Planning for growth and equitable mental health outcomes

Submission to the Royal Commission into Victoria's Mental Health System

Contents

1. Executive summary

The City of Whittlesea commends the Victorian Government on the establishment of a Royal Commission into Mental Health (RCMH) and welcomes the opportunity to make a formal submission.

The submission will focus primarily on highlighting the high proportion of groups within our community at risk of poorer mental health outcomes and the significant gaps in access to mental health services for residents of the municipality. The submission will also advocate for a strengthened service planning approach, which reflects demographic and health indicators and proactively plans for growth using rigorous population projections. This will enhance planning and ensure service delivery is equitable and proportionate to the level of needs across communities in Victoria.

Geographic location, and the specific needs of rural and regional communities and disadvantage in relation to access to a range of health services is generally given consideration in health planning. The specific needs of growth areas have however, to a degree, been overlooked. This submission will argue that proactive consideration of the specific needs of rapidly growing LGAs, and the specific needs of population groups at risk, is an essential element of planning for a responsive, flexible mental health system.

2. Our community

The City of Whittlesea is located on Melbourne's metropolitan fringe, approximately 20km north of Melbourne's Central Business District. Covering 490 square kilometres, it is a large municipality with has established urban areas in the south, ringed by urban growth areas (new communities), and rural areas in the north. It has been designated one of six "growth areas" along the urban fringes of Melbourne.

The population is currently estimated at 229,791 and expected to reach 382,304 by 2040. Residents have a younger median age than Greater Melbourne (34 years, compared with 36), and a larger proportion of two parent families with children (42.3 per cent compared with 33.5 per cent). There is significant cultural and linguistic diversity, with almost half of the population of the City of Whittlesea speaking a language other than English at home (44 per cent) and more than a third of the population being born overseas (35.5 per cent). The City of Whittlesea has the second largest population of Aboriginal and Torres Strait Islanders in Metropolitan Melbourne.

Analysis of local demographic and health indicator data demonstrates the City of Whittlesea has a relatively high proportion of groups at risk of poor mental health outcomes. Growth area suburbs within the municipality attract young and lower income families due to housing affordability issues in inner metropolitan areas. City of Whittlesea has a young age profile with a higher proportion of children and young people and women in the perinatal period. The LGA has one of the highest rates of family violence in the Northern Metropolitan Region of Melbourne (1,428.9 per 100,000 of population, compared to Victoria 1,176), and children are recorded as present at a much higher rate than other municipalities (436.7 per 100,000 of population, compared to Victoria 323.2) (Crime Statistics Agency Victoria 2018).

2.1 Population projections

Table 1. Projected population growth 2016 and 2041

	2016	2041	Change
City of Whittlesea	207,900	382,900	84%
Northern Melbourne	932,900	1,505,100	61%
Metropolitan Melbourne	4,583,400	6,938,500	51%
Victoria	6,048,800	8,876,000	47%

Source 1: id community2017 2 SGS Economic and Planning 2017 projections cited in Whittlesea 2040 Background Paper)

Rapid population growth is outstripping government funded services and infrastructure and a significant backlog in health services and infrastructure in growth areas is significant (Section 4.1).

2.2 Health and social indicators

City of Whittlesea sits within the Eastern Melbourne Primary Health Network (EMPHN) catchment. The following data is drawn from the EMPHN Integrated Mental Health and AOD Service Atlas (East and North-East Melbourne) released in 2018, which provides a clear spatial picture of the distribution population health and socio-demographic indicators, risk factors for mental illness and services locations across the catchment. The rigor of the mapping and benchmarking approach commissioned by the EMPHN provides a sound basis to strengthen future planning to ensure greater equity of mental health outcomes.

Table 2.Health indicators in EMPHN

LGA	Fair/poor health* ASR per 100	Psychological Distress* ASR per 100	Suicide and self-harm† n	Suicide and self-harm† ASR per 100,000
Banyule	13.8	10.7	54	9.3
Boroondara	8.4	7.3	56	7.0
Knox	14.2	11.6	67	9.0
Manningham	11.3	8.3	35	6.4
Maroondah	13.9	12.2	47	9.3
Mitchell (a)	15.9	13.6	6	10.8
Monash (a)	13.3	10.1	44	5.4
Murrindindi (a)	17.0	12.3	np	Np
Nillumbik	10.0	8.8	18	5.9
Whitehorse	13.2	9.8	53	7.1
Whittlesea	19.0	15.0	72	9.0
Yarra Ranges	13.4	12.2	65	9.2
EMPHN	13.2	10.7	518	7.8
Victoria	15.6	12.5	2,540	9.6
Australia	14.8	11.7	11,874	11.2

Sourced from:*2014-15 (PHIDU 2017b); np – not provided cited in EMPHN ATLAS 2018

The EMPHN ATLAS methodology is informed by a social determinants of health approach in recognition that health planning must reflect a range of indicators such as social advantage/disadvantage, income, education, school engagement/disengagement and employment/unemployment, Aboriginality as potential risk/protective factors for mental health outcomes at the population level. The ATLAS data identifies City of Whittlesea as an area of high need with limited access to services.

Demographic indicators of population level risk indicate the City of Whittlesea:

- is the most disadvantaged LGA in the EMPHN region (Index of Relative Social Disadvantage)
- has highest rate of psychological distress at 15 per 100, significantly higher than both state and national rates and more than double that of Boroondara (Figure 2.)
- has a high proportion of Aboriginal residents (Figure 3.)
- a very high rate of school disengagement and early leaving school (like other outer suburban areas of the catchment) (Figure 7.)

The ATLAS mapping also highlights the disparity in service access demonstrating the vast majority of services are located in inner east and inner northern suburbs within the catchment (refer Appendix 1. Location of Mental Health services across the EMPHN catchment).

Figure 1. Self-reported health – Fair/Poor

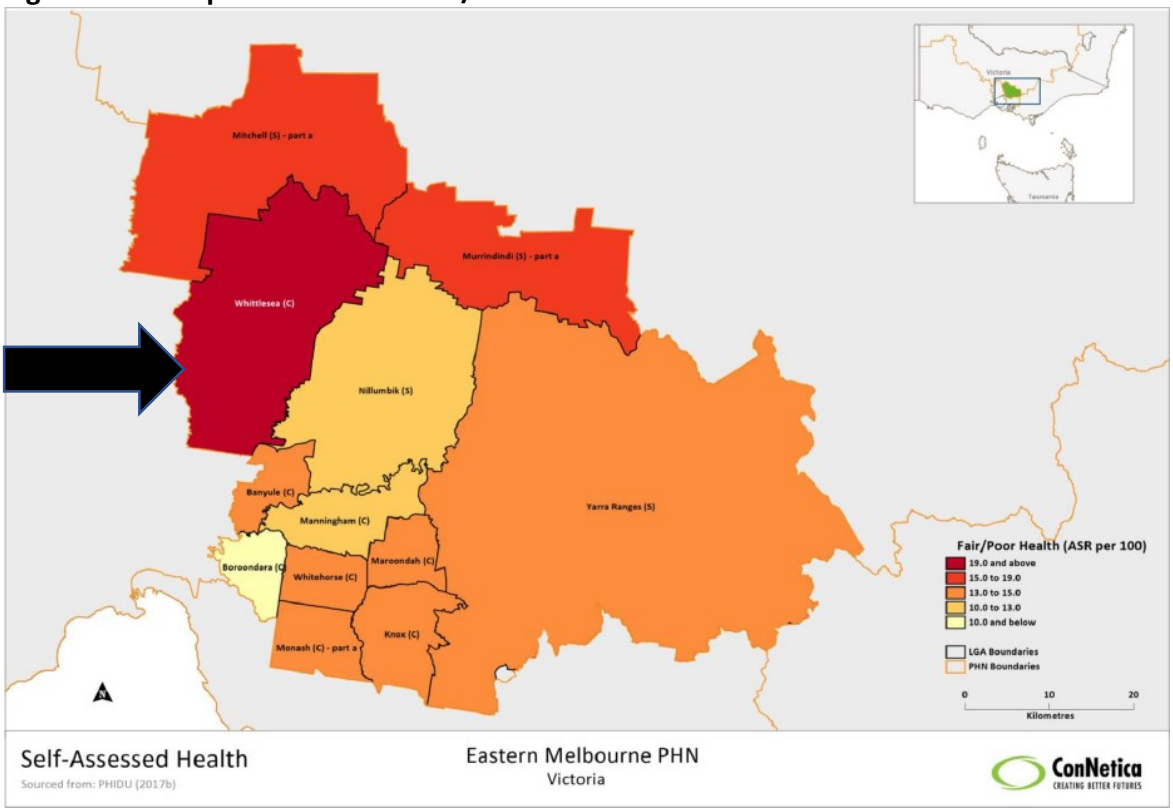
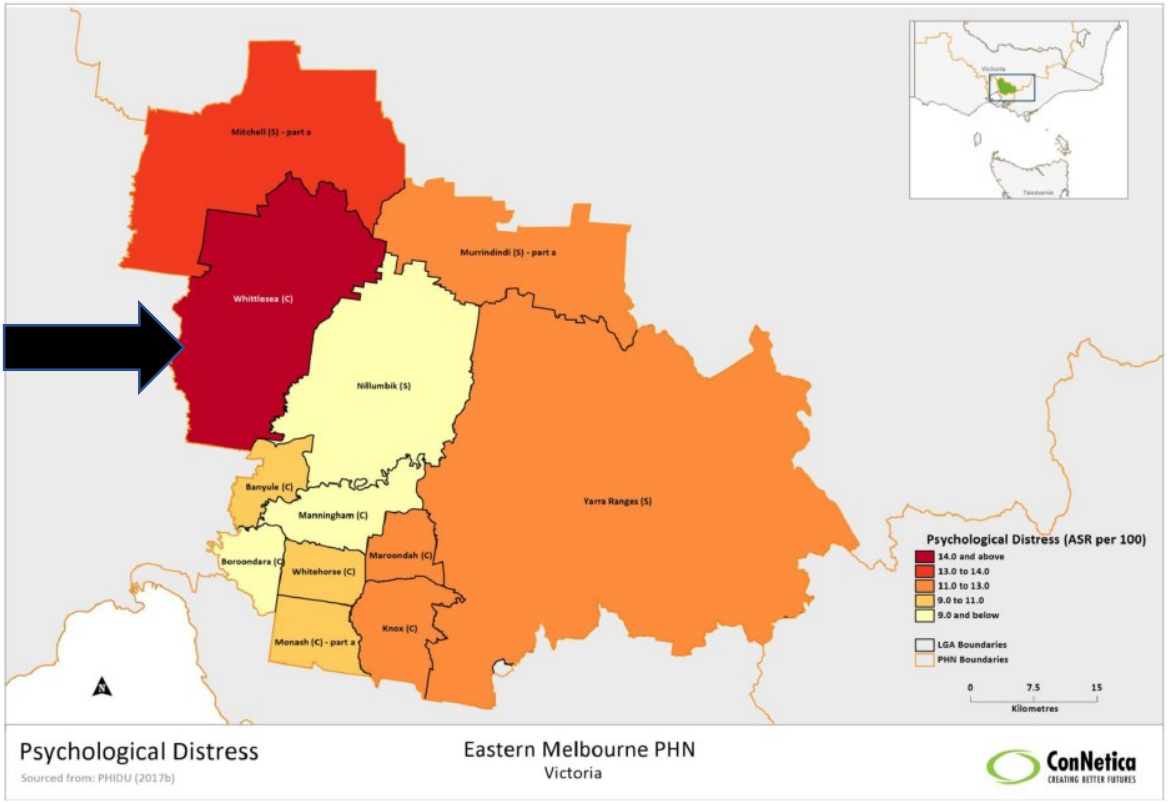


Figure 2. Psychological distress rate[1]



Psychological distress is a useful population wide measure. Variations in psychological distress are associated with different demographic characteristics. A 2013 analysis of HILDA data found younger people, women, Aboriginal people, people with a disability, and those who were living in a major city have higher rates of psychological distress. Psychological distress increased in line with increasing level of social disadvantage (Refer Appendix 2 Psychological distress: demographic characteristics associations)

It is important to note however, data related to the mental health and wellbeing of young people at the LGA level is not available. *Adolescent community profiles* by LGA were previously compiled by the Data, Outcomes and Evaluation Division of the Department of Education and Early Childhood Development (DEECD). These profiles provided local level information on the health, wellbeing, learning, safety and developmental outcomes of Adolescent children and were a valuable source of data to inform planning for Municipal Public Health Plans and Council Youth Services planning.

For example: *The Adolescent Community Profile: Whittlesea 2010* published by DEET in 2011 reported:

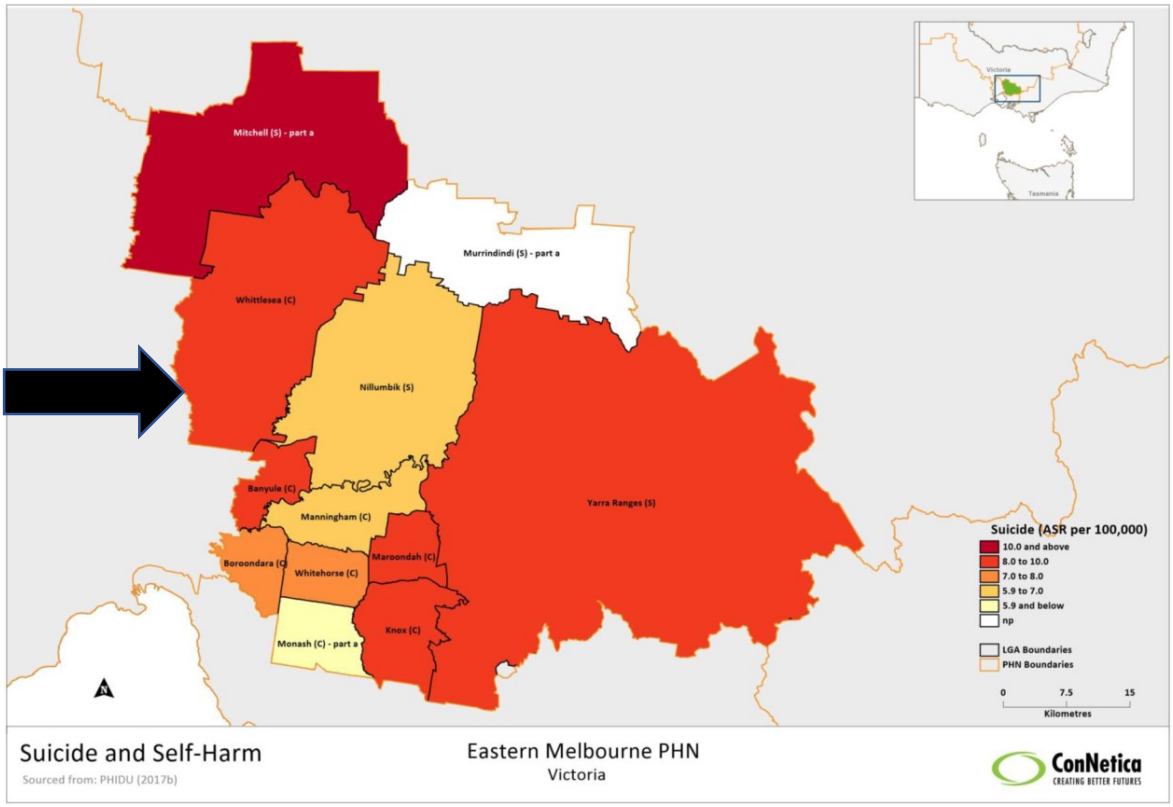
- *In 2009, 15.3 per cent of adolescents surveyed in Whittlesea reported high levels of psychological distress. This was higher than the proportion reported across Northern Metropolitan Region (12.4 per cent), with the difference being non-significant and higher than the proportion reported across Victoria (13.0 per cent), with the difference being non-significant.*

[1] Psychological distress is an indicator of the mental health of a community and is the best population wide measure currently available. This indicator is a 'synthetic prediction' derived by the Public Health Information Development Unit (PHIDU) at the LGA level and as a result should be used with caution and be treated as indicative of the prevalence psychological distress within the EMPHN catchment.

- *In 2009, 3.9 per cent of adolescents surveyed in Whittlesea had an eating disorder. This was significantly higher than that reported across Northern Metropolitan Region (2 7 per cent), and significantly higher than that reported across Victoria (2.4 per cent).*

Whilst there are a range of valuable datasets in the Victoria Child and Adolescent Monitoring System (VCAMS) portal[2] data for adolescents is generally not available at the LGA level. Mental health and wellbeing indicators such as psychological distress are aggregated to 4 DET regions and 17 area levels. The City of Whittlesea is in the North-East Melbourne Area: which also includes Banyule, Darebin, Nillumbik, and Yarra. The diversity of the LGAs within the area mean the data is far less meaningful and the evidence for local level intervention is not as sound.

Figure 3. Suicide and self-harm rate



[2] Victorian Child and Adolescent Monitoring System (VCAMS) portal
https://www.education.vic.gov.au/about/research/Pages/vcams.aspx

Figure 3. Indigenous residents

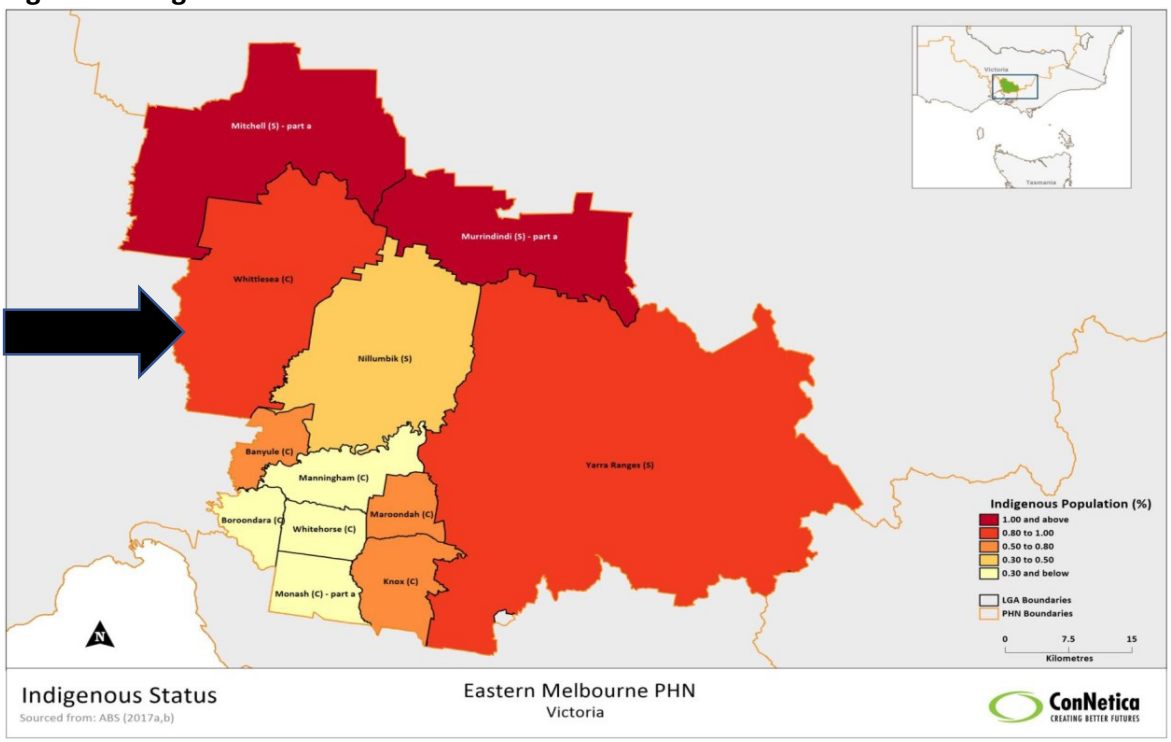


Figure 5. Proportion of the community needing assistance

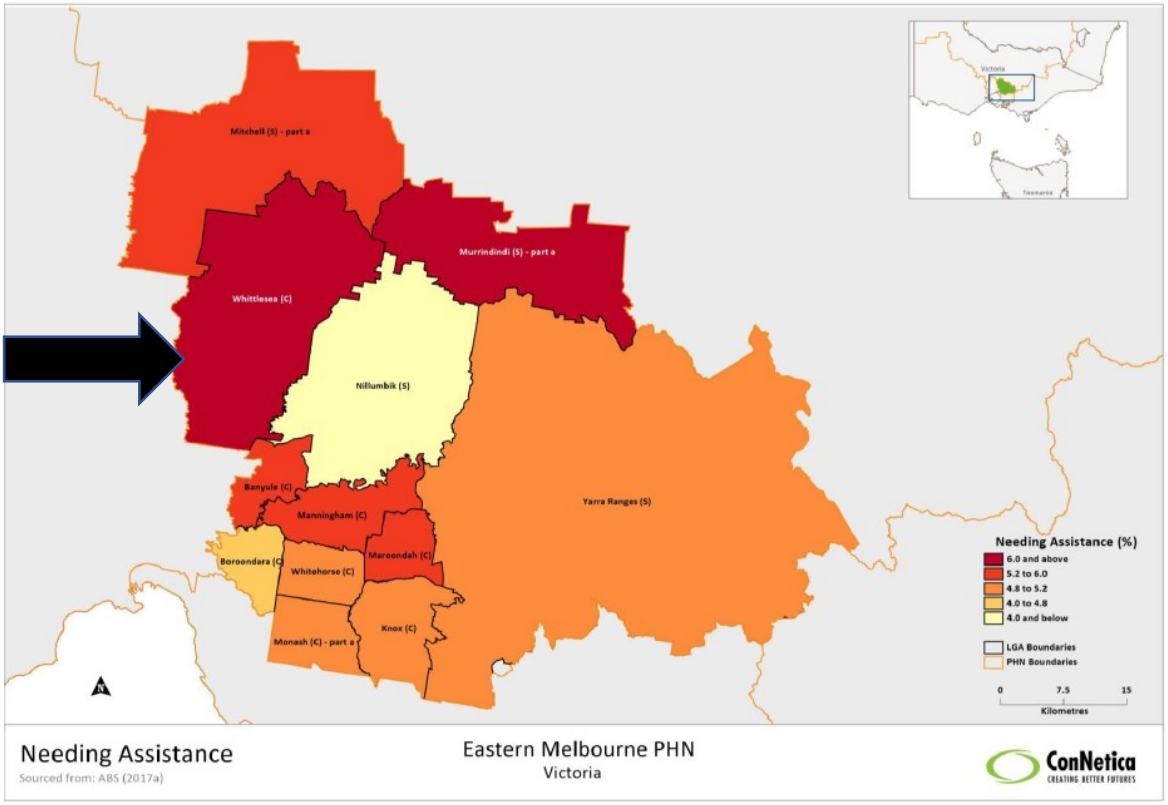


Figure 7. Rate of early school leavers

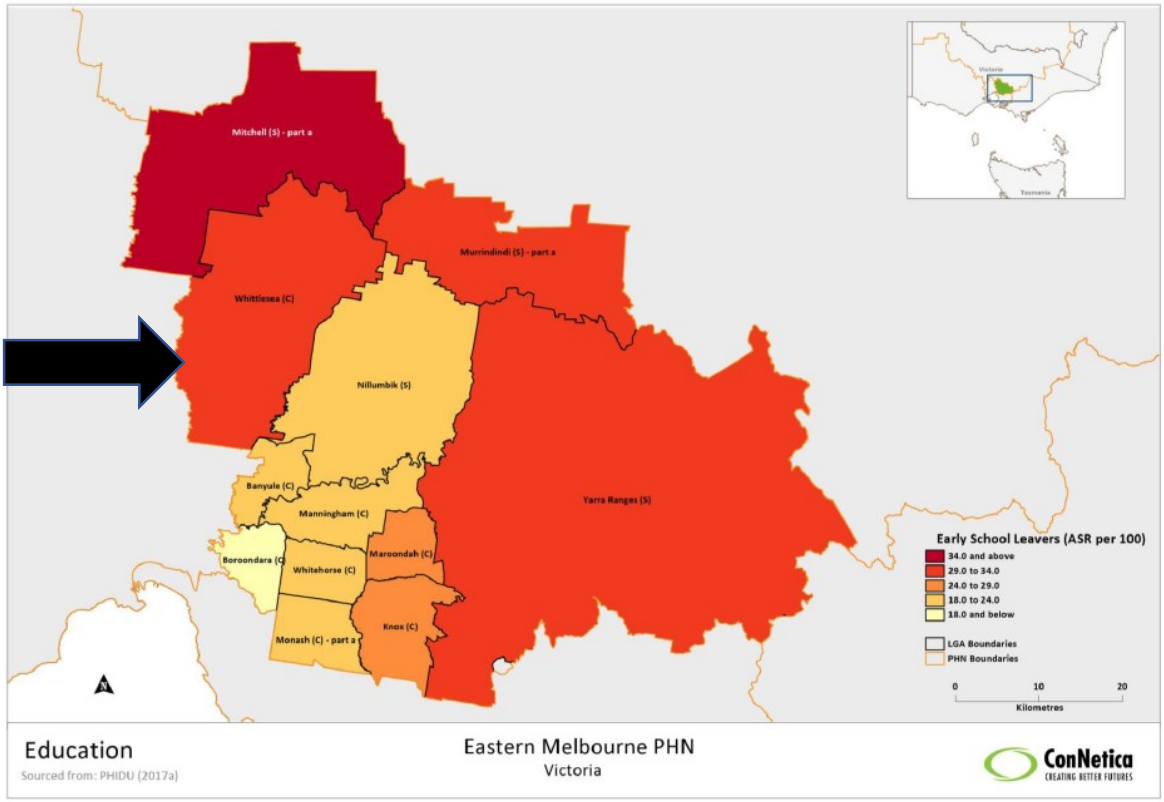


Figure 8. Unemployment levels

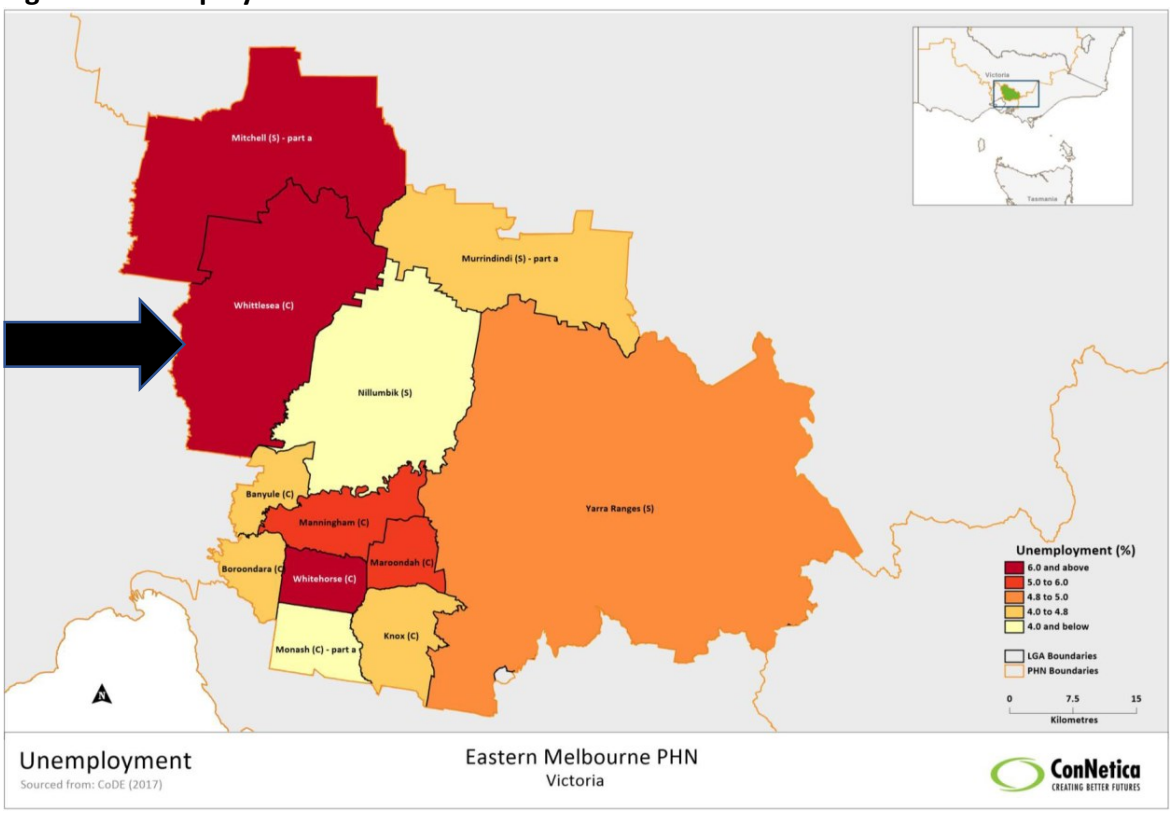


Figure 9. Proportion of individuals with low income

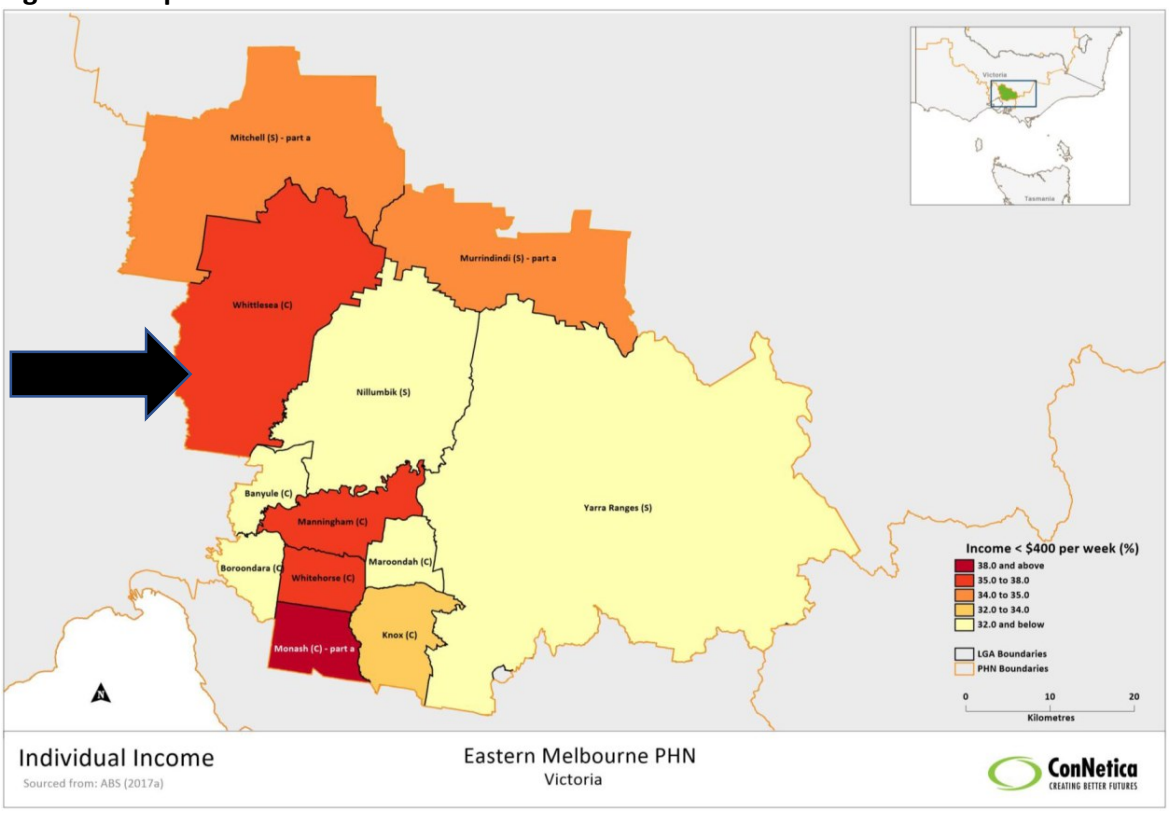
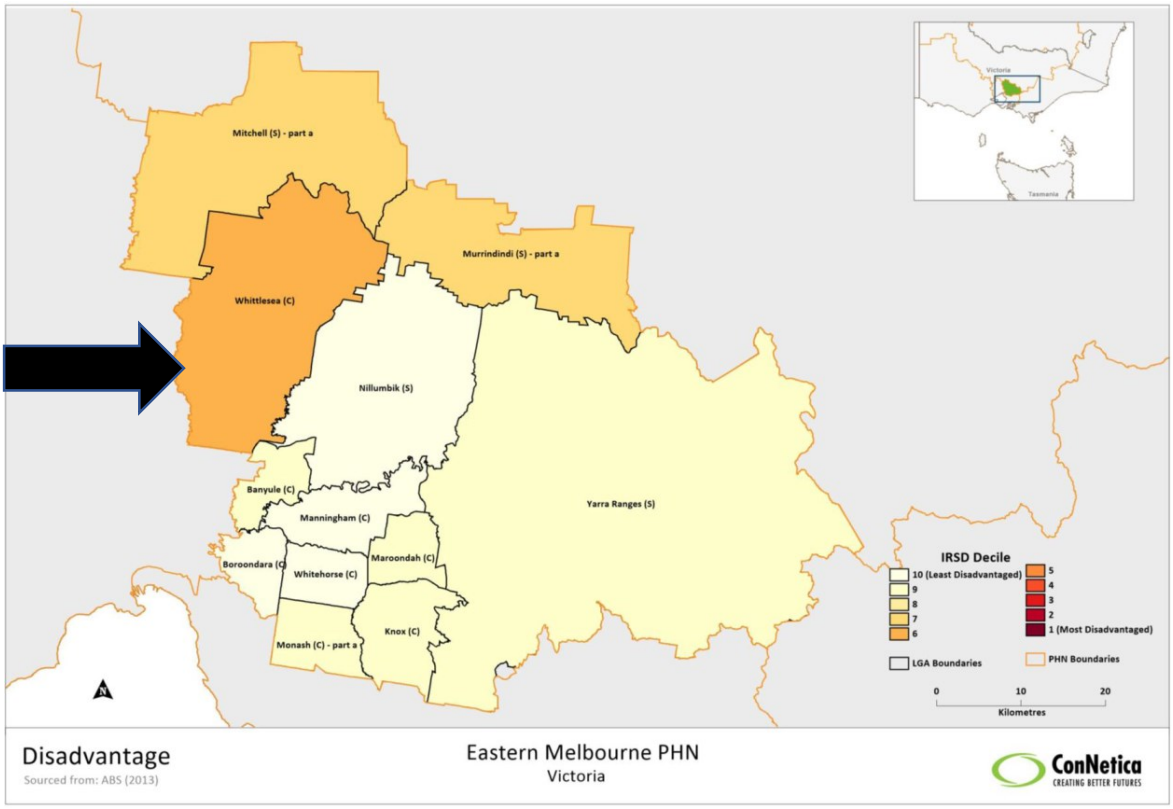


Figure 10. Index of relative social disadvantage by decile



3. Working across the continuum and across sectors

3.1 Social determinants of mental health

"Good mental health is integral to human health and wellbeing. A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.

It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities" (WHO 2014).

There is a wealth of literature providing evidence for upstream approaches demonstrating positive mental health outcomes (PWC 2013, VicHealth 2015) VicHealth has been recognised as a leader internationally in mental health promotion. Their work to strengthen evidence that race-based discrimination, violence against women, social inclusion and access to economic resources are key determinants of mental health has been influential. VicHealth support for innovative models for mental health promotion intervention has been a key driver for local government and a range of other sectors to initiate prevention effort in these areas.

3.2 Working across the continuum

The urgent need for crisis and early intervention is an important imperative. It is also important to work across the continuum to develop, implement and evaluate mental health promotion and prevention services and interventions. This will reduce demand at the crisis end of the continuum.

The following table provides a snapshot to illustrate local good practice upstream models and is not intended to capture the breadth of intervention options. It should be noted many approaches fit within more than one place along the continuum.

Mental health promotion – addressing the upstream socioeconomic and structural determinants of mental health Good practice local examples: ✓ The establishment of Aboriginal community led *Aboriginal Gathering Places* (refer also Link) ✓ Targeted employment pathways programs ✓ Initiatives to address racism and discrimination ✓ *Whole of school approach to respectful relationships*
Primary prevention - development of resilience, self-efficacy, meaning and purpose and social connection Good practice local examples: ✓ *Whittlesea Middles Years School (Re)Engagement Pilot Project* ✓ *Families where a parent has a mental illness(FaPMI) #*

Secondary prevention - addressing the risk and predisposing factors Good practice local examples: ✓ Targeted support for women through Enhanced Maternal and Child Health Services ✓ Rainbow accreditation in Council Youth Services
Early intervention – Good Practice local examples: ✓ *Networks to Well-being Forum: Strengthening connections for positives youth mental health*
Intervention and support Good Practice Examples: ✓ *Wadamba Wilam: Renew Shelter #* ✓ *Safe Haven Café #* ✓ Youth Residential Care units (YPARCs) # ✓ Austin Perinatal MH specialist services: inpatient programs, supports and programs # ✓ Eating disorders unit #
Crisis Intervention – Good Practice Example: ✓ Emergency department crisis hubs #
Post-vention supports – Good practice examples: ✓ *Wayback support service #*

Many of the good practice interventions at the response and treatment end of the continuum, which are relevant to local needs, are not currently available within the LGA# . For many public transport routes are not direct and access would involve multiple changes. The City of Whittlesea was overlooked in recent State Government Mental Health budget announcements.

3.3 Working across sectors

It is critically important "to examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health, economic participation and productivity "(Productivity Commission 2019).

Mental health and wellbeing needs to be seen as a shared responsibility across the community and across sectors. A whole of government cross sector responsibility for upstream prevention is required to address entrenched socioeconomic and structural determinants of mental health.

4. Access to services in the Northern Growth Corridor

As the Commissioners will be keenly aware, a litany of reports and reviews (MHV 2018, VAGO 2019a, VAGO 2019b) highlight the deficiencies in the mental health system going back to the *National inquiry into the human rights of people with mental illness* (Burdekin 1993). Similarly, reviews and audit reports over the past decade have highlighted the lack of health system capacity to meet the needs of communities in growth areas, with a focus on the Northern Growth Corridor (Travis 2015, VAGO 2017). As is the case with the mental health system progress, to address the limited service capacity issues identified in these reports, is limited.

4.1 A backlog in health services infrastructure in growth areas

Benchmarking[3] commissioned by the National Growth Areas Authority (NGAA) highlights a significant differential in investment in health infrastructure:

- Hospitals and community based health centres
- Residential care (aged care)

in growth areas across Australia compared to a selection of more established neighbouring suburbs closer to city centres.

	Backlog NGAA LGAs	Backlog per capita	Need to 2031	Need to 2031 per capita
Health	$1.9 billion	$462	$6.3 billion	$1,023

Source SGS Economics and Planning 2015

In their 2017 Independent Assurance Report to Parliament *Effectively planning for population growth*, VAGO identified the Victorian government is struggling to deliver adequate health services for young families in new growth areas, including Mitchell and Whittlesea. The 2017 VAGO report highlighted DHHS work being undertaken to develop the Northern Growth Corridor Service Plan (NGCSP) to address this services capacity issue. VAGO also recommended *DHHS apply successful planning lessons learned in the Northern Growth Corridor Service Plan in developing other locality health plans.*

4.2 Hospital Service Gaps: Northern Growth Corridor

The independent *Travis Review: Increasing the capacity of the Victorian public hospital system for better patient outcomes*—highlighted "hospitals located in the greenfield growth areas had the largest gaps between demand and supply of hospital beds. The northern growth corridor had the largest gap between demand and supply" (Travis 2015)

VAGO analysis of DHHS data in 2017 highlighted a 68 per cent increase in the number of births in public hospitals to women residing in the northern growth corridor (Whittlesea, Mitchell and Hume LGAs) over 10 years. In contrast the number of births in public hospitals across Victoria increased by only 24 per cent. In their recently released discussion paper *Growing Victoria's Potential: The opportunities and challenges of Victoria's population growth,* Infrastructure Victoria acknowledge the government is struggling to deliver adequate health services for young families in new growth areas, including Mitchell and Whittlesea (Infrastructure Victoria 2019).

[3] This assessment was intended as a broad scoping of the scale of the issue, and specific health infrastructure provision variations such as catchment sizes, facility sizes and waiting lists would be required to arrive at precise requirements in specific localities to bring them up to the level of the benchmark areas.

4.3 Human Service Gaps: Whittlesea

The City of Whittlesea Human Services Needs Analysis (HSNA) developed through engagement with key human services and council departments in 2017 shows an increasing demand for a range of human services driven by population growth, more complex needs and a more diverse community. The HSNA identified that service gaps were more pronounced in growth areas.

Half of the agencies surveyed reported that family violence and the need for more family support services was a key emerging issue. Other emerging issues of note were:

- financial stress
- clients presenting with multiple/ complex issues
- an increase in mental health issues and the lack of appropriate services.

The HSNA concludes services within the City of Whittlesea continue to struggle to meet the demand of the growing community and ensuring timely service provision in the growth areas remains a key challenge.

As the VCOSS submission to the MHRC on the Terms of Reference highlights:
People experiencing mental health difficulties do not experience them in isolation from other issues. People may also experience homelessness and insecure housing, gambling, alcohol and other drug use, poor physical health, experience of disaster or emergency, complex needs, social isolation, bullying, violence and stigma. A person's individual experience may comprise many overlapping difficulties, with causality running in both directions.

Limited capacity of local human services to provide timely access to supports will contribute to the escalation of mental health problems and will exacerbate demand for mental health services across the LGA. Given the current underinvestment in local and regional mental health services it is clear they will continue to be unable to meet the increased demand created. The subsequent lack of responsive support in the mental health system will in turn impact across other areas of people's lives and exacerbate their need for other service supports.

4.4 Mental Health Service Gaps: Victoria

Reports advocating for mental health system reform also highlight that Victoria, the State with the most rapid population growth, lags significantly behind other jurisdictions in the available funding and infrastructure and the percentage of the population supported (VAGO 2019, MHV 2018).

Victoria compares unfavourably with the rest of Australia, with the lowest per capita expenditure in mental health, and access to mental health services that is nearly 40% below the national average. The largest discrepancy in access to clinical mental health services compared to the national average is in the younger age brackets:

- 50% lower for Victorian less than 15 years of age
- 45% lower for Victorians aged 18-24 years
- 43% lower for Victorians 25-34 years of age (MHV 2018).

It is clear greater investment in the mental health service system is warranted. Ensuring that rigorous planning informs resource allocation will be critical to address differential access to services between geographic locations.

4.5 Mental Health Service Gaps: Whittlesea

Evidence to inform this section of the submission includes:

- analysis of hospital performance data,
- review of regional Integrated Mental Health and AOD Service Atlas (EMPHN 2018) and local human services demand (City of Whittlesea 2017).

Consultations with a broad range of local community, health, human services and mental health sector stakeholders were also undertaken. This process highlighted a significant deficit in mental health service delivery across the City of Whittlesea compared to inner and middle ring areas of Metropolitan Melbourne.

As discussed in Section 2.2, the EMPHN Integrated Mental Health and AOD Service Atlas provides a clear spatial picture of the distribution of population health and socio-demographic indicators, risk factors for mental illness and services locations. The rigor of the mapping and benchmarking approach commissioned by the EMPHN provides a sound basis to strengthen future planning to ensure greater equity of mental health outcomes. Significantly the ATLAS mapping highlights the disparity in service access demonstrating the vast majority of services are located in inner east and inner northern suburbs within the catchment (refer Appendix 2. Location of Mental Health services across the EMPHN catchment).

A report was also commissioned to support Council's ongoing advocacy for Federal, State and regional investment in mental health service (Mendoza 2018). The report, *A Brief Analysis*: *Mental Health Needs and Services, City of Whittlesea LGA* (Mendoza 2018) drilled down further into local contextual factors identifying:

- Higher rates of relationship breakdown, financial stress, family violence, alcohol and other drug abuse, gambling, self-harm and suicide in the municipality which are all associated with poor access to and the quality of mental health care.

- Inequity – as in lower income households, lower educational attainment, higher unemployment, higher dependency rates, relatively high rates of single parent families – which are all positively associated with higher rates of mental illness (Mendoza 2018).

The consultant's report also noted:

- The overall pattern of mental health care across EMPHN is inherently similar to other areas of Australia (Mendoza 2018) in terms of accessibility however, the bulk of services are located within LGAs to the south east of our catchment (LGAs of Whitehorse, Maroondah, Boroondara and Banyule). This makes access for residents in Whittlesea more difficult.

- The deficits in the range and capacity of services in the City of Whittlesea is consistent with the patterns of service and need evident in other high growth outer metropolitan LGAs across Australia like Rockingham in WA, Moreton in SE Qld, Blacktown in NSW and Casey in Victoria.

- Whittlesea residents would have lower rates of MBS utilisation for psychological services, placing greater pressure on public mental health services and related emergency services (Mendoza 2018).

The consultant also identified that access to the various types of mental health care necessary to provide prevention, early intervention, on-going treatment and recovery are lacking or completely absent. This includes:

- Fewer General Practitioners per head of population
- Low numbers of allied health providers such as psychologists, social workers, mental health nurses working in the community and counsellors
- An almost complete absence of specialist health care providers such as psychiatrists, child development specialists, paediatricians
- Insufficient child, adolescent and young adult (0-25 years) services in the community or within the local hospital based services – in Whittlesea these are almost all outside the LGA
- Insufficient acute and sub-acute beds for the population
- Insufficient community or outpatient services
- Insufficient non-hospital residential places (such as supported accommodation places)
- Very few alcohol and other drug services (Mendoza 2018).

The consultant concluded that the consequence of these deficiencies in mental health care is that more people will not access services in a timely way to prevent a worsening of their mental health and there is a greater impact on their relationships, their employment or other participation roles in the community.

4.6 Crisis and after-hours support

The Commissioners have reported a key theme in RCMH community consultations has been that there are "little or no services in the gap between GPs and crisis support". Local consultations and data confirm this and highlight the limited capacity of crisis support through the local public hospital emergency department (ED) and Area Mental Health Service (AMHS).

Public hospital EDs play an important role in treating mental illness. They can be the initial point of care for those seeking mental health-related services for the first time, as well as an alternative point of care for people seeking after-hours mental health care (AIHW 2018).

Given this important role, it is of concern for Council to note that hospital performance data for the 2018/19 period reported by the Victorian Agency for Health Information (VAHI) [4] demonstrated:

1) The Northern Hospital Emergency Department (ED) has the highest number of ED presentations in the state. This was consistent across all reporting quarters (Refer Appendix 3. *Hospital State-wide Emergency Department total attendances*), and
2) The Northern Area Mental Health Service (NAMHS) consistently fails to meet the target of 80 per cent of ED presentations departing to a mental health bed within 8 hours. (Refer Appendix 4*. Adult Mental Health ED presentations transferred to mental health bed within 8 hours*).

[4] Source: Statewide - Emergency department total attendances - Quarterly Data Victorian Health Services Performance Victorian Agency for Health Information

This target is set in recognition that - *"hospital emergency departments (EDs) are a key point of contact with the health system for people with mental health problems who require urgent medical and/or psychiatric care. Admission to a more suitable environment may be required to provide short-term inpatient management and treatment during an acute phase of mental illness, until the person has recovered enough to be treated effectively and safely in the community." (VAHI)*

It should be noted that approximately 20% of the AMHS also consistently fail to meet this target, and like NAMHS consistently perform below the state average. That this capacity gap is a consistent pattern confirms the findings of the recent VAGO report *Access to Mental Health Services* that DHHS has done too little to address the imbalance between demand for, and supply of mental health services in Victoria.

4.7 Access gaps: individual and community level impacts

Mental illness affects a high proportion of the community and has a significant impact on social and economic outcomes at the individual and community level.

- The National survey of Mental prevalence survey of Australians aged 16-85 years, almost half (45%) experience mental disorder at some point in their life and one in five (20%) had a mental disorder in the previous year (ABS 2008).
- Burden of disease data highlights mental illness is the single largest contributor to years lived in ill-health (AIHW 2016).
- The Productivity Commission cites assessments of the cost to individuals and the community of reduced economic participation and contribution of people with mental ill-health as being "about double the level of health care expenditure on people with a mental illness" and for teenagers and young adults costs are likely to be much more (PC 2019).

The gaps in services and support for people at risk of, or experiencing, mental health issues and the geographic barriers highlighted in this section will have significant implications for individual wellbeing, quality of life, employment education and engagement in community life. The broader social and economic implications for families, carers and the broader community provide an additional impetus for Council's call for action to the Commissioners to explore mechanisms to address differential service access to mental health services.

4.8 Stakeholder insights

Consultations with local service providers also confirm gaps in a range of mental health services that are available in other community mental health catchments. The gaps identified include: specialist mental health programs, youth specific inpatient services, perinatal services, eating disorders programs and secure extended care services.

Where regional and State-wide services are funded to deliver services to residents of the City of Whittlesea they are often located in inner and middle ring suburbs where historically demand may have been greatest. The movement of population, including lower income people, young families and vulnerable groups into the expanding outer northern growth corridor means these central service delivery locations are no longer appropriate to meet demand and are not accessible to population groups at greatest risk.

Perinatal service gaps

City of Whittlesea has an ongoing commitment to funding, and supporting, the multidisciplinary Enhanced Maternal and Child Health (MCH) service to provide outreach support and specialised therapeutic intervention for vulnerable infants, young children, and families who would otherwise find it difficult to access such support.

Consultation with Enhanced Maternal and Child Health Nurses and Northern Area Mental Health Service (NAMHS) provides an opportunity to illustrate how the inequity of health service access in the northern growth corridor impacts local families.

Enhanced MCH Nurses described a range of factors related to the growth context and individual factors, such as family violence, poverty, low English proficiency and social isolation that contribute to women's and infant's risk of poor mental health outcomes. They identified significant gaps in services for women in the transition to parenthood and barriers to access the range of specialist services at the Austin including:

- Parent Infant Research Institute (PIRI) Evidence-based Programs for parents
- Parent infant inpatient program

The nurses also reported limited capacity of the Parent Infant Mental Health Initiative to provide secondary consultation services.

The Northern Area Mental Health Service at the Northern Hospital has recently established a Perinatal Mental Health Service. It has however limited funding and the scope of its practice is limited to assessment and consultation. It is a small team of Consultant Psychiatrist, Psychiatry Registrar and a Registered Nurse. They see people as outpatients (referred from antenatal clinics) and inpatient on the maternity wards. Due to the limited capacity of the team they unfortunately do not currently provide post-natal follow up.

Maternal and child health services data highlights the high proportion of Victorian babies born over the past 7 years in the City of Whittlesea

Births	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/18	2018/19
City of Whittlesea	3047	3135	3116	3363	3397	3264	2967*
Victoria	77197	77427	77668	79336	78407++	NR	
%	3.95	4.05	4.01	4.24	4.33		

*Current financial year NR Not released

++ new data base in use therefore comparison with previous years to be treated with caution

Mental health service planning and investment processes do not provide an adequate service response where the demand is required.

5. Planning for equitable access to mental health services

5.1 Planning for growth, equity and diverse needs

Planning for services and related infrastructure needs to be based on a sound understanding of the population. Planners need to understand where growth is occurring, at what rate, and the ages, cultural backgrounds and socio-economic circumstances of those living in an area (VAGO 2017).

Ensuring equity of access must be considered as a key priority in decision making in relation to investment and services location going forward. Integrated and coordinated planning between Federal, State and Regional mental health service planners would support more equitable distribution of resources in line with current and future demand.

5.2 Rigorous planning approaches

Integrated Atlases are powerful tools for service planning and decision-making. Atlases include detailed information on social and demographic characteristics and health-related needs, as well as data on service availability and care capacity, providing opportunities to detect gaps and develop benchmark areas for change.
https://rsph.anu.edu.au/research/projects/atlas-mental-health-care

The integrated atlas methodology used for the EMPHN Integrated Mental Health and AOD Service Atlas (East and North East Melbourne) provided a clear spatial picture of the distribution population health and socio-demographic indicators, risk factors for mental illness and services location. This data is critical for service planning and commissioning and should be used as a foundation for equitable service planning and investment going forward.

The National Mental Health Service Planning Framework (NMHSPF) was established as a commitment under the Fourth National Mental Health Plan to "develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services". The tool is designed to help plan, coordinate and resource mental health services to meet population needs. It is an evidence-based framework providing national average benchmarks for optimal service delivery across the full spectrum of mental health services in Australia. https://nmhspf.org.au/

6. Recommendations

1. Recommendation: That DHHS act on recommendations of recent reports into planning for population growth (VAGO 2017) and mental health service planning (VAGO 2019a, VAGO 2019b). This will ensure greater equity in distribution of resources through the use of reliable data on population projections and robust analyses of future demand patterns for rigorous demand forecasting.

2. Recommendation: That there be consistent use of validated planning tools to support an integrated and coordinated approach to mental health service planning between Federal, State and Regional mental health service planners. Joint consideration of the use of the *National Mental Health Service Planning Framework* and the *Integrated Atlas* methodology should be undertaken as a priority.

3. Recommendation: That DHHS act on the VAGO (2017) recommendation that they *apply successful planning lessons learned in the Northern Growth Corridor Service Plan in developing other locality health plans*. The planning model trialled in the Northern Growth Corridor Service Plan should be adapted to engage mental health service representatives in the governance structure which guides planning. Retrospective consultation and engagement with mental health service stakeholders will be required to inform the Northern Growth Corridor Plan.

4. Recommendation: That a whole of government approach to mental health promotion is implemented which addresses the socio-economic determinants of poor mental health outcomes and addresses risk factors beyond the remit of the health sector and DHHS.

5. Recommendation: That DEET and DHHS work together to ensure that access to population health data at the LGA level is available, to inform responsive mental health promotion and early intervention initiatives at the local level.

6. Recommendation: That planning for specialist perinatal services consider population growth, births data, and population risk factors. Investment in perinatal services in the Northern Growth Corridor should be considered as a priority.

7. Recommendation:
That evidence informed models for responsive service delivery for vulnerable populations at higher risk of poor mental health outcomes be considered for their transferability and or scale up.
Examples: Safe Haven Café, Widambah Wilam Renew Shelter

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