Mental Health: Evidence Summary

Introduction:

'Mental health' is often used as a substitute term for mental health conditions – such as depression, anxiety, schizophrenia, and others. According to the World Health Organization, however, mental health is "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

Mental health disorders constitute 10 per cent of the global burden of disease. In Australia, one in five will experience a mental health disorder at some stage in their lifetime. The human, social and economic consequences of mental health disorders and illness are increasingly being recognised, as are the limitations of spending more resources on treatment and medical services only.

Three key determinants found in the literature that are indisputably linked to mental health and well-being are social inclusion (supportive relationships, involvement in community and group activity; and civic engagement); freedom from discrimination and violence (valuing diversity, physical security, self-determination and control of one's life); and access to economic resources (work, education, housing, money). There is also strong evidence supporting the effectiveness of interventions and activities in a wide range of areas which can be successful in the promotion of mental health.

Primary health care is the first point of call for most people living in Australia with a mental health concern, and it is the point in the system where most care is delivered. In recent years, mental health treatment has moved to recovery-oriented mental health practice to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers, beyond management of symptoms. This has been supported by an updated Victorian Mental Health Act (2014) and a national review of mental health programmes and services which was completed April 2015.

Campaspe data:

Mental Health: In 2008, compared to regional Victoria, males from Campaspe – Echuca and Campaspe – South SLAs were more likely to have a mental or behavioural problem. Within the PCP region, Campaspe – South males had the highest rate. In 2008, compared to regional Victoria, females from Campaspe – Echuca and Campaspe – South SLAs were more likely to have a mental or behavioural problem. Within the PCP region, Campaspe – Echuca SLA females had the highest rate.

In 2008, compared to regional Victoria and Victoria, males from Campaspe – Echuca and Campaspe – South SLAs were more likely to report having mood problems. Within the region, Campaspe - South SLA males had the highest rate.

In 2011-12, compared to the Loddon Mallee Region, Regional Victoria and Victoria, males from Campaspe were more likely to have been diagnosed with depression or anxiety by a doctor.

Intentional Self Harm: in 2008-09, the hospitalisation rate for intentional self harm was 1.0 per 1000 adolescents in the Loddon Mallee region. This was greater than the rate across Victoria (0.6 per 1000 adolescents)

Racism: A recent Victorian study found of 800 Aboriginal people surveyed nearly all participants reported at least one racist incident within the preceding 12-months. Participants also indicated that racism was most commonly experienced in shops and public spaces and nearly one third of participants reported experiencing racism within health settings. (Kelaher, M. 2014).

Avoidable deaths from suicide and self-inflicted injuries: Between 2003 and 2007, compared to the regional Victoria and Victoria average, Campaspe (8.0%) had a lower average annual rate of avoidable deaths attributed to suicide and self-inflicted injuries.

Mental and behavioural problems: In 2008, compared to regional Victoria, males and females from Campaspe – Echuca and Campaspe – South SLAs were more likely to have a mental or behavioural problem. Within the PCP region, Campaspe – Echuca SLA had the highest rate for females and Campaspe – South had the highest rate for males. Campaspe Shire, overall, had a slightly lower rate than the regional Victoria average.

Mood (affective) problems: The estimates of self-reported mood problems data indicates that, compared to regional Victoria and Victoria, males and females from Campaspe – Echuca and Campaspe – South SLAs were more likely to have reported having mood problems. Within the region, Campaspe - South SLA had the highest rate for males and females. Campaspe Shire, overall, had a rate that was slightly lower than the regional Victoria average and the same as the Victoria average.

Psychological distress: In 2008, compared to regional Victoria, Campaspe – Echuca and Campaspe – South had a slightly higher rate of population that had high or very psychological distress levels. Within the region, Campaspe – Echuca had the

highest rate and Campaspe – Rochester had the lowest. Campaspe Shire, overall, had a slightly lower rate compared to regional Victoria.

Mental Health Care Plans: In 2009/10, compared to the regional Victoria and Victoria average, Campaspe – Echuca, Kyabram and Rochester SLAs all had a lower rate of mental health care plans per 100,000 population that had been prepared by GPs through the Better Access Program. Within the PCP region, Campaspe – Rochester had the lowest rate and Campaspe – South had the highest.

PBS prescribed items: In 2010/11, compared to the Australian average figures, Murray Plains and Goulburn Valley Divisions of General Practice had a significantly higher percentage of all Psycholeptics prescribed per population and a higher dollar value per population.

Murray Plains and Goulburn Valley Divisions of General Practice also had a significantly higher percentage of Antidepressants prescribed per population with a corresponding higher dollar value per population. The proportion and expenditure per population on Anti-dementia pharmaceuticals was also higher in both Divisions, particularly Murray Plains.

Mental Health Clients In 2010/11, there were 463 mental health clients who were Campaspe residents, representing 1.2% of the 2010 estimated resident population. Compared to the Victorian total figure, Campaspe had a slightly higher proportion of population that were mental health clients, including adult, aged and child and adolescent clients.

Hospital Separations

In 2010/11, there were 287 hospital separations for Campaspe residents where mental diseases and disorders was the major diagnostic category (MDC). This figure made up 1.6% of all hospital separations for Campaspe residents and it was lower than the figure for all of Victoria.

Hospital Separations for Mental Diseases and Disorders as MDC* (2006/07 and 2010/11)

	Campaspe		Victoria
	No.	**% of all**	**% of all**
2010/11	287	1.6	**2.1**

*Source: Victorian Admitted Episode Dataset (VAED) 2006/07 and 2010/11 (Public and Private Hospital files) – commissioned data *MDC Major Diagnostic Category*

Intentional Self Harm
Emergency Department Presentations

In 2010/11 just over 0.2% of all emergency department presentations for Campaspe residents were for injuries that had been classified as intentional self harm. This figure was lower than the Victorian average.

Emergency Department Presentations Classified as Intentional Self Harm (2006/07 & 2010/11)

	Campaspe		Victoria
	No.	% of all admissions	% of all admissions
2010/11	30	0.23%	**0.44%**

*Source: Victorian Admitted Episode Dataset (VAED) 2006/07 and 2010/11 (Public and Private Hospital files) – commissioned data *MDC Major Diagnostic Category*

Deaths

Between 2003 and 2007, compared to the regional Victoria and Victoria average, Campaspe (8.0%) had a lower average annual rate of avoidable deaths attributed to suicide and self-inflicted injuries.

Avoidable Deaths At Ages 0 to 74 Years: Suicide and Self-Inflicted Injuries (2003 – 2007)

Location	Number	Average annual rate per 100,000
Campaspe	13	8.0
Regional Victoria	*822*	*13.3*
Victoria	**2,628**	**11.0**

Public Health Information Development Unit - 2011

Self Assessed Mental and Behavioural Problems

Estimates of mental and behavioural problems and mood problems were undertaken in 2008 by the Public Health Information Development Unit using self-reported data from the 2007-08 National Health Survey.

In 2008, compared to regional Victoria, males and females from Campaspe – Echuca and Campaspe – South SLAs were more likely to have a mental or behavioural problem. Within the PCP region, Campaspe – Echuca SLA had the highest rate for females and Campaspe – South had the highest rate for males. Campaspe Shire, overall, had a slightly lower rate than the regional Victoria average.

People With Mental and Behavioural Problems (2007-08)

	Males		Females	
Location	**Number**	**Rate in 100**	**Number**	**Rate in 100**
Statistical Local Areas				
Campaspe – Echuca	688	11.2	839	12.6

Campaspe – Kyabram	686	10.9	725	12.0
Campaspe – Rochester	450	10.4	444	11.3
Campaspe - South	236	11.4	216	12.5
Local Government Area				
Campaspe	2,060	10.9	2,224	12.1
Regional Victoria	*76,428*	*11.0*	*85,688*	*12.2*
Victoria	**257,746**	**9.9**	**309,046**	**11.6**

Public Health Information Development Unit – 2011

Self Assessed Mood (Affective) Problems

The estimates of self-reported mood problems data indicates that, compared to regional Victoria and Victoria, males and females from Campaspe – Echuca and Campaspe – South SLAs were more likely to have reported having mood problems. Within the region, Campaspe - South SLA had the highest rate for males and females. Campaspe Shire, overall, had a rate that was slightly lower than the regional Victoria average and the same as the Victoria average.

Figure People With Mood Problems (2007-08)

	Males		Females	
Location	**Number**	**Rate in 100**	**Number**	**Rate in 100**
Statistical Local Areas				
Campaspe – Echuca	394	6.5	564	8.6
Campaspe – Kyabram	386	6.2	480	8.0
Campaspe – Rochester	255	6.0	288	7.5
Campaspe - South	141	6.6	167	9.7
Local Government Area				
Campaspe	1,176	6.3	1,500	8.3
Regional Victoria	*44,352*	*6.4*	*59,109*	*8.5*
Victoria	**156,455**	**6.0**	**222,683**	**8.3**

Public Health Information Development Unit - 2011

Psychological Distress Levels

The 2008 National Health Survey included a measure of psychological distress: the Kessler 10 Psychological Distress Scale (K10). The scale categorises levels of psychological distress and has been validated as a simple measure of anxiety, depression and worry. Based on their score, individuals are categorised as having low, moderate, high or very high levels of psychological distress.

In 2008, compared to regional Victoria, Campaspe – Echuca and Campaspe – South had a slightly higher rate of population that had high or very psychological distress levels. Within the region, Campaspe – Echuca had the highest rate and Campaspe – Rochester had the lowest. Campaspe Shire, overall, had a slightly lower rate compared to regional Victoria.

High or Very High Psychological Distress Levels (K-10), ≥18 yrs (2007/08)

Location	Number	Rate in 100
Statistical Local Areas		
Campaspe – Echuca	1,160	12.0
Campaspe – Kyabram	1,061	11.4
Campaspe – Rochester	653	10.6
Campaspe - South	347	11.9
Local Government Area		
Campaspe	3,222	11.4
Regional Victoria	*123,588*	*11.7*
Victoria	**487,418**	**12.0**

Public Health Information Development Unit – 2011

Lifetime prevalence of depression and anxiety

Respondents were asked if they had ever been diagnosed with depression or anxiety by a doctor. This is a measure of the lifetime prevalence of these two disorders and does not necessarily mean that the respondent was experiencing symptoms at the time of interview.

Lifetime prevalence of depression and anxiety (2011-12)

Area	Males	Females	Persons
Campaspe	18.5	21.6	19.9
Loddon Mallee	17.4	30.1	24.0
Rural Victoria	16.4	28.3	22.4
Victoria	14.6	25.0	19.9

Victorian Population Health Survey 2011-12.

Sought professional help for mental health related problem in 12 months prior to the survey (2011-12)

Area	Persons
Campaspe	11.0
Loddon Mallee Region	13.5
Rural Victoria	13.2
Victoria	12.4

Victorian Population Health Survey 2011-12.

State-wide findings from the Victorian Population Health Survey also indicate that across Victoria:

- Females had higher rates of moderate, high and very high levels of psychological distress compared with males
- Males and females aged 18-24 years had the highest rates of high level psychological distress, compared to other age groups, and
- Males and females aged 65 years and over had the lowest rates of high or very high level psychological distress, compared to other age groups.

Mental Health Care Plans

The Commonwealth Better Access initiative aims to provide better access to mental health practitioners through Medicare. It aims to increase community access to mental health professionals and team-based mental health care, by encouraging general practitioners to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.

In 2009/10, compared to the regional Victoria and Victoria average, Campaspe – Echuca, Kyabram and Rochester SLAs all had a lower rate of mental health care plans per 100,000 population that had been prepared by GPs through the Better Access Program. Within the PCP region, Campaspe – Rochester had the lowest rate and Campaspe – South had the highest rate. *Note that a high rate of mental health care plans prepared does not necessarily translate to a high rate of mental illness in that population.*

Better Access Program - Preparation of Mental Health Care Plan by GPs (2009/10)

Statistical Local Area	No.	Rate*
Campaspe (S) - Echuca	1,008	7,784.8
Campaspe (S) - Kyabram	695	5,756.2
Campaspe (S) - Rochester	400	4,900.1
Campaspe (S) - South	454	12,387.7
Regional Victoria	*124,700*	*8,838.4*
Victoria	**498,786**	**9,030.3**

*Public Health Information Development Unit – 2011 Compiled by PHIDU using data from the Department of Health and Ageing, 2009/10; and ABS Estimated Resident Population, average of 30 June 2009 and 30 June 2010. *per 100,000 population*

PBS Prescribed Items

The table on the following page sets out the number and $ benefit of the PBS items prescribed in 2009/10 across the different GP divisions that the Campaspe PCP region is located within.

These PBS figures have been divided into 2010 estimated resident population figures to provide a per population number and dollar value. Please refer to the data notes for limitations of the assumptions that can be drawn from this data.

In 2010/11, compared to the Australian average figures, Murray Plains and Goulburn Valley Divisions of General Practice had a significantly higher percentage of all Psycholeptics prescribed per population and a higher dollar value per population.

Murray Plains and Goulburn Valley Divisions of General Practice also had a significantly higher percentage of Antidepressants prescribed per population with a corresponding higher dollar value per population. The proportion and expenditure

per population on Anti-dementia pharmaceuticals was also higher in both Divisions, particularly Murray Plains.

PBS Data – Items Prescribed and $ Benefit (2009/10)

	Division of General Practice	No. of items	Per pop'n* items prescribed (%)	$ benefit	$ per pop'n*
Psycholeptics:					
Antipsychotics	Murray Plains (2010 ERP = 64,995)	4,142	6.37%	474,552	$7.30
	Goulburn Valley (2010 ERP = 106,690)	7,701	7.22%	1,011,688	$9.48
	All Australian General	na	4.77%	na	$6.27
Anxiolytics	Murray Plains	5,668	8.72%	27,515	$0.42
	Goulburn Valley	9,057	8.49%	47,455	$0.44
	All Australian General	na	7.10%	na	$0.34
Hypnotics and sedatives	Murray Plains	5,000	7.69%	19,221	$0.30
	Goulburn Valley	6,773	6.35%	26,840	$0.25
	All Australian General	na	5.35%	na	$0.20
Psychoanaleptic					
Antidepressants	Murray Plains	28,768	44.26%	694,521	$10.69
	Goulburn Valley	51,593	48.36%	1,278,941	$11.99
	All Australian General	na	31.11%	na	$7.36
Psychostimulants, agents used for ADHD &	Murray Plains	33	0.05%	679	$0.01
	Goulburn Valley	188	0.18%	4,805	$0.05
	All Australian General	na	0.22%	na	$0.11
Psycholeptics & psychoanaleptics in combination	Murray Plains	0	0.00%	0	$0
	Goulburn Valley	0	0.00%	0	$0
	All Australian General	na	0.00%	na	$0
Anti Dementia drugs	Murray Plains	688	1.06%	99,802	$1.54
	Goulburn Valley	999	0.94%	147,559	$1.38
	All Australian General	na	0.68%	na	$0.98
Other Antidepressants	Murray Plains	0	0.00%	0	$0
	Goulburn Valley	0	0.00%	0	$0
	All Australian General	na	0.00%	na	$0

*Medicare Australia Statistics 2011 *based on 2009 ERP*

Important - PBS data notes:

- *Medicines which may be prescribed under the PBS and RPBS are listed in the Schedule of Pharmaceutical Benefits (the Yellow Book)*
- *Patient Contributions - General patients, who do not hold a concession card (General - Ordinary), pay a maximum contribution towards the cost of each PBS medicine. The maximum General patient contribution is specified in the Schedule of Pharmaceutical Benefits. The Government pays the remainder. Holders of a Department of Social Security or a Department of Veterans' Affairs treatment card may pay a contribution towards the cost of each PBS or RPBS medicine. The value of this contribution is specified in the Schedule of Pharmaceutical Benefits*
- *Only items contained in the Pharmaceutical Benefits Schedule appear in these statistics. Items supplied to General patients, costing less than the General patient contribution rate, do not receive a PBS benefit and are therefore not included.*
- *The reports only relate to the value (benefit) or volume (items) of PBS and RPBS items that have*

been processed by Medicare Australia.

- *The figures refer only to paid items processed from claims presented by approved pharmacies.*
- *The figures do not include any adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions.*
- *The figures do not include items provided to public patients in public hospitals*
- *The figures do not contain Section 100 items (highly specialised drugs available through hospital pharmacies for out-patients).*

Mental Health Client Figures

The following table sets out the number and proportion of residents, by LGA of residence, who are registered as clients with a mental health service in the Victorian public mental health client information management system.

In 2010/11, there were 463 mental health clients who were Campaspe residents, representing 1.2% of the 2010 estimated resident population. Compared to the Victorian total figure, Campaspe had a slightly higher proportion of population that were mental health clients, including adult, aged and child and adolescent clients.

Mental Health Clients by LGA and Type of Service (2010/11)

		Campaspe	*Victoria*
	2010 est. population	38,983	**5,545,932**
ADULT	No. Clients	340	**44,663**
	% of 2010 est. pop.	0.90%	**0.80%**
AGED	No. Clients	62	**7,961**
	% of 2010 est. pop.	0.20%	**0.10%**
CAMHS*	No. Clients	59	**7,835**
	% of 2010 est. pop.	0.20%	**0.10%**
FORENSIC	No. Clients	<5	**621**
	% of 2010 est. pop.	-	**0.00%**
SPECIALIST	No. Clients	0	**543**
	% of 2010 est. pop.	0.00%	**0.00%**
TOTAL	No. Clients	463	**61,623**
	% of 2010 est. pop.	1.20%	**1.10%**

Source: Case Files 2010 - 11, MH&DD, DoH services

** CAMHS = Child and adolescent mental health*

Policy Review:

National Health Priority Areas

The National Health Priority Areas (NHPAs) are diseases and conditions that Australian governments have chosen for focused attention because they contribute significantly to the burden of illness and injury in the Australian community. Mental Health is one of the nine priorities identified in the initiative which is overseen by the National Health Priority Action Council (NHPAC).

Mental Health Reform

On 16 April 2015 the Australian Government released the Final Report of the national **Review of Mental Health Programmes and Services - *Contributing Lives, Thriving Communities*** - undertaken by the National Mental Health Commission. The Government tasked the National Mental Health Commission with conducting a national review of mental health programmes and services. The focus of the review was on assessing the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill-health and their families. The Australian Government released its response to the review in November 2015, outlining a system-level change in the Australian Government's role in mental health funding and reform. It lists nine, interconnected, concrete areas of reform:

- Locally planned and commissioned mental health services through Primary Health Networks (PHNs) and the establishment of a flexible primary mental health care funding pool
- A new easy to access digital mental health gateway
- Refocusing primary mental health care programmes and services to support a stepped care model
- Joined up support for child mental health
- An integrated and equitable approach to youth mental health
- Integrating Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing services
- A renewed approach to suicide prevention
- Improving services and coordination of care for people with severe and complex mental illness
- National leadership in mental health reform

The timeline for the reform activity is outlined in the table below:

2015-2016	• Programme consolidation will commence to offer the agility and flexibility needed to consolidate and refocus programmes and services. • Funded organisations will be given a clear indication by December 2015 of the future of the programme or funding stream from which they are currently funded, including transition arrangements, to provide clarity about future arrangements. • PHN sites selected for phased implementation of stepped care approach. • Efforts will commence to address the inequitable distribution of access to the mental health nurses to support people with severe illness. • The Fifth National Mental Health Plan will be developed with states and territories.

2016-2017	• Funding for existing programmes will be transferred to PHNs to form flexible funding pool. • Additional funding for indigenous mental health services will start flowing to PHNs. • The first stage of the Digital Mental Health Gateway and phone line will begin. • 'Opt in' individualised care packages will begin in selected demonstration trial sites. • PHNs begin to commission mental health services from the flexible funding pool according to a stepped care model. • New approaches to suicide prevention will begin, led by PHNs. • Estimated PHN total flexible funding pool = $365m
2017-2018	• The new arrangements for suicide prevention will be fully implemented. • Demonstration of 'opt in' arrangements will be evaluated to inform full roll out. • Redesign of primary mental health care programmes to ensure optimal targeting. • All regionally delivered primary mental health care grants programmes will be commissioned through PHNs. • Estimated PHN Flexible Funding Pool = $370m
2018-2019	• New programme arrangements for stepped care will be fully implemented through redesigned primary mental health care services delivered through PHN flexible funding, including new services for young people with severe illness or at risk of such. • All regionally delivered primary mental health care grants programmes will be commissioned through PHNs. • Estimated PHN Flexible funding pool = $385m

Better Access to Psychiatrists, Psychologists and General Practitioners

The purpose of the Better Access initiative is to improve treatment and management of mental illness within the community. The Better Access initiative is increasing community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. Under the Better Access initiative MBS items provide Medicare benefits for the above mental health services.

Mental Health Services in Rural and Remote Areas (MHSRRA)

The MHSRRA programme provides rural and remote areas with more allied and nursing mental health services. MHSRRA provides funding to non-government health organisations such as Primary Health Networks, Aboriginal Medical Services and the Royal Flying Doctor Service to deliver mental health services by social workers, psychologists, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers. MHSRRA funds the provision of mental health services in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to

Medicare-subsidised mental health services is low. As a consequence, it enables more people with diagnosable mild to moderate mental illness to access mental health services in rural and remote areas.

Rural Health Outreach Fund (RHOF)

The RHOF supports appropriate outreach health activities to address health issues identified in regional, rural and remote locations, including through improved coordination and combination of health activities. Under the RHOF the following four health priorities are specifically addressed:

- Maternity and paediatric health;
- Eye health;
- Mental health; and
- Support for chronic disease management.

Primary Health Networks

Primary Health Networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. The Government has agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care. *Mental Health is a national performance indicator for PHNs and as outlined above, PHNs are critical players in the national mental health reform package*.

Victorian Context:

In Australia, each State and Territory has key legislation relevant to the provision of care and treatment of people with a mental illness. The use of control measures in establishing risk, detaining and transporting, reviewing legal status, determining the necessity of emergency psychiatric and medical treatment, and communicating health information must be understood in the broader context of mental health law.

Mental health legislation (MHL) is required to ensure a regulatory framework for mental health services and other providers of treatment and care, and to ensure that the public and people with a mental illness are afforded protection from the often-devastating consequences of mental illness. There are a number of key aspects of MHL that govern access to appropriate mental health care, specific psychiatric and non-psychiatric interventions, seclusion and restraint, voluntary and involuntary treatment, review mechanisms, and confidentiality.

Mental health legislation is currently the responsibility of state and territory governments, which in itself contributes to obstacles related to jurisdictional difference.

The Mental Health Act

The *Mental Health Act 2014* came into effect on 1 July 2014. It delivers major reforms to Victoria's mental health system, placing people with a mental illness at the centre of their treatment, care and recovery.

The Act promotes **supported decision-making** and encourages strong communication between health practitioners, consumers, their families and carers. It supports people with a mental illness to make and participate in treatment decisions and to have their views and preferences considered and respected.

Core principles and objectives of the Act

The Mental Health Act has a number of core principles and objectives, including:

- assessment and treatment are provided in the least intrusive and restrictive way;
- people are supported to make and participate in decisions about their assessment, treatment and recovery;
- individuals' rights, dignity and autonomy are protected and promoted at all times;
- priority is given to holistic care and support options that are responsive to individual needs;
- the wellbeing and safety of children and young people are protected and prioritised;
- carers are recognised and supported in decisions about treatment and care.

LOCAL CONTEXT: Particular issues around cross-border implementation of the Victorian Mental Health Act and the NSW Mental Health Act. Issues are especially prevalent within the Aboriginal community due to transient nature of that group.

Victorian public health and wellbeing plan 2015-2019

Improving mental health is one of the priorities included in the *Victorian public health and wellbeing plan 2015-2019*. The plan identifies the following strategic directions for improving mental health in Victoria:

- enhance and develop strategies to promote mental health and wellbeing and reduce current high levels of psychological distress
- increase the intensity of targeted action for those who experience greater social and economic disadvantage
- specifically consider and support the social and emotional wellbeing of Aboriginal Victorians
- invest in early identification and intervention with vulnerable children and families

- focus on promoting wellbeing and preventing suicide in at-risk populations including Aboriginal Victorians, young Victorians and those living in low socioeconomic areas.

Koolin Balit – Aboriginal Health Strategy

Koolin Balit is the Victorian Government's strategic directions for Aboriginal health over the next 10 years. A significant strategy of Koolin Balit is to improve accessibility to culturally appropriate mental health support and services for Aboriginal Victorians.

Clinical Standards:

The 2010 *National standards for mental health services* (the standards) provide a framework for quality mental health care that is recovery focused, consumer and carer centric, integrated and evidenced based.

The standards apply to Victorian mental health services – public, private and non-government – and services that deliver mental health care in community and primary care settings.

Principles of the national standards

The standards use the following principles of care:

- Mental health services should promote optimal quality of life.
- Services are delivered with the aim of facilitating sustained recovery.
- Consumers should be involved, as far as possible, in all decisions of treatment and care, and their treatment and setting.
- Consumers have the right to have a nominated carer involved in all aspects of care.
- Role, needs, capacity and requirement of carers are recognised.
- Participation of consumers and carers in development, planning, delivery and evaluation of mental health services is encouraged.
- Mental health treatment, care and support should be tailored to meet the specific needs of the consumer.
- Mental health treatment, care and support should impose the least personal restrictions on rights and choices of the consumer.

The standards emphasise desired outcomes for people with a mental illness, their carers and the wider community. They reflect the rights, dignity and empowerment of individuals. They also provide guidance on how to involve people with a mental illness, their families and carers in service planning, delivery, evaluation and improvement.

Risk Factors

Depression and Anxiety:

While we don't know exactly what causes depression or anxiety, a number of things are often linked to its development. Depression usually results from a combination of recent events and other longer-term or personal factors, rather than one immediate issue or event.

Life events

Research suggests that continuing difficulties – long-term unemployment, living in an abusive or uncaring relationship, long-term isolation or loneliness, prolonged exposure to stress at work – are more likely to cause depression than recent life stresses. However, recent events (such as losing your job) or a combination of events

can 'trigger' depression if you're already at risk because of past bad experiences or personal factors.

Personal factors

- **Family history** – Depression can run in families and some people will be at an increased genetic risk. However, having a parent or close relative with depression doesn't mean you'll automatically have the same experience. Life circumstances and other personal factors are still likely to have an important influence.
- **Personality** –Some people may be more at risk of depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative.
- **Serious medical illness** – The stress and worry of coping with a serious illness can lead to depression, especially if you're dealing with long-term management and/or chronic pain.
- **Drug and alcohol use** – Drug and alcohol use can both lead to and result from depression. Many people with depression also have drug and alcohol problems. Over 500,000 Australians will experience depression and a substance use disorder at the same time, at some point in their lives.

Family history of mental health problems

People who experience anxiety often have a history of mental health problems in their family. However, having a parent or close relative experience a mental health condition doesn't mean you'll automatically develop anxiety. Life circumstances and other personal factors are still likely to have an important influence.

Ongoing stressful events

Stressful events can also trigger symptoms of anxiety. Common triggers include:

- job stress or job change
- change in living arrangements
- pregnancy and giving birth
- family and relationship problems
- major emotional shock following a stressful or traumatic event
- verbal, sexual, physical or emotional abuse or trauma
- death or loss of a loved one.

Physical health problems

Continuing physical illness can also trigger anxiety or complicate the treatment of either the anxiety or the physical illness itself. Common conditions that can do this include:

- hormonal problems (e.g. overactive thyroid)
- diabetes
- asthma
- heart disease

Substance use

Heavy or long-term use of substances such as alcohol, cannabis, amphetamines or sedatives can cause people to develop anxiety, particularly as the effects of the substance wear off. If you're experiencing anxiety, you may find yourself using more of the substance to cope with withdrawal-related anxiety, which can lead to you feeling worse.

Personality factors

Research suggests that people with certain personality traits are more likely to have anxiety. For example, children who are perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety during childhood or as adults.

Factors affecting men:

- Physical health problems
- Relationship problems
- Employment problems
- Social isolation
- Significant change in living arrangements (e.g. separation or divorce)
- Pregnancy and birth of a baby
- Drug and alcohol use.

Factors affecting women:

Major life events such as pregnancy, motherhood and menopause can create major stresses for some women. Negative life experiences such as poverty, discrimination, violence, unemployment and isolation can also impact on women's mental health and wellbeing. Gender roles and unequal economic and social relations between men and women in our community may also contribute to women's higher risk of depression.

Some of the situations that can contribute to anxiety and depression in women include:

- Caring for family members who are unwell or unable to look after themselves
- Significant changes in living arrangements
- Violence or abuse
- Eating disorders
- Same-sex attraction
- Pregnancy (antenatal)
- Having a baby and becoming a mother (postnatal)

- Menopause

Factors affecting older people:

Depression and anxiety in older people may occur for different reasons, but physical illness or personal loss can be common triggers. Factors that can increase an older person's risk of developing depression or anxiety include:

- an increase in physical health problems/conditions e.g. heart disease, stroke, Alzheimer's disease
- chronic pain
- side-effects from medications
- losses: relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation
- significant change in living arrangements e.g. moving from living independently to a care setting
- admission to hospital
- particular anniversaries and the memories they evoke.

Factors affecting Aboriginal and Torres Strait Islanders:

While there are risk and protective factors such as housing, employment and education that affect everyone, there are also specific risk and protective factors that have a high impact on the social emotional wellbeing and rates of depression among Aboriginal and Torres Strait Islander people.

Protective factors among Aboriginal and Torres Strait Islander communities enable people to feel strong and resilient. These factors include:

- social connectedness and sense of belonging
- connection to land, culture, spirituality and ancestry
- living on or near traditional lands
- self-determination
- community governance
- passing on of cultural practices.

Significant risk factors that impact on the social emotional wellbeing of Aboriginal and Torres Strait Islander communities include:

- widespread grief and loss
- impacts of the Stolen Generations and removal of children
- unresolved trauma
- separation from culture and identity issues
- discrimination based on race or culture
- economic and social disadvantage

- physical health problems
- incarceration
- violence
- substance misuse.

An additional, important risk factor is the experience of racial discrimination. Over half (56 per cent) of Aboriginal and Torres Strait Islander people who experience discrimination report feelings of psychological distress (AIHW, 2011).

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Evidence based strategies/ Intervention evidence:

Protection and Health Promotion:

VicHealth have identified four areas of action to promote mental health and wellbeing. They include:

- arts and social connection;
- preventing violence against women;
- reducing race-based discrimination; and
- young people and resilience.

The following provides a summary of evidence-based strategies, from the World Health Organisation, which have been found to improve mental health, enhance resilience and reduce the risk for mental illness:

- Improving nutrition
- Improving housing
- Improving access to education
- Reducing economic insecurity
- Strengthening community networks
- Reducing the harm from addictive substances (such as through taxation, reduced availability, reduced use during pregnancy)
- Intervening after disasters
- Preventing violence
- Promoting a healthy start in life (such as prenatal and infancy home visiting programs, and parenting interventions)
- Reducing child abuse and neglect (such as home-based interventions and self-defence strategies for children)
- Coping with parental mental illness
- Enhancing resilience and reducing risk behaviours in schools (e.g. Reach Foundation Programs)
- Dealing with family disruption
- Intervening in the workplace
- Supporting refugees
- Mentally healthy ageing (such as exercise, social support, early screening in primary care, depression and suicide prevention interventions)
  (WHO, 2004a and 2004b)

In the Australian context, significant national, state and territory policy development has facilitated the implementation of a range of evidence based initiatives and programs. Current national initiatives include:

- MindMatters – whole of school mental health promotion program for secondary schools
- Kids Matter – whole of school mental health promotion program for primary schools
- *beyondblue*: the national depression initiative – primary prevention program targeting depression and anxiety

- Mindframe National Media and Mental Health Initiative – media and mental health sector education about responsible reporting of mental illness and suicide
- ResponseAbility (Education) – teacher education for improving understanding of social and emotional development and wellbeing of children and young people;
- ResponseAbility (Journalism) – journalism student education about principles of appropriate reporting of mental illness and suicide;
- SANE Australia – mental illness stigma reduction;
- Better Outcomes in Mental Health Care – improving community access to primary mental health care

(Patterson, 2009)

Eating Disorders:

Eating disorders are characterized by excessive and persistently disturbed eating or eating-related behaviours that lead to changes in the person's consumption of food to a degree that is harmful to their health and well-being. Young people with eating disorders are over ten times more likely to die prematurely than their peers without an eating disorder. This increased risk includes increased risk of suicide and serious physical health issues arising from effects of bingeing, purging and starvation on the body's organs and metabolism. It is common for eating disorders to co-occur with other mental health and substance use disorders. It has been estimated that 56%-95% of individuals with an eating disorder meet diagnostic criteria for at least one other mental disorder. These often include anxiety, depression, and substance abuse. (Headspace, 2016)

The following services offer support for consumers and clinicians regarding eating disorders:

- The Butterfly Foundation
- Eating Disorders Victoria
- The Victorian Centre for Excellence in Eating Disorders.

Campaspe PCP IHP Plan

Promoting Mental Health is a priority for the Campaspe PCP Integrated Health Promotion Plan 2013-2017. The interventions relating to the mental health priority area will target the wider community to promote acceptance of diversity and inclusive practices to reduce the occurrence of discrimination. Reflective of the composition of our community, the groups we will focus on promoting acceptance of will be young people, the rurally isolated, Aboriginal people, people with a mental illness and people living with a disability.

Local businesses will be targeted to participate in the "Welcoming Business Program" that will be developed to educate and inform practice to promote inclusive behaviour for the whole community. The program will be supported by the Shire of Campaspe and implemented as a joint initiative.

The second objective of this priority area is working with the PCP member organisations to review their own inclusive practices and identify areas that need to be addressed. The organisations will consult with consumers to highlight perceived areas of discrimination and undertake an equity audit of their programs and

services. Based on these results strategies and capacity building programs will be developed and implemented to overcome these issues.

The final approach we will explore for this priority area is to promote mental health through an arts and culture platform. The main area of work for this will be to continue to support Njernda deliver their Koori Market to celebrate and promote local Aboriginal arts and culture. We will also position ourselves to be prepared to respond to funding opportunities that further promote the local culture and increase awareness of people who may be experiencing discrimination within the community.

Programs and Services:

Current local service access

Illness Prevention:

Screening

The **headspace Psychosocial Assessment for young people** guides the interviewer through a series of domains in order to assess areas of difficulty that may be indicative of psychosocial problems.

The Menzies Centre have developed **AIMhi Mental Health assessment tool** which is specific for Aboriginal and Torres Strait Islander populations and can be used in a primary healthcare setting.

The **Edinburgh Post-Natal Depression scale** is a set of 10 screening questions that can indicate whether there are symptoms present that are common in women with depression and anxiety during pregnancy and in the year following the birth of a child. It is not intended to provide a diagnosis – only trained health professionals should do this, however if the score is greater than 10, consultation with a health professional is strongly recommended.

Kessler Psychological Distress Scale (K10) is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period. The use of a consumer self-report measure is a desirable method of assessment because it is a genuine attempt on the part of the clinician to collect information on the patient's current condition and to establish a productive dialogue.

Early Intervention

Prompt diagnosis and early intervention in the initial stages of a mental illness can have significant and life-changing consequences for a person's mental health.

Early intervention can lead to:

- improved diagnosis and treatment
- more timely and targeted referrals to specialist services
- improved confidence and engagement of primary care providers.

GPs and early intervention: A general practitioner (GP) is a good place for families to start if there are concerns about a child's development or behaviour. GPs can perform an initial assessment of the child and, if necessary, arrange referrals to a psychiatrist or another specialist for assessment of the need for intervention or treatment. Some children, for example those with autism spectrum disorders, can be at greater risk of secondary mental health problems developing later in life, and

may need to be seen by a paediatrician, psychologist or other professional to optimise their future mental health.

Social/Counselling Services

A range of public and private providers are available within the Campaspe catchment. Counselling Services aim to improve well-being in the community by offering supportive counselling, therapy, practical support, referrals to other services, and advocacy for individuals or groups.

LOCAL CONTEXT: Echuca Regional Health, Kyabram District Health Service and Rochester and Elmore District Health Service all employ Social workers.

Access to Allied Psychological Services (ATAPS)

ATAPS enables GPs to refer consumers to ATAPS mental health professionals who deliver focussed psychological strategies and services. ATAPS mental health professionals include psychologists, social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers with specific mental health qualifications. Through ATAPS, patients are eligible for a maximum of 12 sessions per calendar year - six time-limited sessions with an option for a further six sessions following a mental health review by the referring GP. Sessions can be individual and/or group therapy sessions. ATAPS provides patients with assistance for short-term intervention. If further sessions are required it may mean that the patient needs a longer term programme to meet his/her needs. Through ATAPS, patients are also eligible for up to 12 separate group therapy services, within a calendar year, involving 6-10 patients. These group services are separate from the individual services and do not count towards the 12 individual mental health services in a calendar year. Primary Health Networks (PHNs) act as fundholders for ATAPS.

LOCAL CONTEXT: MBS 2014-2015 data reports the following;

- 679 patients accessing one of 10 Medicare-registered Psychologists servicing the Campaspe catchment. This is under the MBS funded GP Mental Health Treatment Plan. Each patient accesses an average of 4.27 visits each year.
- A total of 1,865 GP Mental Health Treatment Plans performed -
  - 442 GP Mental Health Treatment Plans prepared by a medical practitioner who has not undertaken mental health skills training (MBS Items 2700, 2701)
  - 1,423 GP Mental Health Treatment Plans prepared by a medical practitioner who has undertaken mental health skills training (MBS Items 2715, 2717)
- 428 Reviews of GP Mental Health Treatment Plans or Psychiatric Assessment and Management Plan (MBS Item 2712)
- 1,437 Mental Health Attendance visits to 50 General Practitioners across the Campaspe catchment (MBS Item 2713)

headspace

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. The service is designed to make it easy as possible for a young person and their family to get the help they need for problems affecting their wellbeing. This covers four core areas: mental health, physical health, work and study support and alcohol and other drug services. The services can be accessed through headspace centres, online counselling service eheadspace and post-vention suicide support program headspace School Support.

LOCAL CONTEXT: There is a Headspace located in Bendigo, Shepparton and Swan Hill.

Youth Early Intervention Team (YEIT)

The Youth Early Intervention Treatment is provided to young people who are exhibiting a moderate to severe high prevalence mental health disorder eg depression, anxiety, eating disorders or personality disorders. These disorders must have had a recent onset (neither chronic, nor a situational crisis or an Adjustment Reaction Disorder). The client must be able to benefit from a two - 12 week brief psychological intervention.

LOCAL CONTEXT: YEIT is offered at Bendigo Health in Bendigo.

Youth Early Psychosis Stream (YEPS)

The Youth Early Psychosis Stream (YEPS) aims to provide a service to young people aged between 16 and 25 who are either at risk of/or are experiencing a first episode of psychosis. The service focus is to provide earlier and more intensive treatment, minimising disability associated with psychosis, including the impact of distress and trauma on both the young person and their family. This service is delivered by the YMHS community team which provides coverage to the entire Loddon Southern Mallee Campaspe region.

LOCAL CONTEXT: YEPS is access through Bendigo Health.

Student Welfare Coordinators

All secondary schools within the Campaspe catchment have a student welfare coordinator. They are responsible for helping students handle issues such as truancy, bullying, drug use and depression. Student welfare coordinators work with other welfare professionals and agencies to address student needs. The coordinators are funded by the Victorian Education Department.

Primary Care/Secondary Care/Tertiary Care/Quaternary Care:

Most Victorians with mental health issues access mental health services through their general practitioner or primary care provider, but people who are seriously affected by their illness can be referred to the specialist mental health service system.

Generally the impact or severity of the condition, rather than a specific diagnosis, triggers access to specialist mental health services. Specialist mental health services in Victoria are divided into two service delivery types: clinical and non-clinical.

Clinical services focus on assessment and treatment of people with a mental illness. These services are called area mental health services and are managed by general health facilities, such as hospitals.

Non-clinical services are called Mental Health Community Support Services (MHCSS). These focus on activities and programs that help people manage their own recovery and maximise their participation in community life.

Both clinical and non-clinical services operate within geographically defined catchment areas.

Recovery-oriented mental health practice

The purpose of principles of recovery-oriented mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.

Six principles are identified that ensure recovery-oriented mental health practice. These are:

- uniqueness of the individual (which includes empowering the individual to be the centre of care)
- real choices (which includes achieving a balance between duty of care and support for an individual to take positive risks)
- attitudes and rights (which includes listening to, learning from and acting on communications from the individual and their carers)
- dignity and respect
- partnership and communication (which includes acknowledging each individual is an expert on their own life, and that recovery involves working in partnership with individuals and their carers)
- evaluating recovery (which includes measuring outcomes on a range of indicators in addition to health and wellness, such as housing, employment and social relationships).

(Victorian Government Department of Health, 2013. *National Practice Standards for the Mental Health Workforce 2013.* Melbourne, Victoria)

Adult Mental Health Services (AMHS)

Adult specialist mental health services are aimed primarily at people aged 16 to 64 years with a serious mental illness or disorder who experience significant levels of disturbance and psychosocial disability. All clinical adult area mental health services provide intensive community treatment, mobile support and continuing care.

LOCAL CONTEXT: AMHS is provided in Campaspe by Echuca Community Mental Health.

Child and Adolescent Mental Health Servcies (CAMHS)

Child and adolescent mental health services (CAMHS) provide specialist mental health treatment and care to children and adolescents up to 18 years of age. These services assess and treat children and adolescents (0-18 years) with moderate to severe, complex and disabling problems and disorders, and assist those with less severe problems with information and advice about where and how to get help and facilitate referral as appropriate. Vulnerable children and young people and families, including those involved in statutory services, are prioritised.

Child and Adult Mental Health Services (CAMHS) also provides consultation to other service providers working with children and adolescents to promote early intervention and effective delivery of primary level responses for children and young people experiencing mild to moderate mental health problems. This strengthens their mental health knowledge base. In order to promote efficient and effective care at the most appropriate level, CAMHS assist primary care services such as GPs, community health services, and student wellbeing and support services.

LOCAL CONTEXT: CAMHS provided in Campaspe by Echuca Community Mental Health.

Aged Persons Mental Health Services (APMHS)

Specialist mental health services for people aged 65 years and over provide services for people with long-standing mental illness or those who have developed functional illnesses in later life. These services also cover older people with psychiatric or severe behavioural difficulties associated with organic disorders such as dementia. Service components include community-based APMH teams, acute inpatient services, intensive community treatment programs and residential care. Community-based APMH services are delivered through multidisciplinary teams that provide specialist expertise in medical assessment and treatment, psychological, behavioural, social and functional assessments and a range of therapeutic interventions.

LOCAL CONTEXT: APMHS is provided in Campaspe by Echuca Community Mental Health.

Acute Services

Acute intervention - ACIS

Acute community intervention services (ACIS) are provided by specialist public mental health services in response to requests for urgent assistance (assessment and short-term treatment) from members of the public, police, ambulance, general practitioners, service providers and others.

An ACIS response may be provided by a community team or through a broader integrated care approach delivered across a number of settings via a range of clinicians working together.

An ACIS response is available for people of all ages 24 hours a day, seven days a week, through a locally relevant application of the following three approaches:

- telephone triage – an initial telephone assessment to determine the urgency and nature of an ACIS response
- emergency department care – a senior mental health practitioner is available for assessment, consultation and advice
- acute assertive community outreach – an ACIS response delivers short- to medium-term community treatment as an alternative to acute inpatient treatment or to support transition from inpatient services.

(Victorian Government Department of Health, 2014. *Acute Community Intervention Service guidelines July 2014*. Melbourne, Victoria)

LOCAL CONTEXT:

- These operate out of the Loddon-Campaspe, Southern Mallee Area Mental Health Service. Echuca Community Mental Health is the local office within Campaspe.
- The **Psychiatric Regional Triage Service** on 1300 363 788 provides access to all of the Bendigo Health managed mental health services. This service operates 24 hours, 7 days a week and acts as the single point of entry. The team accepts and screen all referrals and co-ordinates admission to the acute in-patient units.
- **Enhanced Crisis Assessment and Treatment (ECAT)** is based in the emergency department at Bendigo hospital. The team are on hand to assess and treat patients who present to emergency.
- **Echuca Regional Health** is the only local health service with secure facilities in mental health crisis

WORKSHOP QUESTION: What is the current availability/coverage of ACIS/ECAT in Campaspe?

Acute Inpatient Services

Acute inpatient services support people who cannot be assessed and treated safely and effectively in the community. General hospitals commonly provide acute inpatient services. Acute inpatient services provide a range of therapeutic interventions and programs to patients and their families to learn more about the impact of the illness, explore ways to better manage the illness, improve coping strategies and move towards recovery.

All of the age-based mental health services – adult (16–64), child and adolescent (0–18) and aged persons (over 64) – also provide acute inpatient services for people who cannot be assessed and treated safely and effectively in the community.

These services provide voluntary and compulsory short-term treatment and care during an acute phase of mental illness. Admission to an acute inpatient unit depends on the severity of the symptoms, the distress involved to the person and the risk of harm to self or others.

Community Mental Health Services

All specialist mental health services provide a range of community treatment and care components, located across a spectrum of continuing care that involves acute inpatient services.

Some services have separate teams for each function. However, increasingly services use integrated teams by rostering staff to undertake all required activities within a continuous-care framework for a given period.

Community mental health service components include:

- urgent community-based assessment and short-term treatment interventions for people with a mental illness in crisis
- intensive long-term support for people with prolonged and severe mental illness and associated high-level disability
- non-urgent, continuing-care services for people with a mental illness and their families or carers in the community.

Community mental health responses use an assertive outreach approach that may result in clinical staff being involved with people for extended periods of time or providing more episodic care.

LOCAL CONTEXT:

- The **Alexander Bayne Centre (ABC)** located at Bendigo Health is a 24 bed adult acute psychiatric inpatient unit which operates 24 hours per day, seven days a week. Admission is via the single point of entry triage service. The unit has two distinct areas, the open ward which is for acutely unwell patients in need of hospitalisation who can be treated in the least restrictive environment. The other is the High Dependency Unit for patients requiring a safe and secure environment that provides more intensive support and treatment.
- **Vahland Complex** is an 8 bed Secure Extended Care (SEC) inpatient Unit that is co-located with the Community Care Unit (CCU) in Vahland House. The SEC Unit provides treatment, rehabilitation and support for clients of Bendigo Psychiatric

Services on an inpatient basis. It is the preferred area for those consumers with a serious mental illness, who have severe and unremitting symptoms together with an associated, significant disturbance in behaviour that inhibits the persons capacity to live in community and requiring intensive rehabilitation in a secure accommodation house.

- **Echuca Community Mental Health** The clinicians working in these teams provide a full range of service from assessment to long term case management. There are clinicians attached to each team who work in each of the age specialities of aged persons mental health, adult mental health and child and adolescent mental health, thereby providing a full range of community services across the life span. Public clinical mental health services are aimed primarily at people with more severe forms of mental illness or disorder (psychotic and non-psychotic), whose level of disturbance or impairment prevents other services from adequately treating or managing them.

Sub-Acute Services - Community mental health

Subacute services provide transitional treatment and rehabilitation to minimise the need for hospitalisation. They promote independence and quality of life for people with a mental illness at a crucial point of recovery or relapse. Prevention and recovery care (PARC) services are subacute, in that they provide a step up from a person's home or a step down from an acute inpatient unit. Other subacute services include community care units (CCU) and secure extended care (SEC) units. These units provide treatment and rehabilitation to people who cannot be supported in less intensive or restrictive community settings.

LOCAL CONTEXT:

- **Vahland Complex** in Bendigo offers Community Care Units (CCU) and Secure Care Units (SEC).
- There is an adult **Prevention and Recovery Care (PARC)** and a **youth PARC (Y-PARC)** in Bendigo.
- There are no sub-acute services within the Shire of Campaspe.

Specialist Mental Health Services

Specialist mental health services offer support to people with particular clinical conditions or with high-level needs and conditions that severely impair their ability to function in daily life.

These services are delivered statewide, on a regional basis, and include:

- **Mother and Baby** - Specialist clinical mental health services may have a role when women are seriously affected by mental illness during the perinatal period. Some specialist clinical mental health services may have additional targeted perinatal mental health services, generally known as perinatal emotional health programs (PEHPs). Specialist mother and baby units are located in most large metropolitan hospitals and provide a residential

environment for assessment and support for mental health issues in the postnatal period.

- **Aboriginal mental health** – Koori Mental Health Liaison Officers are based in rural/regional area mental health services.
- **Refugee mental health** - Refugees are vulnerable members of the community. They have a high risk of developing mental health problems due to trauma and loss experienced in their country of origin, or as a result of severe hardship while seeking asylum in Australia. Mental health services for refugees tend to focus on specialist programs, such as the Victorian Foundation for Survivors of Torture, or are part of general health and wellbeing promotion within refugee communities. These health programs and community services are not part of Victoria's specialist mental health service system, but they make referrals and enhance the participation of refugees in specialist mental health services
- **Personality disorders** - The first line of support for people with a personality disorder often comes from general practitioners or clinical mental health services. Specialist response for people with complex needs is provided by Spectrum. Spectrum is a statewide service in Victoria that supports and works with local area mental health services and a range of other providers to provide treatment for people with personality disorder. Spectrum focuses on those who are at risk from serious self-harm or suicide and who have particularly complex needs. They also provide secondary consultation with mental health clinicians, as well as group treatment and individual treatment with clients. Spectrum treatment is designed to complement clinical mental health service treatment approaches.
- **Brain disorder** - There are specialist mental health services for people with acquired brain injury or neurodegenerative conditions. Services tailored specifically to people with brain disorders include inpatient, residential and community programs, outreach services and secondary consultation. These services typically require psychiatry, nursing, allied health and recreation staffing as well as psychiatric service officers.
- **Eating Disorders -** Intensive community-based services to treat eating disorders are an alternative to acute inpatient care. The two most prevalent eating disorders are anorexia nervosa (anorexia) and bulimia nervosa (bulimia), which often co-occur with anxiety disorders such as panic and obsessive-compulsive behaviour. Victoria provides both intensive community-based services for the treatment of eating disorders and acute inpatient care services. Community-based treatment is the preferred option for the treatment of eating disorders.
- **Neuropsychiatric Disorders -** Neuropsychiatry specialises in mental illness associated with disorders of the nervous system. A statewide specialist service is located at The Royal Melbourne Hospital. The Neuropsychiatry Unit is a specialist eight-bed service that offers assessment, short-term admission and treatment in relation to neuropsychiatric disorders. The unit is the clinical arm of the Melbourne Neuropsychiatry Centre, a research centre specialising in cognitive neuropsychiatry, neuroimaging and the neuropsychology of mental illness. The unit also offers advice to psychiatric, neurological and other medical and mental health services.

- **Dual Disabilities.** A person with a dual disability has a developmental disability (intellectual disability or autism spectrum disorders) and a mental illness. A statewide mental health service for people with a dual disability, the Victorian Dual Disability Service (VDDS), is located at St Vincent's Hospital. The VDDS works with specialist mental health services across Victoria to assess, treat and support people with a dual disability. VDDS provides phone-based: advice to family members or carers of people with an intellectual disability; assessments of people with an intellectual disability; and triage to facilitate timely access to an appropriate mental health service. In exceptional cases, the VDDS will undertake extended treatment and management of a person with an intellectual disability until an appropriate local service provider can be found. The VDDS also delivers training workshops designed for staff in specialist mental health services and mental health community support services. Training includes complementary online training resources for both mental health workers and carers.
- **Dual Diagnosis** – A person with a diagnosed mental health condition and a substance use disorder can access the dual diagnosis service. The service includes access to AT&OD clinicians and services, mental health clinicians and services, MHCSS, and Primary care.

LOCAL CONTEXT:

- **Raphael Services** commenced in Bendigo in November 2012. The service provides specialised mental health support to parents and families with young children who experience depression or anxiety during pregnancy and in the first few years following childbirth. This service is managed by St John of God Bendigo and Bendigo Community Health Services.
- **PEHP – Loddon** is operated by Bendigo Health and includes the Shire of Campaspe in its catchment. The service provides family centred psychological care for women during pregnancy and up to one year post birth. The program provides services for women who are experiencing mild to moderate mental health symptoms, the severity of which would not meet the criteria for case management with the adult or adolescent mental health service. PEHP Clinicians are collocated with health services already seeing the women in the perinatal period (e.g. maternity and maternal child health services) which aims to reduce stigma and system-based barriers to women accessing treatment.
- There will be a five bed **mother and baby unit** in the new Bendigo Hospital.
- **Njernda Aboriginal Corporation** provide spiritual and emotional wellbeing support to Aboriginal clients including: suicide intervention, family support, kinship care, stolen generation support and parenting programs, in addition to a visiting psychologist and a mental health clinician.
- **Spectrum** is based in Melbourne and can only be accessed through Area Mental Health Services.
- **Brain Disorders** – ABI Case worker in Echuca (Bendigo Health)
- **Eating Disorders -** The Loddon Campaspe Southern Mallee Eating Disorders Service (EDS) is located at the Centre for Rural Mental Health, Arnold Street Bendigo. It consists of a team of clinical psychologists and a consultant

psychiatrist, who work together with general practitioners across the region to treat people with anorexia nervosa and bulimia nervosa. The Eating Disorders Service provides education to GPs in detecting and managing eating disorders, as well as ongoing consultation and support in treating people with eating disorders. Clinical psychologists provide treatment to people aged 17 years and over with eating disorders who are motivated to engage in treatment. The Primary Mental Health Early Intervention Team can provide treatment for milder cases, with support from the EDS program. Education and support is also provided to clinicians of the Adult Mental Health Service, and to the Child and Adolescent Mental Health Service, who see people with eating disorders who are under 17 years.

- **Dual Diagnosis** – there is one Dual Diagnosis worker in the Southern Loddon Mallee Region who is based in Bendigo at Bendigo Health.

Service Coordination

DHHS framework for Service Coordination aims to place consumers at the centre of service delivery - ensuring that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes. The practice of service coordination particularly supports more effective ways of working with people with complex and multiple needs. Primary Care Partnerships are tasked with the implementation of this framework across Victoria.

The Service Coordination Tool Templates (SCTT) is a suite of templates developed to facilitate and support service coordination. The SCTT support the collection and recording of initial contact, initial needs identification, referral and coordinated care planning information in a standardised way. Using the templates can improve communication between service providers, the recording of information generated by screening and assessment processes, information sharing, and the quality of referrals and feedback between service providers. This can assist service providers share relevant information to support better outcomes for consumers.

Telehealth

Telehealth refers to health care delivery, or related processes (such as education), when some of the participants are separated by distance and information and communications technologies are used to overcome that distance.

Telehealth can be a cost effective, real-time and convenient alternative to the more traditional face-to-face way of providing healthcare, professional advice and education. It can help to remove many of the barriers currently experienced by health consumers and professionals, such as distance, time and cost, which can prevent or delay the delivery of timely and appropriate healthcare services and educational support.

WORKSHOP QUESTION: What is the success of telehealth use in Mental Health care within Campaspe? ECMH case study.

Rehabilitation/Recovery:

Mental Health Community Support Service (MHCSS)

Mental Health Community Support Services (MHCSS), formerly known as PDRSS, are distinct from clinical mental health services, and play a vital role in supporting people with a severe mental illness and psychiatric disability throughout the recovery process. MHCSS support people with psychiatric disability to manage their self-care, improve social and relationship skills and achieve broader quality of life via physical health, social connectedness, housing, education and employment.

Consumers aged between 16-64, have a mental health diagnosis that is impacting on their ability to communicate, socially interact, learn, self care, self manage, and work or interact in the community can access MHCSS.

LOCAL CONTEXT: Within Campaspe, MHCSS are accessed via the central intake provider Australian Community Support Organisation (ACSO). ACSO will then refer the client to one of the regional MHCSS providers: MIND Australia, or the Aftercare, Life Without Barriers and Care Connect corsortia.

Partners in Recovery (PIR)

PIR aims to support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated and integrated way. The PIR support facilitators aim to walk alongside the client to help them get the support they need, including:

- Make plans about working towards recovery
- Find the right places to get help
- Make sure that different services meet their needs
- Co-ordinate different services
- Solve practical problems – like housing and health needs
- Keep working towards recovery
- Make sure that clients don't fall between the gaps in services.

LOCAL CONTEXT: Murray PHN is the current provider of PIR within Campaspe, and there is one PIR Support Facilitator based at St Lukes Echuca.

Supported Residential Services:

Supported residential services (SRS) are one accommodation option for people who need extra support to live in the community. This includes people who have a psychiatric disability. SRS may also be used as an interim step in a longer-term plan to support independent living.

WORKSHOP QUESTION: Who provides SRS in Campaspe?

Personal Helpers and Mentors (PHaMs)

Personal Helpers and Mentors (PHaMs) is a commonwealth funded services that aims to provide increased opportunities for recovery for people whose lives are severely affected by mental illness. Using a strengths-based, recovery approach, PHaMs assists people aged 16 and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.

LOCAL CONTEXT: Within Campaspe, PHaMs is provided by Mitchell Community Health Centre (Broadford) and/or St Lukes (Bendigo).

Q: Need to clarify - there is no organisation that covers Echuca or Rochester's postcodes on the PHaMs website

End of Life:

Palliative care:

Early referral to palliative care can improve quality of life and in some cases survival. Referral should be based on need, not prognosis. Ensure that an advance care plan is in place.

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