Western Victoria Primary Health Network

Needs Assessment

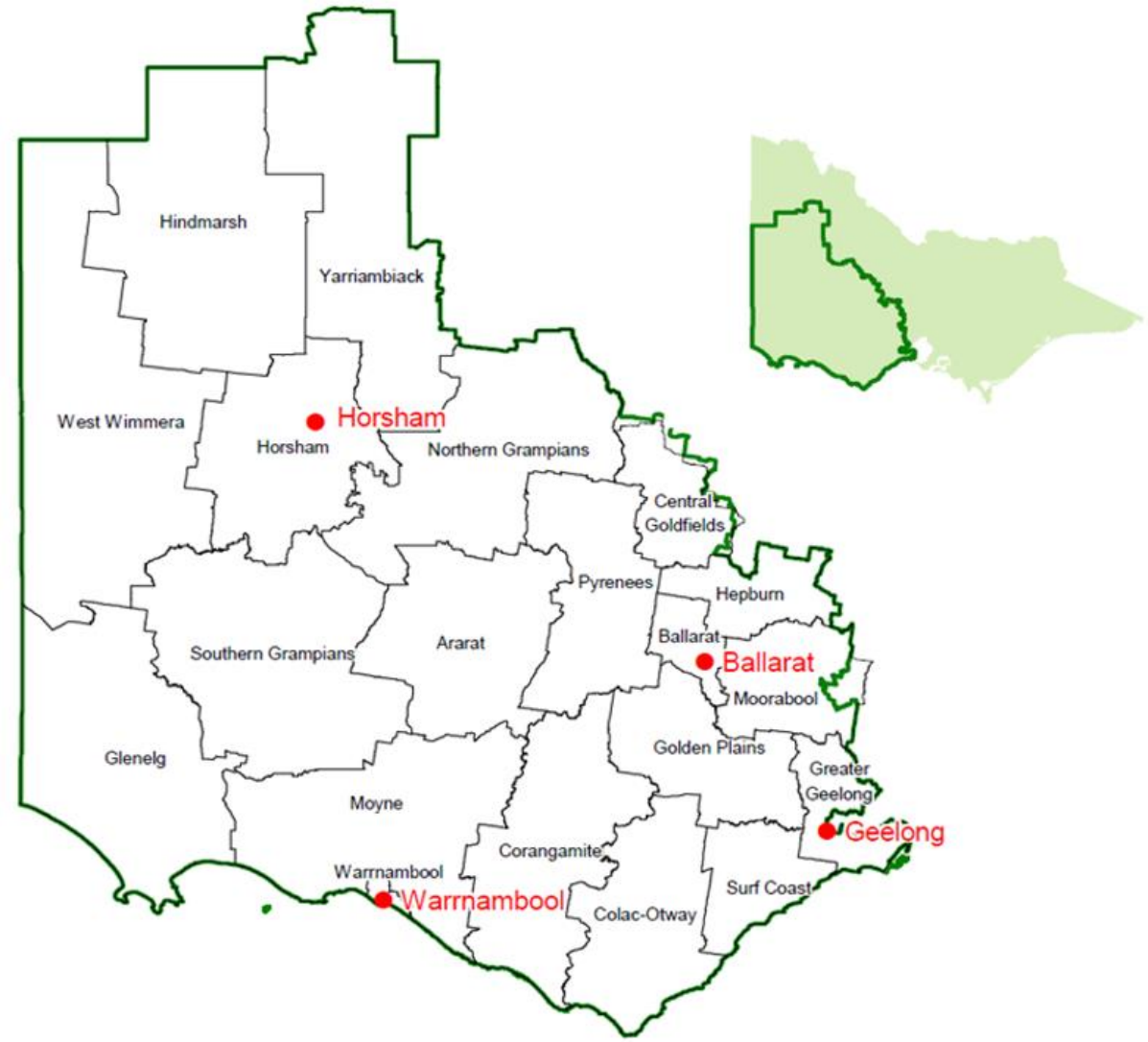
2018

phn WESTERN VICTORIA

An Australian Government Initiative

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

Western Victoria PHN Regional Map



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Section 1 – Narrative

Needs Assessment process and issues

Consistent with the prior reporting period, the needs assessment has been organised around gathering and analysing information pertinent to the seven priority areas for PHNs, the four national headline performance indicators, and the two objectives for PHNs set down by the Department of Health. The needs assessment template has been updated where new data has become available, and some minor corrections have been made.

In addition to reviewing and updating statistical data, in the past year consultations were held with the four Western Victoria PHN Regional Integrated Councils (clinical council and consumer advisory): Ballarat Goldfields, Geelong Otway, Great South Coast, and Wimmera Grampians. In previous years consultations with these councils have focused on the two objectives set for PHNs that is, matters affecting the effectiveness, efficiency, and coordination of primary care services in each region. However, this year the focus was on health system literacy for mental health and alcohol and other drug (AOD) services. Previous consultations have been focused on chronic conditions and from engagement with stakeholder's, health system literacy for mental health and AOD services was raised as an issue. These consultations helped to contextualise available statistical data, provided insights into issues for which data is not readily available, and brought to our attention a number of issues to investigate further. Additionally, a half day forum was held in Geelong on AOD access and service issues in the region, which included services that intersect with those directly providing AOD treatment, with a number of consumers contributing to this discussion. For clarity, these consultations are referred to in the template as the '2018' consultations, whereas consultations held to support the previous needs assessment submission are referred to as the '2016' or '2017' consultations (details included in the 2017 Needs Assessment). In addition to the above, three surveys have also been completed, one called "Collaborative Care Survey" that asked questions of service providers who attended the Western Victoria PHN hosted Winter Symposium (2 day conference on mental health, AOD, and pain, these themes were also the focus of the survey), the AOD component of this survey was distributed at the above mentioned AOD forum in Geelong. The second survey focused on community members, to obtain information on access issues regarding health services, it was disseminated by multiple mechanisms by Western Victoria PHN. The third survey was focused on health service needs and access challenges for Aboriginal and/or Torres Strait Islander people, it was distributed to service providers who attended an Indigenous Health Forum hosted by Western Victoria PHN and University of Melbourne. Additionally, all (seven) Primary Care Partnerships situated within the Western Victoria PHN region were contacted and given an opportunity to provide feedback on the main issues identified through the local Municipal health and wellbeing plans and planning process. Major themes consistent across many of the Primary Care Partnership regions (that fall within the PHN priority areas) are; improving mental health or mental wellbeing; reducing the harmful impacts of alcohol and other drugs; workforce, in particular the retention and training of staff in rural areas; improving coordination between limited health services and improving e-health or other digital solutions for health.

We note that there is not scope within the template to report on all the pertinent caveats associated with the data cited. For example, it not uncommon in relevant population health datasets to come across confidence intervals or standard rates of error that are quite wide/high. Although data quality is not always ideal, in the absence of better alternatives we make do with what is available, and calibrate how we think about the data accordingly. However, these thoughts aren't captured in the template. We also note that the geographic levels to which data is aggregated (e.g. SA2, LGA, SA3, PHN) varies, and as such it isn't possible to generate a population health profile for a given region which incorporates all the information we would like it to. Furthermore, the geographic areas for which data is aggregated are not always 'nested' (e.g. LGA boundaries do not always align with PHN boundaries). This creates some quirks that are not captured in the template. For example, we count Moorabool Shire as one of 21 local government areas the Western Victoria PHN region, even though most of the LGA is located in another PHN region (based on the ABS LGA 2017-PHN

2017 concordance file available on the PHN website). In addition, under the 2016 ABS Australian Statistical Geography Standard, there are now ten Statistical Area 3s (SA3s) in the Western Victoria PHN region, whereas previously there were nine. Within the template, some references to SA3s relate to the period when there were nine SA3s and others relate to when there were ten SA3s within the Western Victoria PHN region (depending on the year of the data).

We intend to consult with more Aboriginal and/or Torres Strait Islander health consumers before analysing and incorporating the findings into the needs assessment. A larger piece of work is currently being prepared regarding Aboriginal and/or Torres Strait Islander health, this will inform future Western Victoria PHN commissioned services and feed information into the needs assessment. Consultations with Aboriginal Community Controlled Organisations (ACCOs) identified the strong interest they have in co-designing funded initiatives within their community. Western Victoria PHN will build on their current engagement and utilise the local knowledge and experience of ACCOs for particular commissioned projects into the future. We also intend to investigate how service mapping exercises can be made more efficient and effective.

This year we have included data collected in the development and delivery of Western Victoria PHN commissioned services including; chronic conditions, AOD, Mental Health and services for Aboriginal and/or Torres Strait Islander persons, for performance monitoring and measuring the effectiveness of services in impacting health outcomes.

To determine the health and service need priorities the identified issues were assessed against the impact that they will have on increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improvement in the coordination of care to ensure patients receive the right care in the right place at the right time. The seven key priority areas for targeted work by the PHN, Digital Health, Population Health, Mental Health, Aged Care, Health Workforce, Aboriginal and Torres Strait Islander Health and Alcohol and Other Drugs and the four Performance Indicators;

- Potentially preventable hospitalisations
- Childhood immunisation rates
- Cancer screening rates and
- Mental health treatment rates.

The following criteria were used to further inform the prioritisation of activities;

- The strength of the evidence for each particular issue (i.e. the quality of the quantitative evidence and whether it was verified by the qualitative evidence).
- The impact of the issue - whether it was consistent across the region.
- The impact of the issue for particular populations/areas within the Western Victoria PHN.
- The impact of the issue for those at risk of poor health outcomes.
- Whether addressing the issue will contribute to improved population health within the region.
- The levers the Western Victoria PHN has to impact the health need or service issue positively.

Alcohol and other drugs specific information

Within this needs assessment “Other Drugs” includes both illicit drugs and pharmaceutical drugs, to align terminology to Department of Health (2017) National Drug Strategy 2017-26. This strategy (National Drug Strategy 2017-26) has been used to guide this needs assessment to ensure priorities are aligned, especially in regard to its approach to demand reduction, supply reduction, and harm reduction; particular priority populations to focus on; and harms that are broader than alcohol and other drugs (e.g. health, social and economic harms). This has allowed us to build on

the work from the previous needs assessment and explore aspects that have not previously been included.

This broad range of services results in multiple referral pathways into the AOD treatment system, which can create additional complexity for consumers and their families. Although there are many examples of good collaborative practice, variations in funding models, data and referral processes have resulted in a lack of consistent care coordination and integration both within and between AOD treatment services, primary care and community based social services. Many organisations are funded by both state and Commonwealth systems, resulting in multiple pathways into their own service system, and complexity in moving clients across programs. These complexities also have an impact on reporting, data and the collection of in-depth information on all parts of the system, which is reflected in this needs assessment. Western Victoria PHN will continue to build on this knowledge over time.

Mental health specific information

There is major change taking place in relation to mental health and suicide prevention services. These changes include reforms following the National Mental Health Commission's (NMHC) 2014 Review of Mental Health Programmes and Services; implementation of state based suicide prevention initiatives; the implementation of the National Disability Insurance Scheme (NDIS); and the commissioning of locally responsive mental health services by PHNs. Both Victoria's 10-year Mental Health Plan (2015) and the Commonwealth's Fifth National Mental Health and Suicide Prevention Plan (2017) highlight the need for person centred mental health services, including the co-production of mental health services, where service providers, consumers and carers all contribute to service planning and development. Integration is the pivotal theme underpinning the Fifth National Plan. In Victoria's 10 year Mental Health Plan Primary Health Networks along with Local Hospital Networks are identified as fundamental to the delivery of better planned and integrated mental health services, and the 'core architecture' to support regional integration in the Fifth National Plan.

To determine the mental health and service need priorities the identified issues were assessed against the impact that they will have on increasing the efficiency and effectiveness of mental health services for patients, particularly those at risk of poor health outcomes, and improvement in the coordination of care to ensure patients receive the right care in the right place at the right time. The priorities identified were also based on the guidance provided by the Commonwealth Government regarding the development of a stepped care model for mental health.

Additional Data Needs and Gaps

Whilst specific data is lacking at smaller geographic areas such as Statistical Area 2 (SA2) and Statistical Area 3 (SA3) on how the social determinants of health may impact directly on health and service needs in the Western Victoria Primary Health Network region, it is important to highlight the influence that they may have on health and service needs. The social determinants of health are defined as "the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness" (World Health Organization 2018). As determined by The World Health Organization the social conditions in which people are born, live and work are the most important determinants of good or ill health. Thus the social determinants can be seen as the 'causes of the causes', it is these foundational determinants which can influence other health determinants (Australian Institute of Health and Welfare 2018, Australia's Health 2016).

Western Victoria PHN wishes to highlight how valuable it is to have data aggregated to smaller geographic areas than PHN regions or SA3 regions. This is based on the observation that data provided at the SA3 level can hide material differences between local geographic areas. This can be illustrated by data on potentially preventable hospitalisations (PPH) and ambulatory care sensitive condition (ACSC) hospital admissions. The SA3 is the smallest geographic area to which data is aggregated in the Australian Institute of Health and Welfare's latest report on PPHs, which relates to the year 2015-16 (report available via MyHealthyCommunities). Warrnambool-Otway Ranges was one SA3 falling within the Western Victoria PHN region included in the report. For the

period the report relates to, Colac Otway Shire, Corangamite Shire, and the Warrnambool City, local government areas all belonged in the Warrnambool-Otway Ranges SA3 (Australian Bureau of Statistics, 2012. Australian Statistical Geography Standard Correspondences, July 2011. Local Government Area 2011 to Statistical Area 3 2011. Canberra: ABS). Data on chronic ACSC hospital admissions for these LGAs shows that, on an age-standardised basis, there were 10.89 ACSC hospital admissions per 1,000 persons in the Colac Otway Shire in 2015-16, compared to 12.55 and 16.03 such admissions in the Warrnambool City and Corangamite Shire, respectively (Victorian Health Information Surveillance System, 2015-16 ACSC reports). One might contend that such differences are substantial. However, they are not visible when data is presented at the SA3 level.

Data on participation rates in the National Bowel Cancer Screening Program (NBCSP) provide another relevant example. Amongst SA3s in the Western Victoria PHN region, Geelong had the lowest participation rate in the NBCSP in 2014-15, at 40.7 per cent (AIHW analysis of NBCSP register data). However, amongst the 11 SA2s in the Geelong SA3, participation rates in the NBCSP ranged from 34.1 per cent in Corio-Norlane to 47.9 per cent in Highton (AIHW analysis of NBCSP register data).

These examples illustrate that there can be considerable heterogeneity amongst geographic areas within a given SA3. This has important implications for population health planning and resource allocation decisions made by the PHN. As such, Western Victoria PHN encourages the Department of Health to work towards ensuring that, where possible, PHNs have access to data aggregated to smaller geographic areas than SA3.

Another such example includes; the rate of deaths from suicide between 2010 and 2014 was highest in Yarriambiack Shire at an age-standardised rate of 26.3 per 100,000 people, compared to 14.3 per 100,000 people in the City of Ballarat. However, in absolute numbers, there were 8 deaths from suicide in Yarriambiack Shire in this period and 63 deaths from suicide in the City of Ballarat.

Alcohol and Other Drugs Specific Information

Western Victoria PHN will continue to build upon the information presented within this needs assessment, including information that captures services mentioned above, as well as clients that do not access AOD treatment such as those accessing primary care and psychosocial community agencies. Additional gaps include knowledge of the private system and forensic system. The forensic system provides specific drug and alcohol assessment and brokerage referral for people in contact with the justice system including courts and corrections.

Changes to state based reporting, via the Victorian Alcohol and Drug Collection (VADC), has only just been fully implemented by all agencies, it is expected that this will provide additional, and more consistent data, from state funded treatment services to inform planning and development of services.

Mental health specific information

Much of the data available regarding mental health and service needs is at a national and state level; and when local data is available it is often for varying geographical boundaries, which makes it challenging to determine local needs. Additionally there is little data available on those aged 18 to 25 years making it difficult to plan mental health services for youth. Additional sources of local data were identified for mental health and service needs however, this data, including statistics from the Victorian Child and Adolescent Monitoring System (VCAMS), when assessed against the ABS Data Quality Framework, were not always of a quality fit for the purpose of the mental health needs assessment.

The Department of Health, National Mental Health Report, 2013, recommends caution when interpreting data related to mental health treatment rates. This is for several reasons including: those who meet the diagnostic criteria for mental illness do not always experience a need for professional assistance; health service use may be related to perceived need rather than availability of services and perceived need can be influenced by a lack of recognition by the person

that they have an illness, lack of awareness of available effective treatments, previous negative experience of service use and stigma regarding mental illness.

Additional comments or feedback

The change to triennial submission of needs assessment is very welcome, into the future this will enable us to improve our understanding of health needs and health service needs of communities and focus resources on developing and evaluating solutions to identified needs. Additionally, even though we have utilised the supplied template for this submission of the needs assessment, over the next few years, Western Victoria PHN will take the opportunity to present the needs assessment in a format more useful for internal purposes (while still meeting the Commonwealth Department of Health's requirements).

Section 2 – Outcomes of the health needs analysis

General Population Health

Population health – chronic conditions	
Key Issue	**Description of Evidence**
Higher prevalence of chronic conditions in the Western Victoria PHN region and certain constituent localities, relative to Victoria or Australia.	53.2 per cent of surveyed persons aged 15 years or older in the Western Victoria PHN region report having a long-term health condition, compared to 49.9 per cent in Australia (Australian Institute of Health and Welfare 2018, based on Australian Bureau of Statistics, Patient Experience Survey, 2016-17). The prevalence and/or management of major chronic conditions, such as type 2 diabetes, cardiovascular disease, and chronic obstructive pulmonary disease were raised as matters of concern in the 2016 rural service provider and community consultations held across the Western Victoria PHN region. Findings relating to particular chronic conditions are discussed below. According to findings from the Victorian Population Health Survey (VPHS) 2014, the estimated proportion of adults to have ever been diagnosed with at least one of eight chronic conditions was higher than that reported for Victoria (47.1 per cent; 51.3 per cent in rural Victoria) in 12 out of 21 local government areas (LGAs) in the Western Victoria PHN regions (Department of Health and Human Services [DHHS] 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). From this group, the Northern Grampians Shire was the LGA estimated to have the highest proportion of adults with at least one chronic condition (60.4 per cent), followed by the Central Goldfields Shire (59.7 per cent) and the City of Ballarat (58.2 per cent) (DHHS 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne).
Chronic conditions are a prominent cause of potentially preventable hospitalisations (also known as Ambulatory Care Sensitive Conditions).	In 2016-17, eight LGAs in the Western Victoria PHN region had a higher rate per 1000 persons (age standardised) of potentially preventable hospital admissions for selected chronic conditions than Victoria (14.38 admissions per 1,000 age standardised). Of these eight LGAs, the three highest rates were seen in Central Goldfields Shire (17.62 per 1,000 age standardised; 336 admissions), Glenelg Shire (17.33; 432 admissions) and Hindmarsh Shire (17.32; 160 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria, five LGAs had rates per 1,000 persons (age standardised) of chronic disease that were higher than rural Victoria (14.99 per 1,000 persons age standardised) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports).

Population health – chronic conditions, diabetes

Key Issue	Description of Evidence
Higher prevalence of type 2 diabetes in the Western Victoria PHN region, relative to Victoria and Australia.	At the end of June 2017, 4.85 per cent of the Western Victoria PHN population was registered with the National Diabetes Services Scheme (NDSS) as having type 2 diabetes, compared to 4.52 per cent of persons in Victoria and 4.41 per cent across Australia (calculations based on the NDSS registration data, updated 30 June 2017, and Australian Bureau of Statistics [ABS] population projections). Amongst the 21 local government areas (LGAs) in the Western Victoria PHN region, the proportion of the population registered with the NDSS as having type 2 diabetes exceeds the Victorian state rate in 16 instances (calculations based on NDSS registration data, updated 30 June 2017, and ABS population projections). Amongst these LGAs, the proportion of the population registered with the NDSS as having type 2 diabetes was highest in Central Goldfields Shire (7.88 per cent), followed by Hindmarsh Shire (6.82 per cent), Glenelg Shire (6.38 per cent), and Northern Grampians Shire (6.38 per cent) (calculations based on NDSS registration data, updated 30 June 2017, and ABS population projections).
Diabetes complications are a common cause of potentially preventable hospital admissions in the Western Victoria PHN region.	In 2016-17, amongst LGAs for which it was reported, diabetes complications as a cause of potentially preventable hospital admissions was higher in ten LGAs in the Western Victoria PHN region than Victoria (1.97 persons per 1,000 age standardised). Of these ten LGAs, the three with the highest rate per 1,000 persons (age standardised), of diabetes complications as a cause of potentially preventable hospital admissions, were Glenelg Shire (5.97 per 1,000 persons age standardised; 127 admissions), Moorabool Shire (2.73; 82 admissions), and Colac Otway Shire (2.64; 72 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that four LGAs had rates per 1,000 persons that were higher than rural Victoria (2.30 persons per 1,000 age standardised) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports).
Diabetes is a common cause of death in the Western Victoria PHN region.	During 2012-16, diabetes was the seventh most common cause of death in the Western Victoria PHN region, accounting for 2.9 per cent of all deaths. It also accounted for 2.9 per cent of all deaths in both Victoria and Australia (Australian Institute of Health and Welfare [AIHW] 2018. Mortality Over Regions and Time books: Primary Health Network and State and territory, 2012–16. Canberra: AIHW).

Population health – cellulitis

Key Issue	Description of Evidence
Cellulitis is a prominent cause of potentially preventable hospital admissions in the Western Victoria PHN region.	In 2016-17, ten local government areas (LGAs) in the Western Victoria PHN region reported a higher rate per 1,000 persons (age standardised) for Cellulitis potentially preventable hospital admissions than Victoria (2.91 persons per 1,000 age standardised). Of these ten LGAs the three highest age standardised rates were seen in Yarriambiack Shire (5.98 admissions per 1,000 persons age standardised; 47 admissions), Pyrenees Shire (5.78; 49 admissions) and Hindmarsh Shire (5.11; 41 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that eight LGAs had rates per 1,000 persons (age standardised) that were higher than rural Victoria (3.1 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports).

Population health – iron deficiency anaemia

Key Issue	Description of Evidence
Iron deficiency anaemia is a prominent cause of potentially preventable hospital admissions in the Western Victoria PHN region.	In 2016-17, amongst the local government areas (LGAs) for which it was reported, potentially preventable hospital admissions attributed to iron deficiency anaemia was higher in ten LGAs than Victoria (3.48 persons per 1,000, age standardised). Of these ten LGAs, the three reporting the highest rate per 1,000 persons (age standardised) was the Central Goldfields Shire (6.29 persons per 1,000 age standardised; 106 admissions), Colac Otway Shire (4.18; 92 admissions), and Golden Plains Shire (4.02; 80 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that six LGAs had rates per 1,000 persons (age standardised) that were higher than rural Victoria (3.61 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports).

Population health – urinary tract infections, including pyelonephritis

Key Issue	Description of Evidence
Urinary tract infections, including pyelonephritis, are a common cause of potentially preventable hospital admissions in the Western Victoria PHN region.	In 2016-17, five LGAs in the Western Victoria PHN region reported rates of urinary tract infections, including pyelonephritis as a cause of potentially preventable hospital admissions that were higher than Victoria (2.55 persons per 1,000 age standardised). Of these five LGAs, the three highest rates per 1,000 persons (age standardised) were reported in West Wimmera Shire (3.9 per 1,000 persons age standardised; 18 admissions), Hindmarsh Shire (3.06; 28 admissions) and Ararat

Population health – urinary tract infections, including pyelonephritis

Key Issue	Description of Evidence
	Rural City (2.86; 44 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that six LGAs had rates per 1,000 persons that were higher than rural Victoria (2.47 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports).

Population health – chronic conditions, chronic obstructive pulmonary disease

Key Issue	Description of Evidence
Higher estimated prevalence of chronic obstructive pulmonary disease in the Western Victoria PHN region, relative to Victoria.	On an age-standardised basis, it has been estimated 2.1 persons per 100 in the Western Victoria PHN region have chronic obstructive pulmonary disease (COPD), compared to 1.9 persons per 100 across Victoria (2.1 across the 'Rest of Victoria', which excludes Greater Melbourne) (compiled by the Public Health Information Development Unit [PHIDU] based on modelled estimates from the 2011-12 Australian Health Survey, Australian Bureau of Statistics [ABS] [unpublished]). Within the Western Victoria PHN region, four local government areas have a higher estimated rate of COPD than the Western Victoria PHN region as a whole, including the Central Goldfields Shire (2.3 persons per 100), City of Ballarat (2.2), Glenelg Shire (2.2), and Warrnambool City (2.2) (compiled by PHIDU based on modelled estimates from the 2011-12 Australian Health Survey, ABS [unpublished]).
Chronic obstructive pulmonary disease is a prominent cause of potentially preventable hospital admissions in the Western Victoria PHN region.	In 2016-17, among the local government areas (LGAs) in the Western Victoria PHN region 17 reported a higher rate per 1,000 persons (age standardised) of chronic obstructive pulmonary disease as a cause for potentially preventable hospital admissions than Victoria (2.65 persons per 1,000 age standardised). Among these 17 LGAs, the highest rates were reported in Central Goldfields Shire (4.69 per 1,000 persons age standardised; 106 admissions), Pyrenees Shire (4.28; 49 admissions) and Hindmarsh Shire (4.26; 43 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that eight LGAs had rates per 1,000 persons (age standardised) that were higher than rural Victoria (3.24 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports).
Chronic obstructive pulmonary disease is a common cause of death in the Western Victoria PHN region.	During 2012-16, COPD was the fourth most common cause of death in the Western Victoria PHN region, accounting for 5.2 per cent of deaths in total, compared to 4.4 per cent of deaths across Victoria and Australia (Australian Institute of Health and Welfare [AIHW] 2018. Mortality Over Regions and Time [MORT] books: Primary Health Network and State and territory, 2012–16.

Population health – chronic conditions, chronic obstructive pulmonary disease

Key Issue	Description of Evidence
	Canberra: AIHW). Amongst Statistical Area 3s (SA3s) within the Western Victoria PHN region, the proportion of all deaths attributed to COPD was higher than that reported for the Western Victoria PHN region as a whole in Glenelg-Southern Grampians (6.4 per cent), Maryborough-Pyrenees (5.7 per cent), Ballarat (5.5 per cent), and Geelong (5.3 per cent) (AIHW 2018. MORT books: PHN and SA3, 2012–16. Canberra: AIHW).

Population health – influenza and pneumonia

Key Issue	Description of Evidence
Compared to Australia, a higher proportion of deaths in the Western Victoria PHN region are due to influenza and pneumonia.	During 2012-16, the proportion of deaths attributed to influenza and pneumonia in the Western Victoria PHN region (2.2 per cent) was equal to that reported for Victoria (2.2 per cent), but higher than that reported for Australia (1.9 per cent) (Australian Institute of Health and Welfare 2018. Mortality Over Regions and Time books: Primary Health Network and State and territory, 2012–16).

Population health – accidental falls

Key Issue	Description of Evidence
Compared to Australia, a higher proportion of deaths in the Western Victoria PHN region are due to accidental falls.	During 2012-16, the proportion of deaths attributed to accidental falls in the Western Victoria PHN region (2.3 per cent) was equal to that reported for Victoria (2.3 per cent), but higher than that reported for Australia (1.5 per cent) (Australian Institute of Health and Welfare 2018. Mortality Over Regions and Time books: Primary Health Network and State and territory, 2012-16).

Population health – chronic conditions, musculoskeletal disease

Key Issue	Description of Evidence
Higher prevalence of musculoskeletal disease in the Western Victoria PHN region, relative to Victoria.	It has been estimated that, on an age-standardised basis, 28.2 persons per 100 in the Western Victorian PHN region have musculoskeletal system disease, compared to 26.6 persons per 100 in Victoria (compiled by the Public Health Information and Development Unit [PHIDU] based on modelled estimates from the 2011-12 Australian Health Survey, Australian Bureau of Statistics [ABS] [unpublished]). Amongst local government areas (LGAs) in the Western Victoria PHN region, the Northern Grampians Shire had the highest estimated age-standardised rate of

Population health – chronic conditions, musculoskeletal disease

Key Issue	Description of Evidence
	musculoskeletal disease (30.8 persons per 100), followed by Hindmarsh Shire (30.4), West Wimmera Shire (30.4), and Yarriambiack Shire (30.4) (compiled by PHIDU based on modelled estimates from the 2011-12 Australian Health Survey, ABS [unpublished]). In addition to the above data, the prevalence of musculoskeletal conditions, such as arthritis, was raised as a key issue of concern in the 2016 rural service provider and community consultations.
Higher lifetime prevalence of arthritis in some local government areas in the Western Victoria PHN region, relative to Victoria.	Based on self-reports, the Department of Health and Human Services (DHHS) has estimated 19.8 per cent of adults in Victoria (22.2 per cent in rural Victoria) have been diagnosed with arthritis during their lifetime (DHHS, 2016. Victorian Population Health Survey [VPHS] 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Amongst LGAs in the Western Victoria PHN region, the estimated lifetime prevalence of arthritis was higher than that reported for Victoria in 17 instances (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). From these 17 LGAs, the estimated lifetime prevalence of arthritis was highest in Yarriambiack Shire (32.6 per cent), followed by the City of Ballarat (27.1 per cent), and the Central Goldfields Shire (26.7 per cent) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne).
Higher lifetime prevalence of osteoporosis in some local government areas in the Western Victoria PHN region, relative to Victoria.	It has been estimated that 5.2 per cent of adults in Victoria (6 per cent in rural Victoria) have been diagnosed with osteoporosis during their lifetime (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Amongst LGAs in the Western Victoria PHN region, the estimated lifetime prevalence of osteoporosis was higher than that reported for Victoria in ten instances (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). From these ten LGAs, the estimated lifetime prevalence of osteoporosis was highest in the City of Ballarat (8.4 per cent), followed by the Northern Grampians Shire (7.6 per cent), and Yarriambiack Shire (7.3 per cent) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne).

Population health – chronic conditions, asthma

Key Issue	Description of Evidence
Higher prevalence of asthma in some local government areas in the Western Victoria PHN region, relative to Victoria.	According to Department of Health and Human Services (DHHS) estimates, 10.9 per cent of adults in Victoria (11.6 per cent in rural Victoria) had 'current' asthma in 2011-12 (DHHS, 2014. Victorian Population Health Survey [VPHS] 2011–12, survey findings. State Government of Victoria: Melbourne). Amongst the 21 local government areas (LGAs) in the Western Victoria PHN region, this state-wide figure was exceeded in 12 instances, with the highest estimated rate of 'current' asthma reported in the Pyrenees Shire (16.1 per cent of adults), followed by the Ararat Rural City (15.3 per cent) and Golden Plains Shire (15.3 per cent) (DHHS, 2014. VPHS 2011–12, survey findings. State Government of Victoria: Melbourne).
Asthma as a cause of potentially preventable hospital admissions is higher in some local government areas than Victoria.	In 2016-17, amongst the local government areas (LGAs) for which it was reported, six LGAs in the Western Victoria PHN region reported a higher age standardised rate per 1,000 persons of Asthma as an admission than Victoria (1.47 persons per 1,000 age standardised). Of these LGAs the three highest rates were reported in West Wimmera Shire (3.34 per 1,000 persons age standardised; 12 admissions), Hindmarsh Shire (2.57; 13 admissions) and Warrnambool City (1.83; 62 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that nine LGAs had rates per 1,000 persons (age standardised) that were higher than rural Victoria (1.24 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports).

Population health – chronic conditions, circulatory system disease

Key Issue	Description of Evidence
Higher prevalence of circulatory system disease in the Western Victoria PHN region and certain localities therein, relative to Australia or Victoria.	According to findings from the Australian Health Survey 2011-12, 19.9 per cent of persons aged two years and older in the Western Victoria PHN region have circulatory system disease, compared to 17.4 per cent of persons aged two years and older in Australia (Australian Bureau of Statistics, 2015. Australian Health Survey [Core component] 2011-12. Customised report. Canberra: ABS).
Conditions related to the heart and circulatory system are also common causes of potentially preventable hospital admissions and death.	According to findings from the Australian Health Survey 2011-12, 19.9 per cent of persons aged two years and older in the Western Victoria PHN region have circulatory system disease, compared to 17.4 per cent of persons aged two years and older in Australia (Australian Bureau of Statistics, 2015. Australian Health Survey [Core component] 2011-12. Customised report. Canberra: ABS). The Public Health Information Development Unit (PHIDU) has estimated that, on an age standardised basis, 17 persons per 100 aged two years and over in the Western Victoria PHN region

Population health – chronic conditions, circulatory system disease	
Key Issue	**Description of Evidence**
	have circulatory system disease, compared to 16.6 in Victoria (17.1 in the 'Rest of Victoria') and 17.3 across Australia (compiled by PHIDU based on modelled estimates from the 2011-12 Australian Health Survey, Australian Bureau of Statistics [ABS] [unpublished]). The estimated age standardised rate of circulatory system disease per 100 persons is higher than that reported for Victoria in 16 local government areas (LGAs) in the Western Victoria PHN region (compiled by PHIDU based on modelled estimates from the 2011-12 Australian Health Survey, ABS [unpublished]). Amongst these 16 LGAs, the Central Goldfields Shire has the highest estimated rate of circulatory system disease (18.1 persons per 100), followed by the Northern Grampians Shire (17.7) and Horsham Rural City (17.6) (compiled by PHIDU based on modelled estimates from the 2011-12 Australian Health Survey, ABS [unpublished]). In 2016-17, amongst the LGAs in Western Victoria PHN region, six reported a higher rate per 1,000 age standardised of congestive cardiac failure as a cause of potentially preventable hospital admissions than Victoria (2.57 persons per 1,000 age standardised). Amongst these six LGAs the three highest rates were reported in the Southern Grampians Shire (3.1 per 1,000 persons age standardised; 78 admissions), Warrnambool City (2.95; 130 admissions), Moyne Shire (2.82; 54 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that ten LGAs had rates per 1,000 persons that were higher than rural Victoria, and two LGAs equaled rural Victoria (2.31 persons per 1,000 age standardised) (VHISS, 2016-17 ACSC reports). During 2012-16, coronary heart disease was the leading cause of death in the Western Victoria PHN region, accounting for 13.1 per cent of all deaths, compared to 12.5 and 12.9 per cent of deaths across Victoria and Australia, respectively (Australian Institute of Health and Welfare [AIHW] 2018. Mortality Over Regions and Time [MORT] books: Primary Health Network and State and territory, 2012-16. Canberra: AIHW). Amongst Statistical Area 3s (SA3s) within the Western Victoria PHN region, the proportion of all deaths attributed to coronary heart disease exceeded that reported for the Western Victoria PHN region as a whole in Barwon-West (14.3 per cent of deaths), Glenelg-Southern Grampians (14.0 per cent), Colac-Corangamite (13.8 per cent), Grampians (13.5 per cent), and Geelong (13.2 per cent) (AIHW 2018. MORT books: PHN and SA3, 2012-16. Canberra: AIHW). Cerebrovascular disease was the second leading cause of death in the Western Victoria PHN region during 2012-16, accounting for 7.3 per cent of all deaths, compared to 6.7 per cent and 7.0

Population health – chronic conditions, circulatory system disease	
Key Issue	**Description of Evidence**
	per cent of deaths across Victoria and Australia, respectively (AIHW 2018. MORT books: Primary Health Network and State and territory, 2012-16. Canberra: AIHW). Amongst SA3 regions within the Western Victoria PHN region, the proportion of all deaths attributed to cerebrovascular disease exceeded that reported for the Western Victoria PHN region as a whole in Glenelg-Southern Grampians (8.3 per cent of deaths), Warrnambool (8.3 per cent), Geelong (7.8 per cent) and Creswick-Daylesford-Ballan (7.6 per cent), (AIHW 2018. MORT books: PHN and SA3, 2012-16. Canberra: AIHW). During 2012-16, heart failure and complications and ill-defined heart disease was the eighth most common cause of death in the Western Victoria PHN region, accounting for 2.5 per cent of all deaths, compared to 2.6 per cent and 2.2 per cent of deaths across Victoria and Australia, respectively (AIHW 2018. MORT books: Primary Health Network and State and territory, 2012-16. Canberra: AIHW). Amongst SA3s within the Western Victoria PHN region, the proportion of all deaths attributed to heart failure and complications and ill-defined heart disease exceeded that reported for the Western Victoria PHN region as a whole in Colac-Corangamite (3.4 per cent), Warrnambool (3.0 per cent), Grampians (3.0 per cent), and Glenelg-Southern Grampians (2.9 per cent) (AIHW 2018. MORT books: PHN and SA3, 2012-16. Canberra: AIHW).

Population health – health behaviours and risk factors, smoking	
Key Issue	**Description of Evidence**
Higher prevalence of smoking in certain local government areas in the Western Victoria PHN region, relative to Victoria.	For smoking data, please see the “Alcohol and other drugs needs” table.

Population health – health behaviours and risk factors, physical activity

Key Issue	Description of Evidence
The proportion of adults meeting national physical activity guidelines is lower than that reported for Victoria in a number of local government areas in the Western Victoria PHN region.	It has been estimated that 41.4 per cent of adults in Victoria (41.3 per cent in rural Victoria) obtain 'sufficient' physical activity (based on Australian Government Department of Health physical activity and sedentary behaviour guidelines) (Department of Health and Human Services [DHHS], 2016. Victorian Population Health Survey [VPHS] 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Amongst the 21 local government areas (LGAs) in the Western Victoria PHN region, the proportion of adults estimated to obtain 'sufficient' physical activity was lower than that reported for Victoria in ten instances (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). The LGAs in the Western Victoria PHN region estimated to have the lowest proportion of adults meeting physical activity guidelines was Glenelg Shire (33.4 per cent), then Hindmarsh Shire (34 per cent) and Corangamite Shire (34.2 per cent) (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).

Population health – health behaviours and risk factors, fruit and vegetable consumption

Key Issue	Description of Evidence
The proportion of adults not consuming enough fruit and vegetables to meet national consumption guidelines is higher than that reported for Victoria in most local government areas in the Western Victoria PHN region.	It has been estimated that 48.6 per cent of adults in Victoria (49.2 per cent in rural Victoria) do not eat enough fruit and vegetables to meet national consumption guidelines (based on National Health and Medical Research Council [NHMRC], 2013. Eat for Health Australian Dietary Guidelines, Summary. Canberra: NHMRC) (Department of Health and Human Services [DHHS], 2016. Victorian Population Health Survey [VPHS] 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Amongst the 21 local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults not consuming enough fruit and vegetables to meet national guidelines exceeded that reported for Victoria in 14 instances (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). The Central Goldfields Shire was the LGA in the Western Victoria PHN region estimated to have the highest proportion of adults not meeting national fruit and vegetable consumption guidelines (59.4 per cent), followed by Yarriambiack Shire (57.9 per cent) and Golden Plains Shire (57.1 per cent) (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).

Population health – health behaviours and risk factors, sugar-sweetened soft drinks

Key Issue	Description of Evidence
Higher prevalence of daily consumption of sugar-sweetened soft drinks in most local government areas in the Western Victoria PHN region, relative to Victoria.	The Department of Health and Human Services (DHHS) has estimated 11.2 per cent of adults in Victoria (13.8 per cent in rural Victoria) consumed sugar- sweetened soft drinks daily in 2014 (DHHS, 2016. Victorian Population Health Survey [VPHS] 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Amongst local government areas (LGAs) in the Western Victoria PHN region, the proportion of adults estimated to consume sugar-sweetened soft drinks daily was higher than that reported for Victoria as a whole in 16 instances (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Of these 16 LGAs, the estimated proportion of the adult population consuming sugar-sweetened soft drinks daily was highest in Colac Otway Shire (22.5 per cent), followed by Yarriambiack Shire (20.2 per cent) and Golden Plains Shire (19.6 per cent) (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).

Population health – health behaviours and risk factors, alcohol

Key Issue	Description of Evidence
Prevalence of alcohol consumption at levels placing adults at increased lifetime risk of alcohol-related harm and alcohol-related injury.	For alcohol data, please see the “Alcohol and other drugs needs” and “Alcohol and other drugs treatment needs” tables.

Population health – health behaviours and risk factors, overweight/obesity

Key Issue	Description of Evidence
Prevalence of overweight/obesity in the Western Victoria PHN region, either in absolute terms or relative to other PHNs or Victoria. The prevalence of obesity appears to be increasing in a number of local government areas.	In 2014-15, 70.1 per cent of adults surveyed in the Western Victoria PHN region were overweight or obese, compared to 66.3 per cent in 2011-12 (Australian Institute of Health and Welfare Analysis [AIHW] analysis of Australian Bureau of Statistics [ABS] National Health Survey [NHS], 2014-15). In comparison, in 2014-15 63.4 per cent of people were overweight or obese in Australia compared to 62.8 per cent in 2011-12. Across all PHNs, 63.4 per cent of adults were found to be overweight or obese in 2014-15, compared to 62.8 per cent in 2011-12 (AIHW analysis of ABS NHS, 2011-12 and 2014-15).

Population health – health behaviours and risk factors, overweight/obesity	
Key Issue	**Description of Evidence**
	The Department of Health and Human Services (DHHS) has estimated that in 2014, 50 per cent of adults in Victoria (54.1 per cent in rural Victoria) were pre-obese or obese (DHHS, 2016. Victorian Population Health Survey [VPHS] 2014: Victoria: Melbourne). Amongst local government areas (LGAs) in the Western Victoria PHN region, this state-wide estimate was exceeded in 14 instances (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). The LGAs in the Western Victoria PHN region estimated to have the highest proportion of the adult population classified as pre-obese or obese was West Wimmera Shire (68 per cent), followed by Pyrenees Shire (65.8 per cent) and Corangamite Shire (64.1 per cent) (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Furthermore, in 15 out of 21 LGAs in the Western Victoria PHN region, the estimated proportion of adults classified as obese was higher in the 2014 edition of the VPHS compared to the 2011-12 edition (Department of Health, 2014. VPHS 2011-12, survey findings. State Government of Victoria: Melbourne; DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). The Public Health Information Development Unit (PHIDU) has estimated that, on an age-standardised basis, 66.3 out of 100 adults in the Western Victoria PHN region have a waist circumference measurement indicating they are at increased risk of developing chronic diseases, compared to 61.3 out of 100 adults in Victoria (compiled by PHIDU based on modelled estimates from the 2014-15 National Health Survey, Australian Bureau of Statistics [unpublished]). The LGA in the Western Victoria PHN region estimated to have the highest age-standardised rate of adults with a waist circumference measurement indicating they are at increased risk of developing chronic diseases was Moyne Shire (71.9 adults per 100), followed by Corangamite Shire (70), Hindmarsh Shire (69.7), West Wimmera Shire (69.7), and Yarriambiack Shire (69.7) (compiled by PHIDU based on modelled estimates from the 2014-15 National Health Survey, Australian Bureau of Statistics [unpublished]).

Population health – health behaviours and risk factors, high blood pressure

Key Issue	Description of Evidence
Higher prevalence of high blood pressure (hypertension) in a number of local government areas in the Western Victoria PHN region, relative to Victoria.	Amongst local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults to have ever been diagnosed with high blood pressure was higher than that reported for Victoria (25.9 per cent; 28 per cent in rural Victoria) in 11 instances (Department of Health and Human Services [DHHS], 2016. Victorian Population Health Survey [VPHS] 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Of these 11 LGAs, the estimated proportion of adults to have ever been diagnosed with high blood pressure was highest in Central Goldfields Shire (34.4 per cent), followed by City of Ballarat (31.9 per cent) and West Wimmera Shire (30 per cent) (DHHS, 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).
Hypertensive disease accounts for a higher proportion of deaths in the Western Victoria PHN region, relative to Victoria.	Between 2012 and 2016, hypertensive disease accounted for 1.4 per cent of deaths in the Western Victoria PHN region, compared to 1.3 per cent and 1.4 per cent of deaths in Victoria and Australia, respectively (Australian Institute of Health and Welfare [AIHW], 2018. Mortality Over Regions and Time [MORT] books: PHN and State and territory, 2012-16. Canberra: AIHW). Over the same period and amongst Statistical Area 3s (SA3s) in the Western Victoria PHN region, the proportion of all deaths attributed to hypertensive disease was highest in Glenelg-Southern Grampians (2.2 per cent), followed by Colac-Corangamite (2.0 per cent), and Grampians (AIHW, 2018. MORT books: SA3, 2012-16. Canberra: AIHW).

Population health – social determinants of health

Key Issue	Description of Evidence
There are a number of localities in the Western Victoria PHN region that are disadvantaged on one or more indicators of the social determinants of health relative to other localities in the region and/or Victoria.	Data on a range of indicators related to the social determinants of health were sourced and assessed, using The Solid Facts (2nd edn.) report of 2003 from the World Health Organization (R. Wilkinson and M. Marmot [eds.]) as a guide. The social determinants of health were raised as an issue in almost all 2016 rural service provider and community consultations, as well as the 2016 consultations with the four Western Victoria PHN Community Advisory Councils. Three particular issues of note were identified, each concerning barriers to healthcare access. These issues included geographic isolation and limited access to transport (see the separate entry 'Access to services– transport' in the 'General population health– service needs' table below), socioeconomic disadvantage, and the related issue of health consumers not being able to access healthcare due to the financial cost involved (see the separate entry 'Access to

Population health – social determinants of health

Key Issue	Description of Evidence
	services– cost' in the 'General population health– service needs' table below).

Population health – social determinants of health, Index of Relative Socioeconomic Disadvantage

Key Issue	Description of Evidence
A number of Statistical Area 2s in the Western Victoria PHN region are in the first or second most disadvantaged decile in Victoria, based on Index of Relative Socioeconomic Disadvantage scores.	In total, 7 out of 60 Statistical Area 2s (SA2s) in the Western Victoria PHN region are ranked in the first decile and 9 are ranked in the second decile in Victoria on the Index of Relative Socioeconomic Disadvantage (IRSD) (that is, amongst the most disadvantaged areas in the state) (Australian Bureau of Statistics [ABS] 2018, Socio-Economic Indexes for Areas). The SA2s ranked in the first decile include Ararat, Ballarat- South, Corio-Norlane, Maryborough, Maryborough Region, Newcomb-Moolap and Wendouree-Miners Rest (ABS 2018, Socio-Economic Indexes for Areas). Of the 9 SA2s in the Western Victoria PHN region ranked in the second decile in Victoria on the IRSD, the three highest ranked (i.e. most disadvantaged) were Portland, Avoca, and Colac (ABS, 2018, Socio-Economic Indexes for Areas).

Population health – social determinants of health, unemployment

Key Issue	Description of Evidence
The estimated unemployment rate in certain Statistical Area 2s in the Western Victoria PHN region is higher than that reported for Victoria.	In March 2017, the unemployment rate (smoothed series) exceeded that reported for Victoria (5.8 per cent) in 14 out of 60 Statistical Area 2s (SA2s) in the Western Victoria PHN region (Australian Government Department of Employment, Small Area Labour Markets Australia, March Quarter 2017). Amongst these 14 SA2s, Corio-Norlane had the highest estimated unemployment rate (17.1 per cent), followed by Newcomb-Moolap (9.8 per cent), Maryborough (9 per cent), Portarlington (8.8 per cent), and Maryborough Region (8.1 per cent) (Australian Government Department of Employment, Small Area Labour Markets Australia, March Quarter 2017).

Population health – social determinants of health, children assessed as developmentally vulnerable

Key Issue	Description of Evidence
The proportion of children assessed as developmentally vulnerable is higher than that reported for Victoria in a number of local government areas in the Western Victoria PHN region.	In the Western Victoria PHN region, 19.5 per cent of children assessed in the Australian Early Development Census 2015 were found to be developmentally vulnerable on one or more domains, compared to 19.9 per cent in Victoria (21.4 per cent in the 'Rest of Victoria') and 22 per cent across Australia (compiled by the Public Health Information Development Unit [PHIDU] based on data from the 2015 Australian Early Development Census [an Australian Government Initiative]). The proportion of children assessed as developmentally vulnerable on at least one domain was higher than that reported for Victoria in 12 local government areas (LGAs) in the Western Victoria PHN region (compiled by PHIDU based on data from the 2015 Australian Early Development Census [an Australian Government Initiative]). Amongst these 12 LGAs, Yarriambiack Shire had the highest proportion of children assessed as developmentally vulnerable on one or more domains (30 per cent), followed by Glenelg Shire (29.8 per cent) and the Central Goldfields Shire (28.1 per cent) (compiled by PHIDU based on data from the 2015 Australian Early Development Census [an Australian Government Initiative]).

Population health – social determinants of health, expenditure on electronic gaming machines

Key Issue	Description of Evidence
Expenditure per adult on electronic gaming machines is higher than that reported for Victoria in a number of local government areas in the Western Victoria PHN region.	In six local government areas (LGAs) in the Western Victoria PHN region, expenditure per adult on electronic gaming machines in 2016-17 was higher than that reported for Victoria ($541.86) including: Central Goldfields Shire ($713.63), Warrnambool City ($710.06), City of Ballarat ($678.15), City of Greater Geelong ($614.72), Horsham Rural City ($597.61) and Ararat Rural City ($564.94) (Victorian Commission for Gambling and Liquor Regulation 2017, Electronic Gaming Machine LGA Level Density and Expenditure).

Population health – social determinants of health, belonging and social connectedness

Key Issue	Description of Evidence
A lack of social connectedness has been identified as an issue of concern in a number of rural localities in the Western Victoria PHN region. Recent survey findings appear to lend support to these concerns.	Social isolation and/or a lack of social connectedness was identified as an issue in the 2016 rural service provider consultations. Findings from the 2016 Regional Wellbeing Survey appear to lend some support to these concerns. For example, an estimated 14.6 per cent of adults in rural and regional Victoria (12.8 per cent in rural and regional Australia) agreed with the statement 'I feel like an outsider here' (2016 Regional Wellbeing Survey, Grampians region data tables, Version 1.01 July 2017). Within the Western Victoria PHN region, this figure for rural and regional Victoria was exceeded in Glenelg Shire (an estimated 24.2 per cent of adults agreed with the statement 'I feel like an outsider here') and Southern Grampians Shire (23.9 per cent), as well as the Ararat Rural City, Horsham Rural City, Northern Grampians Shire and Pyrenees Shire (21.3 per cent) group of local government areas (LGAs) (2016 Regional Wellbeing Survey, Grampians, Barwon South West, and Loddon Mallee region data tables, Version 1.01 July 2017). Furthermore, an estimated 16.2 per cent of adults in rural and regional Victoria (15.6 per cent in rural and regional Australia) reported they never/rarely 'make time to keep in touch' with their friends (2016 Regional Wellbeing Survey, Grampians region data tables, Version 1.01 July 2017). Within the Western Victoria PHN region, this figure was exceeded in Corangamite Shire (an estimated 18.9 per cent of adults reported they never/rarely 'make time to keep in touch' with their friends) and the following groups of LGAs: Ararat Rural City, Horsham Rural City, Northern Grampians Shire and Pyrenees Shire (25.4 per cent); Hindmarsh Shire, West Wimmera Shire, and Yarriambiack Shire (24 per cent); City of Ballarat, Golden Plains Shire , Hepburn Shire, and Moorabool Shire (20.7 per cent) (2016 Regional Wellbeing Survey, Grampians, Barwon South West, and Loddon Mallee region data tables, Version 1.01 July 2017).

Population health – social determinants of health, family incidents

Key Issue	Description of Evidence
Higher rate of family incidents in most local government areas in the Western Victoria PHN region, relative to Victoria.	In 2017-18, the family incident rate per 100,000 people exceeded the Victorian state rate (1,163.4 family incidents per 100,000 people) in 15 of the 21 local government areas (LGAs) in the Western Victoria PHN region (Crime Statistics Agency, 2018). Amongst these 15 LGAs, the three with the highest number of family incidents per 100,000 people were Horsham Rural City (2,535.4), Central Goldfields Shire (2,459.2), and Ararat Rural City (2,158.5) (Crime Statistics Agency, 2018).

Population health – health literacy

Key Issue	Description of Evidence
Low levels of health literacy amongst health consumers and providers has been identified as an issue in communities across the Western Victoria PHN region.	Health literacy was raised as an issue in the 2016 consultations with all four Western Victoria PHN Community Advisory Councils as well as most consultations with rural service providers. Three broad concerns were prominent in these discussions. First, consumers often do not have the knowledge to support positive health behaviours, such as healthy eating. Second, health consumers might not be aware of how to manage their health conditions (e.g. diabetes) and when to access health services (i.e. not when it is 'too late'). A third concern related to knowledge of available services and how to navigate the healthcare system. This issue is discussed in greater detail in the 'General population health– service needs' table below.

Population health – cancer

Key Issue	Description of Evidence
Higher age-standardised incidence of new cancer diagnoses in the Western Victoria PHN region and/or constituent Statistical Area 3s, relative to Australia.	Between 2009 and 2013, the age-standardised rate of new breast cancer diagnoses was 119.4 per 100,000 females in the Western Victoria PHN region, compared to 119.8 such diagnoses per 100,000 females in Australia (Australian Institute of Health and Welfare [AIHW] 2012 Australian Cancer Database [ACD]). Amongst Statistical Area 3s in the Western Victoria PHN region, this national rate was exceeded in Barwon-West (131.7 new breast cancer diagnoses per 100,000 females, age standardised), Glenelg-Southern Grampians (125.3), Grampians (124.0), Geelong (122.3), Surf Coast-Bellarine Peninsula (121.3) and Ballarat (121.1) (AIHW 2012 ACD). Between 2009 and 2013, the age-standardised rate of new colorectal cancer diagnoses was 66.4 per 100,000 persons in the Western Victoria PHN region, compared to 60.1 such diagnoses per 100,000 persons in Australia (Australian Institute of Health and Welfare [AIHW] 2014 Australian Cancer Database [ACD]). Amongst Statistical Area 3s in the Western Victoria PHN region, this national rate was exceeded in all of the nine SA3s in Western Victoria PHN region, with the highest rate recorded in Glenelg-Southern Grampians (77.4 new colorectal cancer diagnoses per 100,000 persons, age-standardised), followed by Grampians (74.6) and Warrnambool-Otway Ranges (67.4) (AIHW 2014 ACD). Between 2009 and 2013, the age-standardised rate of new lung cancer diagnoses was 43.4 per 100,000 persons in the Western Victoria PHN region, compared to 43.6 such diagnoses per 100,000 persons in Australia (Australian Institute of Health and

Population health – cancer

Key Issue	Description of Evidence
	Welfare [AIHW] 2014 Australian Cancer Database [ACD]). Amongst SA3s in the Western Victoria PHN region, this national rate was exceeded in Maryborough-Pyrenees (56.3 new lung cancer diagnoses per 100,000 persons, age-standardised), Geelong (47.2), and Creswick-Daylesford-Ballan (44.4) (AIHW 2014 ACD). Between 2009 and 2013, the age-standardised rate of new melanoma of the skin diagnoses was 48.4 per 100,000 persons in the Western Victoria PHN region, compared to 49.3 such diagnoses per 100,000 persons in Australia (Australian Institute of Health and Welfare [AIHW] 2014 Australian Cancer Database [ACD]). Amongst SA3s in the Western Victoria PHN region this national rate was exceeded in four instances, with the highest rate recorded in Creswick-Daylesford-Ballan (54.4 new melanoma of the skin diagnoses per 100,000 persons, age-standardised), Ballarat (54.0), Warrnambool-Otway Ranges (52.2) and Surf Coast-Bellarine Peninsula (51.8) (AIHW 2014 ACD). Between 2009 and 2013, the age-standardised rate of new prostate cancer diagnoses was 150.6 per 100,000 males in the Western Victoria PHN region, compared to 172.8 such diagnoses per 100,000 males in Australia (Australian Institute of Health and Welfare [AIHW] 2014 Australian Cancer Database [ACD]). Amongst Statistical Area 3s in the Western Victoria PHN region, this national rate was exceeded only in Barwon-West (185.1 new prostate cancer diagnoses per 100,000 males, age-standardised) (AIHW 2014 ACD).
Lower age-standardised rate of new cervical cancer diagnoses in the Western Victoria PHN region, relative to Australia.	Between 2009 and 2013, the age-standardised rate of new cervical cancer diagnoses was 6.7 per 100,000 females in the Western Victoria PHN region, compared to 7.0 such diagnoses per 100,000 females in Australia (Australian Institute of Health and Welfare [AIHW] 2014 Australian Cancer Database [ACD]).
Certain cancers rank amongst the most common causes of death in the Western Victoria PHN region.	Between 2012 and 2016, the following cancers accounted for more than two per cent of all male deaths in the Western Victoria PHN region: lung cancer (5.9 per cent of deaths, compared to 6.1 per cent in Victoria and 6.3 per cent in Australia); prostate cancer (4.9 per cent, compared to 4.1 per cent in Victoria and 4.0 per cent in Australia); colorectal cancer (3.4 per cent, compared to 3.2 per cent in Victoria and 3.0 per cent in Australia); and cancer, unknown, ill-defined (2.5 per cent, compared to 2.4 per cent in Victoria and 2.5 per cent in Australia) (Australian Institute of Health and Welfare [AIHW] 2018. Mortality Over Regions and Time [MORT] books: Primary Health Network [PHN], 2012–2016. Canberra: AIHW). Over the same period, the following cancers accounted for more than two per cent of all female deaths in the Western Victoria PHN region: lung cancer (4.2 per cent of deaths,

Population health – cancer

Key Issue	Description of Evidence
	compared to 4.3 per cent in Victoria and 4.5 per cent in Australia); breast cancer (3.7 per cent, compared to 3.8 per cent in Victoria and 3.8 per cent in Australia); colorectal cancer (2.8 per cent, compared to 2.7 per cent in Victoria and 2.6 per cent in Australia); and cancer, unknown, ill-defined (2.3 per cent, compared to 2.3 per cent in Victoria and 2.5 per cent in Australia) (AIHW 2018. MORT books: PHN and State and territory, 2012-16. Canberra: AIHW).

Population health – ageing population

Key Issue	Description of Evidence
Relative to Victoria and Australia, a larger proportion of the population in the Western Victoria PHN region is aged 65 years or older. Furthermore, the number of persons in this age group is projected to increase in most local government areas in the Western Victoria PHN region over the next decade.	Relative to Victoria and Australia, a larger proportion of the population in the Western Victoria PHN region is aged 65 years or older. Furthermore, the number of persons in this age group is projected to increase in most local government areas in the Western Victoria PHN region over the next decade.

Population health – oral health

Key Issue	Description of Evidence
Prevalence of poor self-rated dental health.	Amongst the 21 local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults with 'poor' self-rated dental health in 2011-12 was higher than that reported for Victoria (5.7 per cent; 5.3 per cent in rural Victoria) in 11 instances (Department of Health, 2014. Victorian Population Health Survey [VPHS] 2011–12, survey findings. State Government of Victoria: Melbourne). From these 11 LGAs, the estimated proportion of adults with 'poor' self-rated dental health was highest in the Central Goldfields Shire (13.2 per cent), followed by Hindmarsh Shire (11.1 per cent) and Yarriambiack Shire (10.9 per cent) (Department of Health, 2014. VPHS 2011-12, survey findings. State Government of Victoria: Melbourne).
Dental conditions are a common cause of	In 2016-17, amongst the LGAs allocated to the Western Victoria PHN region, 20 had a higher age standardised rate per 1,000

Population health – oral health

Key Issue	Description of Evidence
potentially preventable hospital admissions in the Western Victoria PHN region.	persons for dental conditions as a cause of potentially preventable hospital admissions than Victoria (2.72). Of these 20 LGAs the three highest rates were seen in Central Goldfields Shire (6.06 persons per 1,000 age standardised; 71 admissions), Borough of Queenscliffe (5.62; 19 admissions) and Yarriambiack Shire (4.65; 31 admissions) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports). When LGAs in the Western Victoria PHN region were compared to rural Victoria it was seen that 18 LGAs had rates per 1,000 persons (age standardised) that were higher than rural Victoria (3.17 persons per 1,000 age standardised) (Victorian Health Information Surveillance System [VHISS], 2016-17 ACSC reports).
In the Western Victoria PHN region, the estimated proportion of adults who have made a recent visit to a dental health professional is lower than that reported for Australia.	In 2016-17, 40.3 per cent of adults in the Western Victoria PHN region saw a dentist, hygienist, or dental specialist in the previous 12 months, compared to 48.1 per cent of adults in Australia (Australian Institute of Health and Welfare [AIHW] 2018, based on Australian Bureau of Statistics [ABS], Patient Experience Survey [PES], 2016-17). In contrast, in 2015-16 44.4 per cent of adults in the Western Victoria PHN region saw a dentist, hygienist, or dental specialist in the previous 12 months, compared to 48.2 per cent of adults in Australia (AIHW 2017, based on ABS, PES, 2015-16). A prominent themes in the 2018 Community Access to Health Services Survey identified cost as a barrier to accessing dental services. It was raised that subsidies for dental services would assist those for which it was unaffordable. Other community members also reported putting off required dental work due to the cost.

Maternal and child health – smoking during pregnancy

Key Issue	Description of Evidence
Higher prevalence of smoking during pregnancy amongst women in seven Statistical Area 3s in the Western Victoria PHN region, relative to Australia.	For alcohol data, please see the “Alcohol and other drugs needs” table.

Maternal and child health – low birthweight babies

Key Issue	Description of Evidence
Relative to Australia, a higher proportion of babies born to women in six Statistical Area 3s in the Western Victoria PHN region were of low birth weight.	During 2014-16, 5.1 per cent of live births were of a low birthweight in Western Victoria PHN compared to 5.0 per cent in Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016). Among Statistical Area 3s in the Western Victoria PHN region six out of nine had a higher percentage of births that were of a low birth weight than Australia. The highest proportion of low birth weights were reported for Ballarat (5.9 per cent), Maryborough-Pyrenees (5.8 per cent), Creswick-Daylesford-Ballan (5.2 per cent), Geelong (5.2 percent), Glenelg-Southern Grampians (5.2 per cent) and Grampians (5.2 per cent) (AIHW 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).

Maternal and child health – antennal visits in the first trimester

Key Issue	Description of Evidence
In seven Statistical Area 3s in the Western Victoria PHN region, the proportion of women who gave birth and had at least one antenatal visit in the first trimester was lower than that reported for Australia as a whole.	During 2014-16, 62.1 per cent of women in Western Victoria PHN who gave birth had at least one antenatal visit in the first trimester compared to 65.0 per cent across Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016). A lower proportion of women who gave birth had an antenatal visit in the first trimester in seven out of nine Statistical Area 3s than Australia with the lowest proportions reported in Maryborough-Pyrenees (40.6 per cent) (AIHW 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).

Child and maternal health – infant and young child mortality rates

Key Issue	Description of Evidence
The mortality rate amongst infants and young children in some Statistical Area 3s in the Western Victoria PHN region are above that reported for Australia.	Between 2014-16, 2.7 deaths per 1000 live births occurred in infants zero to less than one year in Western Victoria PHN region compared to 3.3 in Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on National Mortality Database and Australian Bureau of Statistics Birth Registrations Collection). Amongst the Statistical Area 3s in the Western Victoria PHN region, the Ballarat SA3 had a higher number of deaths per 1,000 live births for infants and young children zero to less than one year (5.3 per 1,000) (AIHW 2018, Based on National Mortality Database and Australian Bureau of Statistics Birth Registrations Collection). During 2014-16, 3.2 deaths per 1000 live births in infant and young children less than five years occurred in the Western

Child and maternal health – infant and young child mortality rates

Key Issue	Description of Evidence
	Victoria PHN region compared to 3.9 in Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on National Mortality Database and Australian Bureau of Statistics Birth Registrations Collection). Amongst the Statistical Area 3s allocated to the Western Victoria PHN region two out of nine had a higher rate per 1,000 than Australia including Ballarat (6.0 per 1,000) and Maryborough-Pyrenees (5.8) (AIHW 2018, Based on National Mortality Database and Australian Bureau of Statistics Birth Registrations Collection).

Population health – life expectancy

Key Issue	Description of Evidence
Slightly lower life expectancy at birth for males and females born in the Western Victoria PHN region, compared Australia.	The life expectancy at birth for males in the Western Victoria PHN region is 79.3 years, compared to 80.4 years for Australia (Australian Institute of Health and Welfare [AIHW] 2018 analysis of Australian Bureau of Statistics [ABS] Life Tables, Estimated number of years a person is expected to live at birth, 2014-16). The life expectancy at birth for females in the Western Victoria PHN region is 83.5 years, compared to 84.6 years for Australia (Estimated number of years a person is expected to live at birth, 2014-16).

Population health – participation in the National Bowel Cancer Screening Program

Key Issue	Description of Evidence
Participation rates in the National Bowel Cancer Screening Program vary across the Western Victoria PHN region.	During the two year period 2015-16, the participation rate in the National Bowel Cancer Screening Program (NBCSP) in the Western Victoria PHN region was 45.4 per cent, compared to 40.9 in Australia (Australian Institute of Health and Welfare [AIHW] 2018, analysis of NBCSP register data). Amongst Statistical Area 3s (SA3s) in the Western Victoria PHN region, the three lowest participation rates in the NBCSP for the 2015-16 period were recorded in Creswick-Daylesford-Ballan (42.3 per cent), Geelong (43.1 per cent) and Barwon-West (44.5 per cent) (AIHW 2018, analysis of NBCSP register data).

Population health – participation in BreastScreen Australia program

Key Issue	Description of Evidence
Lower participation rates in the BreastScreen Australia program in certain Statistical Area 3s in the Western Victoria PHN region, relative to Victoria and Australia.	During the two year period 2015-16, 56.7 per cent of females in the Western Victoria PHN region aged 50 to 74 years participated in the BreastScreen Australia program, compared to 55.1 per cent of females aged 50 to 74 years in Australia (Australian Institute of Health and Welfare [AIHW] 2018, analysis of BreastScreen Australia data). Amongst Statistical Area 3s in the Western Victoria PHN region, the three lowest participation rates in the BreastScreen Australia program for females aged 50 to 74 years during 2015-16 were recorded in Creswick-Daylesford-Ballan (51.0 per cent), Maryborough-Pyrenees (53.6 per cent), and Barwon-West (53.7 per cent) (AIHW 2018 analysis of BreastScreen Australia data).

Population health – participation in the National Cervical Screening Program

Key Issue	Description of Evidence
Lower cervical screening rates in some Statistical Area 3s in the Western Victoria PHN region, relative to Victoria and Australia.	Over the two year period 2015-16, the participation rate amongst females aged 20 to 69 years in the National Cervical Screening Program (NCSP) was 57.8 per cent in the Western Victoria PHN region, compared to 55.4 per cent in Australia (Australian Institute of Health and Welfare [AIHW] 2018, analysis of state and territory cervical screening register data). Amongst Statistical Area 3s in the Western Victoria PHN region, the three lowest participation rates amongst females aged 20 to 69 years in the NCSP in 2015-16 were recorded in Grampians (51.9 per cent), Maryborough-Pyrenees (52.9 per cent) and Ballarat (54.1 per cent) (AIHW analysis of state and territory cervical screening register data).

Mental health – prevalence of mental health conditions and psychological distress

Key Issue	Description of Evidence
	For information on prevalence of mental health conditions and psychological distress, please see “Primary Mental Health Care” table.

Population health – dementia and Alzheimer’s disease

Key Issue	Description of Evidence
Dementia and Alzheimer’s disease is a leading cause	During 2012-16, dementia and Alzheimer’s disease was the third most common cause of death in the Western Victoria PHN

Population health – dementia and Alzheimer's disease

Key Issue	Description of Evidence
of death in the Western Victoria PHN region.	region, accounting for 7.2 per cent of all deaths, compared to 7.9 per cent and 7.7 per cent of deaths in Victoria and Australia, respectively (Australian Institute of Health and Welfare [AIHW] 2018. Mortality Over Regions and Time [MORT] books: Primary Health Network [PHN] and State and territory, 2012-16. Canberra: AIHW). Over the same period, dementia and Alzheimer's disease was the second most common cause of death amongst females in the Western Victoria PHN region (9.7 per cent of deaths, compared to 10.5 per cent in Victoria and 10.4 per cent in Australia), and the sixth most common cause of death amongst males in the Western Victoria PHN region (4.7 per cent of deaths, compared to 5.3 per cent in Victoria and 5.2 per cent in Australia) (AIHW 2018. MORT books: PHN, 2012-16. Canberra: AIHW).

Population health – childhood immunisation rates

Key Issue	Description of Evidence
The proportion of children who are fully immunised varies across Statistical Area 3s in the Western Victoria PHN region.	In 2016-17, 95.1 per cent of all one-year-old children on the Australian Immunisation Register (AIR) in the Western Victoria PHN region were fully immunised, compared with 93.8 per cent across Australia (Australian Institute of Health and Welfare [AIHW] 2017, analysis of Department of Human Services [DHS] Australian Immunisation Register [AIR] statistics, data supplied March 2nd, 2017). Amongst Statistical Area 3s (SA3s) in the Western Victoria PHN region, the immunisation rate amongst one-year-old children was lower than the overall Western Victoria PHN region rate in Glenelg-Southern Grampians (91.3 per cent), Creswick-Daylesford-Ballan (92.6 per cent), Surf Coast-Bellarine Peninsula (94.5 per cent),and Geelong (94.6 per cent) (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). In 2016-17, 93.1 per cent of all two-year-olds on the AIR in the Western Victoria PHN region were fully immunised, compared to 90.9 per cent across Australia (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). At the SA3 level, the immunisation rate amongst two-year-old children was lower than the overall Western Victoria PHN region rate in Creswick-Daylesford- Ballan (90.7 per cent), Glenelg-Southern Grampians (90.7 per cent), Surf Coast-Bellarine Peninsula (91.9 per cent) and Barwon-West (92.6 per cent) (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). In 2016-17, 95.5 per cent of all five-year-olds on the AIR in the Western Victoria PHN region were fully immunised, compared to 93.5 per cent across Australia (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). At the SA3 level, the

Population health – childhood immunisation rates

Key Issue	Description of Evidence
	immunisation rate amongst five-year-old children was lower than the overall Western Victoria PHN region rate in Creswick-Daylesford-Ballan (93.5 per cent), Ballarat (94.9 per cent) and Geelong (95.3 per cent) (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017).

Population health – human papillomavirus immunisation rates

Key Issue	Description of Evidence
Relative to Victoria, a lower proportion of girls/boys aged 15 years have been fully immunised against human papillomavirus in certain Statistical Area 4s that overlap or fall within the Western Victoria PHN region.	In 2015-16, 85.3 per cent of girls aged 15 years in the Western Victoria PHN region were fully immunised against human papillomavirus (HPV), compared to 80.9 per cent and 80.1 per cent of girls aged 15 years in Victoria and Australia, respectively (Australian Institute of Health and Welfare [AIHW], 2018, based on National HPV Vaccination Program Register, data extracted 12 August 2017, and Australian Bureau of Statistics [ABS], Estimated Resident Population [ERP]). Amongst Statistical Area 4s which overlap or fall within the Western Victoria PHN region, the proportion of girls aged 15 years who were fully immunised against HPV in 2015-16 were all above the Victorian state rate (AIHW, 2018, based on National HPV Vaccination Program Register, data extracted 12 August 2017, and ABS, ERP). In 2015-16, 78.0 per cent of boys aged 15 years in the Western Victoria PHN region were fully immunised against human papillomavirus (HPV), compared to 75.8 per cent and 74.1 per cent of boys aged 15 years in Victoria and Australia, respectively (AIHW], 2018, based on National HPV Vaccination Program Register, data extracted 12 August 2017, and ABS, ERP). Amongst Statistical Area 4s which fall within or overlap with the Western Victoria PHN region, the proportion of boys aged 15 years who were fully immunised against HPV in 2015-16 fell below the Victorian state rate in Geelong (74.3 per cent) (AIHW, 2018, based on National HPV Vaccination Program Register, data extracted 12 August 2017, and ABS, ERP).

Population health – persons with a disability

Key Issue	Description of Evidence
The proportion of the population reported to need	In 2016, about 6.4 per cent of persons in the Western Victoria PHN region were reported to need assistance with core activities,

Population health – persons with a disability

Key Issue	Description of Evidence
assistance with core activities is higher in the Western Victoria PHN region, relative to Victoria and Australia.	compared to 5.52 and 5.53 per cent of persons across Victoria and Australia, respectively (calculations based on Australian Bureau of Statistics [ABS] 2016 Census of Population and Housing, PHN-level data aggregated from Statistical Area 3s. Calculations exclude persons for whom the need for assistance was not stated). The Statistical Area 2s (SA2s) in the Western Victoria PHN region with the most persons reported as needing assistance with core activities in 2016 was Corio-Norlane (2,127 persons), followed by Ballarat-South (1,664), Grovedale (1,551), Ballarat-North (1,435), and Newcomb-Moolap (1,350) (ABS 2016 Census of Population and Housing). The SA2 in the Western Victoria PHN region with the highest proportion of persons reported as needing assistance with core activities was Maryborough (10.3 per cent), followed by Newcomb-Moolap (9.94 per cent), Yarriambiack (9.85 per cent), Corio-Norlane (8.84 per cent), and Portarlington (8.8 per cent) (calculations based on ABS 2016 Census of Population and Housing. Calculations exclude persons for whom the need for assistance was not stated). The 2018 Community Access to Health Services Survey identified a lack of disability services or disabled access at health services as an issue.

Population health – eye health

Key Issue	Description of Evidence
The estimated prevalence of selected eye diseases is the same or lower than that reported for Victoria in the Barwon-South Western and Grampians Department of Health and Human Services regions.	Based on self-reports, it has been estimated that 8.2 per cent of adults in the Barwon-South Western Department of Health and Human Services (DHHS) region and 7.8 per cent of adults in the Grampians DHHS region have ever had a cataract, compared to 9.3 per cent of adults in Victoria (8.3 per cent in rural Victoria) (DHHS, 2016. Victorian Population Health Survey [VPHS] 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). The DHHS has estimated 1.9 per cent of adults in the Barwon-South Western and Grampians DHHS regions have ever had glaucoma, compared to 2.3 percent of adults in Victoria (2.1 per cent in rural Victoria) (2.3 per cent; 2.1 per cent in rural Victoria) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Furthermore, it has been estimated that 1.5 per cent and 2 per cent of adults in the Barwon-South Western and Grampians DHHS regions respectively have macular degeneration, compared to 2.1 per cent of adults in Victoria (2 per cent in rural Victoria) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). The lifetime prevalence of retinopathy amongst adults has been estimated to be the same in the

Population health – eye health

Key Issue	Description of Evidence
	Barwon-South Western and Grampians DHHS regions as in Victoria (0.5 per cent; rural Victoria 0.5 per cent) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne).

Primary Mental Health Care (including Suicide Prevention)

Mental health as a community issue

Key Issue	Description of Evidence
Mental health identified as an issue within communities throughout the Western Victoria PHN region.	At the majority of consultations held with service providers and communities across Western Victoria PHN region, in 2016, mental health was prioritised as one of the top issues in the community. This is supported by the National Survey of Mental Health and Wellbeing 2007, which reported each year about 1 in 5 people aged 16 to 85 years will experience mental ill health; and over a lifetime, nearly half of the Australian adult population will experience mental illness at some point. The National Mental Health Strategic Planning Framework tool estimates the number of people in Western Victoria PHN region in 2018 with mild mental illness as 56,096, (increasing to 57,509 in 2021), moderate mental illness 28,491 (increasing to 29,219 in 2021), and severe mental illness 19,328 (increasing to 19,862 in 2021).

Prevalence of psychological distress

Key Issue	Description of Evidence
Higher prevalence of adults with high or very high levels of psychological distress in some local government areas in the Western Victoria PHN region, relative to Victoria and rural Victoria. At a state level, the proportions of people with high or very high psychological distress has remained unchanged from 2003 to 2014.	In six local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults reporting to have high or very high levels of psychological distress was higher than that reported in rural Victoria as a whole (13.1 per cent) and, in seven LGAs, higher than Victoria (12.6 per cent). These LGAs included Central Goldfields Shire (20.3 per cent), Northern Grampians Shire (19 per cent), Pyrenees Shire (17.8 per cent), City of Greater Geelong (15.8 per cent), Hepburn Shire (15 per cent), and Warrnambool City (14.7 per cent) (Victorian Population Health Survey 2014).
The proportion of the population reporting that they were unable to work, study or manage day-to-day activities due to psychological distress for one day or more in the previous 4 weeks exceeds that seen across rural	In six LGAs in the Western Victoria PHN region, the estimated proportion of adults reporting that they were unable to work, study or manage day to day activities due to psychological distress for one day or more in the previous 4 weeks was higher than that reported for rural Victoria as a whole (11.4 per cent). These LGAs are Hepburn Shire (17.8 per cent), Pyrenees Shire (17.4 per cent), Glenelg Shire (16.6 per cent), Golden Plains Shire (15.9 per cent), Yarriambiack Shire (15.3 per cent) and City of Greater

Prevalence of psychological distress

Key Issue	Description of Evidence
Victoria as a whole in several local government areas.	Geelong (14.3 per cent) (Victorian Population Health Survey 2011-12).

Prevalence of anxiety and depression

Key Issue	Description of Evidence
Higher prevalence of depression or anxiety in most local government areas in the Western Victoria PHN region.	In eight local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of the population reporting a lifetime diagnosis of depression or anxiety was higher than that reported for rural Victoria as a whole (28.7 per cent) and, in twelve LGAs, higher than Victoria (24.2 per cent). These LGAs include the City of Ballarat (35.7 per cent, a statistically significant difference relative to Victoria), Central Goldfields Shire (33.7 per cent), Northern Grampians Shire (33.1 per cent), City of Greater Geelong (32.3 per cent), Golden Plains Shire (31.6 per cent), Warrnambool City (31.3 per cent), Pyrenees Shire (30.3 per cent) and Moorabool Shire (29.3 per cent) (Victorian Population Health Survey 2014).
At a state level, a significantly higher percentage of females had ever been diagnosed with depression or anxiety by a doctor. In the majority of local government areas in the Western Victoria PHN region a greater proportion of women than men reported having ever been diagnosed with depression or anxiety.	In seventeen of the 21 LGAs in the Western Victoria PHN region the estimated proportion of women, reporting having ever been diagnosed with anxiety and depression was higher than men (Victorian Population Health Survey 2011). This is consistent with Victoria where 18.1 per cent of men and 30.1 per cent of women reported having ever been diagnosed with depression or anxiety (Victorian Population Health Survey 2014).
An increase in the lifetime prevalence of depression or anxiety in the majority of local government areas in the Western Victoria PHN region from 2011-12 to 2014.	In eighteen LGAs in the Western Victoria PHN region, the estimated proportion of the population reporting a lifetime diagnosis of depression or anxiety, increased between 2011-12 and 2014. This increase was significant in three LGAs. These LGAs were City of Ballarat (15.6 per cent to 35.7 per cent), Northern Grampians Shire (15.1 per cent to 33.1 per cent), and Warrnambool City (17.8 per cent to 31.3 per cent) (Victorian Population Health Survey 2014).
At a state level, between 2003 and 2014, the lifetime prevalence of self-reported doctor diagnosed	The age-standardised lifetime prevalence of depression or anxiety in Victoria significantly increased from 2003 to 2014 for both women and men, from 18.6 per cent to 28.6 per cent and

Prevalence of anxiety and depression

Key Issue	Description of Evidence
depression or anxiety increased significantly for both men and women.	from 10.9 per cent to 18.1 per cent, respectively (Victorian Population Health Survey 2014).
Mental and substance use disorders are the leading cause of the non-fatal disease burden in Australia.	Mental and substance use disorders were responsible for almost 12 per cent of the total disease burden in Australia, making it third behind cancer and cardiovascular disease. It was also the leading cause of non-fatal burden, accounting for almost one-quarter (24 per cent) of all years lived with disability nationally and 25.9 per cent in Victoria. Just over a quarter (26 per cent) of the burden due to mental and substance use disorders was attributed to anxiety disorders, and a similar proportion (24 per cent) to depressive disorders (Australian Institute of Health and Wellbeing, 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011).

Mental Health and social determinants

Key Issue	Description of Evidence
There are a number of localities in the Western Victoria PHN region, which are disadvantaged on one or more indicators of the social determinants of health relative to other localities in the region and/or state and national benchmarks. These determinants influence the health experiences of individuals, population health outcomes, and important equity issues such as access to health care.	As with physical health, mental health and many common mental disorders are shaped by various social, economic and physical environments (World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014). People with a mental health condition were almost twice as likely as those without to have experienced some form of discrimination, 29 per cent compared with 16 per cent (ABS, 2015. 4159.0-General Social Survey: Summary Results, Australia, 2014). When compared with all Victorian men and women there were a significantly higher estimated proportion of men and women with high psychological distress who had the following characteristics: did not complete high school, unemployed, not in the labour force and total annual household income less than $40,000 (Victorian Population Health Survey 2014). No update is required. Nationally, the lowest socioeconomic quintile experienced greater burden compared with the highest quintile in every disease group including mental and substance use disorders. The difference in disability adjusted life years (DALYs) rate per 1,000 people between the lowest and highest socioeconomic quintiles were highest for mental and substance use disorders (16 DALYs per 1,000 people). The rate of burden due to mental and substance use disorders in the lowest socioeconomic group (31.6 DALYs per 1,000 people) was double that in the highest socioeconomic

Mental Health and social determinants

Key Issue	Description of Evidence
	group (16 DALYs per 1,000 people). There was also a clear pattern of decreasing rate of burden from suicide and self-inflicted injuries with increasing socioeconomic position (Australian Institute of Health and Wellbeing, 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011). Nationally, the proportion of people, aged 15-64 years, with a self-reported mental health condition who were employed (59 per cent) was less than that of those without a mental health condition (78 per cent). There was a higher proportion of people with a mental health condition who were unemployed (7.4 per cent compared with 4.5 per cent) and who were not in the labour force (32 per cent compared with 17.6 per cent) in comparison to people who did not report a mental health condition (Australian Bureau of Statistics, 2015. 4159.0-General Social Survey: Summary Results, Australia, 2014). These statistics were supported by community and service provider consultations held across the Western Victoria PHN region, during 2016, where the connection between low socioeconomic status and social isolation and mental health issues was raised. Consultations with service providers in 2018 identified the complex needs of some people with mental health conditions including trauma, family dynamics, lack of family support, and socio-economic conditions.

Children and youth

Key Issue	Description of Evidence
The Victorian Department of Education Area, Central Highlands, had a greater proportion of young people with high levels of depressive symptoms, who report experiencing bullying recently and are experiencing cyber bullying, than Victoria as a whole.	The Victorian Department of Education Area, Central Highlands (which includes the Western Victoria PHN local government areas (LGAs) of Ararat Rural City, City of Ballarat, Golden Plains Shire, Hepburn Shire , Moorabool Shire and Pyrenees Shire) had a greater proportion (17.5 per cent) of young people who showed high levels of depressive symptoms on the International Youth Development Study Short Version Moods and Feelings scale than Victoria as a whole (15.5 per cent); a greater proportion of young people who report experiencing bullying recently, 48.7 per cent, compared to Victoria as a whole, 45.1 per cent; and a greater proportion of young people who are experiencing cyber bullying, 32.2 per cent, compared to Victoria as a whole, 29.3 per cent. The Western District Department of Education Area (which includes 10 of the 21 LGAs in the Western Victoria PHN region) had a greater proportion of young people who are bullied most days 17.0 per cent, compared to Victoria as a whole, 15.3 per

Children and youth

Key Issue	Description of Evidence
	cent (2014 Victorian Student Health and Wellbeing Survey. State of Victoria Department of Education and Training. VCAMS Indicator data spreadsheets, Indicator 10.3b, 10.3b1 and 10.3b2).
Mental health identified as an important issue for youth in Victoria.	A headspace youth consultation, including youth from both Ballarat and Geelong, identified mental health as an important issue for young people, especially for those from disadvantaged or marginalised groups such as LGBTIQA+, transgender young people and young people with a disability (Headspace Youth Consultations: Report for the Office for Youth, October 2015). In the Mission Australia Youth Survey 2018, mental health was one of the top three issues that youth considered most important in Australia today. These issues were mental health (33.7 per cent of respondents), alcohol and drugs (32 per cent) and equity and discrimination (27.3 per cent).
Nationally, children and adolescents living outside capital cities have significantly higher rates of mental disorders.	At a national level an estimated 13.9 per cent of 4-17 year olds in Australia were assessed as having mental disorders in the previous 12 months; 12.6 per cent in Greater capital cities and 16.2 per cent in rest of state (Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra). These statistics were supported by community and service provider consultations held across the rural communities of Western Victoria PHN region, in 2016, where the issue of mental health problems amongst youth in their communities was raised.

Risk of poor mental health outcomes for rural and remote, under-serviced and/or hard to reach groups

Key Issue	Description of Evidence
Mental health needs vary across population groups.	Mental health experiences are influenced by age, gender, sexuality, family situation and cultural background (National Mental Health Commission. Contributing Lives, thriving communities, 2014). The following population groups were identified by the Fifth National Mental Health and Suicide Prevention Plan and Victoria's 10-year Mental Health Plan as needing specific consideration. Research suggests the mental health of LGBTIQA+ people is worse than that of the general population. Rates of major depressive episodes can be four to six times higher in the

Risk of poor mental health outcomes for rural and remote, under-serviced and/or hard to reach groups	
Key Issue	**Description of Evidence**
	LGBTIQA+ community than the general population, psychological distress rates are reported as twice as high and suicidality rates are higher than any other group in Australia (Rosenstreich, 2011. LGBTI people mental health and suicide, Private Lives 2 (2012) and Tranznation Report (2007)). Australian Defence Force personnel have higher rates of affective and anxiety disorders and higher rates of suicidality than those in the general community (McFarlane et al, 2011. Mental health in the Australian Defence Force). The age adjusted suicide rate among ex-serving Defence Force men between 2002 and 2015 was 14 per cent higher than among all Australian men (Australian Institute of Health and Welfare (AIHW) 2017. Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001-2015. Cat. No. PHE 218. Canberra: AIHW). Trauma is widespread amongst those who use mental health services and it often has lasting adverse effects (Commonwealth of Australia, 2017. The Fifth National Mental Health and Suicide Prevention Plan). The experience of childhood trauma, particularly sexual abuse, greatly increases the risk of mental illness (Australian Institute of Family Studies, 2013. The long term effects of child sexual abuse). People with intellectual disability experience higher rates of mental health problems and mental illness. They are at least two to three times more likely to have a mental disorder than the general population (Department of Developmental Disability Neuropsychiatry, 2014. Accessible mental health services for people with an intellectual disability). People with mental illness are over represented in the justice system, as offenders, victims and people in need of assistance (Department of Health and Human Services, 2015. Victoria's 10-year Mental Health Plan). In a study of mental illness prevalence in Australia's criminal justice system, almost half of the detainees sampled, 49 per cent, were experiencing a diagnosable mental disorder. This is 2.5 times the 12-month prevalence rate of mental disorder the in the Australian population (20 per cent) (Forsythe and Gaffney, 2012. Mental disorder prevalence at the gateway to the criminal justice system. Australian Institute of Criminology). N.B. 12-month prevalence is the proportion of the population that has the specified condition during a 12 month period.
The lifetime prevalence of depression or anxiety is significantly higher in rural	Rural Victoria had a higher estimated lifetime prevalence of depression or anxiety than in metropolitan areas, 28.7 per cent and 22.8 per cent respectively (Victorian Population Health

Risk of poor mental health outcomes for rural and remote, under-serviced and/or hard to reach groups	
Key Issue	**Description of Evidence**
Victoria than in metropolitan areas.	Survey 2014). N.B. Lifetime prevalence is the proportion of the population who had ever had the specified condition.
Nationally, the age standardised rate of burden for mental and substance use did not increase with remoteness. However, the age standardised rate of burden of disease for suicide increased with remoteness.	For most disease groups, the ASR of burden increased with remoteness. However, interestingly the ASR of burden for mental and substance use did not increase with remoteness. Nationally, anxiety and depressive disorders were amongst the top ten causes for total burden in major cities and inner regional areas but not for outer regional and remote areas. Suicide showed a clear trend of greater rates of burden in more remote areas (AIHW, 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011).

People with severe and complex mental illness	
Key Issue	**Description of Evidence**
Approximately 3 per cent of the population have a severe mental illness.	The National Mental Health Strategic Planning Framework (NMHSPF) tool estimates the number of people in the Western Victoria PHN region in 2018 with severe mental illness as 19,328, predicted to increase to 19,862 in 2021. The definition of severe in the NMHSPF is based on diagnoses and the use of acute and specialist community mental health services. However, severe and complex mental illness is a broader concept than severe mental illness. It incorporates severely disabled people; those with complexities such as comorbid chronic physical illness; those whose illness is adversely impacted on by complex social factors; people with multiple recurrent acute episodes that require frequent hospital care; people with a high suicide risk; or those with a need for coordinated assistance across a range of health and disability support agencies (Commonwealth of Australia, 2017. The Fifth National Mental Health and Suicide Prevention Plan). Thus the number of people with severe mental illness, as estimated by the NMHSPF, may be a conservative estimate.
The Geelong Employment Service Area has the third highest proportion of Disability Management Services caseloads with a primary disability category of Psychiatric in Australia.	In the Geelong Employment Service Area, the proportion of the caseload of Disability Management Services with a primary disability category of psychiatric was third highest of all Employment Service Areas in Australia at 51 per cent (Disability Employment Services Historical Commencement and Caseload Data, 30 June 2017).
National proportions of high prevalence disorders and severity.	In terms of the total Australian population, 4.1 per cent had severe mental disorders in the previous 12 months; and of the one in five (20.0 per cent) Australians aged 16-85 years who experienced mental disorders in the previous 12 months, one-fifth

People with severe and complex mental illness

Key Issue	Description of Evidence
	(20.5 per cent) were classified as severe (this excludes those with low prevalence disorders) (Slade et al, 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Department of Health and Ageing, Canberra).
Amongst the low prevalence psychotic disorders schizophrenia is most common.	Nationally, an estimated 4.5 cases per 1,000 population aged 18-64 have a psychotic illness and are in contact with public specialised mental health services each year, 47 per cent of this population are diagnosed with schizophrenia (Morgan et al, People Living with a psychotic illness 2010. Report on the second Australian National Survey. Department of Health and Ageing, Canberra).

Suicide

Key Issue	Description of Evidence
High number of deaths from suicide across the Western Victoria PHN region and in certain Statistical Area 3s, relative to Australia.	During 2012-16, on an age-standardised basis, there were more deaths from suicide per 100,000 persons in the Western Victoria PHN region (12.5 deaths) compared with Australia as a whole (9.8). All SA3s in the Western Victoria PHN region also had age-standardised suicide rates higher than Australia. The SA3 areas with the highest rates were Maryborough-Pyrenees, 16.4 per 100,000, Colac-Corangamite, 16.3 per 100,000 and Creswick-Daylesford-Ballan, 15 per 100,000 (Australian Institute of Health and Welfare (AIHW) 2016. Mortality Over Regions and Time (MORT) books: Primary Health Network, 2002-16. Canberra: AIHW).
Higher rates of suicide within some local government areas in the Western Victoria PHN region compared to the Victorian rate.	Across the Western Victoria PHN region, there were more deaths from suicide amongst males than females. On an age-standardised basis, the Statistical Area 3s with the highest number of male suicides per 100,000 persons were Colac-Corangamite (32.1 deaths), Warrnambool (27.2), Ballarat (24.3), and Grampians (18.5). In contrast, there were 17.9 male suicides per 100,000 persons across Australia between 2010 and 2014 (AIHW 2018. MORT books: Primary Health Network, 2012-16. Canberra: AIHW). Between 2011 and 2015, over half of the local government areas (LGAs) within the Western Victoria PHN region had higher rates of deaths from suicide and self-inflicted injuries compared to the Victorian rate (9.8 age standardised rate (ASR) per 100,000). These LGAs included Yarriambiack Shire (20 ASR per 100,000), Central Goldfields Shire (19.7 ASR per 100,000), Golden Plains Shire (17.3 ASR per 100,000), Colac Otway Shire (16.2 ASR per 100,000) and Moyne Shire (15.3 ASR per 100,000 (Data

Suicide

Key Issue	Description of Evidence
	compiled by PHIDU from deaths data based on the 2011 to 2015 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population at the small area level (Statistical Area 2) is the ABS Estimated Resident Population (ERP), 30 June 2010 to 30 June 2014).
Suicide reported as an issue at community and service provider consultations held across the Western Victoria PHN region.	These statistics are supported by community and service provider consultations where suicide was reported as a health issue in the community. These consultations were in all four administrative regions of the Western Victoria PHN (Great South Coast, Wimmera Grampians, Geelong Otway and Ballarat Goldfields), in 2016.
Greater rates of burden from suicide with increasing remoteness nationally.	For most disease groups, the ASR of burden increased with remoteness. Suicide showed a clear trend of greater rates of burden in more remote areas (AIHW, 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011).
A higher proportion of those living with a psychotic illness in Australia have attempted suicide than the general population.	In the national survey on psychosis, just under half the participants, 49.5 per cent reported that they had attempted suicide at some point in their life. This is much higher than the proportion of the general population, 3.7 per cent, who have attempted suicide in their lifetime (Morgan et al, People Living with a psychotic illness 2010. Report on the second Australian National Survey. Department of Health and Ageing, Canberra).

Comorbidity - alcohol and other drug

Key Issue	Description of Evidence
	For information on comorbidity with alcohol and other drugs, please see “Alcohol and Other Drugs” health needs and “Alcohol and Other Drugs” service needs tables.

Comorbidity - Long-term health conditions in people with mental illness

Key Issue	Description of Evidence
Nationally, people living with mental health conditions are more likely than the general population	Nationally, 59.8 per cent of people with a mental health and behavioural condition reported having one or more other long-term health conditions. People with a mental and behavioural condition were about 1.7 times as likely than the general population to report having back problems (27.7 per cent

Comorbidity - Long-term health conditions in people with mental illness	
Key Issue	**Description of Evidence**
to have another chronic condition.	compared to 16.2 per cent); 1.6 times as likely to report having diabetes (8.1 per cent compared with 5.1 per cent), asthma (17.6 per cent compared to 10.8 per cent) and arthritis (23.9 per cent compared to 15.3 per cent); 1.5 times as likely to report circulatory system disease (26.8 per cent compared to 18.3 per cent), and 1.4 times as likely to report cancer (2.2 per cent compared with 1.6 per cent) (ABS, 2015. National Health Survey: Mental Health and co-existing physical health conditions, 2014-15 Australia). An Australian study found the overall gap in life expectancy for people with mental illness was 15.9 years for men and 12 years for women. The majority of excess mortality was attributed to physical health conditions, such as cardiovascular disease, respiratory disease, and cancer (Lawrence, 2013. The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. BMJ 2013;346:f2539).

Alcohol and Other Drug Needs

Substance misuse within the Western Victoria PHN region.

Key Issue	Description of Evidence
Most frequently used drugs are alcohol, cannabis and amphetamines.	The estimated proportion of adults at increased lifetime risk of alcohol-related harm within the Barwon-South Western Region is 61.4 per cent (which is statistically significant above the Victoria percentage of 57.7 per cent), and within the Grampians Region, 56.3 per cent is slightly under Victoria. Barwon-South Western and Grampians are the two state Department of Health and Human Services regions that most closely align with Western Victoria PHN region. (Estimates are based on National Health and Medical Research Council [NHMRC], 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC) (Department of Health and Human Services [DHHS], VPHS 2016: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). In 2014-15 within Western Victoria PHN, 18 per cent of adults (age-standardised) consumed more than two standard drinks per day on average, this was similar to the national proportion of 17.3 per cent (My Health Communities, Australian Bureau of Statistics, National Health Survey 2014–15). Alcohol was the most frequently reported primary drug, followed by amphetamines and cannabis by clients accessing AOD treatment services in Victoria (Alcohol and Other Drug Treatment Services in Australia 2016-17: state and territory summaries). Although nationally, alcohol is the most frequently consumed substance at risky levels, consumption of alcohol by those aged 14 and above on a daily basis decreased from 7.2 per cent in 2010 to 5.9 per cent in 2016 (4.9 per cent in Victoria) (NDSHS report and data tables Chapter 7, 2016). Cannabis use in Victoria compared to other state or territories is very low being 9.1 per cent in 2013 and 9.9 per cent in 2016 (Australia 10.4 per cent). This was cannabis use in the last 12 months for people aged 14 years or older (NDSHS data tables, 2016). Nationally, the illicit drug most used was cannabis, with a reported use over a lifetime of 35 per cent (NDSHS report, 2016). Concerns around long term cannabis use and dependence is due to the potential of significant social, psychological, and physical consequences including social and family problems, financial difficulties, poor mental and physical health, and cognitive problems. Cannabis use is also linked with mental health problems, with the risk of developing psychotic symptoms approximately doubling among regular and heavy users (Webb, Bertoni and Copeland, 2015. Very Brief Interventions-Prevalence of cannabis use. National Cannabis Prevention and Information Centre). Nationally, the use of meth/amphetamine significantly decreased from 2.1 per cent in 2013 to 1.4 per cent in 2016; however the use of the form of crystal methamphetamine has had very little change

Substance misuse within the Western Victoria PHN region.

Key Issue	Description of Evidence
	between 2013 at 0.85 per cent and 2016 at 0.80 per cent (NDSHS report, 2016). Recent meth/amphetamine use for people aged 14 years or older in Victoria, has also decreased from 2.3 per cent (2010) to 1.5 per cent (2016) (NDSHS data tables Chapter 7, 2016). Methamphetamine use remains a concern within the community due to presentations of intoxication and reported risks associated with mental health problems (depression, anxiety and psychosis), violent and aggressive behaviour, and brain damage. Regular and heavy use of methamphetamines also has links to a number of physical health issues such as dental issues, heart problems, kidney problems, lung problems, stroke, vein problems if injected, weight loss and sexually transmitted infections due to increased chances of engaging in unprotected sex (McKetin and Black, 2014. Methamphetamine: What you need to know about speed, ice, crystal, base and meth. Australian Government of Health).
Illicit drug use in the Western Victoria PHN region is slightly lower than Victoria.	Nationally, the proportion of illicit drug use has been fairly stable between 2013 and 2016 (NDSHS report, 2016). Recent illicit drug use for people aged 14 years or older in Victoria, increased from 13.7 per cent in 2010 to 15.0 per cent in 2016, within the Western Victoria PHN the proportion was slightly lower at 14.1 per cent (NDSHS data tables Chapter 7, 2016).
Smoking rates appear to be higher than Victoria in Grampians DHHS region. High prevalence of smoking in the local government areas of Ararat Rural City, Central Goldfields Shire and Hepburn Shire.	Smoking is also an issue within the Western Victoria PHN region with 13.5 per cent of adults reporting they were daily smokers in 2014-15, which is lower than all PHNs, and Australia at 14.5 per cent (Australian Institute of Health and Welfare [AIHW] 2018, analysis of Australian Bureau of Statistics [ABS] National Health Survey [NHS], 2014-15). This represents a change from 2011-12, when 19.8 per cent of adults in the Western Victoria PHN region, and 16.1 per cent of adults across Australia, were found to smoke daily (AIHW 2018, analysis of ABS Australian Health Survey, 2011-12). In 2014, the proportion of adults estimated to be a 'current' smoker was higher than that reported for Victoria (13.1 per cent; 15.5 per cent in rural Victoria) in 13 out of 21 local government areas (LGAs) in the Western Victoria PHN region (Department of Health and Human Services [DHHS] 2016. Victorian Population Health Survey [VPHS] 2014: Modifiable risk factors contributing to chronic disease, State Government of Victoria: Melbourne). The LGAs with much higher estimated smoking proportions than Australia, include Ararat Rural City (22.1 per cent), Central Goldfields Shire (20.8 per cent), and Hepburn Shire (19.8 per cent) (VPHS, 2014). This continued to be high in 2016, with Grampians DHHS region (which includes these LGAs) being 21.5 per cent (Victoria 16.7 per cent) (VPHS report, 2016). Service provider consultations in the DHHS region of Grampians described poor health outcomes and financial impacts of smoking in the region. This is supported by national

Substance misuse within the Western Victoria PHN region.	
Key Issue	**Description of Evidence**
	data that identifies a relationship between people who smoke and the likelihood of having high/very high psychological distress; being diagnosed or treated for a mental health condition; and having low socio-economic status (NDSHS report, 2013).
Increase misuse of prescription medications.	Service provider consultations identified an increase in the misuse of prescription medications. National data indicates that 4.8 per cent have misused a pharmaceutical (excluding OTC) for non-medical purposes in the last 12 months in 2016 (NDSHS, 2016). OTC refers to paracetamol, aspirin and other non-opioid over-the-counter pain-killers/analgesics (NDSHS, 2016).
All Statistical Area 3s in the Western Victoria PHN region have higher opioid prescription rates than Victoria and Australia.	Opioid prescriptions dispensed (aged-standardised) in Grampians (87,775 per 100,000 people) and Maryborough-Pyrenees (90,190 per 100,000 people) Statistical Area 3s (SA3s) were two of the top three SA3 rates in Victoria. All SA3s within Western Victoria PHN have higher opioid prescription rates than Victoria (55,414 per 100,000) and Australia (55,126 per 100,000). Additionally, Maryborough-Pyrenees SA3 is ranked as the eleventh highest dispensing rate within Australia (National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 [data supplied 11/02/2015] and Australian Bureau of Statistics Estimated Resident Population 30 June 2013. Full data specifications at http://meteor.aihw.gov.au/content/index.phtml/itemId/623427 Data was obtained from: www.safetyandquality.gov.au/atlas/atlas-2015/).
Rates for deaths due to pharmaceutical opioids and those that drug-related in Victoria are similar to national rates.	All drug-related deaths in Victoria were 8.7 per 100,000, which is similar to the Australian rate of 8.9 per 100,000 (Australia's Annual Overdose Report, 2018). Accidental deaths due to pharmaceutical opioids in Victoria have increased from 0.9 per 100,000 (Australian rate was the same) in 2002-06, to 2 per 100,000 in 2012-16, which is lower than the Australian rate of 2.2 per 100,000 in 2012-16 (Australia's Annual Overdose Report, 2018).
Increase use of prescription medications.	Service provider consultations identified an increase in the misuse of prescription medications. National data indicates that 4.8% have misused a pharmaceutical in the last 12 months in 2016 (NDSHS, 2016). Previous data cannot be compared to the 2016 data release due to the question excluding the pain-killers and opioids misuse, this was asked separately in 2016 indicating 14.6% misused these in 2016 in Australia (NDSHS, 2016). Opioid prescriptions dispensed (aged-standardised) in Grampians (87,775 per 100,000 people) and Maryborough-Pyrenees (90,190 per 100,000 people) Statistical Area 3s (SA3s) had the highest rates. All SA3s within Western Victoria PHN have higher opioid prescription rates than Victoria (55,414 per 100,000) and Australia (55,126 per 100,000). Additionally, Maryborough- Pyrenees SA3 is ranked as the eleventh highest dispensing rate within Australia [National Health Performance Authority analysis of Pharmaceutical

Substance misuse within the Western Victoria PHN region.

Key Issue	Description of Evidence
	Benefits Scheme (PBS) statistics 2013–14 (data supplied 11/02/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013. Full data specifications at http://meteor.aihw.gov.au/content/index.phtml/itemId/623427].
Unknown impacts on emerging drugs such as Synthetic Cannabinoids.	Nationally, people identifying that they have ever used synthetic cannabinoids has significantly increased from 1.3 per cent in 2013 to 2.8 per cent in 2016 (NDSHS, 2016). In a local Alcohol and Other Drug consumer survey synthetic cannabinoids was a substance listed as an option but very few respondents identified using this. As synthetic cannabis is relatively new, there is limited information available about its short- and long-term effects, it's effects are thought to be similar to cannabis but with additional negative effects (Alcohol and Drug Foundation, Synthetic Cannabis, 2018).

Substance misuse resulting in harm and violence.

Key Issue	Description of Evidence
High rates of alcohol related incidents within Borough of Queenscliffe, Surf Coast Shire and Warrnambool City local government areas.	The three local government areas (LGAs) found to have the most adults (as an estimated proportion of the adult population) to have The local government areas (LGAs) found to have the most adults to have consumed alcohol at levels placing them at increased risk of alcohol-related injury on at least one occasion either yearly, monthly or weekly during 2014 were; Borough of Queenscliffe, 59.9 per cent; Surf Coast Shire, 59.7 per cent, and Warrnambool City, 57.1 per cent, compared to 42.5 per cent of adults in Victoria (47.8 per cent in rural Victoria). The estimated proportion of adults at increased risk of alcohol-related injury on at least one occasion (based on NHMRC, 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC) was higher than that reported for Victoria as a whole in all LGAs in the Western Victoria PHN region except Glenelg Shire (DHHS 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).
Consumption of alcohol placing increased risk of alcohol-related harm and injury is highest in. Borough of Queenscliffe, Surf Coast Shire and Warrnambool City local government areas.	Over half of all adults in each LGA in the Western Victoria PHN region have consumed alcohol at levels which place them at increased lifetime risk of alcohol-related harm (based on NHMRC, 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC) (DHHS 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne). Furthermore, in 17 of the 21 LGAs in the Western Victoria PHN region, the estimated proportion of adults at increased lifetime risk of alcohol-related harm was higher than that reported for Victoria as a whole. Amongst these 17 LGAs are; Borough of Queenscliffe (80.1 per cent), Surf Coast Shire (79.7

Substance misuse resulting in harm and violence.	
Key Issue	**Description of Evidence**
	per cent), and Warrnambool City (71.8 per cent) reported the highest lifetime risk of alcohol-related harm. These estimated proportions are significantly higher than Victoria, 59.2 per cent. (VPHS, 2014). The same three LGAs have also had the most adults (as an estimated proportion of the adult population) to have consumed alcohol at levels placing them at increased risk of injury at least once a year (see above for more details). These LGA rates and the Victorian rate is substantially above the Australian rate of 17.1 per cent (2016) (aged 14 and above) exceeding the 2009 NHMRC guidelines for lifetime risk of alcohol-related harm in 2013 (DHHS 2016. VPHS 2014: Modifiable risk factors contributing to chronic disease. State Government of Victoria: Melbourne).
Over half of all local government areas in the Western Victoria PHN region have rates of assault (during high alcohol hours) above the Victorian rate.	Service provider consultations in one sub-region identified alcohol being the biggest issue within community, and contributing to more violence than amphetamines. This information was supported with data indicating that over half of the LGAs (11) in the Western Victoria PHN region had rates of assaults during High Alcohol Hours above the Victorian rate of 9.9 per 10,000 people. The LGAs with the highest rates of assaults in 2015-16 are Yarriambiack Shire (34 per 10,000), Horsham Rural City (28.3 per 10,000), and Ararat Rural City (22.7 per 10,000). These three LGAs also had the highest rates in 2014-15. Turning Point's definition of high alcohol hours are between 8pm-6am on Friday or Saturday with alcohol being involved in 65 per cent of incidents during this period (Analysis by Turning Point-AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2012-13).
Over half of all local government areas in the Western Victoria PHN region have rates of family violence rates above the Victorian rate.	Service provider consultations identified family violence as a significant community problem. Over half of the LGAs (a total of 13) in the Western Victoria PHN region had definite or possible alcohol family violence rates above the Victorian rate of 23.1 per 10,000 in 2015-16. The LGAs of Horsham Rural City (82.4 per 10,000), Southern Grampians Shire (69.8 per 10,000), and Northern Grampians Shire (67.8 per 10,000) had the highest rates. Within the previous year Horsham Rural City and Southern Grampians Shire were also in the top three rates of LGAs, 2014-15 (Analysis by Turning Point-AOD Stats; data from Victoria Police. Aggregated assault and family incident data derived from the Victoria Police Law Enforcement Assistance Program data (LEAP) 2014-16).

Comorbidity

Key Issue	Description of Evidence
Comorbidities (e.g. mental ill health and chronic conditions) negatively impacting on health outcomes.	These high rates of long term alcohol consumption are a concern due to being associated with a range of health risks and chronic conditions (NHMRC Australian Guidelines to reduce health risks from drinking alcohol, 2009). For chronic conditions most prevalent within Western Victoria PHN, please see “General Population Health” table. Engagement with service providers in 2018, identified the challenges in supporting clients with comorbidities (including additional physical and mental health requirements). Comorbidities was only one complexity involved in supporting people with substance misuse, others identified by service providers include; socio-economic disadvantage, non-compliance of clients, and clients readiness to change.
Alcohol can mask, trigger or increase the risk of mental health conditions. Alcohol can also be used by individuals to alleviate their mental health condition(s).	Mental illness among individuals in Alcohol and Other Drug (AOD) treatment programs range from 50-76 per cent. There are a number of people who don't meet the criteria of a mental illness who also attend AOD treatment. Those people accessing AOD treatment who have a comorbidity are often more complex with poorer health (both physical and mental) and greater drug use (Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition). Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales). Nationally almost a third (32 per cent) of those who identified as a current smoker had a 12-month history of mental disorder. This is twice the prevalence of 12-month history of mental disorders compared with people who have never smoked. Of those people that reported drinking alcohol nearly every day, 21 per cent had a 12-month history of mental disorder. This is slightly more than those who reported they drank less than once a month, of which 18 per cent had a 12-month history of mental disorder. Almost two thirds, 63 per cent, of those who reported misusing drugs (use of illicit drugs and/or misuse of prescription drugs) had a 12-month mental disorder (National Mental Health and Wellbeing Survey, 2007). Two thirds, 66.1 per cent, of people with psychotic illness, smoke tobacco. A large proportion of those with psychosis had a lifetime history of alcohol abuse or dependence, 58.3 per cent of males and 38.9 per cent of females. The proportion with a lifetime history of cannabis or other illicit drug abuse or dependence was also high, 63.2 per cent of males and 41.7 per cent of females (People living with psychotic illness, 2010).

Comorbidity

Key Issue	Description of Evidence
	Among adolescents with major depressive disorder almost a third (31.5 per cent) smoked cigarettes or used alcohol or drugs to help manage their problems compared with 4.6 per cent of those with no mental disorder (2015 Mental Health of Children and Adolescents). These statistics were supported locally during consultations with community and service providers undertaken in the Western Victoria PHN region during 2016, where the link between mental health and substance abuse was raised. In 2017, an AOD consumer survey completed in two of the four sub-regions within Western Victoria 69 per cent of respondents stated they had a mental health issue (e.g. depression, anxiety, bipolar).
Alcohol can mask, trigger or increase the risk of mental health conditions. Alcohol can also be used by individuals to alleviate their mental health condition(s).	Mental illness among individuals in AOD treatment programs range from 51-84% (*Comorbidity Guidelines developed by Turning Point, 2014*). Nationally almost a third (32%) of those who identified as a current smoker had a 12-month history of mental disorder. This is twice the prevalence of 12-month history of mental disorders compared with people who have never smoked. Of those people that reported drinking alcohol nearly every day, 21% had a 12-month history of mental disorder. This is slightly more than those who reported they drank less than once a month, of which 18% had a 12-month history of mental disorder. Almost two thirds, 63%, of those who reported misusing drugs (use of illicit drugs and/or misuse of prescription drugs) had a 12-month mental disorder (*National Mental Health and Wellbeing Survey, 2007*). Two thirds, 66.1%, of people with psychotic illness, smoke tobacco. A large proportion of those with psychosis had a lifetime history of alcohol abuse or dependence, 58.3% of males and 38.9% of females. The proportion with a lifetime history of cannabis or other illicit drug abuse or dependence was also high, 63.2% of males and 41.7% of females (*People living with psychotic illness, 2010*). Among adolescents with major depressive disorder almost a third (31.5%) smoked cigarettes or used alcohol or drugs to help manage their problems compared with 4.6% of those with no mental disorder (*2015 Mental Health of Children and Adolescents*). These statistics were supported locally during consultations with community and service providers undertaken in Western Victoria PHN during 2016, where the link between mental health and substance abuse was raised. In an AOD consumer survey completed in two of the three DHHS regions within Western Victoria 69% of respondents stated they had a mental health issue (e.g. depression, anxiety, bipolar).

Hard to reach populations are at increased risk of substance misuse.	
Key Issue	**Description of Evidence**
A range of populations are at increased risk of harm from substance misuse e.g. Aboriginal and Torres Strait Islander people, people with mental health conditions, young people, older people, people in contact with the criminal justice system, culturally and linguistically diverse populations, and people identifying as lesbian, gay, bisexual, transgender, and/or intersex.	Engagement with service providers in 2018, identified that Alcohol and Other Drug (AOD) pathways are difficult to navigate for all clients (including central intake), however, these are especially difficult for vulnerable populations. The National Drug Strategy 2017-26 identify priority populations; Aboriginal and Torres Strait Islander people, people with mental health conditions, young people, older people, people in contact with the criminal justice system, culturally and linguistically diverse populations, and people identifying as lesbian, gay, bisexual, transgender, and/or intersex.
Young people's substance use has health and social risks.	In 2014, the percentage of young people at school who had ever smoked in Department of Health and Human Services regions of Barwon 8.1 per cent, Central Highlands 7.3 per cent and Western District 6.1 per cent, which was less than Victoria 8.3 per cent. However, the percentage who had ever drunk alcohol (more than a few sips) was greater in Central Highlands 66.6 per cent and Western District 60.4 per cent, than Victoria 59.5 per cent (Department of Education and Training, 2014. Victorian Student Health and Wellbeing Survey [VSHAWS]. Published by Victorian Child and Adolescent Monitoring System [VCAMS]. Victorian Government). Nationally, young people are more likely to use illicit drugs (aged 20-29) however; young people are commencing drug use or alcohol consumption at an older age, since 2010 (NDSHS report, 2016). Alcohol consumption by young people is a concern, as the age of commencement can influence consumption patterns into the future, along with high levels of consumption causing risks to physical and mental health (Australian Institute of Family Studies, 2004). The health risks are not the only concerns for young people who are AOD clients, other areas of identified needs include housing, family relationships, employment and education (Kutin, Bruun, Mitchell, Daley, & Best, 2014. Young people in Victoria youth alcohol and other drug services. Data and key findings. Results from the Statewide Youth Needs Census (SYNC). Technical Report March 2014. Youth Support and Advocacy Service: Melbourne, Australia).
Nationally, older persons substance use hasn't changed or has increased between 2010 and 2016, however, local rates are unknown.	Nationally, people aged 50 and above, have increased their recent use of illicit drugs from 8.8 per cent in 2010, to 11.7 per cent in 2016 (50-59 year olds), and 5.2 per cent in 2010, to 6.9 per cent in 2016 for those people 60 years and over (NDSHS, 2016). Nationally, people aged 50 years and above have fairly similar percentages of risky alcohol consumption between 2013 and 2016, however those aged 70 years and over have increased from 10.1 per cent to 11 per cent during this time period (NDSHS, 2016).

Hard to reach populations are at increased risk of substance misuse.	
Key Issue	**Description of Evidence**
People being released from prison need support for substance misuse.	Nationally, 34 per cent of prison entrants and 48 per cent of prison discharges were at high risk of alcohol-related harm (The health of Australia's prisoners, AIHW, 2015). Consultation in 2017 with General Practitioners and Pharmacotherapy Networks identified service gaps in transferring pharmacotherapy permits on release from prison.
Trauma in children is a risk factor for substance misuse.	Adverse childhood experiences (ACEs) has been found to be associated with problematic drug use from an early age and into adulthood (Dube, Felitti, Dong, Chapman, Giles & Anda, 2003, Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study. Pediatrics 111(3)). Research suggests that up to half of young people with substance use disorder meet criteria for a diagnosis of posttraumatic stress disorder (PTSD) (Ouimette & Brown, 2003). In young men with PTSD, rates of substance abuse or dependence are as high as 30 per cent (Kilpatrick et al., 2003). Compared with people who have zero ACEs, people with ACE scores are more likely to use alcohol or other drugs and to start using drugs at an earlier age, more likely to use illegal drugs, to report addiction and to inject illegal drugs (Anda R, The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioural Health Problems. 2016).
Higher prevalence of smoking during pregnancy amongst women in seven Statistical Area 3s in the Western Victoria PHN region, relative to Australia.	During 2014-16, 15.6 per cent of women smoked during pregnancy across the Western Victoria PHN region, compared to 10.4 per cent of women across Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016). Amongst Statistical Area 3s (SA3s) in the Western Victoria PHN region, seven out of nine reported a higher percentage than Victoria. Amongst these seven SA3s the highest rates were seen in Maryborough-Pyrenees (25.9 per cent), Ballarat (20.7 per cent), and Wimmera Grampians (20.1 per cent) (AIHW 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).
Nationally, people identifying as lesbian, gay, bisexual, transgender and/or intersex have higher use of illicit drugs.	Nationally, recent illicit drug use for people identifying as homosexual/bisexual was 42 per cent compared to heterosexual identity being 15 per cent (NDSHS, 2016). Nationally, the highest illicit drug use since 2010 was by people identifying as homosexual/bisexual in the previous 12 months (NDSHS, 2016).

Indigenous Health (including Indigenous chronic disease)

Social determinants of health

Key Issue	Description of Evidence
On a number of indicators related to the social determinants of health, Aboriginal and/or Torres Strait Islander persons or households with Aboriginal and/or Torres Strait Islander persons are disadvantaged compared to non-Aboriginal and/or Torres Strait Islander persons or other households.	Aboriginal and/or Torres Strait Islander persons or households with Aboriginal and/or Torres Strait Islander persons in the Western Victoria PHN region are often disadvantaged on indicators of the social determinants of health, relative to non-Aboriginal and/or Torres Strait Islander persons and other households (based on Australian Bureau of Statistics [ABS] 2016 Census of Population and Housing; ABS 2011 Census of Population and Housing). For example, amongst persons aged 15 years and over, the proportion of Aboriginal and/or Torres Strait Islander persons who have completed Year 12 (or its equivalent) is less than that reported for non-Aboriginal and/or Torres Strait Islander persons in all Statistical Area 3s (SA3) in the Western Victoria PHN region (ABS 2016 Census of Population and Housing). The personal median weekly income of Aboriginal and/or Torres Strait Islander households is lower than that reported for non-Aboriginal and/or Torres Strait Islander persons in all ten SA3s in the Western Victoria PHN region, while the median weekly income of Aboriginal and/or Torres Strait Islander persons is less than that reported for all other households in seven SA3s in the Western Victoria PHN region (ABS 2016 Census of Population and Housing). Furthermore, at the time of the ABS 2016 Census of Population and Housing, the unemployment rate for Aboriginal and/or Torres Strait Islander persons was higher than that reported for non-Aboriginal and/or Torres Strait Islander persons in all SA3s in the Western Victoria PHN region (ABS 2016 Census of Population and Housing).

Self-rated health

Key Issue	Description of Evidence
Relative to Australia, a higher proportion of Aboriginal and/or Torres Strait Islander persons in the Western Victoria PHN region have reported having fair or poor health.	According to the Australian Bureau of Statistics (ABS), 27.1 per cent of Aboriginal and/or Torres Strait Islander persons aged 15 years and over in the Western Victoria PHN region have reported having fair or poor health, compared to 24.2 per cent across Australia (ABS, 2015. Aboriginal and Torres Strait Islander Health Survey (Core component) 2012-13, Customised report. Canberra: ABS).

Childhood immunisation rates

Key Issue	Description of Evidence
Lower immunisation rates amongst two-year-old and five-year-old Aboriginal and/or Torres Strait Islander children in the Western Victoria PHN region, compared to Australia.	In 2016-17, 90.0 per cent of all one-year-old Aboriginal and/or Torres Strait Islander children on the Australian Immunisation Register (AIR) in the Western Victoria PHN region were fully immunised, compared to 92.2 per cent across Australia (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). In the same year, 90.4 per cent of all two-year old Aboriginal and/or Torres Strait Islander children on the AIR in the Western Victoria PHN region were fully immunised, compared to 88.6 per cent across Australia (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017). The proportion of five-year-old Aboriginal and/or Torres Strait Islander children on the AIR who were fully immunised in the Western Victoria PHN region in 2016-17 (89.8 per cent) was also lower than that reported for Australia as a whole (95.7 per cent) (AIHW analysis of DHS AIR statistics, data supplied March 2nd, 2017).

Long-term conditions

Key Issue	Description of Evidence
Relative to Australia, a higher proportion of Aboriginal and/or Torres Strait Islander persons in the Western Victoria PHN region have reported having a long-term health condition.	According to the Australian Bureau of Statistics (ABS), 68.2 per cent of Aboriginal and/or Torres Strait Islander persons aged 15 years and over in the Western Victoria PHN region have reported having a long-term health condition, compared to 67.4 per cent across Australia (ABS, 2015. Aboriginal and Torres Strait Islander Health Survey [National Aboriginal and Torres Strait Islander Health Survey component] 2012-13, Customised report. Canberra: ABS).

Chronic conditions, asthma

Key Issue	Description of Evidence
A lower proportion of Aboriginal and/or Torres Strait Islander persons in the Western Victoria PHN region have reported having asthma, relative to Australia.	Amongst Aboriginal and/or Torres Strait Islander persons aged 15 years or over in the Western Victoria PHN region, 15.2 per cent have reported having asthma, compared to 17.5 per cent across Australia (Australian Bureau of Statistics, 2015. Customised report based on Australian Aboriginal and Torres Strait Islander Health Survey [National Aboriginal and Torres Strait Islander Health Survey component] 2012-13).

Maternal and child health– smoking during pregnancy

Key Issue	Description of Evidence
Relative to Australia, Western Victoria PHN region had similar proportions of women smoking during pregnancy amongst Aboriginal and/or Torres Strait Islander persons.	During 2014-16, 44.0 per cent of Aboriginal and Torres Strait Islander women smoked during pregnancy in the Western Victoria PHN region compared to 45.2 per cent in Australia (Australian Institute of Health and welfare (AIHW) 2018, (AIHW 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).

Maternal and child health– low birthweight babies

Key Issue	Description of Evidence
Relative to Australia, Western Victoria PHN region had similar proportions of babies born to Aboriginal and/or Torres Strait Islander women who were of low birth weight.	During 2014-16, 10.0 per cent of live births were of a low birthweight for Aboriginal and/or Torres Strait Islander mothers in Western Victoria PHN compared to 10.4 per cent in Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).

Maternal and child health– antenatal visits in the first trimester

Key Issue	Description of Evidence
The proportion of Aboriginal and/or Torres Strait Islander women who gave birth and had at least one antenatal visit in the first trimester in the Western Victoria PHN region was lower than that reported for Australia as a whole.	During 2014-16, 48.1 per cent of Aboriginal and/or Torres Strait Islander women in the Western Victoria PHN region who gave birth had at least one antenatal visit in the first trimester, compared to 57.6 per cent across Australia (Australian Institute of Health and welfare (AIHW) 2018, Based on AIHW National Perinatal Data Collection 2012 to 2016).

Smoking

Key Issue	Description of Evidence
Relative to Australia, a higher proportion of Aboriginal and/or Torres	In total, 48.2 per cent of Aboriginal and/or Torres Strait Islander persons aged 15 years and over in the Western Victoria PHN region have been found to smoke daily, compared to 41.6 per

Smoking

Key Issue	Description of Evidence
Strait Islander persons in the Western Victoria PHN region have been found to smoke daily.	cent across Australia (ABS, 2015. Aboriginal and Torres Strait Islander Health Survey (Core component) 2012-13, Customised report. Canberra: ABS).

Alcohol and Other Drug use

Key Issue	Description of Evidence
Alcohol and cannabis were the drugs most used by Aboriginal and Torres Strait Islander persons. These are the same top drugs as the overall population.	Nationally, higher proportions of Indigenous persons smoked tobacco, undertook lifetime risky alcohol consumption, and used cannabis compared to non-Indigenous Australians (NDSHS, 2016). However, between 2013 and 2016 there was a national decline in the lifetime risk of alcohol use for Indigenous persons (NDSHS report, 2016). In Australia, Aboriginal and Torres Strait Islander persons aged 15 years and over who exceeded guidelines for alcohol lifetime risk were 14.7per cent in 2014-15, which has decreased from previous years (ABS, 2016. National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15). The most common illicit drug used by an Aboriginal and Torres Strait Islander persons aged 15 years and over was cannabis followed by non-medical use of pharmaceutical drugs in 2014-15 (ABS, 2016. National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15).
Accidental drug related deaths for Aboriginal people.	In Australia, Aboriginal accidental drug-related deaths in 2016 were 20.7 per 100,000, compared to 6.4 per 100,000 for non-Aboriginal people (Australia's Annual Overdose Report, 2018).
Alcohol and other drug use a top health issue.	Consultations with service providers in 2018 identified alcohol and other drug use as one of the top three health issues for Aboriginal and/or Torres Strait Islander people in the Western Victoria PHN region.
Compared to all women, a higher proportion of Aboriginal and Torres Strait Islander women smoked during pregnancy.	Within the Western Victoria PHN region 44.9 per cent of Aboriginal and Torres Strait Islander women smoked during pregnancy between 2013 and 2015 (this has increased from 45.7 per cent in 2012-14). Nationally in 2013-15, 46.5 per cent smoked (National Health Performance Authority [NHPA], 2015. Healthy Communities: Child and maternal health in 2013-15 report).

Prevalence of mental health conditions

Key Issue	Description of Evidence
At a national and state level, Aboriginal and Torres Strait Islander persons experience poorer mental health compared to the population as a whole.	At a national and state level, Aboriginal and Torres Strait Islander persons experience poorer mental health compared to the population as a whole. For example, this is evident in the higher rates of psychological distress (nationally it is 2.6 times that of non-Aboriginal and/or Torres Strait Islander Australians for high/very high psychological distress based on K5 scale and age standardised rates, 32.5 per cent compared to 12.3 per cent. In Victoria the Aboriginal and/or Torres Strait Islander rate of persons reporting high/very high levels of psychological distress is 37.5 per cent (ABS, National Aboriginal and Torres Strait Islander Survey, Australia, 2014-15). Consultations with service providers in 2018 identified mental health as the top health issue for Aboriginal and/or Torres Strait Islander people in the Western Victoria PHN region.
The mortality rate from suicide for Aboriginal and/or Torres Strait Islander persons is greater than that of non-Aboriginal and/or Torres Strait Islander persons.	The age standardised national mortality rate from suicide was 24.0 per 100,000 Aboriginal and/or Torres Strait Islander Australians, which is 2.1 times the rate of non-Aboriginal and/or Torres Strait Islander Australians, 11.2 per 100,000 (AIHW, 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017. Online data tables. AIHW analysis of National Morbidity Database).
The impact of trauma on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.	Consultations with some Aboriginal Community Controlled Organisations (ACCOs) in the Western Victoria PHN region identified the adverse impact of trauma on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. National reports support this by recognising trauma can compound across generations leading to physical, mental, emotional, spiritual and social distress (Dudgeon et al, 2014. Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice).

Section 3 – Outcomes of the service needs analysis

General Population Health

Service utilisation – emergency department presentations

Key Issue	Description of Evidence
Higher number of emergency department presentations per 1,000 persons in the in-hours and after-hours periods in Ballarat, relative to most Statistical Area 3s in Victoria for which data has been published.	In 2015-16, eight out of 48 Statistical Area 3s (SA3s) in Victoria for which data is published had more than 100 in-hours emergency department presentations per 1,000 persons at public hospitals (data relates to patients assigned to triage categories 3, 4, or 5, who were "not subsequently admitted to hospital and had an 'emergency presentation' type of visit") (Australian Institute of Health and Welfare [AIHW] analysis of the National Non-admitted Patient Emergency Department Care Database 2015-16 and Australian Bureau of Statistics [ABS], Estimated Resident Population [ERP] 2013-15). This includes Ballarat, which had 133 in-hours emergency department presentations per 1,000 persons–the sixth highest figure reported amongst SA3s in Victoria (tied with Bendigo) (AIHW analysis of the National Non-admitted Patient Emergency Department Care Database 2015-16 and ABS, ERP 2013-15). In 2015-16, nine out of 48 Statistical Area 3s (SA3s) in Victoria for which data is published had more than 100 after-hours emergency department presentations per 1,000 persons at public hospitals (data relates to patients assigned to triage categories 3, 4, or 5, who were "not subsequently admitted to hospital and had an 'emergency presentation' type of visit") (Australian Institute of Health and Welfare [AIHW] analysis of the National Non-admitted Patient Emergency Department Care Database 2015-16 and Australian Bureau of Statistics [ABS], Estimated Resident Population [ERP] 2013-15). This includes Ballarat, which had 142 after-hours emergency department presentations per 1,000 persons- the fifth highest figure reported amongst SA3s in Victoria (tied with Bendigo) (AIHW analysis of the National Non-admitted Patient Emergency Department Care Database 2015-16 and ABS, ERP 2013-15).
Relative to Victoria, a number of local government areas in the Western Victoria PHN region have more primary care type presentations at public hospital emergency departments per 1,000 persons.	In 2014-15, the number of occasions of service for 'primary care type presentations' per 1,000 people at public hospital emergency departments was higher than that reported for Victoria (103 such occasions of service per 1,000 people) in seven local government areas (LGAs) in the Western Victoria PHN region (Victorian Emergency Minimum Dataset, Department of Health and Human Services [DHHS], and Australian Bureau of Statistics [ABS] Estimated Resident Population [ERP], cited in State Government of Victoria DHHS 2015 LGA statistical profiles). The LGA with the highest number of 'primary care type presentations' per 1,000 people in the Western Victoria PHN region was Horsham Rural City (266.3 such occasions of service per 1,000 people), followed by Warrnambool City (234.4) and Southern Grampians Shire (184.9) (Victorian Emergency Minimum Dataset, DHHS, and ABS

Service utilisation – emergency department presentations	
Key Issue	**Description of Evidence**
	ERP, cited in State Government of Victoria DHHS 2015 LGA statistical profiles).

Health workforce and access to services – general practitioners and general health services	
Key Issue	**Description of Evidence**
Limited access to general practitioners in some localities, and fewer full-time equivalent general per 100,000 persons in a number of Statistical Area 3s in the Western Victoria PHN region.	In 2014, there were 113.8 full-time equivalent (FTE) general practitioners (GPs) per 100,000 persons in the Western Victoria PHN region, compared to 109.5 across Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Amongst Statistical Area 3s in the Western Victoria PHN region, Barwon-West (60.4), Maryborough-Pyrenees (70.7), and Creswick-Daylesford-Ballan (88.4) had the fewest FTE GPs per 100,000 persons (AIHW National Health Workforce Dataset). Limited access to general practitioners outside of major population centres in the Western Victoria PHN region was also raised as an issue in the 2016 rural service provider and community consultations. It was also identified in the 2018 Community Access to Health Services Survey that a greater number of health professionals, particularly general practitioners, nurses and psychiatrists were required particularly the further a town was located from a major centre.
Higher proportion of adults reporting 'poor' access to 'general health services' in certain areas in the Western Victoria PHN region, compared to rural and regional Victoria.	An estimated 16.1 per cent of adults in rural and regional Victoria (16.6 per cent in rural and regional Australia) rated their access to "General health services e.g. GP, general health consultation services" as 'poor' (2016 Regional Wellbeing Survey, Grampians region data tables, Version 1.01 July 2017). Within the Western Victoria PHN region, this state-wide figure was exceeded in Corangamite Shire (as estimated 19.7 per cent of adults rated their access to general health services as 'poor') and Hindmarsh Shire, West Wimmera Shire, and Yarriambiack Shire group of local government areas (25.4 per cent) (2016 Regional Wellbeing Survey, Grampians, Barwon South West, and Loddon Mallee region data tables, Version 1.01 July 2017).
Proportion of persons unable to access their preferred general practitioner.	In 2013-14, 80.1 per cent of persons aged 15 years and over in the Western Victoria PHN region reported having a preferred general practitioner (GP) in the previous 12 months, compared to 79.7 per cent in Australia (Australian Institute of Health and Welfare [AIHW] 2017, based on Australian Bureau of Statistics [ABS], Patient Experience Survey [PES], 2013-14).

Health workforce – dentists

Key Issue	Description of Evidence
Fewer full-time equivalent dentists per 100,000 persons in the Western Victoria PHN region compared with Victoria, and an uneven distribution of dentists across Statistical Area 3s.	In 2014, there were 40.5 full-time equivalent (FTE) dentists per 100,000 persons in the Western Victoria PHN region, compared to 51.7 in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Amongst the eight Statistical Area 3s in the Western Victoria PHN region for which data has been published, Creswick-Daylesford-Ballan (10.6), Surf Coast-Bellarine Peninsula (24.9), and Maryborough-Pyrenees (29) had the fewest FTE dentists per 100,000 persons (AIHW National Health Workforce Dataset).

Health workforce – occupational therapists

Key Issue	Description of Evidence
Fewer full-time equivalent occupational therapists per 100,000 persons in a number of Statistical Area 3s in the Western Victoria PHN region, relative to Victoria.	In 2014, there were 55 full-time equivalent (FTE) occupational therapists per 100,000 persons in the Western Victoria PHN region, compared to 47.8 in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Five of the seven Statistical Area 3s (SA3s) in the Western Victoria PHN region for which data has been published had a lower number of FTE occupational therapists per 100,000 persons compared to Victoria (AIHW National Health Workforce Dataset). The three SA3s with the fewest FTE occupational therapists per 100,000 persons were Maryborough-Pyrenees (21.1), Surf Coast-Bellarine Peninsula (26.4), and Warrnambool-Otway Ranges (39.8) (AIHW National Health Workforce Dataset).

Health workforce – optometrists

Key Issue	Description of Evidence
Fewer full-time equivalent optometrists per 100,000 persons in the Western Victoria PHN region compared with Victoria, and an uneven distribution of optometrists across Statistical Area 3s.	In 2014, there were 15.5 full-time equivalent (FTE) optometrists per 100,000 persons in the Western Victoria PHN region, compared to 16.8 in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Amongst the six Statistical Area 3s in the Western Victoria PHN region for which data has been published, Surf Coast-Bellarine Peninsula (8.4), Glenelg-Southern Grampians (14.2), and Ballarat (15.6) had the fewest FTE optometrists per 100,000 persons (AIHW National Health Workforce Dataset).

Health workforce – pharmacists

Key Issue	Description of Evidence
Fewer full-time equivalent pharmacists per 100,000 persons in the Western Victoria PHN region compared with Victoria, and an uneven distribution of pharmacists across Statistical Area 3s.	In 2014, there were 77.5 full-time equivalent (FTE) pharmacists per 100,000 persons in the Western Victoria PHN region, compared to 82 in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Amongst Statistical Area 3s in the Western Victoria PHN region, Barwon-West (34.9), Maryborough-Pyrenees (45.5), and Surf Coast-Bellarine Peninsula (45.6) had the fewest FTE pharmacists per 100,000 persons (AIHW National Health Workforce Dataset).

Health workforce – physiotherapists

Key Issue	Description of Evidence
Fewer full-time equivalent physiotherapists per 100,000 persons in the Western Victoria PHN region compared with Victoria, and an uneven distribution of physiotherapists across Statistical Area 3s.	In 2014, there were 72.6 full-time equivalent (FTE) physiotherapists per 100,000 persons in the Western Victoria PHN region, compared to 83.5 in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Amongst Statistical Area 3s in the Western Victoria PHN region, Maryborough-Pyrenees (14.8), Barwon-West (17.5), and Creswick-Daylesford-Ballan (20.9) had the fewest FTE physiotherapists per 100,000 persons (AIHW National Health Workforce Dataset).

Health workforce – psychologists

Key Issue	Description of Evidence
	For information on health workforce - psychologists, please see “Primary Mental Health Care” table.

Access to health services – after-hours services

Key Issue	Description of Evidence
Limited access to after-hours services in some localities.	Limited access to after-hours services (such as general practice and mental health services) was raised as an issue of concern in 2016 consultations with the Great South Coast Community Advisory Council as well as the rural service provider and community consultations. This was also raised as an issue of concern in the 2018 Community Access to Health Services Survey.

Access to health services – mental health services

Key Issue	Description of Evidence
	For information on access to mental health services, please see "Primary Mental Health Care" table.

Health workforce – ageing workforce

Key Issue	Description of Evidence
A substantial proportion of general practitioners in the Western Victoria PHN region have been found to be aged 55 years and over.	In 2014, 38.2 per cent of general practitioners (GPs) in the Western Victoria PHN region were aged 55 years and older, compared to 39.1 per cent of GPs in Victoria (Australian Institute of Health and Welfare [AIHW] National Health Workforce Dataset). Within Statistical Area 3s in the Western Victoria PHN region, the proportion of GPs aged 55 years or older was greater than that reported for Victoria as a whole in Geelong (48 per cent), Maryborough-Pyrenees (45 per cent), Grampians (40.5 per cent), Glenelg-Southern Grampians (39.8 per cent), and Warrnambool-Otway Ranges (39.2 per cent) (AIHW National Health Workforce Dataset). This is a concern given most of these regions already have fewer full-time equivalent GPs per 100,000 persons, compared with Victoria (see the separate entry on 'Health workforce and access to services– general practitioners and general health services' above). An ageing workforce was also identified as an issue in the 2018 Community Access to Health Services Survey with general practitioners set to retire soon and the younger workforce coming through not staying for more than one to two years. Recruitment and retention of health professionals across the region has been identified as a major issue.

Health workforce – recruitment and retention

Key Issue	Description of Evidence
Difficulties recruiting and retaining health professionals.	Difficulties recruiting and retaining health professionals (and general practitioners in particular) was a common issue raised in the 2016 rural service provider and community consultations.

Health literacy – knowledge of available services

Key Issue	Description of Evidence
Health consumers and/or service providers can lack knowledge of what health services are available and how to access them.	As noted in the 'Outcomes of the health needs analysis' section above, a common issue raised in the 2016 consultations was that health consumers and/or service providers can be unaware of the range of services available in their region, and experience difficulties navigating the healthcare system. Similar observations were made in the 2017 consultation sessions held with the Ballarat Goldfields, Geelong Otway, and Wimmera Grampians Community Advisory Councils, as well as the Wimmera Grampians Clinical Council. The 2018 Community Access to Health Services Survey also identified health system literacy as an issue of concern, particularly in regard to navigating the health services system, having more information about services that are available, and having more education particularly around wellbeing and mental health.

Service coordination and communication

Key Issue	Description of Evidence
Current communication practices and/or tools do not always support optimal service coordination.	The need to improve health service coordination and communication was a prominent theme to emerge from the 2016 rural service provider and community consultations. This issues was also raised in the 2016 consultation session held with the Wimmera Grampians Community Advisory Council. Particular barriers to optimal care coordination included limited access to and/or inconsistent utilisation of clinical management and secure messaging platforms, a lack of compatibility between different software packages, and the absence of clear and comprehensive directories of available health services. These and/or similar issues were also raised in each consultation session held with the Western Victoria PHN Community Advisory Councils and Clinical Councils in 2017. Some of these observations appear to accord with findings from the Australian Bureau of Statistics (ABS) Patient Experience Survey (PES) 2013-14 (ABS, 2015. PES 2013-14, Customised report. Canberra: ABS). For example, amongst persons in the Western Victoria PHN region who received care from three or more health professionals, 65.5 per cent reported a health professional helped to coordinate their care (ABS, 2015. PES 2013-14, Customised report. Canberra: ABS). This was one of the lowest rates reported amongst PHNs (26th overall) (ABS, PES 2013-14). Furthermore, when receiving care from three or more professionals, 15.4 per cent of people in the Western Victoria PHN region reported experiencing "issues caused by lack of communication between health professionals" (17th highest

Service coordination and communication

Key Issue	Description of Evidence
	amongst the 30 PHNs for which data has been published) (ABS, 2015. PES 2013-14, Customised report. Canberra: ABS). The need for effective coordination is apparent when one considers that in 2016-17, 15.8 per cent of adults in the Western Victoria PHN region (16.7 per cent in Australia) and in 2016-17 20.5 per cent in the Western Victoria PHN region (16.3 per cent in Australia) reported seeing three or more health professionals for the same health condition in the previous 12 months (Australian Institute of Health and Welfare [AIHW] 2018, Patient Experience Survey 2016-17).

Digital health – My Health Record

Key Issue	Description of Evidence
Proportion of population in the Western Victoria PHN region registered with My Health Record.	As at the 26 August 2018, 141,078 persons in the Western Victoria PHN region, or about 22.8 per cent of the population, were registered with My Health Record (calculation based on Australian Bureau of Statistics [ABS], 2016 Census of Population and Housing. ABS: Canberra, PHN-level population data aggregated from Statistical Area 3s, and My Health Record statistics by Primary Health Network, September 2018, accessed from the Australian Government Department of Health PHN data website). By way of comparison, about 21.0 per cent of persons across Victoria had registered with My Health Record by the 26th of August 2018 (calculation based on Australian Bureau of Statistics [ABS], 2016 Census of Population and Housing. ABS: Canberra, population data for Victoria, and My Health Record statistics by Primary Health Network, September 2018, accessed from the Australian Government Department of Health PHN data website). Overall, on the 26 August 2018 there were 26,172 more persons in the Western Victoria PHN region registered with My Health Record than there were on the 27 August 2017 (My Health Record statistics by Primary Health Network, September 2018, accessed from the Australian Government Department of Health PHN data website).

Digital health– telehealth

Key Issue	Description of Evidence
There are several practical barriers to the provision of telehealth services.	The potential for telehealth to facilitate greater access to health services was a common theme in the 2016 rural service provider and community consultations. However, practical issues such as limited internet access and difficulties arranging telehealth consultations with second and third parties, such as specialist consultants, act as barriers to the utilisation of telehealth services.

Digital health– telehealth

Key Issue	Description of Evidence
	Similar observations were made in the 2017 consultation session with the Wimmera Grampians Clinical Council.

Access to services – cost

Key Issue	Description of Evidence
Cost acts as a barrier to people accessing health services.	Financial cost as a barrier to health service access was a prominent theme in the 2016 rural service provider and community consultations, and the 2016 consultations with the Western Victoria PHN Community Advisory Councils. Some recent survey findings appear to lend support to concerns that financial costs can inhibit access to healthcare. The 2018 Community Access to Health Services Survey also identified cost as a barrier to health services as a prominent theme. Many respondents reported that many health services were expensive, or that they sometimes did not access services or put off accessing services when needed because of the cost. A lack of bulk billing services was also identified as an issue particularly if numerous appointments were required. Additionally the gap fee was identified as a barrier to accessing health services that are subsidised by Medicare particularly General Practitioners. For example, in 2015-16, 3.7 per cent of persons aged 15 years and over in the Western Victoria PHN region (4.1 per cent in Australia) did not see a general practitioner (GP) or delayed seeing a GP in the previous 12 months due to cost (Australian Institute of Health and Welfare [AIHW] 2017, based on Australian Bureau of Statistics [ABS], PES, 2015-16). However, the proportion of persons in the Western Victoria PHN region reporting to have not seen or delayed seeing a GP due to cost in 2015-16 was lower than that reported in 2013-14 (6 per cent) and 2014-15 (5.7 per cent) (AIHW 2017, based on ABS, PES, 2013-14, 2014-15, 2015-16). In 2016-17, 7.2 per cent of persons aged 15 years and over in the Western Victoria PHN region (7.3 per cent in Australia) delayed or did not get a prescription filled in the previous 12 months due to cost (Australian Institute of Health and Welfare [AIHW] 2018, based on Australian Bureau of Statistics [ABS], Patient Experience Survey [PES], 2016-17). The proportion of persons in the Western Victoria PHN region reporting they delayed or did not get a prescription filled due to cost in 2016-17 was higher than that reported in 2014-15 (6.9 per cent), and 2015-16 (6.6) (AIHW 2017, based on ABS, PES, 2013-14, 2014-15, 2015-16).

Access to services – cost

Key Issue	Description of Evidence
Lower rates of bulk-billing in the Western Victoria PHN catchment, relative to Australia.	In 2016-17, 24.3 per cent of persons aged 15 years and over in the Western Victoria PHN region (18.4 per cent in Australia) delayed or did not see a dentist, hygienist or dental specialist in the previous 12 months due to cost (Australian Institute of Health and Welfare [AIHW] 2018, based on Australian Bureau of Statistics [ABS], Patient Experience Survey [PES], 2016-17). The proportion of persons in the Western Victoria PHN region reporting they delayed or did not see a dental health professional due to cost in 2016-17 was higher than that reported in 2014-15 (21.9 per cent) and 2015-16 (17.8) (AIHW 2017, based on ABS, PES, 2014-15, 2015-16). In 2016-17, 82.1 per cent of General Practitioner (GP) attendances in the Western Victoria PHN region were bulk-billed, compared to 82.0 per cent in 2015-16, 80.8 per cent in 2014-15 and 79.5 per cent in 2013-14 (Australian Institute of Health and Welfare [AIHW] analysis of Department of Human Services [DHS], Medicare Benefits Schedule [MBS] statistics, and Australian Bureau of Statistics [ABS], Estimated Resident Population [ERP] data). The proportion of GP attendances in the Western Victoria PHN region that were bulk-billed in 2016-17 was lower than that reported for Australia (85.7 per cent) (AIHW analysis of DHS, MBS statistics, and ABS, ERP data). In total, there were four Statistical Area 3s (SA3s) within the Western Victoria PHN region where less than 82.1 per cent of GP attendances were bulk-billed in 2016-17, including Surf Coast-Bellarine Peninsula (76.2 per cent), Barwon-West (78.5 per cent), Warrnambool-Otway Ranges (77.0 per cent) and Geelong (81.4 per cent) (AIHW analysis of DHS, MBS statistics, and ABS, ERP data).
Compared with Australia, a lower proportion of persons in the Western Victoria PHN catchment have reported having private health insurance.	In 2015-16, 50.2 per cent of persons aged 15 years and over in the Western Victoria PHN region reported having private health insurance, compared to 57.4 per cent of persons aged 15 years and over in Australia (Australian Institute of Health and Welfare [AIHW] 2017, based on Australian Bureau of Statistics [ABS], Patient Experience Survey [PES], 2015-16).

Access to services and service utilisation – eye health

Key Issue	Description of Evidence
In most local government areas in the Western Victoria PHN region, the estimated proportion of adults who have ever made, or have made a	It has been estimated that 89.1 per cent of adults in Victoria (88 per cent in rural Victoria) have had an eye test from an eye health professional at some point during their lifetime (Department of Health and Human Services [DHHS], 2016. Victorian Population Health Survey [VPHS] 2014: Health and wellbeing, chronic conditions, screening and eye health. State

Access to services and service utilisation – eye health

Key Issue	Description of Evidence
recent visit to an eye health professional is lower than that reported for Victoria.	Government of Victoria: Melbourne). Amongst local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults who have ever had an eye test was lower than that reported for Victoria in 12 cases (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Within this group, the LGA with the lowest estimated proportion of adults to have ever had an eye test was Hepburn Shire (75.8 per cent), followed by Central Goldfields Shire (80.9 per cent) and West Wimmera Shire (81.1 per cent) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Amongst adults in Victoria who have ever had an eye test, it is estimated that 51 per cent (50.5 per cent in rural Victoria) visited an eye health professional in the 12 months prior to the Victorian Population Health Survey 2014 (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). Amongst the 21 LGAs in the Western Victoria PHN region, the estimated proportion of adults making a visit to an eye health professional in the previous 12 months was lower than that reported for Victoria in 18 instances (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne). From these 18 LGAs, the estimated proportion of adults to have visited an eye health professional in the previous 12 months was lowest in the Horsham Rural City (32.4 per cent), then West Wimmera Shire (34.1 per cent) and Northern Grampians Shire (34.4 per cent) (DHHS, 2016. VPHS 2014: Health and wellbeing, chronic conditions, screening and eye health. State Government of Victoria: Melbourne).

Access to services – transport

Key Issue	Description of Evidence
Distance to health services, the cost of travel, and limited public transport options hinder access to health services.	Transport was raised as an issue in almost all 2016 rural service provider and community consultations, as well as the 2016 consultations held with the Western Victoria PHN Community Advisory Councils. It was noted that often there are limited public transport options and connections within and between settlements in western Victoria. This acts as barrier to service access, as do the distances health consumers sometimes need to travel to access services, which consumes both time and money. This is a particular issue for health consumers travelling to Melbourne or larger regional centres such as Ballarat to access

Access to services – transport

Key Issue	Description of Evidence
	services (e.g. specialists) which might not be available in their local area. The 2018 Community Access to Health Services Survey identified distance to some medical services as a barrier to accessing services as well as lack of local services particularly specialists and medical diagnostic services. Data from a number of sources lend support to these concerns. For example, according to results from the 2016 Regional Wellbeing Survey, as estimated 50.8 per cent of adults in rural and regional Victoria (55.3 per cent in rural and regional Australia) rated their access to "Public transport (including taxis, buses, trains)" as 'poor' (2016 Regional Wellbeing Survey, Grampians region data tables, Version 1.01 July 2017). Amongst individual or groups of local government areas (LGAs) in the Western Victoria PHN region, the estimated proportion of adults rating their access to public transport as 'poor' ranged from 40.3 per cent in the City of Greater Geelong, Borough of Queenscliffe, and Surf Coast Shire group of LGAs, to 81 per cent in the Hindmarsh Shire, West Wimmera Shire, and Yarriambiack Shire group of LGAs (2016 Regional Wellbeing Survey, Grampians, Barwon South West, and Loddon Mallee region data tables, Version 1.01 July 2017). Furthermore, it has been estimated that 73.9 per cent of the population in Victoria lives within 400 metres of a bus/tram stop and/or 800 metres of a train station (System Intelligence and Analytics branch, Department of Health and Human Services [DHHS], 2015, using ESRI ArcGIS and Australian Bureau of Statistics [ABS], Estimated Resident Population [ERP], and transport location data from the Department of Environment, Land, Water and Planning [DELWP]. Results reported in DHHS, 2015 Local Government Area [LGA] Statistical Profiles). However, compared with Victoria, all LGAs in the Western Victoria PHN region except the City of Greater Geelong are estimated to have a lower proportion of the population living close to public transport (System Intelligence and Analytics branch, DHHS, 2015, using ESRI ArcGIS and ABS, ERP, and transport location data from the DELWP. Results reported in DHHS, 2015 LGA Statistical Profiles). The LGA in the Western Victoria PHN region estimated to have the lowest proportion of the population residing close to public transport was Golden Plains Shire (2.4 per cent), followed by Pyrenees Shire (7.5 per cent), and Yarriambiack Shire (7.6 per cent) (System Intelligence and Analytics branch, DHHS, 2015, using ESRI ArcGIS and ABS, ERP, and transport location data from the DELWP. Results reported in DHHS, 2015 LGA Statistical Profiles).

Access to services – aged care

Key Issue	Description of Evidence
Relative to rural and regional Victoria, a higher proportion of adults in some areas within the Western Victoria PHN region have rated their access to aged care services as 'poor'.	According to results from the Regional Wellbeing Survey 2016, an estimated 16.4 per cent of adults in rural and regional Victoria (19.5 per cent in rural and regional Australia) rated their access to "Aged care services e.g. retirement villages, in-home support" as 'poor' (2016 Regional Wellbeing Survey, Grampians region data tables, Version 1.01 July 2017). With regards to local government areas (LGAs) in the Western Victoria PHN region, this state-wide figure was exceeded in the Colac Otway Shire (an estimated 22.5 per cent of adults rated their access to aged care services as 'poor') and the following two groups of LGAs: the Central Goldfields Shire, Macedon Ranges Shire, and Mount Alexander Shire (16.9 per cent [note the entire Macedon Ranges LGA and over 99.9 per cent of the Mount Alexander LGA is located outside of the Western Victoria PHN region, according to the Australian Bureau of Statistics LGA 2017-PHN 2017 concordance file available on the PHN website]) and Hindmarsh Shire, West Wimmera Shire, and Yarriambiack Shire (25.3 per cent) (2016 Regional Wellbeing Survey, Grampians, Barwon South West, and Loddon Mallee region data tables, Version 1.01 July 2017).
Relative to Victoria, there are fewer residential aged care places available per 1,000 persons aged 70 years and older in a number of local government areas in the Western Victoria PHN catchment.	In June 2016, there were 86.6 residential care places per 1,000 people aged 70 years and over in the Western Victoria PHN region, compared to 85.1 and 82.6 such places across Victoria and Australia, respectively (compiled by the Public Health Information Development Unit [PHIDU] based on data from the Department of Health and Ageing, 30 June 2016; and the Australian Bureau of Statistics [ABS] Estimated Resident Population, 30 June 2015). Amongst LGAs located in the Western Victoria PHN region, the three with the least number of residential care places per 1,000 people aged 70 years and over were the Pyrenees Shire (48.4 places), Moorabool Shire (part b) (49 places), and Moyne Shire (64.3 places) (compiled by PHIDU based on data from the Department of Health and Ageing, 30 June 2016; and the ABS Estimated Resident Population, 30 June 2015).

Access to services and service planning – persons speaking languages other than English

Key Issue	Description of Evidence
A number of persons in the Western Victoria PHN region speak a language other than English at home, and speak English not well or not at all.	In 2016, 537,059 people in the Western Victoria PHN region spoke English only at home, while 39,743 spoke a language other than English at home (calculation based on Australian Bureau of Statistics [ABS] 2016 Census of Population and Housing, data aggregated from Statistical Area 3s [SA3s]). The most common languages other than English spoken at home (excluding languages and responses categorised as 'Other') in the Western

Access to services and service planning – persons speaking languages other than English

Key Issue	Description of Evidence
	Victoria PHN region were Mandarin (3,516 speakers), Italian (3,273), Croatian (2,419), German (1,620), and Greek (1,457) (calculation based on ABS 2016 Census of Population and Housing, data aggregated from SA3). Amongst persons speaking a language other than English at home in the Western Victoria PHN region, 5,983 spoke English not well or not at all (calculation based on ABS 2016 Census of Population and Housing, PHN-level data aggregated from SA3s). Of persons in this group, 61.89 per cent (3,703) resided in the Geelong SA3, including more than one-third in the Corio-Norlane (1,373) and North Geelong-Bell Park (746) Statistical Area 2s put together (ABS 2016 Census of Population and Housing, percentage calculations based on data from the same source). Within the Geelong SA3, the three languages with the largest number of speakers (other than English, and excluding languages and responses categorised as 'Other') reported to speak English not well or not at all were Mandarin (342 such speakers), Croatian (337), and Italian (296) (ABS 2016 Census of Population and Housing).

Service planning – country of birth

Key Issue	Description of Evidence
Almost one in five persons in the Western Victoria PHN catchment were born overseas.	In 2016, about 80.94 per cent of persons living in the Western Victoria PHN region were born in Australia (calculation based on Australian Bureau of Statistics [ABS] 2016 Census of Population and Housing, PHN-level data aggregated from Statistical Area 3s, and excludes persons for whom country of birth was not stated). Amongst persons born overseas (excluding those in the 'Born elsewhere' category), England was the most common country of birth (2.8 per cent of persons in the Western Victoria PHN region), followed by New Zealand (1 per cent), India (0.64 per cent), the Netherlands (0.51 per cent), and Scotland (0.44 per cent) (calculations based on ABS 2016 Census of Population and Housing, PHN-level data aggregated from Statistical Area 3s, and excludes persons for whom country of birth was not stated).

Service planning – population growth and decline

Key Issue	Description of Evidence
Varying rates of population growth/decline in localities across the Western Victoria PHN region.	Between 2011 and 2016, the population of the Western Victoria PHN region increased by 7.13 per cent (576,799 persons to 617,931 persons), compared to a 10.69 per cent increase across Victoria and an 8.81 per cent increase across Australia (calculations based on Australian Bureau of Statistics [ABS] 2011 and 2016 Census of Population and Housing, PHN-level data aggregated from Statistical Areal 3s). Amongst Statistical Area 2s (SA2s) in the Western Victoria PHN region, the population grew by more than 20 per cent in Alfredton (39.65 per cent), Bannockburn (36.22 per cent), Ocean Grove-Barwon Heads (27.59 per cent), Leopold 26.73 per cent), Delacombe (23.19 per cent), and Torquay (22.07 per cent) (calculations based on ABS 2011 and 2016 Census of Population and Housing). In contrast, the population declined in a number of SA2s in the Western Victoria PHN region between 2011 and 2016, with the largest declines (in percentage terms) occurring in St Arnaud (-6.5 per cent), Yarriambiack (-5.71 per cent), Southern Grampians (-4.32 per cent), Nhill Region (-4.28 per cent), and West Wimmera (-4.16 per cent) (calculations based on ABS 2011 and 2016 Census of Population and Housing).

Primary Mental Health Care (including Suicide Prevention)

Primary mental health services

Key Issue	Description of Evidence
Estimated demand for mental health services.	The National Mental Health Strategic Planning Framework (NMHSPF) tool estimates the number of people in the Western Victoria PHN region in 2018 with a demand for treatment for mild mental illness as 28,048 (increasing to 28,754 in 2021); for moderate mental illness 22,793 (increasing to 23,375 in 2021); and for severe mental illness 19,328 (increasing to 19,862 in 2021). (The NMHSPF is based on the following service demand rates: 100 per cent of people with severe mental illness will seek and/or receive treatment; 80 per cent of people with moderate mental illness; and 50 per cent of people with mild mental illness).
Higher proportions of adults not accessing health services for their psychological distress in some local government areas in the Western Victoria PHN region compared to rural Victoria.	In 11 local government areas (LGAs) of the Western Victoria PHN region, there were higher estimated proportions of adults who had not visited a health professional about their psychological distress than the rural Victorian average of 88.2 per cent. These LGAs included Golden Plains Shire (92.4 per cent), Hepburn Shire (92.1 per cent), Moorabool Shire (91.9 per cent), and Warrnambool City, Northern Grampians Shire and Corangamite Shire (all 90.9 per cent). It is interesting to note that in 2011-12, LGAs of Moorabool Shire and Golden Plains Shire both had the second and third highest proportion of people with high or very high psychological distress, 11.9 per cent and 11.6 per cent respectively, within the Western Victoria PHN region (Victorian Population Health Survey 2011-12).
In contrast to 2011 where there were lower proportions of the population seeking professional help for mental health related problems in the majority of local government areas in the Western Victoria PHN region relative to rural Victoria; in 2014 there were 9 local government areas where the proportion of the population seeking professional help for mental health related problems was higher than rural Victoria and 12 local government areas where the proportion was lower than rural Victoria.	In 12 LGAs in the Western Victoria PHN region the estimated proportion of the population who had sought professional help for a mental health related problem in the previous 12 months was lower than the rural Victorian average of 18.1 per cent and, in nine LGAs, lower than Victoria (16 per cent). These LGAs included Moyne Shire (9.3 per cent), West Wimmera Shire (10.1 per cent), Glenelg Shire (11 per cent), Hindmarsh Shire (11.4 per cent), Southern Grampians Shire (12.1 per cent) and Colac Otway Shire (12.3 per cent). There was a significantly higher estimated proportion of people who had sought professional help for a mental health problem in the 12 months before the survey in the Central Goldfields Shire (28.2 per cent) compared with all Victorians (16 per cent) (Victorian Population Health Survey 2014). For the financial year of 2017-18 in the Western Victoria PHN region, 4,341 people accessed Psychological Therapy Services. This is 0.7 per cent of the population of the Western Victoria PHN region and 8.5 per cent of the treated population with mild and moderate illness as estimated by the National Mental Health Services Planning Framework. In 2017-18, 41 per cent of people referred to psychological therapy services (PTS) did not access services, 24 per cent attended up to 3 sessions, 19 per cent

Primary mental health services

Key Issue	Description of Evidence
	attended 4 or 5 sessions with the remaining 15 per cent attending 6 to 10 sessions. There are five LGAs where the proportion of people accessing PTS services was less than 0.2per cent: Central Goldfields Shire 0.11 per cent, Glenelg Shire 0.11 per cent, Southern Grampians Shire 0.12 per cent, Pyrenees Shire 0.12 per cent and Borough of Queenscliffe 0.18 per cent.
At a state level, more females than males sought professional help for mental health related problems; and more rural females sought help compared to metropolitan females.	At a state level, a significantly higher estimated proportion of females sought professional help for a mental health problem in the year before the survey (19.9 per cent) compared to males (12.1 per cent). While there was no difference between rural and metropolitan males, a significantly higher percentage of rural females sought professional help compared with metropolitan females, 23.6 per cent and 19.0 per cent respectively (Victorian Population Health Survey, 2014). In 2013-14 the number of MBS-funded services for the preparation of mental health treatment plans by general practitioners per 100,000 population (age-standardised) was higher than the Victorian rate, 4,769, and the Australian rate, 4,260 in two thirds of the Statistical Area 3s (SA3s) in the Western Victoria PHN region. These SA3s included Ballarat, 5,469; Creswick-Daylesford-Ballan, 5,391; Geelong, 5,348; Surf Coast-Bellarine Peninsula, 5,343; Maryborough-Pyrenees, 5,151; and Warrnambool-Otway Ranges, 4,843 (Australian Commission on Safety and Quality in Health Care, 2015. The First Australian Atlas of Healthcare Variation. Local area data tables).
Higher proportions of the population, in some Statistical Area 3s of the Western Victoria PHN region, accessing MBS subsidised mental health services relative to that of Victoria.	The number of MBS-funded services under the MBS reporting group of GP mental health has continued to grow in the Western Victoria PHN region. In the Western Victoria PHN region, the average annual growth for the number of providers providing services under the MBS reporting group of mental health between 2012-13 to 2015-16 was 5.33 per cent; the average annual growth for the number of patients receiving services was 12.67 per cent; and the average annual growth for the number of services provided was 13.67 per cent (MBS data by PHN and MBS Reporting Group, for 2012-13 to 2015-16. Retrieved from http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data).
Lower proportions of men accessing MBS subsidised mental health services.	The proportion of females accessing MBS subsidised mental health services in 2011, 8.7 per cent, was greater than the proportion of males, 5.5 per cent, in the Western Victoria PHN region. A similar pattern to that seen Australia wide (ABS, The characteristics of people using mental health services and prescription medication. The Mental Health Services-Census Integrated Dataset, 2011).
The number of MBS services accessed	As seen in the Australian statistics, the proportion of the population accessing MBS subsidised services decreased by

Primary mental health services

Key Issue	Description of Evidence
decreases by remoteness in the Western Victoria PHN region.	remoteness area in the Western Victoria PHN region: major city 8.0 per cent, inner regional 7.1 per cent, outer regional 5.5 per cent and remote 2.7 per cent (ABS, The characteristics of people using mental health services and prescription medication. The Mental Health Services-Census Integrated Dataset, 2011). In 2013-14, the two outer regional SA3s in the Western Victoria PHN region, Grampians and Glenelg-Southern Grampians had the lowest number of MBS-funded services for the preparation of mental health treatment plans by general practitioners per 100,000 population (age-standardised), 3,657 and 4,318, respectively (Australian Commission on Safety and Quality in Health Care, 2015. The First Australian Atlas of Healthcare Variation. Local area data tables).
General practitioners are the health professional most likely to be consulted regarding mental health problems.	Nationally, of those persons who reported they had been told by a doctor or nurse they had a mental or behavioural problem 15.7 per cent had consulted a GP in the previous two weeks, 6.4 per cent had consulted a specialist, 4.9 per cent had consulted other health professionals and 77.1 per cent had taken no action. Of those who had taken no action in relation to mental and behavioural problems in the previous two weeks, 68.1 per cent had consulted a GP in the previous 12 months and 26.6 per cent and 29.3 per cent had consulted a specialist or other health professional respectively. Over half of those persons with mental health and behavioural problems, 58.7 per cent, took at least one medication in the previous two weeks for their mental health condition, with 43.2 per cent taking antidepressants (Australian Health Survey: Health Service Usage and Health Related Actions, 2011-12). Nationally, the proportion of people with a 12-month mental disorder that accessed services for mental health problems was 35 per cent, with women (41 per cent) more likely than men (28 per cent) to access mental health services. Of the 35 per cent of people with 12-month mental disorders who accessed health services, 70.8 per cent consulted general practitioners, with 28.9 per cent receiving mental health services from their general practitioner only and 64.2 per cent received services from mental health professionals (including psychiatrists, psychologists and mental health nurses), either alone or in combination with services provided by GPs or other health professionals (Slade et al, 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Department of Health and Ageing, Canberra). This was confirmed at service provider and community consultations across the Western Victoria PHN region in 2016 and again in 2018. General practitioners were identified as being the first point of contact for many people experiencing mental health issues and in smaller rural areas, where there is a lack of general practitioners, nurses at health services were often the first point of contact.

Primary mental health services

Key Issue	Description of Evidence
	Consultations in rural areas of the Western Victoria PHN region during 2016 and 2018, also identified GPs and nurses may need additional skills and support to assist in the management of mental health issues. A need was identified for increased knowledge of local referral pathways to mental health professionals; and there was concern amongst service providers that the lack of availability of mental health services for mild to moderate illness may lead to crisis situations, which often have to be managed by GPs. This is confirmed in the findings of the National Review of Mental Health Programmes and Services, Contributing Lives, Thriving Communities where it was identified it is unlikely all rural communities will have regular access to specialist mental health services and instead primary health service providers should be 'supported to enhance their knowledge and expertise'.
Prescribing for mental illness.	NB: the following data refers to prescriptions dispensed; it is not possible to determine from this data the number of individuals for whom the prescriptions were dispensed. In 2013-14 the number of psychotropic PBS prescriptions dispensed per 100,000 people (age standardised) was greater than the rate for Victoria and Australia in many Statistical Area 3s (SA3s) in the Western Victoria PHN region. Of particular note are the number of PBS prescriptions dispensed for antidepressant medications per 100,000 people aged 18 to 64 years (age standardised), which was greater than the rate for Victoria (99,774) and Australia (101,239) in all of the SA3s in the Western Victoria PHN region. The highest rate, 150,178 for Maryborough-Pyrenees SA3, was approximately 1.5 times that of Victoria and Australia. Ballarat SA3 and Grampians SA3 were 10th and 11th highest in Australia for the rate of prescriptions dispensed for anxiolytic medicines, 32,107 and 32,092 per 100,000 people aged 18 to 64 years, respectively. Geelong SA3 had the highest rate of prescriptions dispensed for antipsychotic medicines per 100,000 people aged 17 years and under in Victoria. The rate of 4,205 per 100,000 was more than double the rate of Victoria and Australia, 1,774 and 2,070, respectively. Geelong SA3 also had the highest rate in Victoria, and 7th highest in Australia, for the number of PBS prescriptions dispensed for ADHD medicines per 100,000 people aged 17 years and under. The rate of 23,546 per 100,000 people for Geelong SA3 was more than three times the rate of Victoria, 7,367, and more than double that of Australia, 10,780 (Australian

Primary mental health services

Key Issue	Description of Evidence
	Commission on Safety and Quality in Health Care, 2015. The First Australian Atlas of Healthcare Variation. Local area data tables). Safescript, introduced in the Western Victoria PHN region area in October 2018, is a clinical decision support system that allows doctors and pharmacists to access an up-to-the-minute medicine supply history of certain high-risk medicines (including anxiety medications and benzodiazepines) for their patient at the point of consultation. The impacts of implementing this program are not yet known.
Nationally, the majority of unmet needs, for the population with a 12-month disorder, were for skills training and social intervention.	The majority of those people with a 12-month mental disorder that accessed services in the previous 12 months felt that their needs had been met for medication (86.7 per cent) and talking therapy (cognitive behaviour therapy, psychotherapy and counselling) (68.2 per cent). However, the majority felt that their needs were not met in regards to skills training (to improve the ability to work, self-care or manage time effectively) (66 per cent) and social intervention (such as help to meet people and sort out accommodation or finances) (68.7 per cent). 85.7 per cent of those who did not use services reported that they did not have any need for help (Slade et al, 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Department of Health and Ageing, Canberra).
A lack of preventive support for mental health identified at service provider and community consultations in the Western Victoria PHN region.	Through rural service provider consultations and service mapping (conducted in early 2016) service providers raised the issue that the number of funded sessions under the Better Access Scheme do not always meet the needs of more complex patients and that there is a lack of preventive support for mental health. The lack of preventive support was raised again in consultations with service providers in 2018.

Child and youth mental health services

Key Issue	Description of Evidence
Limited access to child specific counsellors, family therapy and support services across the Western Victoria PHN region.	At service provider and community consultations during 2016, and again in 2018, it was identified that there were gaps in services for youth with mental health issues who live outside the regional centres and these youth often have limited transport options.

Child and youth mental health services

Key Issue	Description of Evidence
Child and Adolescent Mental Health Service (CAMHS) Reports.	In 2016-17, in the Western Victoria PHN region, of the three Community Child and Adolescent Mental Health Services, Barwon Health and South West Health, both had a higher average length of case, 268.4 days and 326.3 days respectively, relative to rural Victoria, 248.8 days, and Victoria 217. The average length of case for Ballarat Health was 228.3 days. The percentage of all CAMHS (aged 0-18) clients receiving a community or inpatient service who were aged under 12 was similar to rural Victoria, 34 per cent and Victoria, 30 per cent, for the three Community Child and Adolescent Mental Health Services in the Western Victoria PHN region, Ballarat Health 30 per cent, Barwon Health 30 per cent and South West Health 35 per cent (Department of Health and Human Services, State Government of Victoria, 2018. Child and Adolescent Mental Health Services Performance Indicator Report 2017-18). In the Western Victoria PHN region, of the three Community Child and Adolescent Mental Health Services, Barwon Health did not reach the pre-admission contact rate target of 60 per cent for Child and Adolescent Mental Health Services (CAMHS) for 2017-18 (percentage of admissions to inpatient unit for which a community ambulatory service contact was recorded in the seven days before an admission. This reflects a planned approach to admission rather than a crisis response). The pre-admission contact rate for Barwon Health was 28 per cent, lower than both the rural and state rates of 68 per cent and 60 per cent respectively. For Barwon Health, the post-discharge follow up rate for CAMHS was lower than the target of 75 per cent at 45 per cent (Department of Health and Human Services, State Government of Victoria, 2018. Child and Adolescent Mental Health Services Performance Indicator Report 2017-18). The National Mental Health Service Planning Framework (NMHSPF) estimates the expected demand for treatment of mild and moderate mental illness and early intervention for young people aged 0-4, 5-11 and 12-17 in the Western Victoria PHN region as 5,652; 9,464; and, 7,766 young people respectively in 2018 (22,882 in total). The number of children aged 0-11 that received treatment through Psychological Therapy Services (PTS) in the Western Victoria PHN region in 2017-18 was 425 which is 2.8 per cent of the expected NMHSPF treated population. The number of young people aged 12-17 that received treatment at the four headspace centres in the Western Victoria PHN region, Ballarat, Geelong, Warrnambool and Horsham, for the primary service of mental health treatment in 2017-18 was 2871 which is 37 per cent of the expected NMHSPF treated population (Report on headspace centres Western Victoria PHN. Financial Year 2017-18). Of the population aged 12-24 years in Western Victoria PHN region 4.42 per cent accessed headspace services in 2017-18. There are four local

Child and youth mental health services

Key Issue	Description of Evidence
	government areas where the proportion of people aged 12-24 years accessing headspace services was less than 1per cent: Colac Otway Shire 0.26per cent, Central Goldfields Shire 0.29 per cent, Ararat Rural City 0.47 per cent, and Northern Grampians Shire 0.58 per cent. The Doctors in Secondary Schools Program (DiSS) funds general practitioners (GPs) to attend up to 100 Victorian government secondary schools up to one day a week. The GPs provide medical advice and health care to those students most in need. In the Western Victoria PHN region 11 schools have been funded to deliver DiSS and during May and September 2018 about 50 per cent of the consultations were for mental health issues.
A smaller proportion of young people, with an identified need for mental health services, in the Department of Education and Training Western District area, were able to access mental health services when needed relative to Victoria as a whole.	In the Department of Education and Training Western District area (which includes 10 of the 21 local government areas in the Western Victoria PHN region) 32.6 per cent of young people reporting an identified need for mental health services were able to access mental health services when needed compared to 41.6 per cent in Victoria as a whole (2014 Victorian Student Health and Wellbeing Survey. State of Victoria Department of Education and Training. VCAMS Indicator data spreadsheets, Indicator 35.2).
Barriers to accessing youth mental health services and support in Ballarat and Geelong.	Youth from Ballarat and Geelong identified long waiting lists for youth mental health services and lack of transport options as barriers to accessing youth mental health services. Youth also recommended the provision of information for other mental health conditions beyond anxiety and depression such as psychotic illnesses and personality disorders (Headspace Youth Consultations: Report for the Office for Youth, October 2015). This is confirmed by the reported waiting time for headspace services in Ballarat, where 39.7 per cent of young people had to wait greater than three weeks for their first appointment in 2017-18 compared to 22.7 per cent nationally. The proportion of young people who reported waiting greater than three weeks for their first appointment was lower than that nationally in Geelong headspace centre (15.2 per cent), Horsham headspace centre (7.7 per cent) and Warrnambool headspace centre (12.3 per cent) (headspace centres Western Victoria PHN. Financial Year 2017-18).
At a state level, younger Victorians were more likely to have sought professional help for mental health problems compared with those aged 35 years and over.	A significantly higher estimated proportion of younger Victorians, aged 18-34 years, sought professional help for mental health problems in the year before the survey compared with Victorians aged 35 years and over (Victorian Population Health Survey, 2014).

Child and youth mental health services

Key Issue	Description of Evidence
Nationally, approximately one fifth of 4-17 year olds with mental disorders did not have their needs met.	Approximately one fifth (20.6 per cent) of 4-17 year olds with mental disorders were reported as not having their need for help met. Counselling was the service most needed (68.1 per cent) and 73.8 per cent of those with a need for counselling had their needs met. Of the 36 per cent of children and adolescents that had a need for life skills training the majority 60.9 per cent did not have their needs met. The main barriers to seeking help or receiving more help that were identified by parents and carers of 4-17 year olds with mental disorders were mental health literacy (36.4 per cent) including being unsure whether their child needed help, where to get help or that the problem would get better by itself; and accessibility of services (30.9 per cent) such as problems in getting to a service, not being able to afford it or not being able to get an appointment (Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra).

Psychological therapies for rural and remote, under-serviced and/or hard to reach groups

Key Issue	Description of Evidence
There is limited access to mental health services in some localities.	In the Western Victoria PHN region, the estimated proportion of respondents that rated their access to mental health services (e.g. psychologist, psychiatrist) as poor was greater than that for rural and regional Victoria, 39.30 per cent, and rural and regional Australia, 42.2 per cent, in the following local government areas or groups of local government areas: Southern Grampians Shire 58.6 per cent; West Wimmera Shire, Hindmarsh Shire and Yarriambiack Shire combined 57.2 per cent; Ararat Rural City, Horsham Rural City, Northern Grampians Shire and Pyrenees Shire combined 46.6 per cent; and Colac Otway Shire 42.6 per cent (2016 Regional Wellbeing Survey, Barwon South West, Loddon Mallee and Grampians VIC region data tables, version 1.01, July 2017). This was confirmed through service provider consultations and mental health service mapping (conducted early 2016) where gaps in service provision were identified.
Fewer full-time equivalent psychologists per 100,000 persons in the Western Victoria PHN region compared with Victoria, and an uneven distribution of psychologists across Statistical Area 3s.	In 2016, there were 80.4 full-time equivalent (FTE) psychologists per 100,000 persons in the Western Victoria PHN region, compared to 99.3 across Victoria. Amongst the nine Statistical Area 3s in the Western Victoria PHN region Maryborough-Pyrenees (18.1), Surf Cost-Bellarine Peninsula (24.3), and Grampians (38.6) had the fewest FTE psychologists per 100,000 persons (Australian Department of Health, National Health Workforce Dataset).

Psychological therapies for rural and remote, under-serviced and/or hard to reach groups	
Key Issue	**Description of Evidence**
	Access to mental health services (high acuity services in particular) were highlighted as a key issue of concern in the 2016 rural service provider and community consultations. The Great South Coast and Wimmera Grampians Community Advisory Councils advised in 2016 consultations that it is difficult to recruit and/or access psychiatrists in the western regions of the Western Victoria PHN region. Consultation with the Great South Coast Clinical Advisory Council in 2017 reaffirmed that limited access to mental health services is an issue in that region. Other health professional gaps identified included mental health services for children and youth and counselling services. Reasons given for the difficulty of recruiting and retaining mental health professionals included lack of clinical supervision and professionals not willing to relocate for a part time position. In rural areas, where there are mental health services available, long waitlists for these services were an issue raised in various rural communities.
Barriers to accessing mental health services in rural areas of the Western Victoria PHN region.	Barriers to accessing mental health services in rural communities identified at service provider and community consultations across the Western Victoria PHN region in 2016, included: a lack of after-hours support for mental health in rural communities; concerns about privacy and not wanting to be seen accessing mental health services; and that the crisis assessment and treatment teams from the major regional hospitals are not always available due to high demand and there is a lack of capacity at the local level to deal with mental health crises. In service provider consultations in 2018 waiting lists for mental health services were identified as a barrier in rural areas and may cause people to become disengaged with the mental health system. This is supported by the Fifth National Mental Health and Suicide Prevention Plan which reported the lack of available early intervention and primary mental health services in regional and rural areas results in people presenting later, being diagnosed at a later stage and being at a more advanced stage of illness.
A lack of mental health system literacy in the Western Victoria PHN region.	A lack of mental health system literacy, for both community and service providers, was raised at consultations in rural communities across the Western Victoria PHN region, during 2016 and with service providers across the Western Victoria PHN region in 2018. The issues identified included providers and communities having limited knowledge of the full complement of mental health services available and limited connections between mental health service providers. This can mean that appropriate referrals to available mental health services may not be made.

Psychological therapies for rural and remote, under-serviced and/or hard to reach groups

Key Issue	Description of Evidence
Challenges in delivering mental health services for vulnerable populations	Service provider consultations, in 2016, identified a lack of outreach models for hard to reach vulnerable populations (e.g. Aboriginal and Torres Strait Islander population, LGBTQIA+ and children and families with complex and chronic needs). Cost of transport and limited transport options can be a barrier to accessing mental health services. Delivering services to CALD clients is challenging when using interpreters.
The vast majority of aged care residents in Australia have limited access to psychological assessment or treatment.	Older Australians living in residential aged care facilities experience depression and anxiety at high rates. However, Australian aged care residents have very limited access to psychological assessment or treatment, instead receiving predominantly pharmacological approaches. Aged care workers identified the most important barriers to access as low availability of psychologists, lack of government funding for their services and low levels of training of aged care staff to detect depression and anxiety (Stargatt et. Al, 2017. The availability of Psychological Services for Aged Care Residents in Australia: A Survey of Facility Staff, Aust Psychol, 52: 406-413).
Barriers to accessing mental health services for people from refugee backgrounds.	An experience based co design study on the barriers refugees and asylum seekers face accessing mental health services in the Geelong region identified the following priority issues: language barriers, slow timeframes for referrals, lack of variety in treatment options (medication is not enough), lack of information about mental health services and police engagement instead of a mental health professional or crisis team (Carroll, C. 2018. Working with Us-for us). A study on the health experiences of people from refugee backgrounds, which involved a small number of participants with refugee backgrounds from Geelong, identified the following barriers to accessing mental health services: stigma, taboos, denial and reticence to acknowledge mental health issues. Melbourne service providers reported that a barrier to accessing mental health services for those with a refugee background is the lack of culturally appropriate mental health services that can accommodate different cultural perspectives of mental health (Tyrrell, L., Duell-Piening, P., Morris, M., & Casey, S., 2016, Talking about health and experiences of using health services with people from refugee backgrounds, Victorian Refugee Health Network: Melbourne).

Mental health services for people with severe and complex illness

Key Issue	Description of Evidence
In certain Statistical Area 3s in the Western Victoria	While the rate of overnight hospitalisations for mental health conditions per 10,000 for the Western Victoria PHN region was

Mental health services for people with severe and complex illness

Key Issue	Description of Evidence
PHN region, the rate of hospitalisations (private and public hospital admissions) for particular mental health conditions was higher than the rate for Australia.	the third lowest of all PHNs in Australia, 85 per 10,000 people (age standardised), there was variation amongst the SA3s within the Western Victoria PHN region for the six groups of mental health conditions: schizophrenia and delusional disorders, anxiety and stress disorders, bipolar and mood disorders, depressive disorders, drug and alcohol use and dementia (AIHW 2017. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16). The three most common groups of mental health conditions requiring overnight treatment in a hospital in 2015-16 were schizophrenia and delusional disorders, drug and alcohol use and intentional self-harm. The number of overnight hospitalisations per 10,000 people (age standardised) for schizophrenia and delusional disorders in Maryborough-Pyrenees Statistical Area 3 (SA3), 20, was higher than the rate for Australia, 19 per 10,000 people. The number of bed days per 10,000 people (age-standardised) for schizophrenia and delusional disorders was higher than the regional Australia average 447, and the National average, 471, in the SA3s of Glenelg-Southern Grampians and Ballarat, 509 and 479 respectively (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16). Overnight hospitalisations per 10,000 people (age-standardised) for anxiety and stress were greater than the National rate, 14, in the following SA3s: Glenelg-Southern Grampians, 17; Grampians, 16; and Creswick-Daylesford-Ballan, 15. The number of bed days per 10,000 people (age-standardised) for anxiety and stress was lower than the National rate, 128, and the Regional rate, 139, in all SA3s in Western Victoria PHN region. The number of hospitalisations per 10,000 people for depressive episodes was higher than the National rate, 12, and the Regional rate, 14, in Maryborough-Pyrenees SA3 and Grampians SA3, 17 and 15 respectively. The number of bed days per 10,000 people for depressive episodes was lower than the National rate, 172, and the Regional rate, 164, in all SA3s in the Western Victoria PHN region (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16). Overnight hospitalisations and bed days per 10,000 people for bipolar and mood disorders were both greater than the National and Regional rates in Barwon-West SA3 and Maryborough-Pyrenees SA3. The number of overnight hospitalisations was 24 per 10,000 people in Barwon-West SA3 and 13 per 10,000 people in Maryborough-Pyrenees SA3 compared to 11 Nationally and 11 Regionally. The number of bed days for bipolar and mood disorders per 10,000 people was 206 in Maryborough-Pyrenees SA3 compared to 190 Nationally and 181 Regionally. In

Mental health services for people with severe and complex illness

Key Issue	Description of Evidence
	Grampians SA3, Barwon-West SA3 and Ballarat SA3, the number of bed days per 10,000 people was greater than Regionally, 186, 184 and 182, respectively (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16). Overnight hospitalisations and bed days per 10,000 people for dementia was greater than the National and Regional rates in Maryborough-Pyrenees SA3. The number of overnight hospitalisations was 8 per 10,000 people in Maryborough Pyrenees SA3 compared to 6 Nationally and 6 Regionally; and the number of bed days per 10,000 people was 139 in Maryborough-Pyrenees compared to 93 Nationally and 88 Regionally (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16).
Area Mental Health Services Reports.	In the Western Victoria PHN region, all three Area Mental Health Services (Ballarat Health, Barwon Health and South West Health), met the 28 day readmission rate target (number of discharges from an inpatient unit where client was readmitted within 28 days of discharge) of 14 per cent for 2017-18 for Adult Mental Health Services, 9 per cent, 13 per cent and 14 per cent respectively. For all three Area Mental Health Services, the post-discharge follow up rate (percentage of client discharges for which a contact was recorded in the seven days immediately after discharge) was higher than the target of 75 per cent (Ballarat Health 94 per cent, Barwon Health 96 per cent and South West Health 95 per cent). These rates can reflect quality of care and indicate effective discharge management (Department of Health and Human Services, State Government of Victoria, 2017. Adult Mental Health Performance Indicator Report 2017-18).
Services and treatment for severe mental illness.	Consultations with service providers in 2017 identified the following barriers to consistent quality of care and continuity of care for people living with severe mental illness in Western Victoria PHN region: complexity of primary and acute care systems, structural incentives in favour of episodic care and variations in service ability, capacity and capability across Western Victoria PHN region.
Nationally, the proportion of people living with a psychotic illness that had unmet treatment needs was 55.5 per cent.	Nationally, the proportion of people living with a psychotic illness that had unmet treatment needs was 55.5 per cent, loneliness/social isolation 37.2 per cent and lack of employment (35.1 per cent) (Morgan et al, People Living with a psychotic illness 2010. Report on the second Australian National Survey. Department of Health and Ageing, Canberra).
Limited support and treatment options for rural people with severe and complex illness in the	From community and service provider consultations in rural communities across the Western Victoria PHN region, during 2016, it was identified that there are limited support and treatment

Mental health services for people with severe and complex illness

Key Issue	Description of Evidence
Western Victoria PHN region.	options for those with severe and complex mental illness. Therefore, treatment is often accessed outside the community.

Suicide prevention services

Key Issue	Description of Evidence
Nationally, over a quarter of those who made a suicide attempt did not access services for mental health problems.	Over half (58.6 per cent) of people who reported any form of suicidality (suicidal ideation, suicide plans or suicide attempts) accessed health services to help with their mental health problems in the previous 12 months. Of those who made a suicide attempt about a quarter (26.6 per cent) did not use any services for mental health problems (Slade et al, 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Department of Health and Ageing, Canberra).
Hospitalisations for intentional self-harm were lower than Australia for the majority of Statistical Area 3s in the Western Victoria PHN region.	In 2015-16, the number of hospitalisations per 10,000 people for intentional self-harm was lower than the National and Regional rate, 17 and 21 respectively, in all SA3s within Western Victoria PHN except for Grampians SA3, 25 per 10,000 people. In Maryborough-Pyrenees SA3, the number of hospitalisations was higher, 18 per 10,000 people, than the National rate (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16). Nationally, from 1999 to 2012, in contrast to suicide deaths, where male rates were generally markedly higher than female rates, females' recorded higher age-adjusted rates of hospitalisation due to intentional self-harm than males. In 2011-12 the age adjusted rate of hospitalisation due to intentional self-harm for females was approximately 1.75 times that of males, 156.6 per 100,000 compared to 89.4 per 100,000 people (AIHW, 2014. Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: AIHW).
Ambulance attendances for suicide attempt and suicidal ideation.	In 2013, the ambulance attendance rates per 100,000 people for suicide attempt in the Western Victoria PHN region were highest in the following local government areas: Horsham Rural City, 150-179 attendances per 100,000 people; Moorabool Shire, 130-149; and Yarriambiack Shire, 110-129 attendances per 100,000 people. The ambulance attendance rates for suicidal ideation were highest in the following local government areas: Warrnambool City, 150-199 attendances per 100,000 people; Borough of Queenscliffe, Horsham Rural City, City of Ballarat and Ararat Rural City each had 120-149 attendances per 100,000

Suicide prevention services

Key Issue	Description of Evidence
	population (Turning Point, 2015. Self-harm and mental health related ambulance attendances in Australia 2013).
Lack of integration and coordination across the suicide prevention system impacts the effectiveness of services.	Western Victoria PHN is working with communities in City of Ballarat and Great South Coast Local Government Areas on Place Based Suicide Prevention Trials. As part of the Western Victoria PHN Ballarat Place Based Suicide Prevention Mapping Project, consultations were conducted with service providers, those with lived experience of suicide and community members. The consultations identified that, in the City of Ballarat, there are a range of strategies and activities being undertaken to reduce suicide attempts and deaths. However, the effect of this work is being impacted by the following: lack of integration across the suicide prevention system; lack of coordination of resources to ensure greatest effect and impact; and, knowledge gaps around service availability and service access. This is supported by the Fifth National Mental Health and Suicide Prevention Plan where the current approach to suicide prevention is described as fragmented, leading to duplication and gaps in services and a lack of clarity about which services are most effective of efficient. A similar mapping project was undertaken in the Great South Coast region of Western Victoria PHN. The report identified pathways for the care of people after a suicide attempt is more problematic in the rural areas of Great South Coast; building the capacity of General Practitioners with suicide specific training is needed; the training for gatekeepers is sporadic, uncoordinated and often one-off; schools are working independently to implement social and emotional wellbeing programs with little coordination or connection with other suicide prevention activities in the community; community campaigns across the Great South Coast region are well supported with media coverage, however, there is little overall regional coordination of events and campaigns; Mindframe training to media professionals has been sporadic and limited to Warrnambool.

Stepped care approach

Key Issue	Description of Evidence
Lack of flexibility in the service models to meet client needs.	Service provider consultations and the mental health mapping process (conducted early 2016) identified that service models for mild to moderate mental illness do not always meet the needs of clients. Service provider consultations conducted in 2017 for the development of a stepped care approach for primary mental health services in Western Victoria PHN identified the following

Stepped care approach

Key Issue	Description of Evidence
	key themes: more service gaps in higher acuity services than lower acuity services; a gap in socially and culturally appropriate services in local government areas across the Western Victoria PHN region; fewer service options available outside of regional centres; referral pathways are unclear for clinicians as well as consumers, families and carers; health practitioners new to an area are reported to not being well briefed on clinical pathways and referral points; there are skills shortages, and recruitment and retention challenges, especially in rural areas with competition for key roles between services; and system level changes, such as the NDIS, continue to be disruptive. The mental health reform in Victoria has resulted in changes in the way community mental health services are delivered. For example, a discontinuation of drop-in services and group services. Additionally, a lack of focus on early intervention was identified in relation to Mental Health Community Support Services (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS).
Comorbidity-Alcohol and other drugs.	For information on comorbidity with Alcohol and Other Drugs, please see “Alcohol and Other Drugs” health needs and see “Alcohol and Other Drugs” service needs tables.
Comorbidity-difficulties in meeting the needs of people with multiple health conditions.	Consultations with stakeholders identified the health system does not always meet the needs of people with mental health conditions and comorbidities such as physical health conditions, trauma, family dynamics and alcohol and other drug use. There is a lack of communication between service providers and confusion about who is responsible for the patient. Stakeholders also reported that mental illness can impact a person’s ability to manage other chronic conditions.

Alcohol and Other Drug Treatment Needs

Management and treatment of specific substance misuse varies across the region.

Key Issue	Description of Evidence
Highest use of AOD treatment is for alcohol.	People with alcohol issues accessed services more than those with other drug issues within the Western Victoria PHN region, which is expected due to alcohol being the most common substance (See Alcohol and other drugs health needs table) (Analysis by Turning Point-AOD Stats; data from Department of Health and Human Services. Aggregated from Alcohol and Drug Information System (ADIS) submitted by specialist drug and alcohol agencies in Victoria 2014-15). In 2016-17, alcohol was the most common drug of concern for treatment provided to clients for their own drug use within the Western Victoria PHN region being 31.5 per cent of episodes, for 29 per cent of clients (Australian Institute of Health and Welfare 2018. Alcohol and other drug treatment services in Australia: 2016-17. Drug treatment series no. 31. Cat. no. HSE 207. Canberra: AIHW). The formal definition of an episode of care is a completed course of treatment undertaken by a client under the care of an alcohol and drug worker, which achieves at least one significant treatment goal (DHHS, Funding of Alcohol and Other Drug Services, 2018). A survey undertaken with consumers of AOD treatment services completed in two of the four sub-regions within Western Victoria PHN region supported this, with approximately half identifying alcohol as their main substance. In an AOD consumer survey respondents provided positive experiences regarding AOD treatment, including the opportunity to talk about their issues, and being provided appropriate support to reduce or stop their substance misuse. These respondents also identified improvements for AOD services such as increased after-hours appointments, and additional staff.
One of the main substances people are receiving support for within Alcohol and Other Drug treatment is cannabis.	In 2016-17, cannabis was 23.8 per cent of episodes of AOD treatment within the Western Victoria PHN region, this was lower in Victoria being 17.4 per cent (Alcohol and other drug treatment services in Australia 2014-15, 2015-16 and 2016-17: state and territory summaries). The proportion of AOD treatment clients who completed a survey found 30 per cent of respondents identified cannabis as their main substance (the survey was administered in two of the four sub-regions within the Western Victoria PHN region).
One of the main substances people are receiving support for within Alcohol and Other Drug treatment is amphetamines.	In 2016-17 AOD treatment in the Western Victoria PHN region, amphetamines made up 20.9 per cent of episodes. Amphetamines replaced heroin as the third most common drug of concern in Victoria from 2012-13 onwards, increasing to the second most common drug in 2016-17 at 23.3 per cent. (Alcohol and other drug treatment services in Australia 2014-15, 2015-16 and 2016-17: state and territory summaries). The proportion of people accessing treatment for Ice was similar (18 per cent

Management and treatment of specific substance misuse varies across the region.	
Key Issue	**Description of Evidence**
	identifying Ice as their main substance) in a survey completed with consumers of AOD treatment services completed in two of the four sub-regions within the Western Victoria PHN region.
Within Victoria and Australia the number of clients receiving pharmacotherapy treatment hasn't changed since 2010, additional support could be provided.	Clients receiving pharmacotherapy treatment on a snapshot day in 2017, nationally 20 clients per 10,000 and Victoria 23 clients per 10,000. There has been limited changes since 2010 in Victorian and Australian rates (AIHW, 2017, National Opioid Pharmacotherapy Statistics (NOPSAD) 2017). Consultation with service providers in the Geelong-Otway sub-region identified there could be an increase in the number of General Practitioners actively engaging in opioid management, however in some general practices stigma around these clients results in gaps in delivering services. Pharmacotherapy Advocacy, Mediation and Support Services (PAMS) supports Medication Assisted Treatment for Opioid Dependence (MATOD) clients and programs. Within the Western Victoria PHN region in 2017-18 the number of people accessing PAMS is very similar to previous years, being nearly 100 people, the majority of clients are from City of Greater Geelong and City of Ballarat (who have the biggest populations), however, Glenelg Shire also has high numbers (unpublished PAMS report, 2018). Many of the primary issues identified by those accessing PAMS consisted of trouble sourcing a prescriber; takeaways; and payment/debt management. Additionally, there are a number of areas in the Western Victoria PHN region that have limited access to or nil prescribers. Service provider consultations in the sub-regions of Ballarat-Goldfields and Wimmera-Grampians identified a lack of support services for pain management, which can result in prescription misuse. The highest rate of hospital admissions involving pharmaceuticals was in Horsham Rural City of for all people (23.4 per 10,000). In both cases this was substantially higher than Victoria (Analysis by Turning Point-AOD Stats; data from Victorian Department of Health and Human Services, hospital admissions data from Victorian Admitted Episodes Dataset (VAED) 2012-13).
Prescription misuse is an issue, however the impacts of changes to scheduling and medicine management are unknown.	SafeScript, introduced in the Western Victoria PHN region in October 2018, is a clinical decision support system that allows doctors and pharmacists to access an up-to-the-minute medicine supply history of certain high-risk medicines for their patient at the point of consultation (DHHS, SafeScript, 2018). SafeScript (Real Time Prescription Monitoring) aims to reduce the negative impacts of misusing prescription medicines and reduce the impacts of using a combination of different pharmaceuticals

Management and treatment of specific substance misuse varies across the region.	
Key Issue	**Description of Evidence**
	(Liew D Joules E Booth J Garrett K and Frauman A, Evidence to inform the inclusion of Schedule 4 prescription medications on a real-time prescription monitoring system. Austin Health, 2017). The high-risk medicines of focus are those for managing pain, opioid dependence, anxiety and sleep disorders, and benzodiazepines. Training for this system has been completed during October and November 2018 (face-to-face), with online modules also available (Victorian-Tasmanian PHN Alliance, SafeScript, 2018). The impacts of implementing this program won't be known until ample training has been completed and the system is more established in the Western Victoria PHN region.
Harm reduction activities have increased, including improvements in needle and syringe programs and Naloxone.	Funding from State Government to support a range of harm reduction measures across Victoria including increased access to Naloxone with at least 6 training providers within Western Victoria PHN region (Penington Institute, The Community Overdose and Prevention Education (COPE) Program, 2018). Access to clean needles and syringes is an important harm reduction strategy to prevent the spread of blood born viruses (Department of Health and Human Services, Needle and Syringe Program, Victorian State Government). A national survey completed by people accessing the needle and syringe program in 2017 found that within Victoria 75 per cent of respondents had used new and sterile needles and syringes last month. Respondents mainly stated they obtained their needles from Needles and Syringe Program (NSP) (87 per cent), which would be expected from a NSP survey. The next highest source of needles reported was from a chemist/pharmacy (23 per cent). Another source of needles was dispensing/vending machines at 15 per cent (Heard S, Iversen J, Geddes L, and Maher L. Australian Needle Syringe Program Survey National Data Report 2013-17: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees. Sydney: Kirby Institute, UNSW Sydney; 2018. ISSN: 1448-5915). Service provider consultations identified the limitations of the current Needle Syringe Program (NSP) especially in rural areas where access to free clean injecting equipment can be more than one hour away. Even where there are established NSP's, there is limited access in the afterhours. Barwon Health has installed a NSP vending machine in Geelong to assist with after hour's access.

Accessing treatment for people with substance misuse is sometimes challenging but it is available.

Key Issue	Description of Evidence
Alcohol and Other Drug treatment is available in the region, however pathways through Alcohol and Other Drug treatment is not always understood.	There were 131 Victorian publicly funded Alcohol and Other Drug (AOD) treatment agencies in 2016-17 (Australian Institute of Health and Welfare 2018. Alcohol and other drug treatment services in Australia: 2016-17. Drug treatment series no. 31. Cat. no. HSE 207. Canberra: AIHW). AOD service mapping identified treatment services located within half of the local government areas within the Western Victoria PHN region (Western Victoria PHN completed AOD service mapping in 2016 and has been updated every year since). An overview of AOD treatment provided in Victoria, clients received an average of 1.8 episodes of care, there was a decrease in treatment episodes between 2013-14 and 2014-15, when the state-based AOD sector reform occurred. In 2016-17, 95.7 per cent of clients within the Western Victoria PHN region were receiving treatment for their own drug use, which is a similar percentage to Victoria and 66.8 per cent were male in the Western Victoria PHN region (Alcohol and other drug treatment services in Australia 2014-15 and 2015-16: state and territory summaries. Primary Health Network analysis 2016-17). Service provider consultations (including during 2018) identified difficulties for community and service providers in understanding the AOD sector and limited integration of care through the system, which included clients and service providers not knowing the AOD pathways. Changes to the state funded AOD treatment sector, an increase of PHN funded programs and ongoing changes in the private treatment services, with multiple referral pathways continues to make it difficult to communicate and have clear pathways for people accessing AOD treatment.
The need for early intervention may have been reduced due to the implementation of new brief intervention program within the Western Victoria PHN region.	Service provider consultations identified most clients receiving AOD treatment for acute or chronic needs. This was supported through data from an AOD consumers survey in 2017, indicating that 22 per cent of consumers had accessed treatment services for a few weeks or less, and 43 per cent had accessed treatment for more than a couple of years. Current Victorian Government funded AOD program guidelines outline the ability for catchment-based intake to deliver brief interventions (DHHS, Alcohol and Other Drugs Program Guidelines, Victorian State Government, 2018). Additionally, Western Victoria PHN funds a separate program that specifically focused on AOD brief interventions.

Health System Literacy (between providers)

Key Issue	Description of Evidence
Lack of coordination between services to support people with Alcohol and Other Drug issues.	In a survey completed by consumers of adult Alcohol and Other Drug (AOD) treatment services, 32 per cent of respondents indicated their doctor/General Practitioner (GP) recommended them to seek help for AOD issues. 82 per cent of survey respondents identified they had a regular doctor/GP and 67 per cent stated their doctor/GP was involved in their AOD care. Service provider consultations, highlighted AOD treatment providers' lack of knowledge about the support provided within general practice to manage AOD issues. This demonstrate a disconnection between general practice and the AOD sector. Coordination between different health services can be difficult, especially when communication systems are different e.g. AOD services are not familiar with using electronic secure messaging systems. However, a requirement within the recently Western Victoria PHN funded AOD brief interventions was the use of electronic secure messaging systems to communicate with general practice, which should introduce AOD services to these systems. HealthPathways is another tool that is a navigation tool for GPs but it is yet to be targeted at other support services or consumers and families wanting access to AOD services. Western Victoria PHN has been working with primary care including GPs to improve their capacity to work with people using alcohol and other drugs. Service provider consultations identified the lack of funding to support partnerships to work in collaboration to deliver AOD treatment. A Victorian review also found disconnection and lack of coordination between AOD treatments services (this includes pharmacotherapy treatments and involvement of GPs) and the limited ability to assist in coordination with other services e.g. housing, justice and employment (Service provider and consumer consultations completed early 2016; and Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS; and The Adult AOD Screening and Assessment Instrument: Clinician Guide, 2013).

Challenges for the Alcohol and Other Drug workforce to deliver appropriate treatment

Key Issue	Description of Evidence
Workforce development in areas of care coordination and health literacy.	In 2015 following the Victorian reforms, feedback from service providers identified a loss of experienced workforce, and dissatisfaction/disillusionment by the workforce because of transitional and system deficits (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services.

Challenges for the Alcohol and Other Drug workforce to deliver appropriate treatment

Key Issue	Description of Evidence
	Commissioned by DHHS). Service provider consultations identified gaps in non-Alcohol and Other Drug (AOD) service providers knowledge regarding supporting people with AOD issues, including AOD service pathways e.g. General Practitioners and schools.

Hard to reach groups are difficult to engage in Alcohol and Other Drug treatment

Key Issue	Description of Evidence
Alcohol and Other Drug treatment services have limited engagement with at risk populations.	Service provider consultations identified Alcohol and Other Drug (AOD) treatment services lacking engagement with at risk groups especially Culturally and Linguistically Diverse people, Aboriginal and Torres Strait Islander persons, homelessness, older people, and young people. Victoria wide, it was identified that help-seeking and navigation of the complexities of the AOD system can be difficult for people impacted by AOD, especially those with other vulnerabilities and language barriers (Consumer and stakeholder consultations, early 2016; and Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS; Commonwealth of Australia, 2017. National Drug Strategy 2017-2026). Service provider consultations in 2016, identified young people with AOD issues require support for their additional needs, collaboration between a range of services could assist in improving outcomes. Through engagement it is evident that the complexity of differing age requirements and dual track entry into services continues to impact on access and integrated service delivery for young people across the region. Stakeholder consultations support Aspex (2015) findings that there is insufficient focus on clients with multiple service needs, including dual diagnosis clients and homeless clients and lack of a funding structure for dual diagnosis clients, leading to silos between drug treatment and Mental Health Community Support Services (Aspex Consulting, Independent Review of MHCSS and Drug Treatment Services, Commissioned by DHHS; and service provider, ACCO and consumer consultations, 2015). Recent State policy and funding announcements that may assist in addressing this include expanded family violence services, and proposed dual diagnosis rehabilitation beds. The proportion of people with comorbid mental health conditions and substance abuse that sought help for mental ill health in the previous 12 months was highest for those with affective and anxiety and substance use disorders (65.4 per cent) compared to

Hard to reach groups are difficult to engage in Alcohol and Other Drug treatment	
Key Issue	**Description of Evidence**
	affective and substance use disorders only (27.8 per cent) and anxiety and substance use disorders only (30.0 per cent) (National survey of mental health and wellbeing, 2007).
Limited support focused on family and carers.	Within the Western Victoria PHN region in 2016-17, 4.3 per cent of clients accessed Alcohol and Other Drug (AOD) treatment services for someone else's drug use and just over half were female (65.2 per cent in 2016-17) (Alcohol and other drug treatment services in Australia 2016-17: state and territory summaries). Consumer consultation identified the need to include families in care and provide information regarding a family member with AOD issues. Insufficient support for carers/families was also identified in Victoria (Aspex Consulting, 2015. Independent Review of MHCSS and Drug Treatment Services. Commissioned by DHHS). This was supported by survey results from AOD consumers with 66 per cent of respondents indicating a family member was worried about the person's alcohol or drug use and 35 per cent indicated they sought help for their AOD use because of family/relationship issues. This indicates the broader impact that AOD use has on family members. Service provider consultations (including during 2018) identified the lack of family models of care and the access to care for family/carers is challenging. Family/carers need additional support in the form of education regarding expected outcomes and the AOD treatment journey for a client. Service providers also identified not enough support for vulnerable children along with family violence being an issue. Western Victoria PHN funded AOD brief interventions program to work towards meeting this gap, by providing support to some family and carers. (Western Victoria PHN website www.westvicphn.com.au).

In some areas within the Western Victoria PHN region, consequences of substance misuse impacts on emergency services and hospitals.	
Key Issue	**Description of Evidence**
Horsham Rural City has the highest rates of alcohol-related and pharmaceutical drugs-related ambulance attendances, with the greatest number is within City of Greater Geelong.	In 2016-17 within local government areas (LGAs) in the Western Victoria PHN region, Horsham Rural City had the highest rate of alcohol related ambulance attendances (671.1 per 100,000) and pharmaceutical drugs-related ambulance attendances (333.1 per 100,000). The rates of alcohol-related ambulance attendances have more than doubled since 2011-12. However, the number of actual ambulance attendances from all LGAs within the Western Victoria PHN region in 2016-17, was highest in City of Greater Geelong with alcohol-related attendances being 784 and any

In some areas within the Western Victoria PHN region, consequences of substance misuse impacts on emergency services and hospitals.

Key Issue	Description of Evidence
	illicit drugs being 334, which is expected due to having the largest population (Ambo-AODstats, Turning Point, 2018).
Prevalence of alcohol consumption at high levels resulting in hospitalisations was highest in Geelong Statistical Area 3 and those surrounding.	The rate of mental health overnight hospitalisations for drugs and alcohol use was 22 per 10,000 people in Geelong SA3 (age standardised) which was higher than the rates for both national (20 per 10,000) and regional (21 per 10,000). The rate of bed days for drug and alcohol use was higher than the national (145 per 10,000) and regional (140 per 10,000) in the following SA3s: Geelong, 211 per 10,000; Surf Coast-Bellarine Peninsula, 208 per 10,000; and Barwon-West, 208 per 10,000 (AIHW 2018. Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2015-16).
Hospital admissions for illicit drugs was highest (and higher than Victoria), in the local government areas of Warrnambool City and Glenelg Shire.	Hospital admissions for illicit drugs were highest in the LGAs of Warrnambool City (32.7 per 10,000), and Glenelg Shire (31.5 per 10,000), these were both higher than the Victorian rate of 25.3 per 10,000 people (Analysis by Turning Point-AOD Stats; data from Victorian Department of Health and Human Services, hospital admissions data from Victorian Admitted Episodes Dataset (VAED) 2014-15).
Drug offences were highest in the local government areas of Northern Grampians Shire, Southern Grampians Shire, Ararat Rural City, and Warrnambool City.	In 2017-18 there were nine Local Government Areas (LGAs) within the Western Victoria PHN region with criminal incidents of drug offences rates higher than the Victorian rate of 232.6 per 100,000. These consisted of Northern Grampians Shire (874.1 per 100,000 which has decreased from 948 per 100,000 in 2016-17), Southern Grampians Shire (676.9 per 100,000 which has increased from 504.6 per 100,000 in 2016-17), Ararat Rural City (654.4 per 100,000 which has decreased from 716.5 per 100,000 in 2016-17), and Warrnambool City (567.3 per 100,000 increased from 445.7 per 100,000 in 2016-17). Criminal incident rate per 100,000 population by principal offence. (The Crime Statistics Agency, 2018. Victoria Police Law Enforcement Assistance Program (LEAP). Victorian Government).

Insufficient access to residential withdrawal.

Key Issue	Description of Evidence
Residential treatment is limited within the Western Victoria PHN region and can be challenging to access.	Service mapping within the Western Victoria PHN region completed in early 2016 identified one hospital with withdrawal beds and seven residential rehabilitation/withdrawal facilities in the region. Service provider consultations over the last few years, including in 2018 identified one of the biggest issues for Alcohol and Other Drug (AOD) treatment is the lack of residential rehabilitation/withdrawal facilities within the region (including the

Insufficient access to residential withdrawal.	
Key Issue	**Description of Evidence**
	lack of local hospital based withdrawal). Due to limited facilities this creates difficulties for clients travelling away from community and family, and lack of coordination of care before and after the residential stay. In an AOD consumer survey in 2017 respondents identified a need for increased access to residential rehabilitation and withdrawal services. However, since this information was collected, Victorian Department of Health and Human Services have announced two new residential rehabilitation services, one will be based in Corio (Geelong), with services expected to commence 2020-21. Another service will be based in Ballarat and will commence from late 2018 (Department of Health and Human Services, Alcohol and other drug treatment services, 2018). Additionally, the Great South Coast region is currently advocating for a residential rehabilitation facility. The impact of these new residential rehabilitation facilities can't be measured until they are fully operational. Whilst residential rehabilitation does not address the need for withdrawal services, additional bed-based programs will assist in moving patients through the care system.

Indigenous Health (including Indigenous Chronic disease)

Aboriginal and Torres Strait Islander Peoples Health Assessment (Medicare Benefits Schedule Item 715)

Key Issue	Description of Evidence
Lower Aboriginal and Torres Strait Island Peoples Health Assessment usage rate in the Western Victoria PHN region, compared to Australia.	In 2015-16, the Aboriginal and Torres Strait Islander Peoples Health Assessment (Medicare Benefits Schedule item 715) usage rate (the number of Health Assessments billed to Medicare expressed as a percentage of the estimated Aboriginal and/or Torres Strait Islander population) in the Western Victoria PHN region was 21 per cent, compared to 27.9 per cent across Australia (Australian Institute of Health and Welfare [AIHW], 2018.Indigenous health check (MBS 715) data tool. Canberra: AIHW).
Barriers to accessing health services for Aboriginal and/or Torres Strait Islander people.	In consultations with service providers in 2018 cost was identified as a barrier to accessing health services for Aboriginal and/or Torres Strait Islander people in the Western Victoria PHN region. Other barriers included lack of available appointments, services not available and services not culturally appropriate.
Challenges for Aboriginal and/or Torres Strait Islander people transitioning between health services.	Consultations with service providers in 2018 revealed the following challenges for Aboriginal and/or Torres Strait Islander people when transitioning between health services in the Western Victoria PHN region: lack of cultural understanding, lack of communication between service providers and cost.

Service planning

Key Issue	Description of Evidence
The Aboriginal and/or Torres Strait Islander population in the Western Victoria PHN region has increased substantially in recent years.	Between 2011 and 2016, the Aboriginal and/or Torres Strait Islander population in the Western Victoria PHN region increased by 27.99 per cent (5,913 to 7,568 persons), compared to 7.13 per cent for the Western Victoria PHN region population as a whole (calculations based on Australian Bureau of Statistics [ABS] 2011 and 2016 Census of Population and Housing, PHN-level data aggregated from Statistical Area 3s). Over the same period, the Aboriginal and/or Torres Strait Islander population increased by 25.8 per cent and 18.38 per cent across Victoria and Australia, respectively (calculations based on ABS 2011 and 2016 Census of Population and Housing). Amongst Statistical Area 2s (SA2s) in the Western Victoria PHN region, the five with the largest number of Aboriginal and/or Torres Strait Islander persons in 2016 were Corio-Norlane (522), Ballarat-South (441), Warrnambool-North (381), Wendouree-Miners Rest (355), and Ballarat-North (308) (ABS 2016 Census of Population and Housing).

Alcohol and other drug treatment

Key Issue	Description of Evidence
Difficulties for Aboriginal and Torres Strait Islander people in accessing the Alcohol and Other Drug system.	Within Victoria Alcohol and Other Drug (AOD) treatment services, 6 per cent clients were Indigenous Australians, and 15 per cent nationally, in 2015-16 (Alcohol and other drug treatment services in Australia 2015-16: state and territory summaries and national). Consultations with some Aboriginal Community Controlled Organisations (ACCOs) in the Western Victoria PHN region identified the need to provide flexible AOD service delivery and ensure its culturally appropriate in mainstream services. A need was identified by ACCOs to develop workforce and skills for their staff regarding AOD support. A national study supported this by identifying the need for a holistic, person-centred, culturally safe and appropriate AOD treatment for Aboriginal and Torres Strait Islander persons. With these key features in mind, this study suggests treatment should focus on realistic goals for clients that includes any other health and social issues present (Gray, Stearne, Bonson, Wilkes, Butt, and Wilson, 2014. Review of the Aboriginal and Torres Strait Islander Alcohol, Tobacco and Other Drugs Treatment Service Sector: Harnessing Good Intentions. Revised Version. National Drug Research Institute, Curtin University, Perth, Western Australia). The majority of Aboriginal and Torres Strait Islander Community Controlled Health Services deliver AOD brief interventions. Stakeholder consultations (completed in early 2016), identified barriers by Aboriginal and Torres Strait Islander people to accessing services which included being impacted by geography (e.g. distance to health services, transport and quality of roads); the cultural competency of services; affordability (e.g. services, pharmaceuticals, and travel); and availability of services and health professionals.

Mental health services

Key Issue	Description of Evidence
Difficulties for Aboriginal and Torres Strait Islander peoples in accessing mental health services.	Consultations in 2016 with some Aboriginal Community Controlled Organisations (ACCOs) in the Western Victoria PHN region identified the cost of psychological therapy services, lack of transport and lack of culturally safe services as barriers for Aboriginal and Torres Strait Islander peoples accessing mental health services. The transfer of care between ACCOs and mainstream mental health services is adversely impacted by a lack of communication between providers and a lack of recognition of the knowledge and expertise of ACCO staff. In 2018, consultations with service providers also identified cost as a barrier to accessing mental health services.

Mental health services

Key Issue	Description of Evidence
	At consultations with non-Aboriginal and/or Torres Strait Islander mental health service providers, during 2016, it was reported that only a limited number of sessions were being delivered to Aboriginal and Torres Strait Islander clients despite trying different strategies to engage the local Aboriginal and Torres Strait Islander population. Similar barriers in accessing mental health care were identified in the Fifth National Mental Health and Suicide Prevention Plan. The barriers faced by Aboriginal and Torres Strait Islander peoples included the cost of services, the cultural competence of the service, remoteness and availability of transport, and the attitudes of staff. The plan recommended that the skills, knowledge and behaviour of non-Aboriginal and/or Torres Strait Islander mental health staff should be enhanced through training encouraging cultural capability. These observations are supported by the following data, which shows despite having greater need, Aboriginal and Torres Strait peoples have lower than expected access to some mental health services. The national rate of the Aboriginal and/or Torres Strait Islander population accessing MBS services is lower relative to the non-Aboriginal and/or Torres Strait Islander population. In 2014-15, the age-standardised rate per 1,000 people of MBS services claimed for psychologists and psychiatrists, was 133 and 52 respectively; in contrast to the rate for the Non-Aboriginal and/or Torres Strait Islander population of 200 services claimed per 1,000 people for psychologists and 97 services claimed per 1,000 people for psychiatrists (AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW). In contrast, the rate of state-based specialised community mental health service contacts per 1,000 population for 2014-15, were three times higher for the Aboriginal and/or Torres Strait Islander population in Victoria compared to the non-Aboriginal and/or Torres Strait Islander population, 865.1 and 283, respectively (AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. No. WEB 170. Canberra: AIHW).
For the Indigenous Areas within the Western Victoria PHN region where hospitalisations data was available, the Warrnambool Indigenous Area had a	In the Indigenous Area of Warrnambool, within the Western Victoria PHN region, the aged standardised hospital admissions rate for mental health related conditions, 2,731 per 100,000, was greater than the rate for Victoria (excluding Melbourne) 1647.4 per 100,000 (Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and

Mental health services

Key Issue	Description of Evidence
higher rate of hospital admissions for mental health related conditions relative to that of Victoria (excluding Melbourne).	Territory health departments for 2012-13 to 2014-15; and the estimated resident population (non-ABS) in Indigenous Areas and for Australia in 2011, developed by Prometheus Information Pty Ltd, under a contract with the Australian Government Department of Health).
In Victoria and Australia, higher proportions of the Aboriginal and/or Torres Strait Islander population are admitted to hospital for mental and behavioural disorders compared to the non-Aboriginal and/or Torres Strait Islander population.	For 2014-15, the age-standardised hospitalisation rate for a principle diagnosis of mental health related conditions for the Aboriginal and/or Torres Strait Islander population, Victoria 24.4 and Australia 29.1 per 1,000 population, was almost double that of the non-Aboriginal and/or Torres Strait Islander population, Victoria 15.5 and Australia 15.9 per 1,000 population. The percentage change between 2004-05 and 2014-15 for age-standardised hospitalisations with a principle diagnosis of mental health related conditions in Victoria is 22 per cent for the Aboriginal and/or Torres Strait Islander population and -23.5 for the non-Aboriginal and/or Torres Strait Islander population (AIHW 2017. Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables. Cat. no. WEB 170. Canberra: AIHW).