000 people) • Cardinia (15.52 per 1,000 people) • Greater Dandenong (14.14 per 1,000 people) • Casey (14.07 per 1,000 people) Victoria – 12.64 per 1,000 people Highest percent increase in rates of family violence between 2015 and 2016 occurred in the following LGAs: • Port Phillip (19.6% increase) • Kingston (14.7% increase) • Cardinia (11.5% increase) • Glen Eira (10.2% increase) Victoria – 8.1% increase	Victoria Crime Statistics Agency (CSA). Data Table - Family incidents (online). At: https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents (accessed 6 November 2017).

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

Identified Priority Needs – Social Determinants of Mental Health

1. The City of Greater Dandenong is the most disadvantaged LGA in the SEMPHN region, with high rates of early school leavers, high unemployment, low household income, high rates of homelessness and gambling problems.
2. Interrelationship between mental illness and homelessness in the areas of Port Phillip and Greater Dandenong.
3. Frankston is the second most disadvantaged LGA in the SEMPHN region and has one of the highest rates of early school leavers.
4. Cardinia and Casey have some of the highest rates of early school leavers and unemployment in the SEMPHN region.

2.2 Mental Health Outcomes

Outcomes of the health needs analysis – Mental Health Outcomes		
Priority Area	Key Issue	Description of Evidence
General health status and outcomes	High rate of 'fair' or 'poor' **self-assessed health** in 2014-15 in the following LGA: • Greater Dandenong (20.1 ASR per 100 people)	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). Statistics are based on modelled estimates from the 2014-15 National Health Survey (NHS), conducted by the Australian Bureau of Statistics (ABS).
	High proportion of people with a profound or severe disability in 2016 in: • 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 avoidable mortality (ASR per 100,000) between 2010-14 in: • Frankston (132.1)	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	High rate of youth (15-24 years) mortality (ASR per 100,000) between 2010-14 in: • Cardinia (56.5) • Frankston (53.0) • Port Phillip (47.2)	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
Prevalence of Mental Health Conditions	Highest rates of high **psychological distress** (ASR per 100) in 2014-15 in the following LGAs: • 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). Statistics are based on modelled estimates from the 2014-15 National Health Survey (NHS), conducted by the Australian Bureau of Statistics (ABS); age standardised rates (ASR) of persons aged 18 and over experiencing high or very high psychological distress, as measured by the Kessler 10 Psychological Distress Scale (K10).

Outcomes of the health needs analysis – Mental Health Outcomes		
	Highest rates of self-reported mental health and **behavioural problems** in 2011-12 in the following LGAs: • 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: • Any mental disorder – 20% • Anxiety disorders – 14.4% • Affective disorders – 6.2% • Substance use disorders – 5.1%	Australian Bureau of Statistics (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007.
	2016 **modelled prevalence estimates** of mild, moderate and severe mental illness in the SEMPHN region are as follows: • Mild – 132,718 people (9.0%) • Moderate – 67,323 people (4.6%) • Severe – 45,500 people (3.1%)	New South Wales Ministry of Health (2016). National Mental Health Service Planning Framework Decision Support Tool Aus v2.
	Prevalence of **eating disorders** effects 59,203 people within the catchment, only one in six will get treatment this includes the following disorders: • 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).

Outcomes of the health needs analysis – Mental Health Outcomes		
Priority Area	Key Issue	Description of Evidence
Hospitalisation due to Mental Health Conditions	Highest crude rates of mental health related triage category 1-3 **emergency department (ED) presentations** in the SEMPHN region occur for the following conditions: • Depression – 93.4 per 100,000 people • Anxiety – 70.0 per 100,000 people • Suicide attempt – 66.6 per 100,000 people Highest crude rates of mental health related triage category 4 and 5 ED presentations in the SEMPHN region occur for the following conditions: • 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.
	High rates of overnight hospitalisations in 2014-15 due to **any mental health condition** in the following Statistical Area 3 (SA3) regions: • Frankston – 1,300 ASR per 100,000 people • Port Phillip – 1,176 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	High rates of hospital bed days in 2014-15 due to **any mental health condition** in the following SA3 regions: • Port Phillip – 17,805 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	High rates of overnight hospitalisations in 2014-15 due to **schizophrenia and delusional disorders** in the following SA3 regions: • Port Phillip – 299 ASR per 100,000 people • Dandenong – 284 ASR per 100,000 people • Frankston – 229 ASR per 100,000 people • Casey North – 183 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.

Outcomes of the health needs analysis – Mental Health Outcomes		
	High rate of bed days in 2014-15 due to **schizophrenia and delusional disorders** in the following SA3 regions: • Dandenong – 7,526 ASR per 100,000 people • Port Phillip – 6,516 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	High rates of overnight hospitalisations in 2014-15 due to **bipolar and mood disorders** in the following SA3 regions: • Frankston – 160 ASR per 100,000 • Mornington Peninsula – 143 ASR per 100,000 people • Port Phillip – 140 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	High rates of hospital bed days in 2014-15 due to **bipolar and mood disorders** in the following SA3 regions: • Port Phillip – 2,985 ASR per 100,000 • Stonnington East – 2,643 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
	High rates of overnight hospitalisations in 2014-15 due to **depressive episodes** in the following SA3 regions: • Cardinia – 194 ASR per 100,000 people • Casey South – 192 ASR per 100,000 people • Frankston – 172 ASR per 100,000 people • Casey North – 171 ASR per 100,000 people • Dandenong – 152 ASR per 100,000 people	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.
Suicide and Self-harm	Higher than average rates of **suicide deaths**, attempts and/or ideation in the following LGAs: • 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.
	High rates of overnight hospitalisations in 2014-15 for **intentional self-harm** in the following SA3 regions: • Frankston – 248 per 100,000 ASR	PHN specific, SA3 level analysis of AHIW Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2014-15.

Outcomes of the health needs analysis – Mental Health Outcomes		
	• Mornington Peninsula – 218 per 100,000 ASR	
	Need for more timely and detailed data relating to suicide and self-harm in the region. Data used in this needs assessment are out of date and do not contain demographic information about the people affected. This lack of visibility makes planning targeted interventions at a local level difficult and requires a heavy reliance on anecdotal evidence to inform decision making.	

Identified Priority Needs – Mental Health Outcomes

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
5. Need for more accurate and timely data relating to suicide and self-harm

2.3 Vulnerable Populations:

Outcomes of the health needs analysis – Vulnerable Populations		
Priority Area	Key Issue	Description of Evidence
Refugees and asylum seekers	**Demographic Statistics:** Between 2006 and 2016, 12,128 humanitarian entrants have settled in the SEMPHN catchment area, mostly in the following LGAs: • Dandenong - 6570 people (54%) • Casey - 4661 people (38%) Humanitarian entrants arriving in the SEMPHN region between 2001 and 2011 were predominantly from Sudan, Iraq, Afghanistan and Burma/Myanmar. In the last 5 years, the majority of humanitarian entrants in the SEMPHN region were: • male (3,383 or 62%); • aged 18-44 years (3,000 or 55%); • emigrated from Afghanistan (2,818 or 51%), Iran (604 or 11%) or Pakistan (566 or 10%); • speak Dari (1468 or 27%), Hazaragi (1419 or 26%), Arabic (348 or 6%) or Farsi-Afghan (316 or 5%); and • have very poor or no proficiency in English (4041 or 74%).	PHN-specific analysis of reports developed using the Department of Immigration and Border Protection's Settlement Reporting Facility (http://www.immi.gov.au/settlement).
	Factors contributing to increased risk of mental health issues: • 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	UNHCR (2013). Asylum-seekers on bridging visas in Australia: Protection gaps UNHCR consultation 2013 Tyrrell, L. et al. (2016). Talking about health and experiences of using health services with people from refugee backgrounds, Victorian Refugee Health Network: Melbourne.

Outcomes of the health needs analysis – Vulnerable Populations		
	• 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	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.

	Mental health issues:
	• Refugees in South Eastern Melbourne are:
	  ○ 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:
	  ○ depression;
	  ○ anxiety; and
	  ○ post-traumatic stress disorder (PTSD).
	
	• 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.
		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.
		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

	Barriers to accessing mental health services: • Lack of accommodation of cultural perceptions of mental health • Stigma around mental health in the community	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

Outcomes of the health needs analysis – Vulnerable Populations		
	• 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.	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. 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

Identified Priority Needs – Refugees and Asylum Seekers

1. Improved communication and coordination between case workers and general practices
2. Stronger links and referral pathways to health and non-health service providers in the region
3. Increased access to interpreter services when accessing mental health services
4. Development of cultural competence among health professionals and administration staff in mental health services
5. Solutions to long wait times for culturally appropriate services
6. Training for general practitioners on availability of culturally appropriate referral options
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

Outcomes of the health needs analysis – Vulnerable Populations		
Priority Area	Key Issue	Description of Evidence

Cultural and linguistically diverse (CALD) populations	**Demographic Statistics:**
	In the SEMPHN region, approximately:
	• 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
	
	The following LGAs have the largest populations of people from CALD backgrounds (all values are approximate estimates):
	
	City of Greater Dandenong
	• 86,000 people (60%) born overseas
	• 80,000 people (55%) born in a non-English speaking country, most commonly:
	  ○ 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:
	  ○ Vietnamese (16,600 people)
	  ○ Khmer (6,900 people)
	  ○ Cantonese (5,300 people)
	  ○ Punjabi (4,300 people)
	• 24,000 people (16%) have low English proficiency
	
	City of Casey
	• 98,000 people (37%) born overseas
		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.

Outcomes of the health needs analysis – Vulnerable Populations		

	• 75,000 people (28%) born in a non-English speaking country, most commonly:
	  ○ India (10,300 people)
	  ○ Sri Lanka (7,500)
	  ○ Afghanistan (4,400)
	• 83,000 people (31%) speak a language other than English at home, most commonly:
	  ○ Sinhalese (5,700 people)
	  ○ Persian/Dari (5,600 people)
	  ○ Arabic (3,500 people)
	• 13,000 people (5%) have low English proficiency
	
	City of Glen Eira
	• 51,000 people (37%) born overseas
	• 40,000 people (28%) born in a non-English speaking country, most commonly:
	  ○ India (5,000 people)
	  ○ China (4,200 people)
	  ○ Greece (2,100 people)
	• 43,000 people (31%) speak a language other than English at home, most commonly:
	  ○ Greek (5,800 people)
	  ○ Russian (5,000 people)
	  ○ Mandarin (4,200 people)
	• 5000 people (4%) have low English proficiency	

	Factors contributing to increased risk of mental health issues:
	• Poor health literacy levels, particularly in relation to:
	  ○ Appraising health information
	  ○ Ability to find good health information
	  ○ Navigating the health system
		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.

Outcomes of the health needs analysis – Vulnerable Populations		
	• 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	
	Mental health issues: • 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. Mental Health in Multicultural Australia. Laurence, J. et al. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ 2011. DOI:10.1503/cmaj.090292. Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. Stolk, Y., et al (2008). Access to mental health services in Victoria: A focus on ethnic communities. Melbourne: Victorian Transcultural Psychiatry Unit. 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.
	Barriers to accessing mental health services: • Lack of accommodation of different cultural perceptions of mental health • Stigma around mental health in the community • Lack or poor use of interpreter services	Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery SEMPHN-commissioned health literacy assessment of the community conducted by the Health Services Improvement Unit in the Centre for Population Health Research, Deakin University;

Outcomes of the health needs analysis – Vulnerable Populations		
	• Low levels of health literacy and unfamiliarity with the Australian health system	Stolk, Y., et al (2008). Access to mental health services in Victoria: A focus on ethnic communities. Melbourne: Victorian Transcultural Psychiatry Unit.
Identified Priority Needs – Culturally and Linguistically Diverse Populations 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:** In 2016, an estimated 7,734 people (0.5% of the total population) were of Aboriginal and/or Torres Strait Islander origin. The largest proportions live in the following LGAs: • Frankston (0.9% of total population, approximately 1,311 people) • Mornington Peninsula (0.8% of total population, approximately 1,258 people) • Casey (0.7% of total population, approximately 2,021 people) • Cardinia (0.7% of total population, approximately 644 people)	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017); data compiled by PHIDU based on data developed by Prometheus Information Pty Ltd, under a contract with the Australian Government Department of Health
	Factors contributing to increased risk of mental health issues: • Social disadvantage • Economic disadvantage • Damage to traditional culture, spirituality and language • Child removals • Incarceration rates	Australian Health Minister' Advisory Council (2015). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra. Jorm, A. et al. (2012). Mental health of Indigenous Australians: a review of findings from community surveys. MJA 196(2).

Outcomes of the health needs analysis – Vulnerable Populations		
	• Inter-generational trauma • Higher prevalence of chronic physical illnesses • Discrimination and racism	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. 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.

	Mental health issues:
	• Common mental health related hospitalisations nationally:
	  ○ 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 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
		Australian Health Minister' Advisory Council (2015). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.
		
		Australian Bureau of Statistics (2014). Australian and Torres Strait Island health survey: first results, Australia 2012–13.
		
		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.
		
		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.
		
		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.

Outcomes of the health needs analysis – Vulnerable Populations		

	• 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
		Australian Bureau of Statistics 2016, Causes of Death, Australia, 2015; Intentional self-harm in Aboriginal and Torres Strait Islander people.

Identified Priority Needs – Aboriginal and Torres Strait Islander People 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		
LGBTI people	**Demographic Statistics:** • 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 **Mental health issues:** • Mental ill-health is significantly higher among LGBTI Australians	Australian Bureau of Statistics 2011 census data. Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd Edition. 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 McNeil, J et al. (2012). Trans Mental Health Study: Scottish Transgender Alliance; Clark, T.C. et al. (2014).

Outcomes of the health needs analysis – Vulnerable Populations		

	• Homosexual/bisexual Australians are twice as likely to have high/very high levels of psychological distress as heterosexual Australians
	• Homosexual/bisexual Australians are more than twice as likely to experience anxiety disorders as heterosexual Australians
	• Gender diverse and transgender young people are more likely to experience significant depressive symptoms compared to cisgender young people
	• Mental health conditions (depression/anxiety) are the most commonly reported diagnosed condition among LGBTI people
	• Suicidality
	  ○ Compared to the general population, LGBTI people are more likely to attempt suicide:
	  ▪ LGBTI young people – 5 times more likely
	  ▪ Transgender adults – 11 times more likely
	  ▪ People with intersex variation – 6 times more likely
	• Suicide ideation
	  ○ Compared to the general population, LGBTI people are more likely to have thoughts of suicide:
	  ▪ Lesbian, Gay and Bisexual people – 6 times more likely
	  ▪ Transgender people – 18 times more likely
	Barriers to accessing mental health services:
	• 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
	Identified mental health needs:
		The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12).
		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.
		Australian Bureau of Statistics 2011 census data.
		Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd Edition.
		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
		McNeil, J et al. (2012). Trans Mental Health Study: Scottish Transgender Alliance; Clark, T.C. et al. (2014).
		The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12).
		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.

Outcomes of the health needs analysis – Vulnerable Populations		
	• Develop and implement LGBTI-inclusive practice guidelines for health services • Develop and implement health sector LGBTI sensitivity training	
Identified Priority Needs – LGBTI People 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		
Young people	**Factors contributing to increased risk of mental health issues:** • Higher than average rate of children on child protection orders in the following LGAs: o Frankston (6.9 per 1,000 children) o Port Phillip (6.0 per 1,000 children) o Greater Dandenong (5.7 per 1,000 children) Victoria – 5.2 per 1,000 children • Higher than average rates of substantiated child abuse in the following LGAs: o Frankston (12.4 per 1,000 children) o Greater Dandenong (11.0 per 1,000 children) o Mornington Peninsula (8.7 per 1,000 children) Victoria – 6.7 per 1,000 children • High proportion of adolescents who reported being bullied at school in the following LGA: o Mornington Peninsula (19.1% of adolescents) Victoria – 17.9% of adolescents	PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013).
	Mental health issues: • High prevalence of children with emotional or behaviour problems in the following LGAs: o Frankston (6.7% of children) o Casey (5.5% of children) o Cardinia (5.4% of children)	PHN-specific, LGA level analysis of the Victorian Department of Health LGA profile data (2013). ABS Causes of Death, Australia 2015, Intentional self-harm: Key characteristics.

Outcomes of the health needs analysis – Vulnerable Populations		

	Victoria – 4.3% of children
	• Suicide is the leading cause of death among young Australians
	• 12 month prevalence of mental health disorders in young Australians aged 12-17:
	  ○ Any mental health disorder – 14%
	  ○ Anxiety – 7%
	  ○ Attention Deficit Hyperactivity Disorder (ADHD) – 6.3%
	  ○ Major depressive disorders – 5%
	• Young men (age 16-24 years) are less likely to seek help for a mental health difficulty compared to young women
		Australian Institute of Health and Welfare (2016). Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.
		
		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.

	Mental health service needs among young people:
	• High proportion of young people accessing MBS-funded mental health services in the following SA3 regions:
	  ○ 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:
	  ○ Dandenong (5.0%)
	  ○ SEMPHN (9.3%)
	• High prescribing rates for all psychotropic medicines in the SA3 region of Frankston:
	  ○ 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)
		PHN specific, SA3-level analysis of Medicare Benefit Scheme (MBS) data on MBS-funded mental health services provided in 2013-14 financial year.
		
		PHN specific, SA3-level analysis of the National Health performance Authority's Australian Atlas of Health Care Variation, 2013-14.

Outcomes of the health needs analysis – Vulnerable Populations		

	• Low prescribing rates for psychotropic medicines for young people in the SA3 region of Dandenong:
	  ○ Antidepressants – 2,899 ASR per 100,000 young people (2.7 times less than Victorian rate)
	  ○ Antipsychotics – 986 ASR per 100,000 young people (1.8 times less than Victorian rate)
	  ○ ADHD medicines – 3,377 ASR per 100,000 young people (2.2 times less than Victorian rate)	

Identified Priority Needs – Young People 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		
Older persons (65+ years)	**Factors contributing to increased risk of mental health issues:** • 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	World Health Organisation. (2016). Mental health and older adults fact sheet. Accessed October 2016 www.who.int/mediacentre /factsheets/fs381/en/. Australian Human Rights Commission. (2015). National prevalence survey of age discrimination in the workplace. NSW: Australian Human Rights Commission

	Mental health issues:
	• Depression:
	  ○ 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
		National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue; and Alzheimers Australia

Outcomes of the health needs analysis – Vulnerable Populations		
	○ Depression is 3 to 4 times more common in people with dementia compared to older people without dementia • Anxiety ○ Estimated 10% of older people experience anxiety	
	Barriers to accessing mental health services: Older people are often more hesitant to share anxiety and depression with others leading to delay in seeking professional help	National Ageing Research Institute. (2009). Depression in older age: a scoping study. Final Report. Melbourne: beyondblue.
Sector-identified vulnerable populations	Consultation with service providers across the catchment highlighted several population groups that have not been specifically highlighted in this needs assessment and may warrant additional focus in future needs analysis and service planning including: • People experiencing end of life care; • Clients with a dual diagnosis of mental illness and alcohol and other drug abuse issues; • People bereaved due to suicide; and • Parents of very young children Areas to focus on during the provision of services to these population groups were noted as follows: • Health literacy; • Co-design of service with consumers; • After-hours services for clients in residential aged care facilities; • Outreach programs; and • Infrastructure to promote social inclusion and engagement.	SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (unpublished).

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).
	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.	SEMPHN Sector Consultation Survey, September 2016 (unpublished) 53%. SEMPHN Sector Consultation Survey, October 2017 (unpublished) found similar results to the previous year's survey at 48%.
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. When asked what areas of service provision in the catchment require improvement, consulted health service providers indicated a need for: • Enhanced coordination of care including more integrated services and streamlined referral pathways; • co-location of 'wrap around' services that provide linkage to other services including AOD, primary physical health care, housing, education and employment	SEMPHN Sector Consultation Survey, September 2016 (unpublished). SEMPHN Sector Consultation Survey, October 2017 (unpublished) found similar results to the previous year's survey. SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (unpublished).

Outcomes of the service needs analysis		

	• a 'client-directed' approach to care which would:
	  ○ provide more flexibility of service delivery to address mental health as well as non-health needs such as affordability and transportation issues;
	  ○ provide translators/services/information in multiple languages;
	  ○ provide additional infrastructure/facilities (such as child care or transportation services/funding) to reduce barriers to accessing mental health services;
	  ○ mental health assessments of AOD clients to ensure that 'one health element is not overlooked at the expense of the other'; and
	  ○ place-based assertive outreach to engage with hard-to-reach client groups (i.e. residents of public housing estates).	

Mental health work force	Lack of clarity and regulation around **staff types** in the mental health sector with significant variation in position titles and staff qualifications. A lack of sufficient, targeted and appropriate funding, as well as funding structures which focused on short term funding contracts presently in place were noted as posing a challenge to appropriate service delivery by impeding recruitment and retention of skilled staff.	SEMPHN-commissioned Integrated Atlas of Mental Health, AOD and Homelessness for South Eastern Melbourne, ConNetica Consulting Pty Ltd (unpublished). SEMPHN Sector Consultation Survey and Consultations Qualitative Analysis, October 2017 (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 Shires 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: • 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: • 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: • 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: • 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: • 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		
	Highest prescribing rates in Victoria of anxiolytic medicines among people aged 18 to 64 years occurs in the following SA3 region: • 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 in fiscal year 2016-17 was highly inequitably distributed throughout the catchment with clients in some regions receiving up to 20 times more MHNIP services than others.
	• Generally, more service delivery and service locations were offered in relatively more affluent LGAs located near the city compared to relatively more disadvantaged regions further east (Dandenong, Casey and Cardinia).
	• Service delivery/usage did not reflect the relative need for service in much of the catchment with regions of relatively high need for services receiving fewer services than some areas with relatively low indicators of need.
	  ○ Particularly underserviced areas demonstrating significant need for increased service delivery included the **City of Greater Dandenong**, the **City of Casey** and **Cardinia Shire**.
	• The majority of referrals into the MHNIP program were made by practitioners located within organisations where a MHNIP nurse was employed, disadvantaging clients who attended general practices where a MHNIP nurse was not physically located.
	• Inherited data reporting practices in the MHNIP program were severely insufficient subsequently obscuring visibility and oversight of the program. For example:
	  ○ more than 60% of records in a 1-year period were completely devoid of K10 scores;
		SEMPHN analysis of MHNIP program data collected between 1 July 2016 and 30 June 2017.

Outcomes of the service needs analysis		
	○ standardised diagnosis coding was not utlised resulting in 200+ different diagnosis entries including health and non-health diagnoses ○ limited and/or inaccurate information collected on referrer details, client demographics and client session details • Analysis of available outcome measures indicated that nearly 40% of current MHNIP clients had mild to moderate K10 scores suggesting that a significant proportion of MHNIP clients may have been more appropriately treated with a less intensive psychological intervention.	
Access to Allied Psychological Services (ATAPS)	• Service utilisation in fiscal years 2015/16 and 2016/17 was highly inequitably distributed across the catchment with some regions receiving 10 times more ATAPS referrals and sessions than others. • More service delivery occurred and service providers were located in relatively more affluent LGAs near the city compared to relatively more disadvantaged regions further east (Dandenong, Casey and Cardinia). • Service delivery/usage did not reflect the relative need for service with many regions of relatively high indicators of need for services receiving fewer services than relatively lower need areas. ○ Particularly underserviced areas demonstrating significant need for service delivery included the **City of Greater Dandenong** and **Cardinia Shire**. • An estimated average of 38% of clients referred into the ATAPS program never received a session from an allied health provider indicating a need for improving the referral pathways into the program and client follow-up.	SEMPHN analysis of ATAPS program data collected between 1 July 2015 and 30 June 2017.

Outcomes of the service needs analysis		
	• Historically the demographics of clients in the ATAPS program have not reflected the diversity of the SEMPHN catchment with greater than 90% of clients speaking only English at home. This is a strong indicator that members of the culturally and linguistically diverse communities in the catchment are not accessing this service.	
	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. • 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.
	Maintaining stable accommodation is an issue for 13.9% of SEMPHN Headspace clients. 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%).	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.
	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%).	South Eastern Melbourne PHN Headspace Activity Report for the 2015/16 financial year.
Partners in Recovery (PIR)	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:	Consultation with South Eastern Melbourne Partners in Recovery.

Outcomes of the service needs analysis		
	• 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 PIR does not cover the Bayside area which presents the following issues: • People with severe and complex mental illness in the Bayside area are currently at a disadvantage when connecting with required services • Connecting people in the Bayside region with severe and complex mental health conditions with the NDIS will be more difficult than in other parts of the region	
	Through community consultation, PIR has identified various carer and family needs including: • 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.

Identified Priority Needs – Service Needs Analysis

1. Redevelopment of SEMPHN-commissioned mental health services to ensure:
    a. more equitable service delivery across the catchment;
    b. more flexible service models that allow for the development of client-centred and tailored mental health treatment strategy;
    c. outreach to hard-to-reach populations to improve uptake of service among population groups demonstrating high need but low service uptake such as: CALD, homeless, LGBTQI, elderly and youth populations;
    d. improved and streamlined referral pathways into appropriate mental health services that ensure all clients demonstrating a need for services have more equitable access to receiving such referrals and are not disadvantaged by not attending a health facility where services are physically located;

Outcomes of the service needs analysis

   e. clients have access to appropriate mental health services within a reasonable distance from where they live or work (particularly important for the catchment's less urban areas of Cardinia and Mornington Peninsula Shires);
   f. collection of timely and accurate data from SEMPHN-commissioned programs that will allow for:
      i. appropriate monitoring of program key deliverables;
      ii. evaluation of the efficiency, efficacy and health impact of commissioned services; and
      iii. identification of key population groups in need of specialised services.
2. Improved ease of navigation through the mental health system for consumers, carers and providers
3. Improved inter-connectedness and referral pathways through services in the health and non-health sectors
4. Investigation into reasons behind the relatively low usage of mental health services among residents of the Dandenong area where mental health needs are high
5. Improved mental health service usage among residents of the Dandenong area
6. Investigation into the reasons behind the exceptionally high usage of mental health services among residents of the Frankston area
7. Reduction in the proportion of clients referred to ATAPS who fall out of the service before their first session
8. Increase in the proportion of ATAPS referrals for eligible people in the region from culturally and linguistically diverse backgrounds
9. 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
10. 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
11. Improved carer and family-inclusive practice among mental health service providers
12. Improved support services for carers and families of people living with complex mental health conditions