



Child & Youth Mental Health Services: Victorian PHNs

Contact:



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Child and Youth Mental Health Services: Victorian PHNs

VAGO Performance audit of Victoria's child and youth mental health system

The Victorian Auditor-General's Office (VAGO) is working with Department of Health and Human Services (DHHS) and five Victorian health services to assess the effectiveness of the public mental health system in preventing, treating and managing child and youth mental illness. VAGO is scheduled to table this report in the Victorian Parliament in June 2019.

VAGO is interested in the work that six Victorian Primary Health Networks (PHNs) are doing in this space, and has requested for the following information:

- commissioned programs, services, projects for children and young people through the PHN mental health flexible funding pool; and
- completed reports on the population health data and service needs of children and young people with mental illness within each respective PHN catchment with an indication of whether these reports are publicly available.

The first section of this report includes an overview of PHN objectives and commissioning approach, PHN requirements to commission child and youth mental health services, a brief description of the six Victorian PHNs, and categories of commissioned child and youth mental health services.

Information on the Commissioned services and available population health data for each of the six Victorian PHNs is provided in the second section.

Section One: Primary Health Networks

Objectives

In July 2015, the Australian Government Department of Health established 31 Primary Health Networks (PHNs) across Australia as part of a suite of policy initiatives aimed at improving the efficiency and quality of primary health care.

The objectives of the PHN Program are to:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

PHNs consider the broader needs of mental health consumers, recognising that a range of different interventions and supportive approaches may be required at different times for any consumer.

PHNs commission services across the spectrum of illness severity and across all ages to meet the needs of individuals when and where needed care using a stepped care approach.

PHNs work collaboratively with General Practices and key mental health service providers in the public and private sectors to promote and provide person centred and holistic care.

General Practices are viewed to have a central position in the health system as 'gatekeepers', guiding people through the health system, monitoring and coordinating their progress to maintain and improve quality of care, as well as limiting the use of expensive specialist services





The workforce of PHN commissioned services consist of psychologists, mental health nurses, mental health social workers and peer workers who work closely with General Practices, public and private mental health services to provide interventions early in life, early in illness and early in episode.

Commissioning

Commissioning is a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation. Commissioning is a key mechanism for PHNs to drive performance management, accountability, evaluation and ultimately value for money. It provides PHNs a tool to pursue their strategic objectives, that of implementing needs-based locally appropriate, person centred, and evidence informed solutions and strategies to address the health needs of communities.

PHN commissioning help drive more systematic and proactive management of chronic disease, a population-based approach and more integrated models of care. PHNs conduct whole of population needs assessments and health planning which informs outcomes to be commissioned. As a regional commissioning body, PHNs engage local communities and local providers in the strategic development of quality services to address local community needs.

Child and Youth Mental Health Services

PHNs commission primary mental health care services for children and young people with, or at risk of, mental illness being managed in primary care, including delivery of headspace centres¹.

Child and youth mental health services include both those services commissioned by PHNs specifically for those aged up to 25 years as well as broader mental health services that are accessed by children and young people.

In 2016-17 PHNs were expected to:

- maintain service delivery within headspace centres, in line with the existing headspace service delivery model;
- improve the integration of headspace centres with broader primary mental health care services; physical health services; drug and alcohol services; and social and vocational support services;
- commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental illness;
- support service continuity for children and young people formerly provided under Access to Allied Psychological Services (ATAPS) and other mental health programs;
- liaise with relevant local organisations in the context of future regional planning, including those delivering [Family Mental Health Support Services](#) (FMHSS), early childhood services, schools and tertiary and vocational providers; and
- where relevant, support transition arrangements associated with services formerly funded under the Early Psychosis Youth Services program.

Longer term, PHNs will be expected to:

- support the broader rollout of evidence-based early intervention services for children and young people with, or at risk of, severe mental illness;

¹ PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance





- promote resources for clinical and non-clinical professionals available under the new child mental health workforce initiative;
- promote local partnerships between primary mental health care services and the education sector; and
- work with State funded Local Hospital Networks (LHNs), Child and Adolescent Mental Health Services (CAMHS), Area Mental Health Services (AMHS); Commonwealth funded (FMHSS); and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.

PHNs have clinical governance systems to ensure that services to meet the needs of children and young people are safe and of a high level of quality and commissioned within a stepped care approach.

As system integrators and with responsibility for regional mental health planning, PHNs have a key role in supporting integration and partnerships between health services (including state and territory funded services, NGOs and private practitioners), education providers and other relevant support services such as drug and alcohol and social and vocational support services.

Victorian PHNs

There are six PHN in Victoria, three with predominantly metropolitan coverage, while the other three with regional coverage. These PHNs are:

1. [North Western Melbourne PHN](#) (NWMPHN)
2. [Eastern Melbourne PHN](#) (EMPHN)
3. [South Eastern Melbourne PHN](#) (SEMPHN)
4. [Western Victoria PHN](#) (WVPHN)
5. [Murray PHN](#) (MPHN)
6. [Gippsland PHN](#) (GPHN)

A brief profile of each of the six PHNs and their corresponding population and catchment area, Local Government Area (LGA) and Local Hospital Network (LHN) coverage, number of General Practices and general practitioners are provided in Table 1.

Table 1. Victorian PHN Profiles

<i>Profile per PHN</i>	<i>NWMPHN</i>	<i>EMPHN</i>	<i>SEMPHN</i>	<i>WVPHN</i>	<i>MPHN</i>	<i>GPHN</i>
<i>Catchment area (in square km)</i>	3,212	3,956	2,935	79,843	97,068	42,012
<i>General population</i>	1,765,569	1,506,356	1,511,585	628,733	602,738	274,627
<i>Aboriginal or Torres Strait Islander population</i>	9,933	6,849	7,281	7,577	13,106	4,173
<i>General Practitioners</i>	1,500	1,972	2,000	709	750	432





<i>Profile per PHN</i>	<i>NWMPHN</i>	<i>EMPHN</i>	<i>SEMPHN</i>	<i>WVPHN</i>	<i>MPHN</i>	<i>GPHN</i>
<i>General Practices</i>	500	387	500	200	195	82
<i>LGA's</i>	12	12	10	21	22	6

Source: 2016 Census for area and populations; PHN websites

Child and youth mental health centres

Although majority of the mental health services for children and young people commissioned by PHNs are through their flexible mental health funding pool, additional services for this cohort were commissioned using other funding schedules such as the Indigenous Australian's Health Programme and Drug and Alcohol Treatment Services.

To provide a broader context of the child and youth mental health services commissioned provided by the six Victorian PHNs, this report uses the following categories:

- 1) headspace centres
- 2) Targeted child and youth specific mental health services
- 3) Stepped Care Model - as part of the broader mental health services that are accessed by children and young people within each PHN's Stepped Care Model
- 4) As part of the Aboriginal and Torres Strait Islander MH Services priority, mental health and wellbeing services that include children and young people
- 5) As part of Alcohol and Other Drug (AOD) priority, Youth AOD services that can identify and manage co-occurring mental health
- 6) Supporting integration and partnerships.

headspace centres

Founded in 2006, headspace is an enhanced primary care model that provides young people aged 12-25 years and their families, with a range of integrated mental health, alcohol and other drugs, physical and sexual health and vocational supports.

Since 1 July 2016, the Australian Government has required PHNs to maintain in their respective regional catchment the existing national network of headspace centres to support young people with, or at risk of, mild to moderate mental illness. This was undertaken by transferring funding for headspace as well as early psychosis youth services programmes to the PHN flexible funding pool. This move enabled PHNs to lead a more integrated and equitable approach to youth mental health services within their regions.

The PHN current funding agreement with their corresponding commissioned headspace centres is until 30 June 2019 with an anticipated extension from 1 July 2019 - 30 June 2022.

[headspace National](#) receives Australian Government to deliver the following services:

National Telehealth Service: provides 12-25-year olds access to highly skilled psychiatrists in regional and rural areas





Eheadspace: a national online and phone support service, staffed by experienced youth mental health professionals that provides young people and carers with a safe, secure and anonymous place to talk to a professional;

headspace in Schools: provides youth-specific mental health education tools and access to mental health specialists for young people in primary and secondary school students across Australia with a focus on early identification and intervention, as well as building mental health literacy and resilience in the school community while establishing referral pathways to general practitioners and mental health clinicians. *headspace in Schools* developed a suicide postvention program to assist school communities to prepare for, respond to and recover from the death of a student by suicide.

The headspace National Office and relevant PHNs work together to jointly identify lead agencies for those centres currently led by PHNs, and to establish new locations.

The six Victorian PHN work closely with the headspace centres, lead agencies, their consortia partners in their catchment. Table 1 lists the 26 headspace centres (named according to location, e.g. headspace Glenroy) in each PHN.

Table 1. headspace centres per PHN in Victoria

NWMPHN	EMPHN	SEMPHN	WVPHN	MPHN	GPHN
Glenroy	Hawthorn	Frankston	Geelong	Bendigo	Morwell
Collingwood	Knox	Bentleigh	Ballarat	Wodonga	Bairnsdale
Craigieburn	Greensborough	Elsternwick	Warrnambool	Shepparton	Wonthaggi
Sunshine		Dandenong	Horsham	Mildura	(new)
Werribee		Narre Warren	Portland	Swan Hill	
Melton (new)			(satellite)		

Targeted child and youth specific mental health services

PHNs are required to develop and commission new early intervention services to meet the needs of young people with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting.

For this cohort, it is important to acknowledge the differences in the needs of young people with priority given to the provision of relevant skills and appropriate service delivery models to meet these needs.

To deliver these services PHNs have the flexibility to do any or all the following:

- commission dedicated Youth Severe Services
- deliver this through headspaces- e.g. to have credentialed mental health nurses
- deliver this within the suite of services using a stepped care approach.

Stepped Care Model

PHNs do not directly provide services, rather PHNs plan and commission services using a stepped care model (SCM).

The suite of commissioned services within the SCM seeks to match individuals to the level and type of care needed, at the right time and in the right place. PHNs offer a hierarchy of interventions across the





continuum of care, from the least to the most intensive, matched to the individual's needs and with flexibility to move between levels according to the individual's needs at any given time.

The model also addresses other needs including physical health, education and employment, alcohol and other drug harm reduction, family and social functioning, and suicide and self-harm reduction.

Services provided with the SCM are offered across all ages, including children and young people, with appropriate links to general practitioners and other primary health providers, and public and private specialist clinicians.

The range of service interventions include eHealth solutions such as online support groups and applications, to group therapy, individual therapy and care coordination.

Online support, eHealth options, sites for information and resources (see inset) are mostly Australian Government funded, with some delivered by non-government organisations.

Services within the stepped care model are delivered by psychologists, social workers, occupational therapists, credentialed mental health nurses, counsellors and peer workers. Although mental health services comprise majority of the services within in each SCM, AOD services are often included.

There are variations in the stepped care model of each of the six Victorians PHNs influenced by the identified population health needs, available workforce and other resources in their region, as well as according to their respective organisational strategic frameworks. Therefore, there are differences in the number of providers (individual and organisations) and the suite of services delivered by each provider in the SCM of each PHN. The type and number of referral access points may also differ, some with a PHN managed central referral and access team, or through directly accessing the commissioned providers. There are also some differences in the referral criteria, with some PHNs requiring a mental health treatment plan from the client's general practitioner.

It is a priority of each PHN to integrate all of its commissioned services into their SCM including pilot projects, suicide prevention activities (e.g. Place-Based Suicide Prevention trials), and new programs (e.g. psychological interventions in residential aged care facilities, psychosocial support services for clients of Partners in Recovery).

Online support, eHealth options and information sources*

[Head to Health](#) - provides links to trusted Australian online and phone supports, resources and treatment options.

[Mindhealthconnect](#) - Healthdirect's mental health and wellbeing website; apps and online self-help programs guide

[Reachout](#) - the toolbox - youth focused online tools guide and family focused online support

[Mental health online](#) - online treatment programs for anxiety disorders

[beyondblue](#) online community forums - support and discussion about anxiety, depression and suicide

[Black Dog Institute](#) - information on mood disorders such as depression and bipolar disorder.

[Sane](#) - information on low and high prevalence mental health conditions

*With Australian Government funding

Aboriginal and Torres Strait Islander MH Services for children and young people

PHNs undertake regional needs analysis in collaboration with relevant local Indigenous organisations including Aboriginal Community Controlled Health Services (ACCHSs) and peak bodies and with mainstream primary health care organisations to identify the specific mental health needs and service gaps for Aboriginal and Torres Strait Islander people.





PHNs commission a continuum of primary mental health services for Aboriginal and Torres Strait Islander people within a person-centred stepped care approach providing a range of services to meet local needs. This could include but is not limited to access to services for low intensity interventions; hard to reach populations; severe mental illness; child and youth services; and suicide prevention.

Youth Alcohol and Other Drug (AOD) services

The role of PHNs in Alcohol and Other Drug include treatment planning, commissioning and contribution to coordination of services at a regional level, to improve sector efficiency and support better patient management across the continuum of care. PHNs commission evidence- based treatment services to address the impact of alcohol and other drugs including methamphetamines on individuals, their families and the community.

Based on the PHN regional needs, PHN may commission AOD services that specifically target young people up to aged 25 years. Examples of these services include early intervention targeting less problematic drug use, including brief intervention; counselling; and withdrawal management with pathways to post-acute withdrawal support and relapse prevention.

Commissioned AOD services are expected to identify and manage mental illness given the strong prevalence of co-occurring mental illness in people with AOD disorders.

Supporting integration and partnerships

PHNs have a key role in supporting integration and partnerships between health services, including state and territory funded services, non-government organisations (NGOs) and private practitioners, education providers and other relevant support services such as drug and alcohol and social and vocational support services.

The Doctors in Secondary Schools (DiSS) programs and the Enhanced Mental Health Support in Secondary Schools (EMHSS) are examples mental health service models that Victorian PHNs deliver in partnerships with state services (e.g. Victoria's Department of Education and Training), NGOs (headspace National), private practitioners (general practices, mental health nurses).

Facilitation of youth hubs and workforce development activities are additional ways that PHNs support integration and partnerships.

Doctors in Secondary Schools

The Victorian Government partnered with the six Victorian PHN led by North Western Melbourne PHN to deliver the \$43.8 million Doctors in Secondary Schools (DiSS) program which aims to provide school-based health services to 100 Victorian secondary schools most in need. The initiative builds modern clinical facilities onsite at schools (\$18 million for modern, fit-for-purpose consulting rooms in participating schools), funds a general practitioner to provide both primary care for students up to one day per week, and contributes to the school's existing student well-being programs to help increase health literacy and preventive health.

The role of PHNs includes:

- engaging local medical centres to engage, manage and monitor general practitioners and practice nurses in their catchment;





- supporting participating general practitioners and practice nurses training and ongoing professional development to help ensure a youth-friendly service is being provided;
- promoting best practice care by integrating general practitioners and practice nurses in school clinics, with community-based primary care services; and
- facilitating training and ongoing professional development for general practitioners and practice nurses.

The initiative recognises that adolescents are often the lowest users of health care services and can experience significant unmet physical and mental health needs that can affect their engagement with education. Doctors in Secondary Schools makes a valuable contribution towards achieving the Education State school targets for 'happy, healthy and resilient kids' by improving ease of access to primary health services for young people. Originally funded from July 2017 to June 2019, DiSS was funding was extended for another two years.

Enhanced Mental Health Support in Secondary Schools

The Victorian Department of Education and Training (DET) via the Victorian Anti-Bullying and Mental Health Initiative (VABMHI), has provided funding to the six Victorian PHNs from 1 January 2019 to 30 June 2022, to deliver enhanced mental health services (EMHSS) to young people in 325 Victorian government secondary schools. The program, Enhanced Mental Health Support in Secondary Schools (EMHiSS), will increase the capacity of the headspace centres in Victoria to provide dedicated mental health workers to provide face-to-face assessment and counselling for government secondary schools. The implementation timelines for EMHiSS varies across PHN region, including delivery location outside of the headspace centres. Although the plan will integrate the program to services provided in headspaces, there is no requirement to integrate EMHiSS with existing services including DiSS.

Youth hubs

Some PHNs also facilitate the development of youth hubs where youth specific services are co-located to in an accessible area to provide more comprehensive service for young people and their families.

Strengthening the service system

PHNs invests in strengthening the service system to improve equity of access and the quality of care for clients, families and communities or related services that support the general population. PHNs also support the workforce activities that promote joined-up assessment processes and referral pathways, and support continuous quality improvement, evidence-based treatment, service integration and coordination. Some specific examples include:

- the development of localised child mental health and primary mental health pathways as a clinical resource tool for General Practice and other clinical professionals;
- investment in General Practices to improve early intervention, prevention and care coordination of the onset of mental illness as part of a stepped care approach;
- collaborative investment with LHNs to reduce potentially avoidable hospital services, and;
- services to strengthen rural access to Addiction Medication Specialists.





Section Two: PHN commissioned services and population profile

North Western Melbourne PHN

Commissioned services for children and young people

headspace centres

NWMPHN has commissioned six headspace centres across the region. The headspace centres and the lead agency operators are listed below:

headspace Collingwood – YSAS

headspace Glenroy – Orygen, the National Centre of Excellence in Youth Mental Health

headspace Craigieburn- Orygen, the National Centre of Excellence in Youth Mental Health

headspace Sunshine – Orygen, the National Centre of Excellence in Youth Mental Health

headspace Werribee – Orygen, the National Centre of Excellence in Youth Mental Health

headspace Melton - Odyssey House Victoria

NWMPHN has supplemented the core grant funding for headspace centres to include additional funding for: after hours care; low intensity activities; youth severe approaches; suicide prevention liaison and support; and Aboriginal and Torres Strait Islander youth services.

Targeted child and youth specific mental health services

Responding to youth mental health, integrated service response to improve the mental health of young people (aged 12 to 25 years) with, or at risk of, severe mental illness. The *Enrych* service is targeted to four key locations: Macedon Ranges; Sunbury; City of Melton; and Bacchus Marsh. Led by Orygen, a consortium of service providers is developing the *Enrych* service model. Consortium partners include: Cobaw Community Health Services; Sunbury Community Health Centre; Djerriwarrh Health Services; Orygen Youth Health, Odyssey House Victoria; and the Youth Support and Advocacy Service (YSAS) to deliver an integrated and responsive service for young people who have need for complex service system response. The service model will include flexible approach including afterhours supports and linkages for young people needing Drug and Alcohol supports.

Check In, a trauma informed, early intervention and support service for young people 12-25 years and at risk of homelessness, including triage for referral to tertiary emergency settings, rapid response for brief interventions and short and medium term assertive outreach and support, delivered by Melbourne City Mission. Services are also delivered through headspaces and stepped care model/system of care.

Stepped Care Model

NWMPHN's 'system of care' promotes a person-centred approach to mental health, suicide prevention, and alcohol and other drug treatment and care. A range of services are commissioned under the *CAREinMIND™* banner to enable people of all ages (including 0-12 and 12-25 years) access to stepped (lower intensity to more intensive support) services, delivered in a range of settings, and able to cater to culturally specific and other needs.





The CAREinMIND™ suite of services includes:

CAREinMIND™ Wellbeing Support Service - A free, lower intensity, telephone and online counselling service for people in the north, central or western suburbs of Melbourne who are feeling the pressures and stresses of everyday life.

CAREinMIND™ Targeted Psychological Support Services- free short term focussed psychological interventions for children, young people and adults with mild to moderate mental health issues.

CAREinMIND™ Intensive Support Service - comprehensive coordinated support for people with complex mental illness and ongoing primary support needs. ISS is delivered in community settings by credentialed mental health nurses working in collaboration with the clients' general practitioner and/or psychiatrist.

CAREinMIND™ Suicide Prevention Support Service- suicide prevention support service provides a rapid and intensive response to individuals at heightened risk of suicide (e.g. people who have self-harmed or have suicidal ideation). Contact occurs within 24 hours of referral and the first session of care is generally provided within 72 hours of intake to the service. Note: this is not a crisis service. Postvention services are also provided for people bereaved by the suicide of a loved one.

A webpage ([system of care webpage](#)) has been developed to enable referrers, and consumers, to navigate the service options available, matched to type and intensity of need, and any specific referral requirements. A central intake and navigation team supports access and can assist in determining suitable referral options including to meet specific populations and cultural needs.

All services commissioned by NWMPHN have access to interpreter services to support access for people from non-English speaking backgrounds or needing sign language. Many of the services commissioned by NWMPHN are able to meet specific cultural and safety needs of priority populations including Aboriginal and Torres Strait Islander peoples; LGBTI communities; Carers; Culturally and Linguistically Diverse communities. The system of care webpage has search functionality to assist in identifying suitable service options and providers.

Aboriginal and Torres Strait Islander MH Services

The CAREinMIND™ suite of services includes services that are identified as culturally safe for Aboriginal and Torres Strait Islander people. In addition to these, NWMPHN works closely with the Victorian Aboriginal Health Service (VAHS), who are the main Aboriginal Community Controlled Health Service in the region to enable access to mental health services. This includes the *Koori Kids Youth Psychosis Program*, a mental health assessment, care co-ordination, follow up and treatment and secondary consultation for 12-25-year-old Aboriginal young people who reside in the NWMPHN catchment; delivered by the Victorian Aboriginal Health Service.

AOD services

Connexions for young people 16-28 with high and complex needs, particularly individuals struggling with concurrent mental health and substance misuse; delivered by Jesuit Social Services; includes counselling, casework and advocacy.





Day Program & Primary Health Service a drop-in service for young people (12-21 years) experiencing harms associated with their alcohol and/or other drug use; delivered by YSAS.

Northern Home-Based Withdrawal Primary Health Service - Outreach focused non-residential withdrawal program for vulnerable young people (12-25 years), delivered by YSAS.

After Hours Primary Health Service (AHPHS) - Rehabilitation service offered through a non-residential treatment facility. The program also incorporates assertive outreach and medical treatment; for youth; Aboriginal and Torres Strait Islander People; culturally diverse people; people with comorbid issue; delivered by YSAS.

Mobile Health and Access point (MhAP), providing an access point for vulnerable young people, including those in CALD communities, who face barriers in accessing mainstream AOD and other health related services, delivered by cohealth.

Melton Youth AOD counselling service, an AOD counselling and outreach support to young people with AOD and mental health issues, delivered by Odyssey House.

Muslim Youth, Adult and Families Program (MYAF), AOD services including counselling, youth outreach, case management and care coordination, delivered by Odyssey House.

Making Tracks, a specialist youth AOD counselling and outreach support for young people and families affected by substance abuse, delivered by Merri Health.

Parallel Pathways, provides healthcare and support to improve the physical, mental and social wellbeing of individuals who are homeless or at risk of homelessness and are experiencing comorbid AOD substance misuse and mental health concerns, delivered by Youth Projects.

Substance Abuse & Family Support Service (SAFS) for families with a parent identified substance use impacting on family functioning; delivered by Mackillop Family Services.

Family Counselling Program, engages families affected by the substance use of a family member and provide counselling support delivered by UnitingCare ReGen.

Hume Youth & Parents Drug Services (HYP-d), a youth and family AOD counselling and support service delivered by UnitingCare ReGen.

Linking Youth & Families Together (LYFT), a youth and family AOD services that operate from a family systems paradigm, delivered by Anglicare Victoria.

AOD Program in the North & West, providing treatment includes intake and assessment, counselling, care coordination and case management and referral for the Aboriginal community, delivered by Victorian Aboriginal Health Service (VAHS).

Making Waves, a specialised psychosocial treatment for individuals presenting with coexisting substance dependence, borderline personality traits and/or mental health concerns, delivered by Eastern Health Turning Point Alcohol & Drug Centre.

Other dual diagnosis programs are provided by: Innerspace, cohealth, and IPC Health.





Supporting integration and partnerships

NWMPHN is the statewide coordination lead PHN for implementation of the DET funded, Doctors in Secondary Schools Program (DiSS). This initiative places a general practitioner and nurse within a school setting. The service is operational in targeted schools across Victoria. In the NWMPHN region specifically, the service is operational within 21 schools.

NWMPHN is also leading state-wide implementation of the DET funded EMHiSS program. The service is available in 24 of the 26 Victorian headspace centres (new headspace centres in Melton and Wonthaggi were not included). EMHiSS will be available at headspace centres in: Collingwood, Craigieburn, Glenroy, Sunshine and Werribee.

NWMPHN is also an active participant in several regional networks and partnerships aimed at building collaborative action and responses to priority health issues and population needs.

Child and youth population profile

Extract from NWMPHN's Health Needs Assessment- Mental Health Profile 2018

Adolescence and young adulthood are critical periods of development. The period is characterised by significant neurological and behavioural changes that increase a person's vulnerability to types of mental illness.²

Data from the Australian Institute of Health and Welfare (AIHW) reinforces the need for prevention and early intervention efforts targeted at these cohorts. A July 2018 report by AIHW showed that across Australia:

- The onset of 75 per cent of mental health disorders occurred before age 25.
- Twenty-three per cent of males and 30 per cent of females aged 16 to 24 reported a mental illness in the past 12 months.
- Mental health disorders are the leading contributor (49%) to the burden of disease and injury among those aged 15 to 24, and one in four young people have a mental disorder.^{3 4}
- Suicide was the leading cause of death among people aged 25 to 44 (20 per cent of deaths) and people aged 15 to 24 (31 per cent of deaths).⁵

The NWMPHN catchment has seen significant population growth between 2011 and 2016 in the 10 to 24-year-old age group, with more than half of all Victorian growth in this age group taking place in the NWMPHN catchment.

Seven out of 13 LGAs in the NWMPHN catchment reported growth rates for this age group above the Victorian rate of 6 per cent, as shown in Table 3, below. Wyndham and Melton each grew at nearly four times the Victorian rate. The Melbourne LGA grew nearly nine times as fast as the Victorian rate.

² Giedd JN, Keshavan M, Paus T. Why do many psychiatric disorders emerge during adolescence? *Nature reviews Neuroscience*. 2008;9(12):947-957. doi:10.1038/nrn2513.

³ Institute Mission Australia and Black Dog. *Youth Mental Health Report. Youth Survey 2012-2016*. 2016.

⁴ The mental health of Australians 2: report on the 2007 National Survey of Mental Health and Wellbeing. 2009.

⁵ <http://www.aihw.gov.au/deaths/leading-causes-of-death/>





NWMPHN Table 1 also uses the Victoria in Future (VIF) 2016 population projections to estimate that almost 30,000 more 10 to 24-year-olds may live in the catchment by 2021.

NWMPHN Table 1: NWMPHN population and growth of 10 to 24-year-olds, by LGA, from 2011 to 2016, and estimated additional persons in 2021

LGA		Pop 2011	Pop 2016	Growth 2011-16	% Growth 2011-16	Est. growth 2016-21
Victoria		1,048,385	1,111,195	62,810	6.0%	
NWMPHN		276,209	313,766	37,557	13.6%	
Inner City	Maribyrnong (C)	12,729	14,104	1,375	10.8%	2,482
	Melbourne (C)	27,601	42,225	14,624	53.0%	5,162
	Yarra (C)	10,951	12,307	1,356	12.4%	1,666
Suburban	Brimbank (C)	38,582	38,563	-19	-0.1%	-1,129
	Darebin (C)	23,326	25,005	1,679	7.2%	1,939
	Hobsons Bay (C)	14,852	14,452	-400	-2.7%	90
	Moonee Valley (C)	19,472	20,635	1,163	6.0%	1,067
	Moreland (C)	25,636	27,129	1,493	5.8%	1,485
Growth Area	Hume (C)	38,718	42,200	3,482	9.0%	1,399
	Melton (C)	22,537	27,548	5,011	22.2%	6,128
	Wyndham (C)	32,824	40,140	7,316	22.3%	8,859
Peri-Urban	Macedon Ranges (S)	8,093	8,305	212	2.6%	227
	Moorabool (S)	5,742	5,922	180	3.1%	426

Source: ABS Census 2011, ABS Census 2016, and VIF 2016

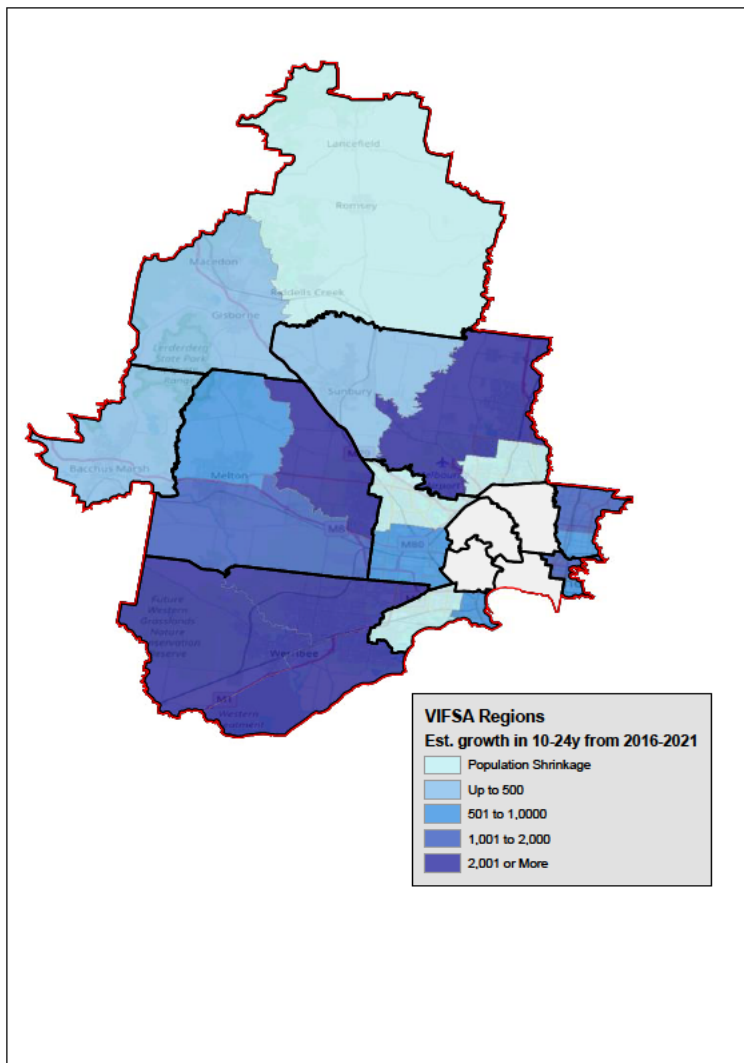
The Victorian Government has also delineated expected high growth areas, using Victorian in Future Small Areas (VIFSA) geography, illustrated in NWMPHN Figure1. More than a third of the estimated growth is expected to be in the VIFSA regions of Point Cook-Werribee South and Hoppers Crossing-Truganina in Wyndham LGA, and Caroline Springs-Hillside in Melton LGA.

The population aged 10 to 24 of Keilor-Sydenham in Brimbank LGA, Broadmeadows in Hume LGA, and Altona-Seabrook in Hobsons Bays LGA, is forecast to decline by between 5 to 11% by 2021, compared with 2016 levels.





NWMPHN Figure 1: Projected population growth of people aged 10-24, from 2016-2021 (VIF 2016)



Prevalence of mental health conditions

This section shows the estimated prevalence of mental health conditions across the diverse NWMPHN population. Prevalence of mental health conditions, such as depression and anxiety, would be expected to be related to social determinants, such as employment, income and education, outlined in the previous section. However, access to services, an ability to recognise the need for help, and willingness to seek assistance also contribute – and potentially complicate – prevalence estimates.

Lifetime prevalence of depression and anxiety

The Victorian Population Health Survey (VPHS)⁶ reported the estimated prevalence of anxiety and depression in LGAs. It found a greater prevalence in females, consistent with the results of the National Health Survey 2014-15.⁷

⁶ <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2015>

⁷ National Health Survey: First Results 2014-15, ABS





Inner City LGAs (Melbourne, Yarra and Maribyrnong) and Suburban LGAs in Melbourne's 'inner north' (Moreland and Darebin) were estimated to have a higher prevalence in total, and across genders, in most cases. Higher prevalence was also observed in the Peri-Urban LGAs.

These prevalence estimates are contrary to what is expected, based on national trends relating to socio-economic determinants. Again, it is difficult to accurately assess the prevalence of mental health disorders in a diverse population, including communities and groups less likely to seek help or visit or be aware of health services.

NWMPHN Table 2: NWMPHN LGA prevalence of depression and anxiety (Victorian Population Health Survey, 2015)

LGA		Male prevalence % of population	Female prevalence % of population	All persons prevalence % of population
Victoria		14.6	25.0	19.9
NWMPHN		14.1	24.2	19.2
Inner City	Maribyrnong (C)	18.2	23.3	20.7
	Melbourne (C)	15.0	25.1	19.7
	Yarra (C)	24.1	19.0	21.3
Suburban	Brimbank (C)	11.5	22.8	17.4
	Darebin (C)	16.8	24.4	20.5
	Hobsons Bay (C)	12.4	24.2	18.6
	Moonee Valley (C)	12.1	20.5	16.4
	Moreland (C)	14.7	29.4	21.8
Growth Area	Hume (C)	14.4	24.1	18.9
	Melton (C)	11.4	28.0	19.6
	Wyndham (C)	17.3	20.4	18.9
Peri-Urban	Macedon Ranges (S)	13.9	26.0	20.3
	Moorabool (S)	16.9	28.9	22.8

Psychological distress, social isolation and help-seeking

The Victorian Population Health Survey captured data on self-reported levels of psychological distress, social isolation and help-seeking. NWMPHN Table 3 provides a summary of the data by LGA.

High proportions of people experienced high or very high levels of psychological stress, coupled with high or very high levels of social isolation, in the Growth Area LGAs of Melton and Hume, as well as the Suburban LGA of Moreland.

The proportion of the population with high or very high levels of psychological distress was also above the NWMPHN median in Brimbank. Relatively high or very high levels of social isolation are seen in Yarra, Maribyrnong and Wyndham.

Importantly, these higher rates do not correlate with an elevated proportion of people who sought professional help for mental health issues. While the pattern of high levels of psychological distress and social isolation largely overlap the lower socio-economic status (SES) areas – where an elevated prevalence of mental health conditions is expected to occur – lower levels of help-seeking behaviour is observed in these regions.





In these low SES regions, an inability or unwillingness to seek help could contribute to the discrepancy between the expected prevalence, due to socio-economic factors, and the observed prevalence.

NWMPHN Table 3: NWMPHN LGA proportion of population – high/very high levels of psychological distress, and high/very high levels of social isolation and sought professional help for mental health issues (Victorian Population Health Survey 2015)

LGA		%High/very high level of psychological distress	%High/very high level of social isolation	% Sought professional help in past 12 months
Victoria		11.1	17.3	12.4
NWMPHN		11.1	17.5	12.2
Inner City	Maribyrnong (C)	10.8	21.0	11.2
	Melbourne (C)	8.8	16.2	13.7
	Yarra (C)	7.8	22.0	16.4
Suburban	Brimbank (C)	14.4	18.2	9.7
	Darebin (C)	11.7	18.1	13.7
	Hobsons Bay (C)	12.1	15.1	13.3
	Moonee Valley (C)	10.1	18.4	10.4
	Moreland (C)	14.4	19.6	10.9
Growth Area	Hume (C)	15.9	20.5	11.2
	Melton (S)	20.7	20.2	10.2
	Wyndham (C)	11.2	20.3	12.0
Peri-Urban	Macedon Ranges (S)	6.9	18.0	11.6
	Moorabool (S)	11.9	9.9	9.2

Adolescent mental health condition – 12-month prevalence

The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015 (the 'Young Minds Matter' survey) was conducted by the University of Western Australia for the Department of Health to provide national estimates of the extent of mental disorders in children and adolescents aged 4 to 17.

Based on interviews with 6,310 families, the survey generated important information on the prevalence and severity of mental disorders. It identified several socio-demographic characteristics associated with prevalence of mental disorders.

The survey did not allow direct, reliable estimates to be made for specific areas. However, Census data shows how socio-demographic characteristics vary across Australia. NWMPHN was therefore able to develop estimates of prevalence and severity of mental disorders, by combining statistical modelling of socio-demographic factors associated with mental disorder status from Young Minds Matter with information on the geographic distribution of those factors in each statistical area, using 2011 Census data.^{8, 9}

⁸ PHN Secure website

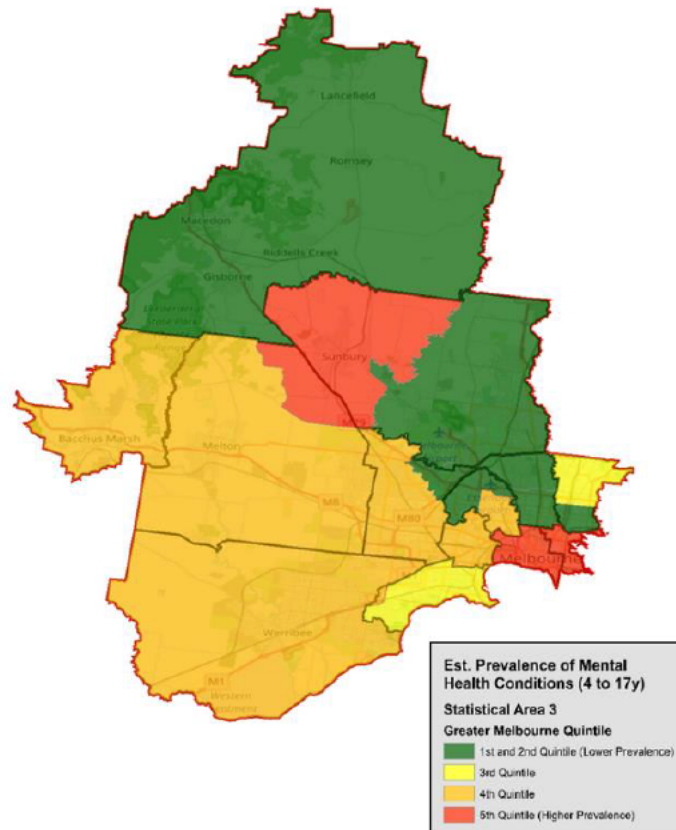
⁹ The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015, <https://youngmindsmatter.telethonkids.org.au/our-research/>





The results of this synthetic modelling show an elevated 12-month prevalence of mental illness in the Inner City LGAs of Melbourne and Yarra. The statistical area of Sunbury also had an elevated prevalence but to a lesser extent. *Note this data has limitations and results are indicative only.* Estimates are not based on actual counts but are statistically modelled and therefore subject to imprecision.

NWMPHN Figure 2: Synthetic (modelled) estimates of prevalence of mental disorders within children and adolescents by age bracket across the NWMPHN catchment (The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015).



NWMPHN Table 4: Synthetic (modelled) estimates of prevalence of mental disorders within children and adolescents by age bracket across NWMPHN catchment (The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015)

SA4	SA3	Est. number – 4-11yr	Est. prevalence – 4-11yr	Est. number – 12-17yr	Est. prevalence – 12-17yr	Est. number – 4-17yr	Est. prevalence – 4-17yr
Melbourne – Inner	Brunswick – Coburg	640	10.5	410	11.1	1,060	10.7
	Darebin – South	450	10.3	280	11.7	740	10.8
	Essendon	770	13.7	510	12.5	1,280	13.2
	Melbourne city	610	18.8	480	16	1,090	17.5
	Yarra	860	18.2	520	19.3	1,380	18.6





SA4	SA3	Est. number – 4-11yr	Est. prevalence – 4-11yr	Est. number – 12-17yr	Est. prevalence – 12-17yr	Est. number – 4-17yr	Est. prevalence – 4-17yr
Melbourne – N East	Darebin – North	840	11	680	13.9	1,520	12.2
Melbourne – N West	Keilor	500	9.7	460	11.7	960	10.6
	Macedon Ranges	360	10.9	250	10	610	10.5
	Moreland – North	710	10.7	600	12.6	1,310	11.5
	Sunbury	550	13.3	470	14.4	1,020	13.8
	Tullamarine- Broadmeadow	1,790	10.5	1,640	12.2	3,430	11.2
Melbourne – West	Brimbank	2,040	11.3	1,970	14.1	4,010	12.5
	Hobsons Bay	840	11.3	700	12.4	1,540	11.8
	Maribyrnong	720	11.7	570	15	1,290	13
	Melton – B. Marsh	2,130	12.2	1,650	13.9	3,770	12.9
	Wyndham	2,880	12.8	2,020	13.2	4,910	13
Greater capital city statistical area			12.1 (10.6,13.6)		13.2 (11.3,15.1)		12.6 (11.4,13.8)
NWMPHN		16,700	12	13,230	13.3	29,930	12.5

Other population health reports:

Children and families area profile (2017): <https://nwmpnh.org.au/wp-content/uploads/2018/04/NWMPHN-Children-and-Families-Area-Profile-2018.pdf>

Children and families snapshot: https://nwmpnh.org.au/wp-content/uploads/2018/04/S1_727_NWMPHN_CandF-infographic_WEB.pdf

Mental health profile (2018): <https://nwmpnh.org.au/wp-content/uploads/2019/01/NWMPHN-Mental-Health-Area-Profile-2019.pdf>

Mental health snap shot: https://nwmpnh.org.au/wp-content/uploads/2018/04/S1_727_NWMPHN_Mental-health-infographic_WEB.pdf

Snapshot of Mental health services funded:

<https://nwmpnh.org.au/wp-content/uploads/2018/11/Mental-Health-Update-2018-FINAL4.pdf>





Eastern Melbourne PHN

Commissioned services for children and young people

Headspace centres

EMPHN has commissioned three headspace centres listed below with their respective lead agency:

headspace Hawthorn - Access Health and Community

headspace Knox - EACH Social and Community Health Ltd

headspace Greensborough - Mind Australia

Targeted child and youth specific mental health services

There are two Youth Severe Services commissioned by EMPHN both providing tailored, responsive and specialised services for young people (aged 12-25) who are: experiencing mental health issues; at risk of developing complex mental health issues, experiencing emerging mental health issues and have difficult accessing other mainstream mental health supports. The two programs and respective providers are:

Youth Engagement Treatment Team Initiative (YETTI) provided by Eastern Health servicing Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges, and Austin Health servicing Banyule and Nillumbik LGAs; and

Flexible Intensive Mental Health Support for Young People (YFLEX) provided by Neami National and servicing the City of Whittlesea and the southern parts of Murrindindi and Mitchell shires, including Kinglake, Toolangi, Wallan and Wandong.

Stepped Care Model

EMPHN has implemented its SCM using a whole of model approach providing integrated services across all ages delivered by a group of providers in its three regions: north east, outer east and inner east.

Banyule Community Health in partnership with healthability and Nexus which covers Whittlesea, Nillumbik, Banyule and parts of the shires of Mitchell and Murrindindi within the EMPHN catchment.

Mentis Assist and Better Place Australia (formerly Family Mediation Centre) – covers Knox, Maroondah and Yarra Ranges.

Access Health & Community and its Connect4Health partners: Carrington Health and Link Health & Community – covers Manningham, Boroondara, Whitehorse and Monash.

Each group of providers deliver the whole suite of services within the SCM that include psychological therapy and counselling for individuals and groups, peer support, mental health nursing and care coordination, working closely with a person's general practitioner and support network to ensure their overall health and wellbeing is managed.





Aboriginal and Torres Strait Islander MH Services

EMPHN has commissioned two agencies to provide integrated health, cultural, social, emotional and psychological support services across all ages:

Healesville Indigenous Community Services association (HICSA) - covering the outer east;

Bubup Wilam for Early Learning covering the north east.

EMPHN has also commissioned two agencies to deliver psychological support for the Aboriginal community:

Banyule Community Health – for outer north east, all ages;

Yarra Valley Aboriginal Health – for outer east; this service prioritises people under 25 years of age but will not exclude over 25 if deemed appropriate.

AOD services

EMPHN has commissioned 15 AOD programs delivering services for individuals (substance using clients and their families). Majority of these programs manage co-occurring mental health issues.

Three of the programs are youth specific, namely:

Youth Home based withdrawal by YSAS (also known as Eastern Home-based withdrawal) – covers inner and outer east; provides psychosocial support and supervised home-based withdrawal to highly vulnerable young people aged 12-25years old.

Supporting Health, Education, Recreation and Personal Autonomy ((SHERPA) delivered by YSAS, covers inner and outer east; supports young people, aged 12 to 21 years of age, with problematic substance use who are disconnected from education or employment by promoting connection to pro-social activities and community supports.

YNOT2 delivered by Youth Projects, provides screening, assessment, treatment and referral options for young people in the City of Whittlesea facing challenges related to substance use. YNOT2 work closely with headspace Greensborough, the latter providing an outpost of its mental health services, with both co-located with the EDGE, a purpose-built facility for young people funded by the City of Whittlesea.

Supporting integration and partnerships

DiSS program is delivered in twelve secondary schools within EMPHN's catchment.

EMHiSS will be available in EMPHN's three headspace centres.

Youth hubs

EMPHN has facilitated the development of two youth hubs, one in the inner and outer east (East hub), and the other in the northeast:

East - with youth hub partners EACH, headspace Knox, Eastern Health (YETTI)

North east -with youth hub partners MIND, headspace Greensborough, Neami (YFLEX), Youth Projects (YNOT2 program).





Child and youth population profile

Age range	0 to 4	5 to 11	12 to 17	18 to 24
EMPHN population*	85,112	123,013	104,317	142,026

*Source: 2016 ABS Census data

Some key features of the Eastern Melbourne PHN population include:

- Over 5,000 Aboriginal and/or Torres Strait Islander people live in the catchment, particularly in Knox, Banyule, Whittlesea, and Yarra Ranges;
- A higher than average number of people born overseas live in Monash, Manningham and Whittlesea;
- Immigrants and people arriving on humanitarian visas mostly live in Maroondah and Whittlesea; and
- Whittlesea has both a high growth rate and a relatively young population. The population in Yarra Ranges is also relatively young.

EMPHN has identified through its needs assessment and stakeholder consultations three areas of significant need for youth mental health. The highest priority for young people are City of Whittlesea, City of Monash and Shire of Yarra Ranges.

Whittlesea LGA – The City of Whittlesea is a growing urban fringe and rural LGA in the plenty valley growth corridor covering 490km², the seventh largest growing LGA in Australia. The 12-25 youth population is 35,113 and expected to grow to 67,454 by the year 2036, it is one of Australia's fastest growing communities. The City of Whittlesea consists of an older established area in the south (higher socioeconomic disadvantage); and rural areas towards the north (isolation); and growth development areas central (lag in infrastructure).

Monash LGA - City of Monash is an urban area in the eastern suburbs of Melbourne. It has a youth population of 39,186 (ABS 2016) and a high concentration of schools and tertiary facilities.

Yarra Ranges LGA - Yarra ranges is a predominantly a rural LGA with areas of the urban fringe. There are areas of significant socioeconomic disadvantage across the LGA along with poor access to, and coverage of, services and transport particularly in the Yarra Valley.

Young people

In the EMPHN needs assessment, Whittlesea rated more than any other LGA in terms of identified health needs and service gaps. In a Human Service needs analysis of service providers, 83.3% respondents noted a lack of youth mental health services and service infrastructure along with growing population as major concerns. Youth unemployment is one of highest in Melbourne at 16.4% and early disengagement from school is well above the state average. Whittlesea has the 4th highest ATSI population in Melbourne with 57% under 25, there are also a significant number of newly arrived migrant young people aged 10-19. Youth suicide rates are 10.8/100k with Whittlesea recently being announced as one of the 5 Victorian place base targeted suicide prevention sites in partnership with EMPHN.

Monash suffers from a disjointed and complex youth mental health system with little service integration, therefore the need for youth service coordination is high. Monash has a large CALD population with higher than average mental health needs and levels of social disadvantage. Over 40%





of 12-14-year olds are overseas-born originating from over 18 countries, there is a very high concentration of overseas students living and studying in Monash who are more likely to experience additional stressors and do not have usual family or community supports around them. Monash young people have high rates of reported bullying, high rates of self-harm, depression and family violence.

In the Yarra Ranges, young people in the 12- 15-year age group is estimated at 26,173 (ABS 2016), and often experience isolation, a lack of service infrastructure, access to transport and high incidents of vulnerable behaviours such as substance misuse, self-harm, depression and homelessness. The Yarra Ranges has 92 primary and secondary schools. While the youth population projected growth for Yarra Ranges is only 12% over 20 years, it is concentrated in the Lilydale and immediate surrounds at 35%-40% by 2036, compared with the outer areas of the LGA, that are projected to see a decrease in youth population.

Youth mental health is a key priority with high rate of reported psychiatric hospitalisations and very high levels of reported psychological distress. Alcohol use is significantly higher the Victorian average, as is sexual activity and ICE use amongst youth. Yarra Ranges has the second highest ED presentations in EMPHN for attempted suicide. Socioeconomic disadvantages and isolation is disproportionately higher in the Yarra Valley. There is higher population of indigenous communities concentrated around Lilydale and Healesville that have identified increased risks factors and vulnerability.

Mental health issues and self-harm were reported among youths in Boroondara, Manningham, Maroondah, Monash, Nillumbik and Whittlesea. High prevalence conditions and the associated psycho-social impacts were highlighted, including school absenteeism and social isolation. Monash had the highest proportion of adolescents who reported being bullied (over 50%). High rates of youth Alcohol use are reported in Nillumbik and high rates of drug use among your people in Knox and Whittlesea.





South Eastern Melbourne PHN

Commissioned services for children and young people

headspace centres

SEMPHN has commissioned five headspace centres listed below with their respective lead agency.

headspace Frankston - YSAS PTY LTD

headspace Bentleigh– Alfred Health

headspace Elsternwick – Alfred Health

headspace Dandenong – EACH Social and Community Health Ltd.

headspace Narre Warren – EACH Social and Community Health Ltd.

Targeted child and youth specific mental health services

headspace Youth Early Psychosis Program (hYEPP) services, delivered by Alfred Health, are offered two designated headspace centres. This program focuses on early intervention, aiming to prevent disruptions in a young person's life and lessen the duration of untreated psychosis. We offer intensive integrated services including case management for young people and their families for up to five years.

Two headspace centres, headspace Narre Warren and headspace Frankston, have received funding from SEMPHN to pilot services for youth with severe mental health conditions.

headspace Narre Warren will pilot services for youth aged 12 – 16 years with severe anxiety and depression who have disengaged with their learning environment. This will be done through assertive outreach, including to youth in the under-serviced area of Cardinia, as well as via family inclusion models and other interventions.

headspace Frankston will pilot services for young people aged 12 – 25 years who have complex Post-Traumatic Stress Disorder (PTSD) and/or severe depression and who are resistant to treatment. This will also be done via outreach, including to the under-serviced area of Rosebud, using the Emotional Regulation and Impulse Control (ERIC) model developed by Deakin University, single session family consultation and other interventions

BounceBack provides early access to free treatment and team clinical care for young people (aged 12-25 years) who are experiencing, or at risk of, severe and complex mental ill health

The intensive treatment service is a combination of primary health care and GPs, specialist private mental health services, alcohol and other drug services, non-government services, and educational and vocational providers.

The service will be delivered by Youth Support & Advocacy Service (YSAS) across Frankston and the Mornington Peninsula, while EACH will deliver the service across Dandenong/Kingston and Casey/Cardinia.





Stepped Care Model

SEMPHN has commissioned two key service elements of its stepped care model, the Accessible Psychological Interventions (API) Services, and the Mental Health Integrated Complex Care (MHICC) services.

API Services: are flexible services to support people with mild to moderate mental illness, include a range of short term psychological interventions, are for people who have a health care card or can't afford/access similar services, are especially designed for people from hard-to-reach population groups, can be delivered in individual, family or group formats. Providers and LGAs covered include:

- EACH (Casey, Greater Dandenong)
- Life Works (Glen Eira, Frankston)
- Better Place Australia (Kingston)
- Mentis Assist (Mornington Peninsula)
- Star Health (Port Phillip, Stonnington)

MHICC services: are flexible services to support people with severe/complex mental illness, can include clinical nursing services, family support and liaison, care co-ordination and liaison (clinical and non-clinical) and improving access to psychiatrist and psychological care, are for people who have a health care card or can't afford/access similar services, and aren't eligible for NDIS and Partners in Recovery (PIR). Providers and LGAs covered include:

- Mentis Assist (Cardinia, Casey, Frankston, Mornington Peninsula)
- Star Health (Bayside, Glen Eira, Kingston, Stonnington)
- First Step (Port Phillip)
- Mind (Dandenong)

SEMPHN Access and Referral – a central phone and fax line (including general practitioner priority line), that links people with primary mental health services, including referrals into the new API and MHICC services and the existing Partners in Recovery (PIR) service.

Eligibility: These services are for people with health care cards or who cannot afford/access similar services and especially designed for people from hard-to-reach population groups.

Aboriginal and Torres Strait Islander MH Services

Dandenong and District Aborigines Co-operative Limited (DDACL) provides mental health services to Aboriginal and Torres Strait people in the local government areas of Frankston and Casey.

DDACL will collaborate with headspace Frankston to build on existing pathways and relationships in the City of Frankston to support youth with their emotional and social health and wellbeing.

An Aboriginal youth and mental health team will also be established to support socially isolated and disengaged youth in the City of Casey.

Assertive outreach into schools and other organisations, clinical interventions and family/carers support will be used to deliver the services.





AOD services

TaskForce, a community alcohol and other drug agency, was commissioned to deliver three alcohol and other drug programs to reduce adolescent use of alcohol and improve service access to treatment options for alcohol and other drug use. The three programs are:

Alcohol and other drug liaison outreach workers (ADLOW) service was established to improve service access to treatment options for drug use in the cities of Port Phillip and Greater Dandenong.

Alcohol Wellbeing and Risk Education (AWaRE) was established to reduce adolescent use of alcohol within the local government areas (LGAs) of Bayside, Cardinia and Mornington Peninsula. It is a six-week interactive educational program, targeting students in Years 8 to 10.

Breaking the Barriers is a parenting support program for mothers experiencing alcohol and other drug use and/or on pharmacotherapy.

ResetLife is an evidence-based Alcohol and Other Drug (AOD) treatment program based on the Matrix Treatment Model. ResetLife is for people who: are 18 years and over, have a severe substance use disorder, live or work in South Eastern Melbourne, have basic English literacy (able to read, write and speak in English). It involves 16 weeks of structured intensive outpatient treatment, followed by 36 weeks of continuing care. During the intensive phase, clients attend formal treatment three days per week and informal treatment the other days.

Family Connections Counselling Service provides professional and confidential support to families and friends impacted by someone's drug and alcohol use.

Supporting integration and partnerships

Doctors in Secondary Schools Program (DiSS) – 18 secondary schools in the SEMPHN catchment.

EMHiSS program will be available in all of five headspace centres in SEMPHN.

Child and youth population profile

Based on the SEMPHN's 2017 needs assessment:

Factors contributing to increased risk of mental health issues:

Higher than average rate of children on child protection orders in the following LGAs (compared to Victoria – 5.2 per 1,000 children):

Frankston (6.9 per 1,000 children)

Port Phillip (6.0 per 1,000 children)

Greater Dandenong (5.7 per 1,000 children)

Higher than average rates of substantiated child abuse in the following LGAs (Victoria – 6.7 per 1,000 children):

Frankston (12.4 per 1,000 children)

Greater Dandenong (11.0 per 1,000 children)

Mornington Peninsula (8.7 per 1,000 children)





High proportion of adolescents who reported being bullied at school in the LGA of Mornington Peninsula (19.1% of adolescents) compared with Victoria – 17.9% of adolescents.

Mental health issues:

High prevalence of children with emotional or behaviour problems in the following LGAs (compared to Victoria – 4.3% of children):

Frankston (6.7% of children)

Casey (5.5% of children)

Cardinia (5.4% of children)

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 SA3 region of Dandenong (5.0%) compared with 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)

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)

In summary, the identified priority needs of 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.





Western Victoria PHN

Commissioned services for children and young people

headspace centres

WVPHN has commissioned four headspace centres listed below with their respective lead agency.

headspace Geelong - Barwon Child Youth & Family Services

headspace Ballarat - Ballarat Community Health Services

headspace Warrnambool - Brophy Child Youth and Family Services

headspace Horsham - Uniting Wimmera

headspace Portland is a new satellite of headspace Warrnambool.

Targeted child and youth specific mental health services

headspace Geelong is also funded to provide AOD services in the Barwon catchment area to treat youth whose substance use is problematic.

The *Specialist Family Intervention Program* at Barwon Child, Youth and Family (BCYF) undertakes interventions for family members, including children, who are impacted by those using substances. Interventions within this program include art therapy, engagement with the chemical dependence unit at Geelong Hospital and working collaboratively with Child Protection where required.

Western Region Alcohol and Drug Service (WRAD) has been commissioned to provide youth outreach services to at risk and AOD-using youth in the Great South Coast region.

The mainstream brief intervention service providers (Grampians Community Health, BCYF, WRAD and Ballarat Uniting) all provide support for family members of substance users. Whilst the primary focus of this program is not children, often children are involved in the interventions and treatment.

Stepped Care Model

WVPHN's stepped care model is currently under development but two new programs commenced in July 2018 in preparation for the transition to stepped care. These programs are accessible through a single point of entry and include the following:

Services and Treatment for Enduring and Persistent Mental Illness (STEPMI) – provides primary care led treatment combinations to children and young people with enduring and persistent serious mental illness in the community. Services include clinical care coordination, family inclusion and support, regular review of progress toward personal goals, periodical monitoring of physical and mental state, optimised medication management, relapse prevention planning, risk monitoring and psychosocial interventions aligned to treatment needs. The list of providers is available at [WVPHN website](#).

Psychological Therapy Services (PTS)– provide evidence based, short term focused psychological intervention to children and young people with diagnosable mild, moderate, or in some cases severe, mental illness or to people who have attempted, or at risk of, suicide or self-harm where access to other services is not appropriate. The list of providers is available at [WVPHN website](#).





Aboriginal and Torres Strait Islander MH Services

Aboriginal and Torres Strait Islander Mental Health Brief Interventions - provide screening, assessment and evidenced based interventions that meet the mental health needs of young Aboriginal and Torres Strait Islander people within the social, emotional and cultural wellbeing of Aboriginal and Torres Strait Islander community. Service providers include: Gunditjmara Aboriginal Cooperative; Kirrae Health services; Budja Aboriginal Cooperative; Ballarat and District Aboriginal Cooperative (BADAC); Winda-Mara Aboriginal Corporation; Wathaurong Aboriginal Cooperative; and Dhauwurd-Wurrung Elderly & Community Health Service (DWECHS).

AOD services

While no Aboriginal Community Controlled Health Organisations (ACCHOs) are commissioned to directly service children or youth using AOD, seven ACCHOs in the Western Victoria Region are commissioned to provide AOD brief intervention programs. Within this work children of AOD users are often present at appointments and AOD workers strongly advocate and act as a support for their client's children. Service providers include: Gunditjmara Aboriginal Cooperative; Kirrae Health services; Budja Aboriginal Cooperative; Ballarat and District Aboriginal Cooperative (BADAC); Winda-Mara Aboriginal Corporation; Wathaurong Aboriginal Cooperative; and Dhauwurd-Wurrung Elderly & Community Health Service (DWECHS).

Supporting integration and partnerships

In WVPHN region, 11 schools have been funded to deliver DiSS and during May and September 2018 about 50% of the consultations were for mental health issues.

EMHiSS will be available in headspace centres in Geelong, Warrnambool, Horsham and Ballarat.

Child and youth population profile

The Central Highlands District Department of Education Area includes the Western Victoria PHN local government areas (LGAs) of Ararat Rural City, City of Ballarat, Golden Plains Shire, Hepburn Shire, Moorabool Shire and Pyrenees Shire). Central Highlands had:

- A greater proportion (17.5 per cent) of young people who showed high levels of depressive symptoms on the International Youth Development Study Short Version Moods and Feelings scale than Victoria as a whole (15.5 per cent);

- A greater proportion of young people who report experiencing bullying recently, 48.7 per cent, compared to Victoria as a whole, 45.1 per cent; and

- A greater proportion of young people who are experiencing cyber bullying, 32.2 per cent, compared to Victoria as a whole, 29.3 per cent.

The Western District Department of Education Area includes 10 of the 21 LGAs in the Western Victoria PHN region) and had a greater proportion of young people who are bullied most days 17.0 per cent, compared to Victoria as a whole, 15.3 per cent (2014 Victorian Student Health and Wellbeing Survey).

A headspace youth consultation, including youth from both Ballarat and Geelong, identified mental health as an important issue for young people, especially for those from disadvantaged or





marginalised groups such as LGBTIQ+, transgender young people and young people with a disability (Hearspace Youth Consultations: Report for the Office for Youth, October 2015).

In the Mission Australia Youth Survey 2018, mental health was one of the top three issues that youth considered most important in Australia today. These issues were mental health (33.7 % of respondents), alcohol and drugs (32 %) and equity and discrimination (27.3 %).

At a national level, an estimated 13.9 % of 4-17-year olds in Australia were assessed as having mental disorders in the previous 12 months; 12.6 % in greater capital cities and 16.2 % in the rest of the state. These statistics were supported by community and service provider consultations held across the rural communities of Western Victoria PHN region, in 2016, where the issue of mental health problems amongst youth in their communities was raised.

At service provider and community consultations during 2016, and again in 2018, it was identified that there were gaps in services for youth with mental health issues who live outside the regional centres and these youths often have limited transport options.

The National Mental Health Service Planning Framework (NMHSPF) 2018 estimates the expected demand for treatment of mild and moderate mental illness and early intervention in the Western Victoria PHN region are as follows: aged 0 to 4 (5,652); aged 5 to 11 (9,464); aged 12-17 (7,766); 22,882 in total.

The number of children aged 0-11 that received treatment through Psychological Therapy Services (PTS) in the Western Victoria PHN region in 2017-18 was 425 which is 2.8 % of the expected NMHSPF treated population.

The number of young people aged 12-17 that received treatment at the four headspace centres in the Western Victoria PHN region, Ballarat, Geelong, Warrnambool and Horsham, for the primary service of mental health treatment in 2017-18 was 2871 which is 37% of the expected NMHSPF treated population (Report on headspace centres Western Victoria PHN. Financial Year 2017-18).

Of the population aged 12-24 years in Western Victoria PHN region 4.42 per cent accessed headspace services in 2017-18. There are four LGAs where the proportion of people aged 12-24 years accessing headspace services was less than 1%: Colac Otway Shire 0.26%, Central Goldfields Shire 0.29%, Ararat Rural City 0.47%, and Northern Grampians Shire 0.58 %.

Youth from Ballarat and Geelong identified long waiting lists for youth mental health services and lack of transport options as barriers to accessing youth mental health services. Youth also recommended the provision of information for other mental health conditions beyond anxiety and depression such as psychotic illnesses and personality disorders (Hearspace Youth Consultations: Report for the Office for Youth, October 2015). This was confirmed by the reported waiting time for headspace services in Ballarat, where 39.7 % of young people had to wait greater than three weeks for their first appointment in 2017-18 compared to 22.7 per cent nationally. The proportion of young people who reported waiting greater than three weeks for their first appointment was lower than that nationally in Geelong headspace centre (15.2 %), Horsham headspace centre (7.7 %) and Warrnambool headspace centre (12.3%) (headspace centres Western Victoria PHN. Financial Year 2017-18).





Murray PHN

Commissioned services for children and youth

headspace centres

MPHN has commissioned five headspace centres listed below with their respective lead agency.

headspace Bendigo - Bendigo Community Health Service

headspace Wodonga - Gateway Health

headspace Shepparton - Goulburn Valley Health

headspace Mildura - Mildura Base Hospital (Ramsay Healthcare)

headspace Swan Hill - Swan Hill District Health

A headspace satellite program in Wangaratta is currently being developed.

Targeted child and youth specific mental health services

The five headspace centres received additional funding to support young people severe mental health conditions.

This service is provided for young people aged 12 to 25. To be eligible clients must have or be at risk of severe mental illness which may include eating disorders, borderline personality disorder, and be assessed as complex while not meeting the threshold for area mental health services. The scope of service includes screening and assessment of clients, integrated and extended mental health counselling and psychological therapy (including one to one sessions with client and family), case management and care coordination.

Stepped Care Model

Murray PHN commissioned services in accordance to the stepped care reform from February 2018.

Psychological Therapy Services (PTS)

PTS are available for clients with low to moderate needs that require brief psychological interventions. It includes those who experience barriers to accessing MBS funded psychological intervention. People who have attempted, or who are at risk of, suicide or self harm (but not at immediate risk) are also eligible for PTS.

PTS General

This service is targeted to the following cohorts:

- individuals aged over 12 years
- individuals who are less able to pay fees
- individuals living in rural and remote communities,
- individuals experience, or at risk of homelessness,
- culturally and linguistically diverse communities, and
- individuals with an intellectual disability.





PTS – Child

A specific stream of Psychological Therapy Services (PTS) has been commissioned specifically for children aged under 12 years. Services are available to children who have, or at risk of developing a mental health disorder where this causes significant dysfunction in everyday life.

PTS – Aboriginal and Torres Strait Islander

This service is for Aboriginal and Torres Strait Islander people who have, or at risk of developing mild to moderate mental health disorder and who could benefit from short term focussed psychological strategies.

PTS – Perinatal

Targeting women who have been assessed with perinatal depression.

PTS Suicide Prevention

Targeting people who have self-harmed or attempted suicide or at risk of suicide.

Primary Mental Health Clinical Care Coordination (PMHCCC)

Murray PHN commissioned services for PMHCCC from February 2018. The service replaces the former Mental Health Nurse Incentive Program. PMHCCC describes services for moderate to complex disorders requiring assertive support within a team approach. Its aim is to improve the care coordination and service integration for people with severe mental illness, reduce the likelihood of unnecessary hospital admissions and readmissions and to provide support in their recovery through comprehensive assessment, efficient management and onward referral arrangements.

At a minimum, clinical care coordination includes:

- a mental health treatment plan (MHTP) that includes assessment, recovery goals and care plan
- clinical monitoring, including medication management and periodic case review
- referral and care coordination
- a physical health assessment and plan, and
- discharge planning.

PMHCCC service is for people with diagnosed mental health disorder (ICD 10 or DSM 5) which significantly impacts their social, personal and work life, and a previous hospital admission for their disorder, or be at risk of needing future hospitalisation without appropriate treatment.

Primary Mental Health Clinical Care Coordination (PMHCCC) - supporting people who experience severe mental illness.

A summary of the PTS and PMHCCC services is provided in MPHN Table 1.





MPHN Table 1. Summary of PTS and PMHCCC Commissioned Activity

Commissioned Health Service	PTS General	PTS Child	PTS Aboriginal & Torres Strait Islander	PTS Perinatal	PTS Suicide Prevention	PMHCCC
Albury Wodonga Aboriginal Health Service			✓			✓
Australian Primary Mental Health Alliance	✓	✓				
Bendigo Community Health Service	✓	✓			✓	✓
Calder Counselling		✓				
Castlemaine District Community Health		✓			✓	
Cobaw Community Health Service	✓					✓
Corryong Health	✓					✓
Echuca Regional Health	✓					✓
Elizabeth McDonald		✓				
Goulburn Valley Health					✓	
MIND Australia	✓					
Njernda Aboriginal Corporation		✓	✓			
Northern District Community Health	✓					✓
Numurkah District Health Service	✓					✓
Psychology and Wellbeing Worx		✓				
Ramsay Health	✓					✓
Sunraysia Community Health	✓					✓
St John of God Healthcare				✓		
Swan Hill District Health	✓					✓
The Baudinet Centre		✓				
Tristar Medical Group			✓	✓	✓	

Aboriginal and Torres Strait Islander MH Services

Integrated Mental Health and AOD treatment services

In consultation with Loddon Mallee's Aboriginal Reference Group (LMARG), MPHN has funded Aboriginal Controlled Community Organisations (ACCOs) to strengthen the integration of primary mental health services within a Social and Emotional Wellbeing framework through continued co-design and health system integration and coordination for Aboriginal and Torres Strait Islander people.





Commissioned ACCOS include:

- Albury Wodonga Aboriginal Health Service
- Bendigo & District Aboriginal Co-operative
- Mallee District Aboriginal Service
- Njernda Aboriginal Corporation
- Robinvale District Health
- Rumbalara

While none of these ACCOs were commissioned by MPHn to directly service children or youth, the clients' children are often present at appointments, and ACCO workers strongly advocate and act as a support for their client's children.

Alcohol and Other Drugs services

Support for young people with co-occurring mental health and AOD conditions

This project is funded as part of the AOD Treatment Services strategy which develops regionally appropriate approaches of treatment services and collaborative models of care. The commissioned activity is trialling new models of care for young people with co-occurring conditions of AOD substance misuse and mental illness; strengthen and improve service delivery; improve pathways for patients; and build shared care interventions with General Practice and the AOD and mental health (MH) service system.

Youth Support and Advocacy Service (YSAS, Bendigo) was commissioned to develop shared care, referral and secondary consultation protocols to enhance access to a variety of youth AOD treatment pathways for young people living in rural areas of the Southern Mallee region, including Heathcote, Kyneton, Castlemaine, Bendigo and Loddon. The protocols will also cover relapse prevention support for those young people post discharge from residential withdrawal and AOD/Dual diagnosis (co-occurring AOD and MH) rehabilitation programs.

Outcomes of this project aim to improve cross-sectoral and integrated approaches to AOD and MH for young people in the Southern Mallee areas.

Supporting integration and partnerships

Doctors in Secondary Schools Program (DiSS) – 22 secondary schools in MPHn catchment.

EMHiSS program will be available in the five headspace centres in MPHn.

Child and youth population profile

This information provides an overview of the health and service needs of the Murray PHN specifically related to mental health and suicide prevention. The information presented is predominantly focuses on those who are already unwell and using our mental health service system.

It is to be considered with a view of the social determinants of mental health and risk factors such as homelessness, ageing, trauma, drug and alcohol use, low income, social isolation, and the lack of meaningful occupation such as employment. As described in the general population health section herein, the Murray PHN region has hot spot areas of low income, high drug and alcohol use, an ageing population and populations who have high rates of trauma such as Aboriginal and Torres Strait





Islanders and newly arrived humanitarian settlers. People experiencing poor mental health are also more likely to experience poor physical health, homeless, have poor oral health, and comorbidities such as chronic disease and alcohol and other drug dependencies. Information relating to Aboriginal and Torres Strait Islander communities and mental health is described in the Aboriginal Health section.

The mental health service sector continues to undergo significant transitions at both the Commonwealth and state level which is impacting on this sensitive population group. The transition to NDIS is presenting some emerging needs for people at risk of, or living with, mental illness. People aged over 65 are not eligible for NDIS support, nor are people who were born overseas and are not Australian citizens. There will also be groups of service users that were previously eligible for services that due to slight modifications of criteria, or changed programs, will lose funding.

Key issues identified

- Five LGAs have populations with identified high and very high levels of psychological distress significantly higher than the Victorian rate of 12.6%.
- 33% of mental health (MH) Treatment Plan activities were for a review of the plan.
- There are over 45% more registered mental health clients in Murray PHN compared with the Victorian average.
- Significant rates of suicide are experienced in Murray PHN regions of North West, Goulburn Valley and North East, with significantly high rates of ambulance attendance to suicide attempts in these regions. Avoidable deaths for suicide and self-inflicted injuries in the Murray PHN region were 40% above the state average (Victorian Health Atlas).
- Females account for 69% of all self-harm injury hospital admissions.
- It is estimated that 19.6% of the population (aged 18 to 85 years) will experience mental ill health across the Murray PHN catchment. Of this group, estimates indicate 20,841 people will have moderate to low mental health needs and 4,420 people will have severe and persistent mental illness with complex needs, although only a proportion of these people will access services (as defined in a stepped model of care) (Modelled data).
- Access to specialist services and targeted primary mental health care is limited across the region.
- People with serious mental illness typically live between 10 and 32 years less than the general population. Around 80% of this higher mortality rate can be attributed to the much higher rates of physical illnesses, such as cardiovascular and respiratory diseases and cancer experienced by this population (Harris et al. 2018).

Community consultations

Across several community consultations, five key themes emerged regarding mental health needs and service system issues:

- Access: relating to costs, specialist services, outreach, telehealth models, waiting times, stigma, and mental health literacy.





- Mental health system: inflexible funding models, cross-border issues including discharge planning, services informed by people with lived experience, and transition to NDIS support.
- Rurality: counter-productive impact of competitive tendering in rural areas and need for alternative models of care including community-based and peer-led.
- Workforce: limited availability of child and adolescent specialists, lack of female practitioners, underreporting of mental health conditions.
- Person-centred care: inadequate cultural awareness and support for co-morbidities.

Evidence summary

Registered mental health clients

- Benalla (26.3 persons per 1000, age-standardised) followed by Mildura (24) have the highest rates of registered mental health clients for Murray PHN, more than double the Victorian average (11.9) and are ranked 4th and 6th highest in Victoria respectively (DHHS 2015).
- Wangaratta, Indigo and Wodonga are all significantly higher than the Victorian average and ranked within the top 10 LGAs in the state for registered mental health clients (DHHS 2015).

Mental health overnight hospitalisations rate per 10,000

- The Mental Health overnight hospitalisation rate (2015-16) in the Murray region (93 per 10,000) is lower than the national average (102 per 10,000) (AIHW 2017).
- The SA3 areas of Albury (106 per 10,000), Wangaratta-Benalla (103 per 10,000), and Murray River-Swan Hill (106 per 10,000) are all higher than the national average (AIHW 2017).

Proportion (%) of adult population with high or very high psychological distress (K10)

- Campaspe (18.3%), Mount Alexander (17.2%), Murrindindi (16.4%), Wangaratta (15.2%) and Mitchell (14.8) are significantly above the Victorian average (12.6%) for the proportion of the population reporting high or very high psychological distress (DHHS 2015).

MBS rates for focused psychological strategies (Better Access - MBS)

- Moira and Murray-Swan Hill (SA3 areas) were significantly below the Murray PHN average number of MBS patients seen by a mental health clinician. Both SA3 areas are also two of the most disadvantaged Victoria LGAs.
- Campaspe and Wodonga-Alpine (SA3 areas) is below the Murray PHN average number of MBS patients seen by a mental health clinician.
- Loddon had no recording of allied health and thus their population was not included in the Murray PHN average and is ranked the second-most disadvantaged LGA in Victoria.
- Bendigo and Heathcote-Castlemaine-Kyneton (SA3 areas) have a significantly higher number of mental health providers than the Murray PHN average.





- Moira, Campaspe and Murray River-Swan Hill (SA3 areas) have a significantly lower number of MBS mental health providers than the Murray PHN average. These SA3 areas are also some of the most disadvantaged Victoria LGAs.

Rates of GP Mental Health Treatment Plans (MHTPs)

- Shepparton (281), Bendigo (209), Mildura (175), Moira (169) and Wodonga-Alpine (162) had higher rates of MHTPs per 1000 persons than the Murray PHN average (151).
- In contrast to those that had higher levels of MHTP, the following LGAs had a higher rate of MHTP reviews (as a percentage of MHTPs attended): Heathcote - Castlemaine – Kyneton (68%), Loddon – Elmore (59%), Wodonga – Alpine (50%), Upper Goulburn Valley (49%), Wangaratta – Benalla (44%). These are all above the Murray PHN average of 33% reviews as a proportion of attended MHTPs (AIHW 2017).

Suicide Prevention

- There are 10 local government areas in the Murray PHN region with annual suicide frequency rates higher than the regional Victorian rate (Coroner's Report 2018).
- Annual frequency, overall frequency and average annual rates of suicide by LGA indicate that Benalla, Mansfield, Indigo and Mount Alexander are the highest. There is an increasing trend in Benalla and Mount Alexander in the years 2009–2015.
- Avoidable deaths for suicide and self-inflicted injuries in the Murray PHN catchment area were 24.4% above the state standardised ratio of 86 (AIHW 2017). (A standardised ratio (SR) is a comparison to the Australian ratio that is assigned a value of 100)
- Above average suicide rates are experienced in Murray PHN's regions of North West and Goulburn Valley, with significantly high rates of ambulance attendance to suicide attempts in these regions.
- Females accounted for 69% of all Murray PHN catchment hospital separations for self-harm injuries.
- Rates of hospital separations for intentional self-harm is high compared with the state average in two of four regions within Murray PHN, and the rate of hospital separations for intentional self-harm for Aboriginal and Torres Strait Islander people is significantly higher than the non-Aboriginal and Torres Strait Islander population.
- Compared with the Victorian standardised ratio of 86, all Murray PHN LGAs except Campaspe have a higher rate of avoidable deaths from suicide and self-inflicted injuries.
- Strathbogie had the highest rate of avoidable deaths from suicide and self-inflicted, followed by Benalla (161), Murrindindi (156). Followed by Macedon Ranges (150) and Albury (140).
- North West region of Murray PHN experienced the highest rate of public hospital separations for intentional self-harm, at 13% higher than the state average. The next highest region was Goulburn Valley which is also above the state average.





Gippsland PHN

Commissioned services for children and young people

headspace centres

GPHN has commissioned three headspace centres listed below with their respective lead agency:

headspace Bairnsdale – Relationships Australia Victoria

headspace Morwell – Latrobe Community Health Service

headspace Wonthaggi – Relationships Australia Victoria (incorporating previously Gippsland PHN-funded four Youth Access Clinics in Bass Coast and South Gippsland as a headspace centre and outpost model)

Targeted child and youth specific mental health services

GPHN's four pilot projects and their providers are as follows:

Youth and Eating Disorders program – Butterfly Foundation

Autism and Mental Health ROADIES program – Interchange

Autism and Mental Health program – Bass Coast Health

Calm Kid Central low intensity mental health online program – Developing Minds

Stepped Care Model

GPHN's stepped care model is currently under development but has multiple providers under its Psychological Therapies program delivering services for moderate mental illness across population including children and young people.

Low intensity evidence-based services for individuals aged over 18 years and experiencing mild to moderate anxiety and depression are provided by: Bass Coast Health, Orbost Regional Health, Gippsland Lakes Community Health, Migdala House, Warragul, Yarram District Health Service; and South Gippsland Hospital (Foster).

Within Australia delivering the *Quick Steps to Recovery* program, an early intervention mental health service that aims to work with people who are feeling unwell, uneasy about their work situation or are starting to struggle with day-to-day activities, who may not be eligible for a mental health plan. This free service is available for people 16 years old and older who lives in the Heyfield, Maffra and Stratford LGAs.

Alcohol and Other Drugs

Youth Support & Advocacy Service (YSAS) *Youth Alcohol and Other Drug Outreach Service* – available across the local government areas of South Gippsland, Wellington and Bass Coast; for vulnerable young people (12-25 years) who require alcohol and drug treatment and support to stabilise, reduce or cease harmful substance use.





Latrobe Community Health Service (LCHS) aims to locate, engage and allow local Aboriginal and non-Aboriginal young people to proceed through a withdrawal episode under professional supervision; also include support post-AOD withdrawal; for Aboriginal and Non-Aboriginal Youth (12-24 years); delivered in Latrobe and Baw Baw.

For families and carers:

Australian Community Support Organisation (ACSO) - *You're Not Alone* Family, Friends & Carers Substance Abuse Support (YNA) program provides brief, early intervention for families and carers of people who are misusing substances with the aims of providing information and guidance, advocacy and referrals via a solutions-focused model; delivered across Latrobe, Baw Baw, South Gippsland, Wellington and East Gippsland local government areas.

Supporting integration and partnerships

DiSS is delivered in nine secondary schools within the GPHN catchment.

EMHiSS program will be available in headspace Bairnsdale and headspace Morwell.

Child and youth population profile

The key findings in the service needs analysis for children and young people include:

Integrated, multi-disciplinary services across sectors (e.g. health, education, employment, welfare, justice, etc.) is needed to provide best practice, accessible care for young people.

There is inequitable or limited access to expertise in primary care for young people experiencing serious mental illness.

Affordable and timely support for children, young people and families was noted by the community as a service gap.

Children 0-14 years

The health issues rated as most important by parents of children aged 0-14 years were mental health, healthy living and immunisation as identified in a community survey.

- 77% of parents reported knowing how to find mental health support; 44% felt they would be able to afford the support they would need for themselves or their children, and 55% felt that they would be able to take time away from work or study to care for themselves or their children if they were experiencing a mental health issue.
- Service use reported by parents of children aged 0-14 years was higher than for all respondents for ED attendances and dentist visits according to a community survey.
- 32% of parents of a child aged 0-14 years reported that nothing stopped them from getting health care they needed in the past 12 months in the survey. Main barriers were:
 - Cost 41%





- Long wait for appointments 39%
- Couldn't get there 13%
- Didn't feel comfortable accessing the service 7%
- Didn't understand how to access the service 3%

Most commonly, the barriers related to accessing medical specialists, but GPs, dental and mental health services were also commonly mentioned. Concerns with the quality of the service was also a reported barrier by a few parents.

- 57% of parents reported problems accessing a GP within business hours in a community survey. The main reason for this was un-availability of an appointment or a long wait for an appointment. Wanting to see a preferred GP was also a common concern.

Community interviews identified health issues relating to children; child mental health, access to paediatric medical and allied health and assessment and early intervention services. Co-location was mentioned as a model that works well.

A South Gippsland survey of children and parents/service providers identified needs for children:

- Increased awareness of, and access to mental health services for children
- Affordable access to emergency care facilities

About 8% of the activity at Gippsland GP practices was provided for children aged 0-14 years, with an average of 3.9 activities per patient with:

- 70% of 0-14-year olds recorded a respiratory condition
- 25% of 0-14-year olds recorded a mental health condition

The proportion of children with emotional or behavioural problems at school entry is high in Gippsland (7.4%), compared to 4.6% in Victoria. The highest proportions are in Latrobe (8.5%), South Gippsland (7.8%) and East Gippsland (7.7%).

Young people

Gippsland headspace data for the 2017-18 period showed:

13.6% of Gippsland headspace participants reported tenuous housing situations, compared to a national Centre average of 9.8%

71.9% of Gippsland headspace participants are aged 12-17 years, compared with the national headspace centre average of 54.1%

There was a considerably lower average of young people from CALD backgrounds attending Gippsland headspace centres (3.6%), compared to the national headspace centre average (9.9%)

The proportion of young people attending Gippsland headspace centres identifying as LGBTQI (22.6%) was similar to the national headspace centre average (22.2%)

Mental health was the primary issue for 77.7% young people, comparable with the national headspace centre average of 76.9%.

Young people presenting for care to the four local Youth Access Clinics in Gippsland:

- Are young, with a mean age of 16 years





- Present with high levels of self-harm, mental ill-health, suicidal ideation, family conflict, exposure to trauma, and alcohol and substance misuse
- Engage in sexual behaviours at a young age
- Are witness to, or experience, interpersonal violence
- Are experiencing or are part of families that are experiencing, financial struggles
- Come from a variety of living situations with a large number of single parent families
- And that males are less likely to access care than females

The main themes reported to be important to delivery of local youth health services were:

Barriers: limited transportation, parent consent, restricted access to services; limited doctors and counsellors; negative social proximity/stigma; staff recruitment and retention issues; non-youth friendly spaces; limited funding.

Enablers: positive social proximity; community support; bulk-billing drop in services; creation of the consortium; multi-skilled youth friendly staff; mature minor status; funding from Gippsland PHN.

