

Victorian Primary Care Partnerships

Submission to the Royal Commission into Mental Health July 2019





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Introduction

Mental illness is the third largest contributor to the total burden of disease in Australia after cancer and cardiovascular disease.¹ Each year in Australia, one in five people experience a mental health condition, with 3% of the population experiencing severe mental illness. It is estimated that 45% of the population will experience a mental health condition in their lifetime.²

The primary goal of the Royal Commission into Mental Health must be to improve outcomes for people experiencing mental health issues, particularly populations who experience disproportionately poorer outcomes including Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, LGBTQI communities, Refugees and Asylum Seekers, people with a disability, children and families, rural communities and farmers, older and younger populations.

Purpose

This submission has been prepared to inform the Victorian Royal Commission into Mental Health about issues that relate to the prevention of and responses to mental illness. Its purpose is to highlight the systemic issues affecting mental health and how individuals and communities access, or fail to access, appropriate services, particularly those from marginalised, rural and regional communities. It is also intended to inform the commission of the work undertaken by Primary Care Partnerships (PCPs) in Victoria by presenting examples of place-based initiatives that are working well to improve outcomes for people living with, or at risk of, a mental health condition. The Primary Care Partnership platform is pivotal in the delivery of prevention and health promotion work across Victoria and is used extensively by the Department of Health and Human Services to roll out new initiatives in the areas of access and equity, and service system integration. Accordingly, this submission has a primary focus in these areas.

This submission does not seek to duplicate the submissions of many other important PCP partners and stakeholders. In particular, we acknowledge and support the work and perspectives of health and community services in Victoria, many of which are members of local PCPs. We also acknowledge and support the work of Mental Health Victoria and VCOSS, of which we are a member.

About Primary Care Partnerships

Primary Care Partnerships (PCPs) have significant knowledge and experience in building partnerships dedicated to improving the health and wellbeing of their local community. This work is done across the continuum of care from prevention to service access and treatment.

There are currently 28 PCPs across the state of Victoria, with two thirds located in rural and regional Victoria and one third in metropolitan Melbourne. Across this network, PCPs connect over 850 organisations from many different sectors. The combination of their broad membership, cross-sector partnerships, engagement across the continuum of care, and operation at local, regional and state levels make PCPs a unique feature of the Victorian health and human services landscape.

¹ Australian Institute of Health and Welfare (2016). *Impact and causes of illness and death in Australia 2011*, Australian Burden of Disease Study series no. 3, Canberra.

² Australian Bureau of Statistics (2009). *National Survey of Mental Health and Wellbeing: Summary of Results*, 4326.0, 2007. ABS: Canberra.

Each PCP is supported by a small team who have significant knowledge and experience in developing, sustaining and leveraging these partnerships to:

- deliver health and wellbeing outcomes through place-based approaches in their local communities
- drive and facilitate sustainable systems by building the capacity of partner organisations to implement, evaluate and sustain evidence informed practices
- reduce the impact of changes to the service system on our most vulnerable populations by addressing access barriers as well as facilitating how various parts of the system integrate with each other
- support local networks that include service providers and consumers with lived experience
- assist health and social services to understand how to support consumer choice
- provide significant capacity for sharing of ideas, innovation and strategic thinking, identifying areas where collaboration is possible and which can deliver greatest public value.

Social Determinants of Mental Health

The risk factors for many mental health issues are strongly related to social and economic disadvantage relating to poverty, social isolation, unemployment, and homelessness.³ Those with mental health conditions often experience isolation, discrimination, and stigma.⁴ The Royal Commission should address the causes, and the factors that contribute to mental illness, including abuse, trauma, stigma, and the social determinants of health. Investment and policy reforms need to recognise the reciprocal relationship between mental health conditions and other social and economic factors and should not be the responsibility of the health sector alone.

Early Years

Prevention and intervention during pregnancy and a child's early years offer key opportunities to make a substantial difference to population-level mental health and wellbeing outcomes. Research has found that perinatal depression increases the risk of low birthweight in children, which is itself linked to depression later in life.⁵ Risk factors for perinatal depression include socio-economic disadvantage; unintended pregnancy; being younger; lacking intimate partner empathy and support; experiencing family violence; and a lack of emotional and practical support.⁶

In addition, adverse early life conditions for children increase their risk of mental illness, with 50% of mental health conditions occurring by the age of 14 and 75% by the age of 25.⁷ This can substantially impact a child's life-chances and is associated with lower educational attainment, poverty and higher

³ World Health Organization & Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. Geneva, World Health Organization, 2014.

⁴ Beyondblue. (2015). Stigma and discrimination associated with depression and anxiety. Information Paper - August 2015 <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

⁵ World Health Organisation & Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. Geneva: World Health Organisation.

⁶ Ibid.

⁷ Kessler, R. et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62: p. 593-602

unemployment rates.⁸ Providing mental health support during early years, however, has positive implications for social and economic participation later in life, both of which are important determinants of mental wellbeing.⁹

Vulnerable children and families should remain a key focus of pre-natal and early years' prevention and intervention activities, given the association between socio-economic disadvantage, perinatal depression, parental mental health and children's wellbeing. Crucial to this is the need for holistic, family-centred approaches that consider the wellbeing of all family members. Family and parenting support, maternal care, child care and education have the potential to mitigate the impacts of mental health risk-factors for families and their children.

Emerging research also shows that intervention during pregnancy and early years is crucial to breaking the cycle of intergenerational trauma experienced by Aboriginal and Torres Strait Islander communities.¹⁰

Case Study: ICOPE Interactive Digital Perinatal Screening Platform (Hume Whittlesea PCP)

Approximately one in every three pregnant women in Australia come from a country where English was not the primary language.¹¹ In Victoria, up to ten percent of these women come from a refugee background. Limited English proficiency can present a significant challenge to appropriate access and use of health and human services support, and for refugee women, this is compounded by settlement experiences characterised by social isolation and economic disadvantage.¹² Women of refugee background may experience complex trauma and both they and their unborn child are at greater risk of poorer health and social outcomes.^{13 14}

These are major considerations during pregnancy, where early identification of women at risk may facilitate early intervention and improve outcomes for both mother and baby.

Independent of coming from a migrant or refugee background, pregnancy places a great deal of stress on mothers and families and significantly increases the risk of mental illness. Perinatal

⁸ Welsh, J., Ford, L., Strazdins, L., & Friel, S. (2015). Evidence review: addressing the social determinants of inequities in mental wellbeing of children and adolescents. Melbourne: Victorian Health Promotion Foundation.

⁹ Ibid.

¹⁰ Chamberlain, C. et al. (2019). Healing the Past by Nurturing the Future – co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. *BMJ Journals*, 9, 6: doi: [10.1136/bmjopen-2018-028397](https://doi.org/10.1136/bmjopen-2018-028397)

¹¹ Australian Institute of Health and Welfare. (2018). Australia's mothers and babies 2016—in brief. Canberra: AIHW

¹² Ager A & Strang A. (2008). Understanding integration: A conceptual framework. *J Refugee Stud.* 21(2):166-91.

¹³ Yelland J., Riggs E., Wahidi S., et al. (2014) How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families? *BMC Pregnancy Childbirth.* 2014; 14(1):348.

¹⁴ Bryant R., Edwards B., Creamer M., et al. (2018) The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: a cohort study. *The Lancet Public Health.* 2018; 3(5):e249-e58.

mental illness usually presents as a spectrum of depressive and anxiety disorders.¹⁵ Mental illness is common, affecting around 20% of women during pregnancy and 3 months post-partum.¹⁶ While the cause of poorer perinatal outcomes for migrant and refugee background women is likely to be multifaceted, perinatal mental illness and the potential this may have on engagement in care, are potential contributing factors.¹⁷ Best practice clinical guidelines now exist that recommend routine screening to identify perinatal mental illness to facilitate early intervention.¹⁸

The iCOPE is an interactive digital perinatal screening platform that was developed in an aim to overcome current barriers to screening within maternity services.¹⁹ In addition to screening, the platform provides a system for collection and collation of data to support research and to contribute to Australia's national perinatal depression initiative (NPDI).¹⁹ Its use was first trialled in the outer northern metropolitan catchment in 2016 as part of the local partnership platform, the *Shared Vision For The Growing North*. The project was funded and implemented by Hume Whittlesea Primary Care Partnership.

To ensure the iCOPE is fit for purpose, the tool was expanded for use at the Northern Hospital, with an audio version added to aid screening and health literacy outcomes for women with refugee, asylum and other migrant backgrounds. The platform was expanded to include the following frequently spoken languages at Northern Health: Arabic, Persian, Farsi, Vietnamese, Chin Hakka, Kinka, Dari, Tamil, Turkish, Mandarin and Cantonese. The project successfully commenced trial phase in May 2019.

The Project aims:

1. Re-develop current iCOPE tool to enable language-specific audio-based screening of refugee and asylum mothers attending the Northern Hospital.
2. Share and integrate the expanded iCOPE tool with other providers thereby strengthening referral and care coordination outcomes for vulnerable mothers across Acute – Maternal Child Health/Local Government - Community Health settings in the outer northern growth corridor.
3. Obtain improved screening data to better inform integrated obstetric care, family violence risk 'flagging' and mental health wellbeing planning for refugee and asylum mothers.

¹⁵ Austin, M. (2004). Antenatal screening and early intervention for "perinatal" distress, depression and anxiety: where to from here? *Archives of Women's Mental Health*, 2004 7(1), 1-6.

¹⁶ O'Hara, M., & Wisner, K. (2014). Perinatal mental illness: definition, description and aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 28(1), 3-12.

¹⁷ Australian Institute of Health and Welfare. (2016). Australia's mothers and babies 2016—in brief. Canberra: AIHW, 2018 <https://www.aihw.gov.au/getmedia/7a8ad47e-8817-46d3-9757-44fe975969c4/aihw-per-97.pdf.aspx?inline=true>

¹⁸ beyondblue (2011) Clinical practice guidelines for depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals. Melbourne: beyondblue: the national depression initiative.

¹⁹ Centre of Perinatal Excellence. iCOPE Digital Screen. Available at: <https://www.cope.org.au/health-professionals/icope-digital-screening/>.

Housing and Homelessness

Research shows that housing insecurity causes and prolongs mental illness.²⁰ The number of Victorians who have exited mental health facilities into homelessness has grown by 55 per cent since 2012. The number of people accessing Victorian homelessness services who report having a mental health issue has increased by 84 per cent in this same period.²¹

The failure to properly respond to homelessness is exacerbating the demand pressures faced by Australia's mental health system, leading to worse outcomes for consumers, and decreasing the efficiency of the resources used for mental healthcare.

Increased investment and effort are required to supply a range of housing options and support to meet the needs of people with mental illness and prevent homelessness. Existing initiatives can be expanded to improve access and support the maintenance of various forms of accommodation. Particular attention should be paid to the needs of young people and people in regional areas.

For people with moderate to mild mental health conditions, time limited support during times of crisis may be all that is required to support them in the community. Government need to invest in programs that offer time limited support during a person's mental ill-health or associated crisis, with access to brokerage funds that can support tenancy sustainment. Programs like Victoria's Private Rental Access Program and Tenancy Plus have proven both cost-effective and effective at achieving tenancy sustainment interventions.²²

Employment

The link between unemployment and mental health is well documented.²³ Individuals with a mental health condition are three times more likely to be unemployed than others in the general population across all groups.²⁴ Increasingly the workplace is regarded as a key setting where mental health can be improved by promoting good mental health practices for employees.²⁵ Conversely, the workplace can also hinder mental health. Work-related stress can contribute to poor mental and physical health and lead to higher absenteeism, lower performance and reduced productivity.²⁶

Only 1 in 5 people with a serious mental health condition are employed on a full time or part time basis, despite employment or the prospect of employment being consistently ranked as one of the highest goals in the recovery process.²⁷ Finding a job or returning to work and retaining a job after

²⁰ Australian Institute of Health and Welfare. (2019). Specialist Homelessness Services Collection

²¹ Ibid.

²² Council to Homeless Persons. (2019). Council to Homeless Persons pre-budget submission 2019-2020, p.5. Available at: chp.org.au/wp-content/uploads/2019/03/CHPPre-Budget-Submission-2019.pdf

²³ Marmot, M., & Wilkinson, R. (2006). Social Determinants of Health, Oxford University Press, London, UK, 2nd edition, 2006.

²⁴ OECD. (2015). Mental Health and Work: Australia, Mental Health and Work. Paris: OECD Publishing. <http://dx.doi.org/10.1787/9789264246591-en><http://dx.doi.org/10.1787/9789264246591-en>

²⁵ Harnois, G., & Gabrie, P. (2000) Mental health and work: Impact, issues and good practices. World Health Organization, Geneva.

²⁶ European Agency for Safety and Health at Work. (2011). Mental health promotion in the workplace – A good practice report. Working paper.

²⁷ Ramsay, C et al. (2011). Life and treatment goals for individuals hospitalised for first-episode nonaffective psychosis. *Psychiatry research* 189: 344–8.

treatment is challenging. Stigma surrounds those with mental health conditions and the recovery process is often misunderstood.

Supporting people experiencing mental illness to gain and retain employment presents significant economic benefits. Employment is often an important step in a person's recovery from mental illness as it can provide day to day structure, a sense of purpose, and opportunities for social interaction, as well as independence and income.²⁸

Primary Prevention and Mental Health Promotion

It has been estimated that 21% of the burden of disease associated with mental health conditions is preventable.²⁹ Taking a coordinated and strategic prevention approach to mental health and wellbeing reduces the burden of poor mental health on the service system. Despite this, there is a lack of investment in preventing mental illness and promoting social inclusion in the first instance, and a poor understanding of genuine primary prevention initiatives. In addition, the current healthcare structure is not holistic, nor does it appropriately acknowledge or resource key settings for primary prevention activity, such as schools; early years; local government; and workplaces.

Many PCPs across Victoria coordinate social inclusion initiatives that aim to improve harmony and belonging across a broad range of communities. These initiatives take a primary prevention approach to mental wellbeing by increasing social connections and social capital, and fostering a sense of belonging, feeling valued, and connection to community. These are all protective factors for positive mental health.

Partnerships are essential to balancing the need for coordinated prevention activity and allowing for local responsiveness to community needs. The PCP platform supports partners to identify place-based initiatives and strategies, and to implement, monitor and evaluate change across a range of settings. This place-based planning involves supporting the development of a local catchment plan with prevention partners, including local government, community health organisations, women's health, and ensuring alignment with The Victorian Public Health and Wellbeing Plan and Municipal Public Health and Wellbeing Plans across local government areas. By incorporating evaluation into these processes, there is also a focus on identifying what is working and what can be improved upon to ensure effective prevention work and positive outcomes.

Further, identifying what is working and what can be improved upon is crucial to effective prevention work and positive outcomes.

²⁸ Harnois, G., & Gabrie, P. (2000). Mental health and work: Impact, issues and good practices. World Health Organization, Geneva

²⁹ Australian Institute of Health and Welfare. (2016). Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

Recommendations – Primary Prevention and Mental Health Promotion

➤	Recognise and address the drivers of poor mental health. Attention should particularly be paid to people experiencing disadvantage as a result of homelessness, violence and discrimination, unemployment and isolation.
➤	Establish a central body with a clear responsibility to develop and monitor strategies for the promotion of mental wellbeing and prevention of mental illness including leadership to provide oversight.
➤	Invest more resources in prevention activities
	<ul style="list-style-type: none"> • Ensure that the Mental Health Action Plan includes a primary prevention strategy and adequate funding to support work in social inclusion and connectedness, employment, meaningful engagement, race based discrimination and loneliness.
	<ul style="list-style-type: none"> • Adequately fund existing projects and initiatives exploring opportunities to scale up initiatives that are working well
	<ul style="list-style-type: none"> • Investment in measures designed to prevent mental illness
	<ul style="list-style-type: none"> • Recognise that investing in prevention is a long term strategy which needs long term investment
	<ul style="list-style-type: none"> • Focus on children and young people as change may take place over a generation
	<ul style="list-style-type: none"> • More collaborative, strategic and coordinated investment into evidence-based mental health prevention strategies
	<ul style="list-style-type: none"> • Particular attention should be paid to the needs of young people, people in rural/regional areas, Aboriginal and Torres Strait Islander peoples, Refugees and Asylum Seekers and people from CALD and LGBTIQ+ communities.
➤	Utilise existing services and infrastructure- rather than establishing new structures that create more duplication and fragmentation and disruption of the service system including the Primary Care Partnership platform for coordinating prevention activities at the local level.
➤	Ensure the timelines for recommendations are realistic and monitoring and evaluation is built in to establish what is working and what isn't.

Case Study: Social Inclusion Measurement Project (Inner North West PCP)

Social inclusion is one of two prevention priorities for the Inner North West Primary Care Partnership (INW PCP). In 2018 the INW PCP, together with HealthWest Partnership/HWP undertook a series of planning activities to identify opportunities for partner agencies across the two catchments to collaborate on social inclusion work. Partners identified monitoring and evaluation of social inclusion projects and activities as a key priority, including the need to identify and implement shared indicators to monitor and evaluate social inclusion work across the two catchments.

The aim of the Social Inclusion Measurement Project was to co-design a set of core indicators and measures for monitoring and evaluating social inclusion practice by INW PCP and HWP partner agencies.

The aim of the Social Inclusion Measurement Project was to co-design a set of core indicators and measures for monitoring and evaluating social inclusion practice by INW PCP and HWP partner agencies.

The objectives of this project were to:

1. Identify the social inclusion indicators and measures currently being utilised by partner agencies.
2. Identify critical gaps in the social inclusion indicators and measures currently being utilised by partner agencies.
3. Based on available evidence, identify and agree on the social inclusion indicators to be collected by the INW PCP and HWP.

A social inclusion conceptual framework is currently being developed. The final framework will contain 59 indicators for monitoring and evaluating social inclusion activities across the two regions, from which partners have identified 15 priority indicators for implementing/testing in the next phase of the project.

Case Study: Leading the way to Social Inclusion (Inner East PCP)

In 2017 the Inner East Primary Care Partnership/IE PCP led the development of an integrated health promotion plan (IHP) between three Community Health Services, Women's Health and the PCP in the Inner East catchment of Melbourne. Social inclusion was identified as a key regional priority as it was a newly emerging priority area for the State of Victoria with a limited cache of knowledge and resources to guide this work.

Based on the Collective Impact¹ framework, the IEPCP was identified as the backbone organisation for social inclusion. This role requires the IEPCP to lead partners to effect change and to facilitate collaboration with local services. The partnership is working toward increasing the capacity of community to work, learn, engage and have a voice, as a primary prevention approach to improving mental health.

Six objectives were established:

- ▶ Reduce social exclusion associated with place-based disadvantage

- ▶ Increase volunteering rates
- ▶ Increase community-based programs and leadership development
- ▶ Enhance capacity building for program design, implementation and evaluation
- ▶ Contribute to the evidence base
- ▶ Strengthen partnerships

To date the IEPCP has established and coordinates:

- ▶ a health promotion leadership group, with strategic and operational oversight
- ▶ a Community of Practice for people from a range of organisations working towards social inclusion, supported by academics
- ▶ a working group for health promotion practitioners working together on a shared community engagement strategy in designated locations and delivering actions in designated locations with public and social housing.

The IEPCP also coordinates a regional governance group of volunteer resource centres, volunteer involving organisations, local government representatives, and community representatives, aiming to promote social inclusion of people with disabilities, and Chinese speaking residents, in volunteering.

A four year strategic and integrated action plan is being implemented and a social inclusion primary prevention framework will be completed by June 2021. A multi-sectoral Social Inclusion Platform is currently being explored.

Given the lack of existing evidence base for this work the IEPCP has begun to develop a practice model to guide this work, as well as to build capacity and expertise of partners to address a key social determinants of health.

An Accessible, Equitable and Integrated Service System

Promoting integration and equitable access is critical to future reforms of the mental health system. Past reform agendas have not addressed the fundamental challenges of the service system. Consumers describe the service system as one that is overstretched, fragmented, and incredibly difficult to navigate and access. Promoting integration and equitable access is central to ensuring that government reform agendas are able to meet current and future demand of those who most need it.

People who experience mental health conditions deserve the right supports, at the right time and in the right place to enable them to live well in the community. This involves a comprehensive, integrated service system that includes:

- Holistic, wrap around person-centred services that involve consumers, carers and families in the planning and development of services and are culturally responsive to communities
- No wrong door – every door in the service system can be the right door for consumers to access services
- Improved and timely identification of needs through the initial needs identification, access to assessment and coordinated shared care/case planning

- Confidential transfer of information for referral purposes that does not require the consumer to repeat their story
- Increased knowledge of the local service system and access to resources that support service coordination
- Consistent service standards from each service provider through the use of regional protocols and memorandum of understandings between service providers
- Integrates strategies designed to address the social determinants of mental health, such as housing, employment, stigma and physical health
- Supports for carers and families who are caring for someone with a mental health condition.

Early intervention

Early intervention is crucial to minimising harm and ensuring better outcomes for people at risk of, or experiencing, mental health conditions. Across PCPs there is a clear understanding that some services deliver tertiary responses whilst others are better placed to assist people in the community. Our focus on improving service integration and coordination is to make sure that those experiencing, or at risk of, mental health issues will have an increased and improved support and referral pathways, thereby ensuring that they get the right care, in the right place at the right time.

Most people do not access mental health services in isolation. Often they have to navigate multiple services including alcohol and drug, housing and homelessness, family violence, disability, and mainstream health services that intersect with the mental health system. How well these different systems integrate with mental health has a direct impact on a person's experience and outcomes. The Royal Commission needs to investigate how these services can better intersect with each other.

Many people with mental health issues in metropolitan areas come into contact with numerous health and community agencies in addition to GP and hospital services. To minimise duplication and ensure most appropriate care, mainstream health and community service providers need to be equipped to adequately identify and respond to these issues and refer appropriately to specialist funded agencies. In rural areas, access to services and options to best meet the needs may be extremely limited.

It is well recognised that people with serious mental health conditions have a shorter life expectancy because they also experience much higher rates of physical health conditions, such as cardiovascular disease, diabetes and respiratory conditions.³⁰ Life-threatening health conditions such as cancer are diagnosed much later in people with serious mental illness.³¹

Mental health services have a responsibility to address the physical health needs of their clients, ensuring physical health needs and interventions are not overlooked by the more obvious presenting mental health issues. Preventative interventions are important to prevent chronic disease progression, thereby reducing unnecessary pressures on our hospital system and improving health outcomes for people living with a mental health condition.

³⁰ The Royal Australian and New Zealand College of Psychiatrists. (2016). The economic cost of serious mental illness and comorbidities in Australia and New Zealand

<https://www.ranzcp.org/files/resources/reports/ranzcp-serious-mental-illness.aspx>

³¹ Ibid.

Collaborative partnerships are crucial for effective, efficient and responsive service provision. PCPs have almost 20 years of expertise in service system integration and coordination, having worked extensively in this area to ensure better access to services across a range of health and community services. PCPs support and promote the use of the [Victorian Statewide Service Coordination Resources](#). Our experiences have taught us that improvements in service coordination practices are critical to reducing the burden of disease placed on individuals, families and the community. Timely access to appropriate services is the key to ensuring better outcomes for people with mental health conditions.

While there is still much work to do in these areas, PCPs provide an existing platform from which to deliver integrated care programs and improve systems, processes and partnerships to achieve better outcomes.

Recommendations:

➤	Establish a Governance structure to monitor the whole of service system performance to break down Commonwealth and State service silos
➤	Ensure more effective planning, establishing better targets and outcome measures
➤	Implement cross sectoral guidelines for referral protocols between organisations
➤	Adequate resourcing for all parts of the system including prevention and recovery
➤	Integrated and flexible support and treatment services that recognise the diversity of people, their cultures, individual circumstances and location.
➤	Actively pursue greater levels of community and consumer empowerment and participation in the planning, implantation and deliver of mental health services. These should reflect the diversity of the Victorian population, including: - Range of demographic experiences: age, geography, economic status, Aboriginal and Torres Straights Islander peoples, Culturally and linguistically diverse communities, refugees and asylum seekers, People with diverse sexual and gender identities - Range of diagnoses, - Range of service system experiences covering the full spectrum of mental health responses
➤	Resource and strengthen existing partnerships and platforms. New initiatives should not be introduced independently of existing structures, as it can be counterproductive to create new partnerships, governance structures and organisations.

Case Study: Expanded Stepped Care Model (Lower Hume PCP)

Lower Hume Primary Care Partnership is progressing work locally by building on the current Stepped Care Model for mental health that is used across primary care, to an Expanded Stepped Care Model (ESCM) which includes supports from prevention to acute care. This will enable the community and service providers to have a shared understanding of different levels of needs and enable people to be matched with the most appropriate supports for them at the time. In turn the ESCM will educate the community on the continuum of mental health and direct them to appropriate supports available for each level of need. The system wide approach will also strengthen the connection of mental health with physical health by further integrating health and community services and assisting to normalise mental illness. The partnership between local hospitals, community health, local government, community services and specialist mental health services will further develop roles and capabilities within the universal service system to help people to be physically and mentally well. For more information see www.lhpcp.org.au/mentalhealth

Case Study: Improving Mental Health Pathways and Service Access (Outer East PCP)

In 2018, Outer East Primary Care Partnership/OEPCP was engaged by the Department of Health and Human Services to work with local services to better understand the impacts of the NDIS reform and recommissioning on the community based mental health service sector.

An initial consultation with key stakeholders indicated:

- emerging service gaps particularly for those with moderate mental illness requiring support with psychosocial needs;
- increasing demand on the clinical mental health system;
- uncertainty about referral and service pathways.

While it was clear that the service system was evolving and changing, it was uncertain whether the system could continue to meet the support needs of mental health clients. It was this that led the OE PCP to focus on the client experience and to use client journey mapping as a mechanism for gaining a deeper understanding of the impacts of system change for mental health clients.

OE PCP developed four client personas that represent typical presentations at mental health services. Mental health service providers were engaged to work alongside Mesh Communications to undertake a client journey mapping process for these four personas. This process unpacked key “pain” points (e.g. service availability, access, continuity etc.) for client cohorts represented by these personas. The personas and the client journey maps are being used by the sector to develop a common understanding of the challenges faced by clients as they journey through the mental health service system, the current and emerging service gaps and how best to respond to them in a coordinated and integrated way.

[Click here for more information](#)

Aboriginal and Torres Strait Islander Communities

Connection to culture, country, kin and community are important determinants of Aboriginal and Torres Strait Islander mental health and wellbeing that build resilience and can mitigate the adverse impacts of stressors.³² Colonisation, however, has weakened these ties through dispossession, the forced removal of children, the breakdown of traditional kinship systems, loss of culture, systemic racism, and inter-generational trauma. Understanding the mental health of Aboriginal and Torres Strait Islander people within this context is crucial. It is also important to recognise that a higher proportion of Aboriginal and Torres Strait Islander people in Victoria have been directly impacted by the Stolen Generations than in any other state or territory,³³ with 47% having a relative who was forcibly removed from their family under these policies.³⁴

In Victoria, 34.8% of Aboriginal and Torres Strait Islander people experience depression and anxiety compared to 19.6% of the rest of the population, and many have experienced trauma.³⁵ Further, they continue to experience high levels of systemic and interpersonal racism, which is associated with increased psychological distress.³⁶ The rate of mental illness also appears to be increasing, with the number of Aboriginal and Torres Strait Islander mental-health related presentations to Victorian Emergency Departments growing by 55% between 2012-13 and 2015-16.³⁷ This has significant implications for communities and families, with Aboriginal and Torres Strait Islander children 12 times more likely to be placed in out-of-home care, with mental health the driver into care in more than 60% of cases.³⁸

The *Balit Murrup Aboriginal social and emotional wellbeing framework 2017-2027* offers a holistic, strength-based framework that will help to improve overall community wellbeing and adopts a culturally informed perspective of health that recognises community, cultural, spiritual, physical and emotional wellbeing as interdependent. It is underpinned by the core principles of self-determination and community control; embedding healing and protective factors; culturally capable services; person-centred care; community engagement; partnerships; and supporting evidence-based interventions and service models that achieve sustainable health outcomes and contribute to closing the health gap. It aims to address the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities with a focus on the following domains:

- ▶ improving access to culturally responsive services
- ▶ supporting resilience
- ▶ healing and trauma recover

³² Dudgeon, P., Milroy, H., & Walker, R (eds.) (2014) *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Department of Prime Minister and Cabinet.

³³ Department of Health and Human Services. (2015). *Evaluation plan for the Koolin Balit investment*. Melbourne: Victorian Government.

³⁴ Department of Health and Human Services. (2017). *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027*. Melbourne: Victorian Government.

³⁵ Ibid

³⁶ Ferdinand, A., Paradies, Y., & Kelaher, M. (2012). *Mental health impacts of racial discrimination in Victorian Aboriginal communities: The Localities Embracing and Accepting Diversity (LEAD) experience of racism survey*. Melbourne: The Lowitja Institute.

³⁷ Department of Health and Human Services. (2017). *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017-2027*. Melbourne: Victorian Government.

³⁸ Ibid

- ▶ building a strong, skills and supported workforce
- ▶ integrated and seamless service delivery

Refugees and Asylum Seekers

Refugees, asylum seekers and people from refugee-like backgrounds are currently underrepresented in the mental health system³⁹, yet a significant proportion have experienced high levels of trauma before entering Australia and are in need of mental health supports. A recent study found 89% experienced traumatic events prior to migrating, and 35% of males and 45% of females were at moderate or high risk of psychological distress compared to 7% of males and 11% of females of the general population.⁴⁰ Many live in the context of ongoing uncertainty regarding their residency and that of their families. Services and community report that this uncertainty and political context is contributing to escalating mental illness and suicide.

The state-funded mental health system in Victoria needs to be expanded to ensure it can adequately respond to the acute mental health needs of refugees, asylum seekers and people from refugee-like backgrounds. People who do not have permanent residency in Australia are dependent on the limited state-funded mental health services as they are not be eligible for the NDIS, including asylum seekers, people on Temporary Protection Visas (TPVs) and people on Safe Haven Enterprise Visas (SHEVs).

There is ongoing concern from the sector that the state-funded system does not have the capacity to respond to the acute needs of this group. People from refugee-like backgrounds who are eligible for NDIS will need additional support from state-funded services to facilitate access. The NDIS is notoriously difficult to access and navigate. Language barriers, low health literacy and culturally-informed stigma's associated with 'disability' put people from refugee-like backgrounds at greater risk of not being able to access NDIS.

Access to adequate language services is essential to ensure equitable access to services. Consideration needs to be given to the availability of language services, including the availability of funding and promotion to consumers and workers. Training in when and how to use language services should be mandatory across the workforce. Standards, policies and procedures are also needed to support best practice.⁴¹

Service providers need to improve data collection infrastructure and practices to ensure service data accurately reflects the number of people from refugee and asylum seeker backgrounds accessing services. There is not sufficient data available in most services to effectively monitor who is accessing, and not accessing, services.⁴²

³⁹ Valibhoy, M., Szwarc, J., & Kaplan, I. (2017). Young service users from refugee backgrounds: their perspectives on barriers to accessing Australian mental health services, *International Journal of Human Rights in Healthcare*, Vol. 10 Iss: 1, pp.68 – 80

⁴⁰ De Maio, J., Gatina-Bhote, L., Rioseco, P., & Edwards, B. (2017). Building a New Life In Australia. Risk of psychological distress among recently arrived humanitarian migrants. Research Summary 2017.

⁴¹ Refer to the Centre for Culture, Ethnicity & Health for more information about best practice: http://www.ceh.org.au/knowledge-hub/?_sft_category=language-serviceshttp://www.ceh.org.au/knowledge-hub/?_sft_category=language-services

⁴² Victorian Refugee Health Network. (2014). Identifying people from refugee backgrounds: http://refugeehealthnetwork.org.au/wp-content/uploads/Brief_Identifying-people-from-refugee-backgrounds-Oct2014.pdf

The models of care available to refugee and asylum seeker people need to be interdisciplinary, culturally appropriate, family centred and responsive to the episodic nature of mental illness in the context of torture and trauma. The mental health workforce needs to be equipped with the skills to work transculturally and provide torture and trauma informed care. The workforce needs to have an understanding of and be responsive to the diversity of refugee experiences and cultural backgrounds.

Participation of people from refugee backgrounds is essential in the design and delivery of services. Consumers, families and communities are valuable partners in developing and improving systems. Effective consumer participation enables systems and organisations to develop policies, programs and practices which better reflect the diverse needs of communities. Mechanisms are needed to encourage service providers to include refugees in community participation activities, and to measure the impact of their participation on the system.

Carers and Families

It is critical that the Royal Commission consider the actions required to improve the mental health of carers. One in eight Victorians is an unpaid family or friend carer. Carers need support for their own mental health. It is estimated that 56% of carers experience at least moderate depression, with an estimated 20% experiencing severe depression⁴³, as well as high levels of anxiety,⁴⁴ psychological distress and lower perceptions of self-efficacy and personal well-being.^{45 46}

Consumers of mental health services may also have care responsibilities. Consumers need to be asked about their care responsibilities and how this impacts on their mental health during assessment and review.

Carers and consumers need support to maintain their care relationship as outlined in the Carers Recognition Act 2012. Implementation of the Victorian Carer Strategy 2018-2022 will help to improve carer support through the five priority areas:

- Carers have better health and well-being.
- Carers are supported in school, study and work environments.
- Carers can access support and services that meet their needs.
- Carers have less financial stress.
- Carers are recognised, acknowledged and respected.

⁴³ Cummins, R., Hughes J., Tomy A., Gibson A., Woerner, J., & Lai, L. (2007). Australian Unity Wellbeing Index: The Wellbeing of Australians – Carer Health and Wellbeing, Survey 17.1, Report 17.1, 2007, p5 Deakin University, Geelong, Victoria.

⁴⁴ Watts, J., & Cavaye, J. (2016). Being a Former Carer: Impacts on Health and Well-Being. Illness, Crisis & Loss, 1054137316679992.

⁴⁵ Hammond, T., Weinberg, M., & Cummins, R. (2014). The dyadic interaction of relationships and disability type on informal carer subjective well-being. *Quality of Life Research*, 23(5), 1535-1542.

⁴⁶ Edwards, B. (2008). 'Section D: The mental and physical health of families caring for a person with a disability', in Edwards, B., Higgins, D., Gray, M., Zmijewski, N & Kingston, M., (eds), 'The nature and impact of caring for family members with a disability in Australia', Research Report 16, Australian Government, the Australian Institute of Family Studies, ACT, pgs. 56 – 64.

Addressing Rural and Regional Inequalities

The reported rate of mental illness in rural and regional areas appears similar to that of major cities, however rates of self-harm and suicide increase with remoteness.⁴⁷ Access to mental health services is also significantly more limited in rural and regional areas, which may contribute to the under-reporting of mental illness. The lack of services also leaves rural and regional communities vulnerable to the health effects associated with difficulties in accessing health care.⁴⁸ In addition, rural and regional communities are vulnerable to the socio-economic impacts of drought because they rely on primary production and water-intensive industries. Climate Change is a major stressor for farmers, particularly for younger farmers located in geographically remote areas and experiencing financial hardship. Farming in a risky climate is taking a mental health toll on the farming community. There is a noticeable increase in psychological stress and a sense of helplessness among farmers during the drought periods. This can lead to economic hardship, insecurity and social isolation, which are strongly related to depression.⁴⁹

It is not only extreme seasonal events that exacerbate underlying stresses. As populations continue to decline in rural areas and small towns, many services are gradually becoming centralised in larger townships and this perpetuates the cycle of population and local services decline. These changes are having a significant impact upon the health and wellbeing of rural and regional communities, particularly with respect to reduced local access to services and increasing social isolation in some areas, as both household sizes and town populations decline.

Despite the challenges facing rural and regional communities, they are often only provided with limited outreach services that have restraints in the number of visitation, lengthy travel distances to supporting services, long wait times, limited service delivery hours, limited access to service due to service demand verse availability and financial costs.

Moreover, mental health plans are dependent on referrals from General Practice. There is a critical shortage of General Practitioners in many rural areas, and the number of General Practitioners per head of population are markedly lower than their metropolitan counterparts. Where General Practice is the primary conduit to mental health service access, those populations well served by General Practice will receive greater mental health support resources than those with proportionally less access.

Where mental health referrals are made, there is often a significant access issue for psychology, counselling, family violence and/or sexual assault support, or mental health nurse services within realistic travel distance in rural areas. The short-term nature of funded programs and services is counter-productive, leaving people who use the services stranded when the funding is used up or withdrawn. Short term funding cycles, insecure or late contract management, and small EFT allocations undermine the ability of rural health services to recruit or retain qualified staff.

⁴⁷ National Rural Health Alliance. (2017). Mental Health in Rural and Remote Australia. Fact Sheet; December 2017

⁴⁸ Austin, E., Handley, T., Kiem, A., Rich, J., Lewin, T.; Askland, H.; Askarimarnani, S; Perkins D; & Kelly B. (2018). *Med Journal of Australia*; 209 (4): 159-165. || doi: 10.5694/mja17.01200

⁴⁹ Berry, H; Hogan, A; Owen, J; & Rickwood, D; & Fragar, L. (2011). Climate Change and Farmers' Mental Health: Risks and Responses. *Asia-Pacific journal of Public Health* Volume: 23 issue: 2_suppl, page(s): 119S-132S: March 29, 2011;

The current inequities that exist for rural and remote communities around service access have been an ongoing point of advocacy. Timely access to mental health services and supports should be equitable to all Victorians whether you live in a metropolitan city, regional town or rural community.

Place-based service models with funding to support local employment and shared service delivery across areas at distance from large cities and towns have significant rural community benefits. Services offered in place contribute to the local economy, support collaborative and integrated service delivery, support practitioner understanding of the local town context and dynamics and provide a shared understanding experience of the rural communities' challenges (drought, suicide in the community, social inclusion and exclusion).

Other benefits include:

For Service Users/ Community

Greater geographical access for local communities

- ▶ Clients are more likely to access services earlier in their illness which impacts positively on recovery time and decreases burden of disease
- ▶ Development of continuity and trust
- ▶ Family and community support not distanced from unwell person by the need to travel out of the area for service
- ▶ Readily responsive in the time of crisis or broader community event
- ▶ Modelling of a range of occupations for local young people as options for future employment
- ▶ Co-location of local services contributes economically to the viability of a range of generalist local services (hubs or centres)
- ▶ Service co-location can provide anonymity for mental health service access if required

For Service Quality and Practitioner understanding

- ▶ Awareness of other local supports within the community including ongoing recovery supports
- ▶ Decreased travel time and travel costs for service providers which equates to more time and resources available for seeing clients, families and carers
- ▶ Practitioner participating in local community and economy.

Recommendations – Rural and Regional Victoria

▶	Develop a rural and regional sustainable model for mental health service delivery across rural Victoria with reference to rural focused model successes within Victoria and interstate. Rural and regional funding models need to consider and factor in the costs of transport of the client and the service provider.
▶	To increase equity in outcomes it is essential that funding models are flexible, responsive and provide accountability to ensure that rural and regional Victorians have access to mental health services.
▶	The disparity in health and economic outcomes for people living in rural communities is inextricably linked to access to health, and community services and resources. Access to services at a local level is the key to health equity for rural communities. Areas to consider in the support of access in the rural context include digital

	technology, transport opportunities, health and community service hubs, and the provision of services by a skilled local workforce.
➤	Telehealth can be better utilised as a mode of service delivery to provide client services as well as practitioner peer support. Funding models and service delivery protocols will need to be refined to enable growth in telehealth and supports for organisations to include this service option. Various State based models for telehealth are in use, and could be a framework for the expansion of Telehealth in Victoria. For Telehealth to be received by many rural residents a local service will need to host this facility.
➤	Place based service and funding models that support local community economic activity and rely less on long-distance hub-and-spoke outreach models will increase access to mental health services.
➤	Service co-location, building on existing local organisations and infrastructure, will support service promotion at a local level, strengthen community ownership of services, and encourage earlier access to mental health services
➤	Consider the rural and regional mental health workforce issues as a major priority, particularly recruitment and retention strategies of generalist counselling and allied health practitioners.
➤	Consider service access restrictions and reduced access to resources due to lack of gateway referrals from limited General Practice
➤	Funding to support transport access to services is required for many rural residents affected by seasonal and ongoing climate change effects on income

Case Study: Rural Outreach Worker (Wimmera PCP)

The Rural Outreach Program is a rural Victorian mental health initiative, with local community-based Rural Outreach Workers who have the capacity to respond to the immediate needs of people living in rural and remote communities across the Wimmera Southern Mallee Shires. Led by Wimmera Primary Care Partnership, the Program is designed to improve the health and wellbeing of community members who are struggling to deal with tough times in their lives and support them to get help through service navigation and collaboration with a network of local services.

The Rural Outreach Program seeks to overcome barriers in access to services, such as mental health stigma, lengthy travel distances to supporting services, long wait times, limited service delivery hours and financial costs.

The Rural Outreach Program provides support to community member's wellbeing in the following areas:

- Service navigation and collaboration
- Responsive and convenient times and locations
- Non-clinical and less threatening service delivery

- Mental health training and awareness raising in the community

The strengths of the Rural Outreach Workers role are: rapid response times, a non-clinical informal approach and local non-stigmatising assistance for people struggling during difficult and challenging times. The accessibility of the Program allows community members to avoid long wait times for referrals to health services at their local GP. Community members may access the Rural Outreach Program after-hours, in the privacy of their own homes, at no cost.

Since the Program commenced in December 2018 there has been a high demand across the catchment, with 21 community members accessing the service in remote areas and 11 requiring follow up visits from January to the March 2019.

The rural outreach worker was someone who was approachable in the community... people could contact or could just approach them at an event and talk about how they were feeling

- Ann Vaughan, Centre Manager, Harrow Bush Nursing Centre

Workforce

The ability to recruit and retain a suitably credentialed workforce is a critical issue. Job satisfaction is highly important in the mental health sector and could be increased by structuring roles to allow clinicians to work to the top of their scope of practice and be formally supported by clinicians who have higher clinical expertise and might be from a different organisation. This may also increase opportunities for career pathways which are often limited within the confines of one organisation.

Government need to invest in a workforce strategy with dedicated resources to address mental health workforce gaps, recruitment and retention strategies in rural communities. Building a local rural workforce to support the local demand for all health and community service is the key. Mental health workforce strategies could include a stronger alignment with regional and rural educational institutions, as well as access to online learning through increasing digital access. Childcare access is also a barrier in rural areas. A well-constructed workforce strategy could work to the retention of skilled young people in rural communities, provide opportunities for life-long education for older community members to contribute to the mental health of their communities, increase maternal workforce participation and boost economic activity in rural communities

Further, the mental health workforce needs to be more inclusive and reflective of the community it serves. Workforce diversity increases the effectiveness of organisations to support consumers from diverse backgrounds and promotes social inclusion. Evidence shows that workforce diversity results in increased access and capacity for organisations to identify community needs and provide information and services that respond to these needs in accessible and appropriate ways.⁵⁰

Workforce mutuality is a new way of looking at diversity and inclusion. It describes how much the diversity of an organisation or a sector's workforce reflects the actual diversity of the community. The HealthWest Partnership Standards for Workforce Mutuality⁵¹ provide guidance to organisations to

⁵⁰ Williams, S., et al. (2014) "Using Social Determinants of Health to Link Health Workforce Diversity, Care Quality and Access, and Health Disparities to Achieve Health Equity in Nursing." *Public Health Reports*, Vol. 129:2.

⁵¹ <http://healthwest.org.au/workforce-mutuality/>

review their practices and implement good practice. Standards and frameworks such as this are considered good practice and should be mandated for all state-funded services as a minimum requirement to be eligible for funding. Continuing to fund organisations which do not actively value diversity and inclusion contributes to the inequities in the service system.

A diverse workforce will only be possible if there is a greater investment at a state level to support and create alternative employment pathways, including peer worker models, through partnerships with employers and education providers.

Challenging Stigma and Stereotypes About Mental Health.

The stigma around mental health continues to be a significant issue in our communities. There is work underway in Victoria to reduce stigma and improve community's understanding of mental health. However, more investment in stigma reduction initiatives for both community and professionals in understanding mental health, mental illness and the impact of stigma is desperately needed.

The stigma of mental illness is an ongoing challenge particularly for people living in rural communities. Individuals, families and carers living in small communities are more vulnerable to the stigma of mental illness not only in the broader community but also amongst service providers. Suicide stigma affects those close to someone who has taken their own life. Suicide Stigma creates social isolation and damages relationships, brings about feelings of indignity and shame, feelings of responsibility, that the person should have noticed or intervened and should have "fixed it". It also works to reduce help-seeking avenues which contributes to the ongoing suicide cycle.⁵²

PCPs in rural areas are involved in a number of partnering initiatives that seek to increase mental health awareness and access to mental health services including alcohol and other drug support services. Other initiatives support rural communities in building resilience and encourage local support for one another facilitating programs such as Mental Health First Aid Training.

Work with vulnerable groups or targeted populations benefits from being peer-led to ensure initiatives are relevant and culturally-informed. Projects such as the Seat at the Table project demonstrate the need for participatory approaches.

⁵² Kennedy, A., Brumby, S., Versace, V. & MacNamara, M. (2017). [The Ripple Effect Final Report. National Centre for Farmer Health: Hamilton, Victoria.](#)

Case Study: A Seat at the Table (Health West Partnership)

Seat at the Table (SATT) utilised a co-design approach to bring young people from refugee and asylum seeker backgrounds together with mental health service providers in Melbourne's west to improve engagement around the mental health of young people. Seat at the Table used a collaborative approach to create ideas that increase engagement and reduce stigma around (the often sensitive issue of) mental health.

The project used its co-design (and later co-production) approach to design and pilot ideas around barriers and stigma to help-seeking behaviour in mental health.

The co-design model incorporates all stakeholders in solving a problem. Co-production incorporates all these stakeholders further, in the trial and implementation of the proposed solution(s). Both attempt to develop an "equal and reciprocal relationship between health services, people using the services and their families".

Co-design is not JUST engagement or consultation. It aims to further build capabilities and capacities of people to enable the change they want to see.

This design introduces issues of power imbalances between the young people and the service providers. To manage the issues around power (for example perceived authority, experience, privilege and decision-making control), SATT involved a shifting of responsibility over time. At the beginning of the project the service providers played a vital role (with a high level of contribution). As the project developed young people began taking more control in the piloting and co-production.

Evaluation findings from SATT indicate that a co-design and co-production process can help young people from refugee and asylum seeker backgrounds to engage in the process of reducing stigma around mental health.

For stakeholders involved in the project, the project:

- Developed the capacity of mental health services providers
- Changed young people's perception of service providers
- Assisted young people in talking about mental health
- Provided peer support.

Seat at the Table acted as an exemplary model of participation for service providers when engaging community, and its findings can be applied by service providers in future initiatives.

Suicide Prevention

Recent data shows that although mental health issues occur at the same rate across Australia, the rate of suicide is much higher in rural and remote communities. Suicide remains the leading cause of death for Australians aged 15–44 years and the second leading cause of death among Australians aged 45–54. The rate of suicide among Aboriginal and Torres Strait Islander people is 1.9 times that of non-

Indigenous people, rising to 3.7 times higher for Indigenous compared with non-Indigenous 15-24 year olds⁵³. In Victoria the suicide rate in regional and rural areas is 47% higher than in Melbourne.⁵⁴

Local communities are best-placed to identify opportunities for suicide prevention and improving community resilience.

Case Study: Fight For Your Life (South West PCP)

South West Victoria has the highest percentage of registered mental health clients in the state (24.7% in 2013 with a Victorian average of 13.8%). In 2015, a study into suicide cases across South West Victoria found the rate had doubled between 2009-2014. In 2013, a multi-agency partnership was developed to address increasing crisis support, suicide prevention and postvention services.

Initially partners focused efforts on the coordination of postvention responses to support; families, schools, work places, and sporting clubs post a suicide. Member agencies would come together at short notice following a suicide and deliver an integrated response.

In 2013, the Fight For Your Life/FFYL network was established and set a vision of halving the rates of suicide by 2023. The partners adopted Life Span approach which included strategies such as; Partners delivering over 800 training sessions to community to; recognise, respond and refer people at risk. This included an introductory session - Mind Your Mates, a 3-hour session - Safe Talk and a two-day Applied Suicide Intervention Skills (ASIST) training course.

- A whole of community attitudes study towards suicide was completed.
- A call back response service was developed from philanthropic funds, to enable those who attempted suicide to be followed up and supported.
- A whole of community postvention plan was developed via three community forums delivered by United Synergies, linking a large range of community donations and support services to families post a suicide.
- Partners developed a lived experience support group with support from Roses in the Ocean.

OUTCOMES

1. Suicide rates in the SW Victoria have reduced from 16 per 100,000 to 12 per 100,000 since 2013.
2. All three LGA's now have social and emotional wellbeing as a priority health issue in Municipal Public Health & Wellbeing plans.
3. Government have funded a Suicide Prevention Trial bring an additional \$250,000 per year to focus on suicide prevention for South West Victoria.
4. A Hope Trial funded by government will enable people who have attempted suicide to be supported sustainably into the future.

⁵³ National Rural Health Alliance. (2017) Mental Health in Rural and Remote Australia. Fact Sheet; December 2017.

⁵⁴ Centre for Rural and Remote Mental Health (2017), *Rural suicide and its prevention*, www.crrmh.com.au/news-item/position-paper-recommends-strategies-save-lives-decrease-rates-rural-suicide

Case Study: A Place-based approach to Suicide Prevention (Central Victorian PCP)

Mount Alexander Shire has a statistically significant higher rate of suicide compared to the Australian rate. In response to these statistics Castlemaine District Community Health (CDCH) and Central Victorian Primary Care Partnership (CVPCP) organised a community forum to discuss suicide concerns within Mount Alexander. Over 60 community members attended, and this resulted in the formation of the suicide prevention community network – Every Life Matters (ELM).

CVPCP successfully applied for a Murray PHN tender to develop a local evidence based integrated suicide prevention action plan on behalf of the Mount Alexander Suicide Response Network and ELM.

The aim of this 12-month project (2017-18) was to build the capacity of the local community and service providers to:

- Raise community awareness of suicide and suicide prevention
- Identify and respond to people at risk of suicide
- Improve local service response for people at risk of suicide
- Continue this work beyond the project time limits

A place-based approach was applied to this work. Support and authorisation for this project was provided by the established CVPCP Board. A local governance structure for this project was developed and included shared decision making between all steering group members.

As agreed by the CVPCP partners, the PCP staff applied for the funding, formed the governance structure and recruited and managed the project worker. For the project, it was agreed to use the evidence-based LifeSpan Model (Black Dog Institute) as the framework.

Due to the short project timelines, the outcomes are related to the activities in relation to the objectives. Through this project:

- ELM have completed fund raising and communication/marketing training to support sustainability of their work. Community awareness raising events have been held in local parks (150 community members) and in sporting clubs (120 participants)
- Mount Alexander now have local community members that are delivering SafeTALK training (community suicide prevention training), Applied Suicide Intervention Skills Training and Mental Health 1st Aid.
- Local service providers have undergone training including 75% of General Practitioners in Mount Alexander
- A whole of community suicide prevention plan has been developed and sits with the Mount Alexander health and wellbeing Alliance.

Snapshot of Mental Health Initiatives across Victoria led by PCPs

Mental Health Matters to us All

In 2016 the Mental A to Z Network (MAZN) created a mental health resource to make finding services in Bendigo and Loddon easier for people living with a mental illness and support mental health and wellbeing. Created in partnership with 20 local health and community organisations, the 'Mental Health Matters to Us All' resource kit included posters, postcards and business cards which aimed to increase awareness of the prevalence and symptoms of mental illness, reduce stigma and reassure people that with the right support recovery is possible. The resource proved popular and was shared with groups and organisations across the region, including Southern Mallee Primary Care Partnership which adapted the resource for their catchment area, and the Bendigo Mental Health Working Group which adopted the concept as the local theme for Mental Health Week 2016. In late 2016 the poster was translated into the Karen language to meet the needs of the growing Karen community living in the Bendigo region.

Bendigo Loddon PCP

A Seat at the Table

Bringing together young people from refugee and asylum seeker backgrounds with mental health service providers to design and pilot ideas that address barriers to help-seeking behaviour in mental health.

Healthwest
Partnership

Mental Health First Aid

Wimmera PCP has driven the Dry Seasons funding since 2015 to train local deliverers of Mental Health First Aid (MHFA). Trainers are now qualified to deliver a suite of courses to adults including: 2-day Youth MHFA, 4-hour MHFA for suicidal person, 4-hour MHFA for NSSI, and a 4-hour Refresher course in addition to the teen MHFA which is available to secondary school aged students. To date 775 have been trained across 5 LGA's including Buloke Shire. Twenty-two sessions have been scheduled in 2019.

Wimmera PCP

Working well in Wellington

Bringing together partners to identify and test a range of interventions that will improve the mental health of shift workers, particularly focusing on strategies that can be implemented in a regional setting across a variety of workplaces. This is being funded by WorkSafe as part of their WorkWell strategy.

Wellington PCP

Wimmera Southern Mallee Mental Health Mapping Project

Funded by a Grampians Partners in Recovery Innovation Grant to develop resources that will assist service providers to gain a better understanding of what services are available to people who live in the in the Wimmera and Southern Mallee and how to access them. This directory has been produced to support people with mental health issues and in consultation with service providers across the region from primary health, community and mental health services. There are five parts in this document, each section contributes to an understanding of the scope of mental health supports and services as well as the range of needs across the population. At a local level, the directory includes information about what services are available across the region and how these services are accessed.

Wimmera PCP

Closing the Gap Mental Health Art Therapy Sessions

The Aboriginal Community Support Worker in collaboration with MIND Australia delivered a number of Closing the Gap Mental Health Art Therapy sessions. The art sessions were extremely successful with Aboriginal clients being able to speak about their trauma and express it through art. This has assisted Aboriginal clients with their healing processes.

Central Hume PCP

Act-Belong-Commit

Act-Belong-Commit is a mental health social marketing campaign to encourage communities to look after their mental wellbeing.

Goulburn Valley PCP

Snapshot of Mental Health Initiatives across Victoria led by PCPs

BounceBack program

enliven's contribution was to develop a model to engage young people and their families from CALD backgrounds with Youth Severe services at headspace. This was achieved via enliven's strong connections with CALD communities in the south east. enliven led the recruitment of 2 x Youth Peer Support Workers (YPSW) from CALD backgrounds with lived experience of mental health issues. YPSWs commenced on 12 February 2019 and are based at headspace Dandenong and Narre Warren with some coverage of sites in Cardinia and Kingston. enliven will continue to provide mentoring support and professional development to YPSWs, however headspace staff will provide operational and clinical supervision.

enliven

Mental Health Access & Pathways Project: A client's journey

To better understand the impacts of the NDIS on the service system and for clients we are mapping mental health clients' experience and needs using the technique of client journey mapping. The output from this process will be a series of visual journey maps that will assist us in identifying gaps and where the greatest challenges and opportunities for service improvements exist.

Outer East PCP

Buloke Living Book Project

Southern Mallee PCP received Community Engagement and Support funding from the Department of Health and Human Services for the drought declared Buloke and Gannawarra Shires. In Buloke, the funding went towards building the skills of the local community in mental health and wellbeing strategies and a community development project; The Buloke Living Photography Project. Additional Partnership Drought funding from Buloke Shire Council and Wimmera Uniting Care was put toward this project, with support from East Wimmera Health Service.

This project was facilitated by Deanna Neville, Focus on Community and has given the opportunity to a range of community members and local agencies to connect through photography and storytelling, with the aim to produce a book relating to why it is great to live in the Buloke Shire. The finished product features stories and photographs reflecting stories of community strengths and resilience in Buloke and a series of prints for display. Three hundred books have been printed and distributed throughout the Shire, with online access.

Southern Mallee PCP

Rural Outreach Project

The Rural Outreach Worker has been developed in response to the concerns associated with gaps in the availability and accessibility of mental health services in the Wimmera and Southern Mallee region of Victoria. The outcome of the role is to improve the health and wellbeing of people who are psychologically distressed or are at risk of or have a diagnosed mental illness and address concerns where possible before a crisis ensues. As it is with the provision of care for people with chronic disease, the role would be part of an integrated multidisciplinary team that work together to address the individual's physical, social, emotional and mental health needs. The Rural Outreach Worker is positioned within a health service but work primarily with communities across a local government area.

Wimmera PCP

Expanded Stepped Care Model

A review of access to care has initiated an integrated response to improving mental health outcomes. The model being explored by members and partners is based upon the existing Stepped Care Model, but is expanded to include care across the whole continuum from prevention to acute service delivery. A governance framework, capability framework, common risk assessment and referral pathway will ensure a coordinated and cohesive service system response where people are supported to navigate services across the continuum of care.

Lower Hume PCP

Snapshot of Mental Health Initiatives across Victoria led by PCPs

<p><u>SMPCP Mental Health & Related Services – Eligibly and Entry Criteria Resource</u></p> <p>Resources for each local government area of the Southern Mallee (Buloke, Gannawarra and Swan Hill) were first created in 2008 and are updated annually. They aim to; Increase awareness of, and referral to a range of Mental Health Services and supports • Increase and improve communication between agencies for the benefit of the consumer • Provide agencies with a resource which clearly defines the Eligibility and Entry Criteria for Mental Health and Related Services across the Southern Mallee.</p>	Southern Mallee PCP
<p><u>Mental Health First Aid</u></p> <p>GPPCP coordinate and subsidise training for facilitators and participants of the youth, teen and standard mental health first aid courses.</p>	Grampian Pyrenees PCP
<p><u>Social Inclusion backbone</u></p> <p>The Inner East PCP is leading an integrated health promotion planning model in the Inner East of Melbourne to develop a Strategic Plan and action plans with the goal of increasing social inclusion across 6 domains: Public and Social Housing estates; Volunteering; Community leadership development; Supporting capacity building of organisations; Building the evidence base; and Developing partnerships.</p>	Inner East PCP
<p><u>INW Social Inclusion Project</u></p> <p>Inner North West PCP has prioritised the development of a monitoring and evaluation framework for the partnership’s collective social inclusion activity. The aim of this project is to co-design a set of core indicators and measures for monitoring and evaluating social inclusion practice.</p>	Inner North West PCP
<p><u>Meaningful engagement toolkit</u></p> <p>A toolkit of resources, guides and frameworks for those working to increase their organisation’s meaningful engagement with the community is being developed in partnership with prevention partners.</p>	Healthwest Partnership
<p><u>Socially Inclusive Communities Project</u></p> <p>Socially Inclusive Communities was a two year project designed to challenge the culture and stereotypes perpetuating socially exclusive practices in the communities of Murray and Campaspe. The goal of the project was “To build resilience, acceptance and cohesiveness within the communities of Murray and Campaspe to promote inclusion and participation for all”. The project consisted of four initiatives: 1. Welcoming Business Project; 2. Socially Inclusive Organisations; 3. Expansion of One and All Inclusion Project and 4. Promoting Culture Program.</p>	Campaspe PCP
<p><u>Strengthening Senior's Inclusion and Participation</u></p> <p>enliven was selected to coordinate one of seven Strengthening Seniors Inclusion and Participation (SSIP) projects across Victoria, funded by the Department of Health and Human Services (DHHS). With a focus on the Greater Dandenong municipality, the project was supported by a local Project Leadership Group. The leadership group were instrumental in identifying local projects that would aid in reducing social isolation and promote healthy ageing and in building in sustainability measures (e.g. new homework clubs)</p>	enliven
<p><u>Healthy Ageing: Strengthening Social Inclusion</u></p> <p>Member organisations of North East Healthy Communities have come together to develop and implement co-designed strategies to reduce social isolation and loneliness for older people who are not typically engaged. Three local responses to social isolation and loneliness that specifically address barriers to accessing existing groups and services in Banyule, Darebin and Nillumbik will be trialled.</p>	North East Healthy Communities

Snapshot of Mental Health Promotion and Prevention Initiatives across Victoria

Balmoral Fire Connect

To understand the valuable role of a community sector organisation (Bush Nursing Centre) plays in reducing the vulnerability of their community to extreme climatic events such as fire by studying the dissemination of preparedness information from the central hub. Further funding was received from EMV to develop a short animation to share the learnings of the importance of conversations and connections between community in keeping us safe and resilient in rural communities. The animation can be viewed here: <https://www.youtube.com/watch?v=qDNQwA-P5mQ>

Southern Grampians Glenelg PCP

Glenelg SAVES (Seniors Achieving Valuable Energy Savings)

Glenelg SAVES (Seniors Achieving Valuable Energy Savings) utilised an innovative participatory approach to reduce the impact of high energy bills on low income families using HACC services in Glenelg Shire. The project involved involving HACC staff in the training and assessment to understand impacts of energy efficiency approaches and to use their trusted relationship with vulnerable groups and new found knowledge to increase energy efficiency in the homes of their clients.

Southern Grampians Glenelg PCP

Enhancing Networks for Resilience

Enhancing Networks for Resilience sought to understand the partnership of the SGGPCP using mixed methods (consultation, interviews and social network analysis) with the development of informative social network maps and statistical analysis highlighting the valuable platform the PCP can play in enhancing resilient to extreme climatic events.

Southern Grampians Glenelg PCP

Rural People; Resilient Futures

Rural People; Resilient Futures sought to understand the vulnerability in the context of climate change and to identify strategies to build the capacity of partner agencies to reduce vulnerability. This involved significant consultation around vulnerability, working with agencies to identify impacts of climate change on their community and implementing strategies to reduce impacts that were operational or policy level actions.

Southern Grampians Glenelg PCP

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Appendix- Statewide PCP member list

Bendigo Loddon

Anglicare
 Annie North
 Baptcare
 Bendigo & District Aboriginal Cooperative
 Bendigo Community Health Services
 Bendigo Health
 Boort District Health
 Catholic Care Sandhurst
 Centre for Non-Violence
 City of Greater Bendigo
 Dingee Bush Nursing Centre
 Goldfields Local Learning & Employment
 Haven: Home, Safe
 Heathcote Health
 Inglewood & Districts Health Service
 Interchange Loddon Mallee Region
 LaTrobe University
 LifeLine Central Victoria & Mallee
 Loddon Campaspe Centre Against Sexual Assault
 Loddon Campaspe Multicultural Services
 Loddon Shire Council
 Mind Australia
 Monash University School of Rural Health
 North Central Local Learning & Employment Network
 Northern District Community Health Service
 Sports Focus
 The Salvation Army Community Services
 Vision Australia
 Women's Health Loddon Mallee

Campaspe

ACSO
 Anglicare Victoria
 Bendigo Health Care Group
 Benetas
 Campaspe Cohuna Local Learning & Employment Network
 Centacare
 Centre for Non Violence
 Community Living & Respite Services
 Crossenvale Community Group
 Euchca Community for the Aged
 Echuca Neighbourhood House
 Echuca Regional Health
 Echuca Specialist School
 Goulburn Valley Health- Waranga Campus
 HAVEN
 Ian Collie Pharmacy
 Interchange Loddon Mallee
 Intereach
 Kyabram & District Health Services
 Kyabram & Community Learning Centre
 Kyabram P12 College
 Lifeline Central Victoria and Mallee
 Lockington & District Bush Nursing Centre
 Murray Primary Health Network
 Murray River Council
 N8 Health Echuca
 Njernda Aboriginal Corporation

Physical Mind Co.
 Rich River Health Group
 Rochester & Elmore District Health Service
 Rochester Secondary College
 Rochester Community House
 Rushworth Community House
 Save the Children
 Shire of Campaspe
 Sports Focus
 St Augustine's College Kyabram
 St Joseph's College Echuca
 Tongala & District Memorial Aged Care Service
 Tongala Community Activities Centre
 Uniting Aged Well Echuca
 Victoria Police Campaspe Police Service Area
 Vision Australia
 We are Vivid
 Women's Health Loddon Mallee

Central Highlands

Australian Unity
 Ballan & District Health & Care
 Ballarat & district aboriginal co-op
 Ballarat Community Health
 Ballarat Group Training
 Ballarat Health Services
 Ballarat Hospice
 Ballarat Regional Multicultural Council
 Berry Street
 Centacare
 Child & Family Services Ballarat
 City of Ballarat
 Djerriwarrh Health Service
 Golden Plains Shire Council
 Grampians Integrated Cancer Service
 Hepburn Health Service
 Hepburn Shire Council
 Hesse Rural Health
 Integrated Living
 Karden Disability Support Foundation
 Latrobe Community Health
 McCullum Disability Services
 Moorabool Shire Council
 Pinarc Disability Services
 Relationships Australia (VIC)
 Salvation Army
 Southern Cross Care (VIC)
 Sports Central
 St John of God Hospital Ballarat
 Unity Ballarat
 United Way Ballarat Foundation
 Federation University
 Vision Australia
 Women's Health Grampians
 WRISC Family Violence
 Western Victoria Primary Health Network
 Red Cross (VIC)
 Willa Maria Catholic Homes
 YMCA Ballarat



Appendix- Statewide PCP member list

Central Hume

Alpine Health
Alpine Shire Council
Anglicare Victoria
Benalla Health
Benalla Rural City Council
Cooinda
Gateway Health
GoTAFE
Mansfield District Hospital
Mansfield Shire Council
Mind Australia
Northeast Health Wangaratta
North East Support & Action for Youth
Rural City of Wangaratta
The Centre for Continuing Education
Women's Health Goulburn North East

Central Victoria

Anglicare
Asteria
Bendigo Tafe
Castlemaine Community House
Castlemaine District Community Health
Castlemaine Health
Castlemaine Secondary College
Central Goldfields Shire Council
Centre for Non-Violence
Cobaw Community Health
Goldfields Education & Learning Centre
Kyneton District Health
Macedon Ranges Health
Macedon Ranges Shire Council
Maldon Hospital
Maldon Neighbourhood House
Maryborough Community House
Maryborough District Health Service
Maryborough Education Centre
MIND
Mount Alexander Shire Council
Nalderun
Sports Focus
Victorian Police
Womens Health Loddon Mallee
YSAS
Zonta

Central West Gippsland

ACSO
Anglicare Victoria
Baw Shire Council
Fairview Village
Gippsland Centre Against Sexual Assault
Gippsland Multicultural Services
Gippsland Primary Health Network
Gippsland Women's Health
GippSport
Headway Gippsland

Interchange Gippsland
Latrobe City Council
Latrobe Community Health Service
Latrobe Regional Hospital
Lifeline Gippsland
Lyrebird Village for the Aged
Mind Australia
Quantum Support Services
Southern Cross Care
Vision Australia
Wellways
West Gippsland Healthcare Group
YSAS

East Gippsland

Australian Community Support Organisation
Bairnsdale Regional Health Service
Bush Nursing Centres
East Gippsland Shire Council
Gippsland Lakes Community Health
Gippsland Primary Health Network
Gippsland Women's Health
GippSport
Lakes Entrance Aboriginal Health Association
Latrobe Community Health Service
Mallacoota District Health & Support Service
Omeo District Health
Orbost Regional Health
Save the Children Australia
Uniting Care Gippsland
Vision Australia
Within Australia

Enliven

Adult Multicultural Education Service
Australian Croatian Community Services
Australian Multicultural Community Services
Baptcare Ltd
Bayside City Council
Better Place Australia
Bolton Clarke
BrainLink Services Ltd
Campbell Page
Cardinia Shire Council
City of Casey
Connect Health & Community
Connections UnitingCare
Dandenong & District Aborigines Cooperative
Dental Health Services Victoria
Doveton Neighbourhood Learning Centre
Emerge (ME/CFS) Australia (Vic,Tas,NT)
GEKA Inc.
Greater Dandenong Council
Independence Australia
Kooweerup Regional Health Service
LIME Management Group
Link Health and Community
MECWAcare



Appendix- Statewide PCP member list

MiCare Ltd
 MIND Australia
 Monash Health
 Motor Neurone Disease Association Victoria
 Move4Health (Robyn Smith)
 ONE Casey - YMCA
 Palliative Care South East Ltd
 Queen Elizabeth Centre
 Scope (Vic)
 SECCCA
 Southern Academic Primary Care Research Unit
 (Monash University)
 Southern Melbourne Integrated Cancer Services
 - Monash Health
 Southern Migrant and Refugee Centre
 The Bridge Inc.
 The Uniting Church in Australia Property Trust
 (Victoria)
 Uniting Aged Care Victoria Tasmania (East
 Communities)
 Vision Australia
 Wellsprings for Women
 Windermere Child and Family Services
 Women's Health in the South East

Frankston-Mornington Peninsula

Anglicare Victoria
 Baptcare
 Baptist Village Baxter
 Brotherhood of St Laurence
 Dandenong & District Aboriginal Cooperative Ltd
 Family Life
 Frankston City Council
 Frankston Mornington Peninsula Local Learning &
 Employment Network
 Gen U
 Good Shepherd
 Headspace Frankston
 Melbourne City Mission
 Mentis Assist
 Mind Australia
 MOIRA Inc.
 Monash Health
 Mornington Community Information & Support Centre
 Mornington Peninsula Shire
 Nairn Marr Djambana Inc Aboriginal Gathering Place
 Neami National
 New Hope Foundation
 Oz Child
 Peninsula Carer Council
 Peninsula Health
 Peninsula Home Hospice
 Salvocare East
 SkillsPlus
 South Eastern Centre Against Sexual Assault
 South Eastern Melbourne Primary Health Network
 Southern Peninsula Community Care
 St John of God Frankston Rehabilitation Hospital
 Taskforce Community Agency

Wellways
 Women's Health In South East
 Willum Warrain Aboriginal Gathering Placce
 Windana
 YSAS

G21 Health and Wellbeing Pillar

Active in Parks
 Barwon Adolescent Taskforce (BATForce)
 Barwon Community Legal Service
 Barwon Disability Resource Council
 Barwon Network of Neighbourhood Houses
 Barwon Child, Youth and Families
 Barwon Water
 Bethany Community Support
 Bravehearts
 CatholicCare
 DASSI Geelong
 Deakin University
 Diversitat
 Encompass Community Services
 Epworth Healthcare
 Gateways Support Services
 GenU
 Lake Imaging
 Leisure Networks
 MacKillop Family Services
 Wellways (formerly Mental Illness Fellowship)
 Murrenda Aboriginal Community Care
 Parks Victoria
 Pathways Rehabilitation & Support Services
 The Sexual Assault & Family Violence Centre
 St John of God Hospital
 SkillsConnection
 Transport Accident Commission
 Uniting Care Geelong
 Volunteering Geelong
 Western Victoria Primary Health Network
 Womens Health & Wellbeing Barwon South West
 Wesley Centre for Life Enrichment
 Bellarine Community Health
 Bethany Community Support
 Borough of Queenscliffe
 City of Greater Geelong
 Colac Area Health
 Colac Otway Shire
 Geelong Region Local Learning and Employment
 Network (LLEN)
 Give Where You Live
 GMHBA
 Golden Plains Shire
 Headspace Barwon
 Healthy Parks Healthy People
 Hesse Rural Health Service
 Kardinia Health
 Otway Health & Community Services
 Surf Coast Shire
 Skills Plus
 The Salvation Army



Appendix-

Statewide PCP member list

Kardinia Network
Time for Youth
Wathaurong Aboriginal Cooperative

Goulburn Valley

Benetas Community Care
Berry Street
Cobram District Health
Ethnic Council of Shepparton & District
Euroa Health
Greater Shepparton City Council
Goulburn Valley Health
Goulburn Valley Hospice Care
Goulburn Valley Sports Assembly
Hume Regional Integrated Cancer Service
Mental Illness Fellowship Victoria
Mind Australia MHA Care Ltd
Moira Shire Council
Murchison Community Care
Numurkah District Health Service
Nagambie Health Care
Odyssey House Victoria Ottrey Homes
Primary Care Connect
Rumbalara Health Service
Rural Housing Network
Shepparton Access
Shepparton Aged Care
Salvation Army Pathways
Strathbogie Shire Council
The Bridge Youth Service
Uniting Uniting Care Cutting Edge
Uniting Care Goulburn North East
Vision Australia
Violet Town Bush Nursing Centre
Women's Health Goulburn North East
Word and Mouth
Yarrowonga Health Connect
Goulburn Valley FamilyCare
Wintringham Specialist Aged Care
Shepparton Villages
Goulburn Oven TAFE

Grampians Pyrenees

Ararat Neighbourhood House
Ararat Rural City
Ballarat Community Health
Ballarat Health Services
Beaufort & Skipton Health Service
Budja Budja Aboriginal Cooperative
Centacare Ballarat
Central Grampians Local Learning and Employment Network
Child & Family Services Ararat
East Grampians Health Service
East Wimmera Health Service
Elmhurst Bush Nursing Centre
Eventide Homes Stawell Inc
Grampians Community Health

Grampians Disability Advocacy
Grampians Integrated Cancer Service
Grampians Region Palliative Care
Grampians Region YMCA
Lake Bolac Bush Nursing Centre
Maryborough District Health Service
North Central LLEN
Northern Grampians Shire Council
Perennial Pasture Systems
PINARC Disability Support
Pinnacle
Project Platypus - Upper Wimmera Catchment
Pyrenees Shire Council
Sports Central
St Arnaud Neighbourhood House
St Vincent de Paul Ballarat
Stawell Neighbourhood House
Stawell Regional Health
Villa Maria Society
Western Victoria Primary Health Network
Wimmera Regional Library Corporation Wimmera
Regional Sports Assembly
Wimmera Uniting Care
Women's Health Grampians
Wimmera Regional Library Corporation Wimmera
Regional Sports Assembly
Wimmera Uniting Care
Women's Health Grampians

HealthWest

AMES
Arthritis Victoria
Australian Community Centre for Diabetes
Australian - Multicultural Community Services
Australian Vietnamese Women's Association
Baker IDI Heart and Diabetes Institute
Bolton Clarke
Break Thru People Solutions
BreastScreen Vic
Brimbank City Council
Brotherhood of St Laurence
Campbell Page
Care Connect
Carers Victoria
CHASE
City West Water
cohealth
Djerriwarrh Health Services
Edmund Rice Community Services
Foundation House
Health Issues Centre
Hobsons Bay City Council
Home Instead Senior Care
iEmpower
IPC Health
LeadWest
Macedonian Community Welfare Association (MCWA)
Maltese Community Council of Victoria
Maribyrnong City Council



Appendix- Statewide PCP member list

Max Employment
Mecwacare
Melton City Council
Mercy Health and Aged Care Inc
Migrant Resource Centre North West Region MIND
MS Australia
Neami National
Network West
NWM Primary Health Network
North Western Mental Health
Odyssey House
Tweddle Child & Family Health Service
Vision Australia
Western Bulldogs Community Foundation
Western Health
Women's Health West
Wyndham City Council

Hume-Whittlesea

AMES
Annecto
Bolton Clarke
Brotherhood of St Laurence
Bubup Wilam
Bundoora Extended Care Centre
Campbell Page
Care Connect
Carers Victoria
City of Whittlesea
cohealth
DPV Health
Eastern Melbourne PHN
Foundation House
Hume City Council
Kangan Institute
Uniting Care Kildonan
LINK Community Transport
Local Learning & Employment Network
Macedonian Community Welfare Association
MECWA Care
Merri Health
Melbourne City Mission
Mind Australia
Mitchell Shire Council
Neami National
Nexus Primary Care
Northern Health
North West Area Mental Health
North Western Melbourne PHN
PRONIA
Southern Rivers Community Services
Spectrum
Sunbury Community Health
Travellers Aid
Victorian Aboriginal Health Service
Victorian Transcultural Mental Health
Vision Initiative
Vincentcare Victoria
Wellways
Whittlesea Community Connections
Wintringham

Women's Health in the North
Youth Projects

Inner East

Access Health & Community
Anchor Inc.
Annecto
Ashburton Social Support Services
Balwyn Evergreen Centre
Bass Care
bestchance Child Family Care
Bluecross Community & Residential Services
Bolton Clarke
Bridges Connecting Communities Ltd
Cairnmillar Institute
Campbell Page
Carers Victoria
Carrington Health
Chronic Illness Alliance
City of Boroondara
Clota Cottage
Doncare
Eastern Community Legal Service
Eastern Domestic Violence Service (EDVOS)
Eastern Health
Eastern Melbourne Primary Health Network
Eastern Palliative Care
Eastern Volunteers
Family Access Network
Link Health & Community
Manningham Centre
Manningham City Council
Mecwacare
MEDA (Melbourne East Disability Advocacy)
Migrant Information Centre
Monash City Council
Neami Ltd
Outcome Health
Pahran Mission
Reclink Australia
Relationships Australia
Salvation Army Eastcare
Samarinda Aged Services
Uniting Age Well
Uniting Care lifeAssist
Vision Australia Foundation
Wavecare
Wesley Mission Victoria
Whitehorse City Council
Women's Health East

Inner North West

Access Health & Community
Anglicare Victoria
Australian Catholic University
Australian College of Optometry
Australian Red Cross
Australian Vietnamese Women's Association



Appendix- Statewide PCP member list

Bolton Clarke
Campbell Page
Care Connect Limited
City of Melbourne
City of Yarra
cohealth
Diabetes Victoria Australia
JobCo Employment Services
Launch Housing
Inner West Area Mental Health Service
Melbourne Counselling Service (Salvation Army)
Melbourne Health
Merri Health
Mind Australia
Moonee Valley City Council
Moreland City Council
Musculoskeletal Australia
Neami National
North Richmond Community Health Centre
North Western Melbourne PHN
NW Metropolitan Region Palliative Care Consortium
Odyssey House Victoria
PRONIA
Reclink Australia
St Mary's House of Welcome St Vincent's Hospital
The Long Walk
The Royal Eye and Ear Hospital
The Royal Women's Hospital
Travellers Aid Australia
UnitingCare ReGen
Victorian Transcultural Mental Health
VincentCare Victoria
Western Bulldogs Community Foundation
Women's Health in the North
Women's Health West
YMCA Victoria
Youth Projects

Lower Hume

Alexandra District Health
FamilyCare
The Kilmore and District Hospital
Mitchell Shire Council
Murrindindi Shire Council
Murray PHN
Nexus Primary Health
Seymour Health
Yea and District Memorial Hospital
Womens Health Goulburn North East
Deakin University
University of Melbourne - Shepparton
Murray PHN
Valley Sport
Rumbalara Aboriginal Cooperative
Dental Health Services Victoria

North East Healthy Communities

ADEC
Austin Health
Banyule City Council
Banyule Community Health
Bolton Clarke
Brotherhood of St Laurence
City of Darebin
healthAbility
Latrobe University
Life Skills
MIND Australia NEAMI National
Nillumbik Shire Northern Health
North Western Mental Health
North Western Melbourne PHN Spectrum
Women's Health in the North
YMCA
your Community Health

Northern Mallee Community Partnership

Christie Centre
Haven Home Safe
Mallee Accommodation & Support Program
Mallee District Aboriginal Service
Mallee Family Care
Mallee Sexual Assault Unit—Mallee Domestic Violence Services
Mildura Base Hospital
Mildura Rural City Council
Murray PHN
Northern Mallee Local Learning & Employment Network
Sunraysia Community Health Services
Sunraysia Institute of TAFE
Sunraysia Rural Financial Counselling Service
Victorian Legal Aid
Victorian Police Force
Zoe Support

Outer East

Baptcare
Bolton Clarke
Campbell Page
each
Eastern Community Legal Service
Eastern Health
EDVOS
Inspiro
Knox City Council
Maroondah City Council
mecwaCare
Migrant Information Centre (Eastern Melbourne)
NDIS Knox Outer East
Uniting
Vision Australia
Women's Health East
Yarra Ranges Council



Appendix- Statewide PCP member list

South Coast

Bass Coast Health
Bass Coast Shire Council
DHHS
Foster Medical Centre
Gippsland PHN
Gippsland Southern Health Service
Gippsland Women's Health
GippSport
Korumburra Medical Centre
Latrobe Community Health Service
Latrobe Regional Health
Latrobe University
Leongatha Healthcare
South Gippsland Hospital
South Gippsland Shire Council
Wonthaggi Medical Group
YMCA

South West

Lyndoch Living
Warrnambool City Council
Corangamite Shire Council
Terang & Mortlake Health Service
South West Healthcare
Western Victoria Primary Health Network
Community Southwest
Wellways
Lifeline South West Vic
Cobden District Health Service
Wannon Water
Oz Child
Moyne Health Service
Moyne Shire Council
St John of God Hospital
Timboon & District Healthcare Service
Beaufort & Skipton Health Service
Brophy Family & Youth Services / Headspace
Western Region Alcohol & Drug Service
South West Sports Assembly
Melbourne University
Deakin University
Deakin Rural Health
Women's Health & Wellbeing BSW
Vision Australia
Salvo Connect
Mpower Inc
Bethany
Cooinda Terang
Ambulance Victoria

Southern Grampians – Glenelg

Balmoral Bush Nursing Centre
Brophy Family & Youth Services
Casterton Memorial Hospital
Dartmoor & District Bush Nursing Centre
Dhauwurd Wurrung Elderly Community Health
Glenelg Shire Council
Hamilton Community House

Heywood Rural Health
Kyeema Support Services
Mulleraterong Centre
Old Courthouse Community Centre
Portland District Health
Portland Neighbourhood House
South West Healthcare
Southern Grampians Shire Council
Wannon Water
Wellways
Western District Health Service
Windamara Aboriginal Corporation

Southern Mallee

Anglicare Victoria
Annecto
Bendigo Health
Buloke Shire Council
Centacare - Catholic Diocese of Ballarat
Cohuna District Hospital
East Wimmera Health Service
Gannawarra Shire Council
Haven; Home, Safe
Interchange Loddon Mallee
Kerang District Health
Mallee District Aboriginal Services
Mallee Family Care
Mallee Sexual Assault Unit and Mallee Domestic Violence Services
Mallee Sports Assembly
Mallee Track Health & Community Service
Murray Primary Health Network
Northern District Community Health
Regional Information and Advocacy Council
Robinvale District Health Service
Rumbalara Aboriginal Co-operative LTD
Sunraysia Rural Counselling Service Inc.
Swan Hill District Health
Swan Hill Neighbourhood House
Swan Hill Rural City Council
Women's Health Loddon Mallee
Wycheproof Community Resource Centre

Southern Melbourne

AccessCare Southern
Alfred Health
Alfred Health Carer Services
Australian Croatian Community Services (ACCS)
Baker Heart and Diabetes Institute
Bayside City Council
Bayside Peninsula Integrated Family Violence Partnership
Better Place Australia
Bolton Clarke
Cabrin Health
Calvary Care
Calvary Health Care Bethlehem
Caulfield Aged Care Assessment Service (ACAS)
Caulfield Community Health Services



Appendix- Statewide PCP member list

Caulfield Hospital
 Caulfield South Community House
 Central Bayside Community Health Services
 City of Kingston
 City of Port Phillip
 City of Stonnington
 Connect Health & Community
 Connections Uniting Care
 Consumer Representatives
 Family Life
 Gambler's Health Southern
 Glen Eira City Council
 Headspace Bentleigh
 Home Based Allied Health Services
 IELLEN
 Jewish Care
 Kingston Aged Care Assessment Service (ACAS)
 Law Institute of Victoria
 MiCare
 Monash Health
 Mordialloc Neighbourhood House
 Parkdale Secondary College
 Peninsula Health
 PRONIA
 SMR Diversity Advisor
 SMR Wellness & Reablement (Bayside)
 South East Centre Against Sexual Assault (SECASA)
 South Eastern Melbourne Primary Health Network
 Southern Health Connect
 Star Health
 TaskForce Community Agency Inc
 Victoria Police
 Women's Health in the South East (WHISE)

Upper Hume

Albury Wodonga Aboriginal Health Service
 Albury Wodonga Diabetes Support Group
 Albury Wodonga Ethnic Communities Council
 Albury Wodonga Health
 Beechworth Health Service
 City of Wodonga
 Corryong Health
 Gateway Health
 Indigo North Health
 Indigo Shire Council
 Ovens Murray Children & Youth Area P/ship
 Walwa BNC
 Women's Health GNE
 Yackandandah Health
 Towong Shire

Wellington

Central Gippsland Health
 Department of Health and Human Services
 Gippsland Primary Health Network
 Gippsland Women's Health
 Latrobe Community Health Service
 Quantum Support Services

Ramahyuck District Aboriginal Corporation
 Uniting Gippsland
 Wellington Shire Council
 within Australia
 Yarram and District Health Service

Wimmera

Benetas
 Centre for Participation
 Community Axis
 Edenhope & District Memorial Hospital
 Federation University
 Goolum Goolum Aboriginal Cooperative
 Grampians Community Health
 Harrow Bush Nursing Centre
 Hindmarsh Shire
 Horsham Aquatic Centre, YMCA
 Horsham Rural City Council
 Horsham Regional Arts Association
 Rural Northwest Health
 The Salvation Army
 The Sexual Assault and Family Violence Centre
 Uniting Wimmera
 Western Victoria Primary Health Network
 West Wimmera Health Service
 West Wimmera Shire
 Wimmera Health Care Group
 Wimmera Hearing Society
 Wimmera Regional Library Corporation
 Wimmera Regional Sports Assembly
 Wimmera Southern Mallee LLEN
 Wimmera West Grampians Neighbourhood House Network
 Women's Health Grampians
 Woomelang & District Bush Nursing Centre
 Yarriambiack Shire



Appendix-

Statewide PCP member list