

Western Victoria

Joint Regional Mental Health and Suicide Prevention Foundation Plan

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Joint Statement

Our organisations are committed to working together to improve mental health outcomes for our community. We have listened to the community and their valuable and insightful contributions. Our consultations with people with lived experience, service providers and community sought to improve, strengthen and better integrate mental health, suicide prevention and drug and alcohol services across western Victoria. We thank all those who have joined us in this journey.

Since the conclusion of consultations, we have also considered the many ways in which the current unprecedented system-wide reforms to mental health services will support our joint planning.

This is a time of extraordinary change and opportunity. Our current mental health system and its relationship to other service systems is being redesigned and re-imagined: new services models are being developed, new builds are underway, new governance arrangements are being established and new partnerships are envisaged. Lived experience is at the heart of all of these reforms.

Our Foundation Plan reflects the input of those who contributed to our consultation process and is strongly aligned with current reforms. It describes joint planning priorities and key activities to support them. While our priorities may need to change as reforms progress, we are confident our collaborative approach can guide work on the next stage of planning and help deliver better services for people in the western Victoria region.



Dale Fraser, Chief Executive Officer
Ballarat Health Services



Frances Diver, Chief Executive Officer
Barwon Health



Craig Fraser, Chief Executive Officer
South West Healthcare



Rowena Clift, Chief Executive Officer
Western Victoria Primary Health Network

Vision

Care that is accessible, well-coordinated, compassionate, respectful, and effective, resulting in better mental health, suicide prevention, and positive outcomes for the diverse people of western Victoria.

Acknowledgement of country

Western Victoria Primary Health Network acknowledges the Traditional Owners and custodians of the lands and waterways - the Wadawurrung, Gulidjan, Gadabanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jaadwa and Jupagalk peoples.

We recognise their diversity, resilience, and the ongoing place that Aboriginal and Torres Strait Islander people hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

We support self-determination for First Nations Peoples and organisations, and we will work together on Closing the Gap.

Acknowledgement of lived experience

This Foundation Plan captures the first stage of joint regional planning for western Victoria. We thank everyone who participated in consultations that have been central to its development.

In particular, we acknowledge all those with lived experience of what a better mental healthcare system could mean.

We deeply appreciate your willingness to share your experiences, including those that may have been distressing, together with your vision for better mental health care.

If the information in this document causes distress, please reach out to the following services for support:

Lifeline Australia - 13 11 14

HeadtoHealth (Victoria & NSW) – 1800 595 212

headspace - 1800 650 890

Beyond Blue - 1300 22 4636

“I have been involved with the mental health system on and off for the past 35 years, predominantly as a consumer, however, I also had family members with undiagnosed and untreated conditions that were managed with little help as the system was not one people entered into lightly and stigma was rampant back then.

When I saw the focus on suicide prevention, with the community engagement groups, I became actively involved with the Regional Planning because I saw the willingness to engage with consumers who had an actual lived experience.

My thoughts at initially working with highly qualified health professionals in this space was that I may be out of my depth and feel intimidated, but the opposite was the case. I felt respected, listened to. This gave me a voice where I felt heard and listened to and very much a valued part of a team.

I have seen many changes over the years within the mental health space and the majority have been far better for consumers, I am now starting to feel some real hope and am very proud to have been part of working on the regional plan for western Victoria and to have had my opinions trusted, with the other lived experience consumers and carers.”

Susan Walker



Key points

- In 2017, the Australian Government endorsed the Fifth National Mental Health and Suicide Prevention Plan.
- This Foundation Plan captures the first stage of collaborative planning for western Victoria, led by the Western Victoria Primary Health Network (PHN), Barwon Health, South West Healthcare, and Ballarat Health Services.
- It reflects how mental health and suicide prevention services currently work in western Victoria and asks: How can services be strengthened and better integrated in the short term?
- In 2019 we undertook community consultations. A total of 366 responses were received from people who live with mental health challenges and/or suicidality, carers, health professionals, and grassroots programs, each engaged to identify their community, experiences, and barriers to accessing or providing the right support and care.
- These consultations with our community and providers gave us a strong sense of opportunities for better joint planning and collaboration that can support improved access to high quality treatment, care and support.
- Since completion of the consultations and as outlined in the introduction to this plan, system-wide reforms have been recommended and funded through the interim and final reports of the Royal Commission into Victoria's Mental Health System and the National Mental Health and Suicide Prevention Plan (giving effect to Productivity Commission recommendations.)
- Key principles informing these reforms are outlined as part of this plan and relevant recommendations are described against priorities. Many of these reforms will directly support and facilitate our joint planning and the delivery of high quality, effective and better integrated mental health and alcohol and drug services in western Victoria.
- This Foundation Plan outlines priority areas for action and proposed activities that align strongly with, and support, these reforms and which together will support a reduction in the confusion, barriers, deficits, disconnects and duplication that many people currently experience when trying to access care.
- During 2021-2022, we will jointly undertake more comprehensive regional mental health and suicide prevention planning. This will prioritise activities and leverage, wherever possible, the system-wide reforms underway. This work will also take into account a range of strategic service planning activities being undertaken by Barwon Health, South West Healthcare and Ballarat Health Services.
- As part of this work, consideration will also be given to other relevant reform activity, including work being undertaken through the National Mental Health Commission, implementation of Aged Care Royal Commission recommendations and the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

“This is not just the necessary local translation of the 5th National Plan. It’s an opportunity to really be brave, honest, and look head-on at what we need to change. Some amazing work is already happening. Now is a chance to weave together our services in a way that impacts problems that really matter: issues like being turned away from care, or making it easy to get help early.”

***Rowena Clift
Western Victoria PHN***

Western Victoria: a snapshot

Spanning over 80 thousand square kilometres, or 35% of the state, western Victoria includes regional centres (Ballarat, Geelong, Horsham, and Warrnambool), coastal regions, the Grampians, the Wimmera, and the central Goldfields.



672,885

Total population¹

812,366

Expected population growth¹

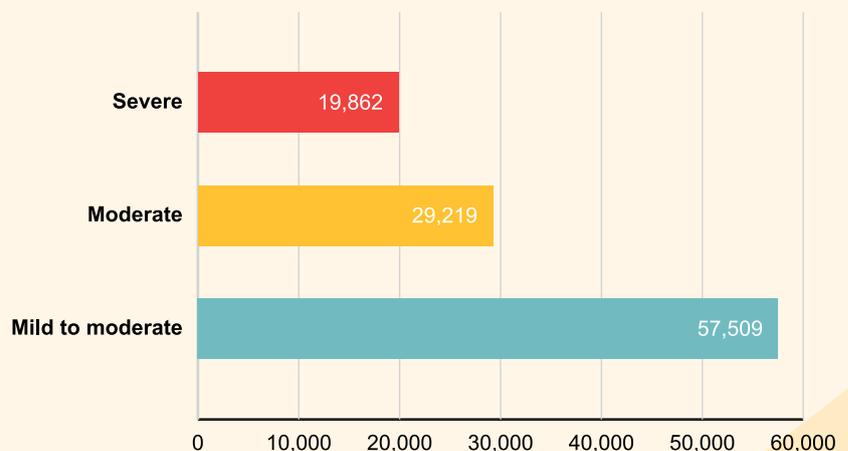


Western Victoria consists of three mental health service areas and 21 Local Government Areas



In 2019, an estimated **16%** were living with a mental illness²

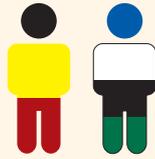
Number of people living with mental illness and severity





81,796

Number of young people³
(those aged 15-24)



7,826

Aboriginal and/or
Torres Strait Islander
population



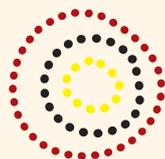
5.2%

of the population
identify as LGBTIQ+^{*4}



222

General Practices⁵



8

Aboriginal Community-
Controlled Health
Organisations⁵ (ACCHOs)



1865

people were
homeless in 2016⁶



More than

13%

experienced high
or very high
psychological distress⁵



Social isolation

compared to other regional parts of Victoria,
more people agree with the statement:

'I feel like an outsider here.'²

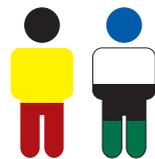
***LGBTIQ+** stands for lesbian, gay, bisexual, transgender, intersex, queer (or questioning), asexual/agender/aromantic, and other diverse sexual orientations and gender identities.

MENTAL ILL-HEALTH



High rates of psychological distress, affecting work, study, or daily activities.

Local consultations identified **mental illness and discrimination** as key issues for young people.



For people who are Aboriginal and/or Torres Strait Islander, **costs**, impacts of **trauma**, and deficits in **transport options**, **cultural competence**, and **outreach models** all make it harder to access help.



The WVPHN region has **higher rates of socioeconomic disadvantage** than Victoria and Australia.

(2019 Needs Assessment)

39.7%
of youths had to wait longer than three weeks for their first Headspace appointment in Ballarat compared to **22.7%** across **Australia**.

(2019 Needs Assessment)



There are **higher rates of intentional self-harm hospitalisations** in the WVPHN region compared to the Australian average.

(Australian Institute of Health and Welfare, Suicide-self-harm-monitoring. Released 29 September 2020. AIHW, Canberra, Australia).



The percentage of adults with a lifetime prevalence of depression or anxiety is above the Victorian average in 16 out of 21 LGAs in the WVPHN region (2019 Needs Assessment)



There was a **high percentage of people who needed to see a GP but did not** in the WVPHN region compared to the Australian average.

(2019 Needs Assessment)



The **rate of prescriptions dispensed** for antidepressant medications for people aged 18 to 64 years **is above the Victorian and Australian averages** in all Statistical Area Level 3 in the WVPHN region.

(2019 Needs Assessment).

Up to **20.3%**
of residents had difficulty managing day-to-day activities due to psychological distress.

(2019 Needs Assessment)



Rural compared to metropolitan: **Women**, but not men, are **more likely to seek treatment**.

SUICIDE*



Number of deaths from suicide
13 per 100,000 people

– higher than the Australian suicide rate.



Males have a suicide rate 3 x higher than females, who have a higher rate of attempting suicide.



LGBTIQ+ people attempt suicide at a rate **4 x higher** than those identifying as straight.



Suicide happens more often in rural and outer regional areas.

CHALLENGES PEOPLE HAVE CONSISTENTLY DESCRIBED*



Difficulty accessing transport.



Lack of safe mental health services for vulnerable groups such as Aboriginal and/or Torres Strait Islander peoples, culturally and linguistically diverse people, and those who are LGBTIQ+.



Socio-economic disadvantage.

*All data from Western Victoria Primary Health Network Needs Assessment Report, 2019.

Despite the dedication and commitment of many healthcare professionals, our system is not currently resourced and designed to effectively meet the demands and needs of the community.

Issues include:

- workforce shortages
- lack of access to mental health care on all levels, from early intervention to tertiary care
- challenges of geography, isolation and distance

- a crisis-driven system that lacks resources for prevention, early intervention and resolving perpetuating factors
- people requiring tertiary care sometimes find it difficult to access in a timely way
- people encountering confusion and 'dead ends' when trying to navigate to the right services.

The reforms underway are responding to these challenges, as outlined in the 'Priority Areas' section of this Plan.

Who is involved in mental health care?

How does the mental healthcare system work? Below are some of the people, services, and supports responding to differing mental health needs in the western Victoria region.

| WELL POPULATION | AT RISK GROUPS (EARLY SYMPTOMS, PREVIOUS ILLNESS) | MILD MENTAL ILLNESS | MODERATE MENTAL ILLNESS | SEVERE MENTAL ILLNESS |
|---|---|---|---|--|
| <p>Community of western Victoria</p> <p>eMHprac (E Mental Health in Practice) www.emhprac.org.au/</p> <p>Head to Health https://www.headtohealth.gov.au/</p> | <p>Community of western Victoria</p> <p>General Practitioner</p> <p>Digital and online supports</p> | <p>General Practitioner</p> <p>Private practitioners (psychiatrists, clinical psychologists, credentialed mental health nurses, social workers, occupational therapists)</p> <p>Mental Health Community Support Services</p> <p>Digital and online supports</p> | <p>General Practitioner</p> <p>Private practitioners (psychiatrists, clinical psychologists, credentialed mental health nurses, social workers, occupational therapists)</p> <p>Area Mental Health Services</p> <p>Mental Health Community Support Services</p> | <p>Area Mental Health Services</p> <p>Specialist Mental Health Services</p> <p>Mental Health Community Support Services</p> <p>Private practitioners (psychiatrists, clinical psychologists, credentialed mental health nurses, social workers, occupational therapists)</p> <p>General Practitioners</p> <p>NDIS service providers</p> <p>Mental health support workers</p> <p>General Practitioner</p> |



The process to get to this stage of planning

Development of the Foundation Plan has included two methods for understanding what works well and where we can focus our joint planning to improve services for people in western Victoria.

Relevant policy, legislation and current reform activity

To clarify our focus and draw from existing evidence, a list of important resources and policies was comprehensively reviewed – Figure 1 shows a sample.

| | | | | |
|---|--|--|--|--|
| Severe Substance Dependence Treatment Act 2010 | National Mental Health Commission's Vision 2014 | Victoria's Mental Health Act 2014 | National Mental Health Commission of Australia "Contributing lives. Thriving Community" Report 2014 | Australian Government Response to the National Mental Health Commission Report 2015 |
| Victoria 10 Year Mental Health Plan November 2015 | Royal Commission into Family Violence Victoria 2015 | The Victorian Suicide Prevention Framework 2016-2025 | Ending Family Violence: Victoria's plan for change 2016 | Fifth National Mental Health Plan 2016 |
| Balit Murrup: Aboriginal Social Emotional Wellbeing Framework 2017-2027 | Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017-2027 | Victoria's alcohol and other drugs workforce strategy 2018-2022 | Equally Well in Victoria March 2019 | The Lived Experience Engagement Framework 2019 |
| Royal Commission into Victoria's Mental Health System: Interim Report 2019 | Royal Commission into Victoria's Mental Health System: Final Report 2021 | Productivity Commission's Inquiry into Mental Health: Final Report 2020 | National Mental Health Commission: Child Mental Health Strategy 2021 | Disability Royal Commission Interim Report 2020 |
| National Suicide Prevention Adviser Final Advice 2020 | Royal Commission into Aged Care Quality and Safety 2021 | | | |

Figure 1. Major reviewed resources in the course of developing this Foundation Plan.

Consultation: People sharing their thoughts in workshops, conversations and an online survey.

From 2019 to 2021, people provided insights and experiences, sharing their encounters as the people using health services, and their expertise as the people delivering those services, within our region's public, private, and community-based systems.

A range of people, including those with lived experience, healthcare professionals, and community groups, provided feedback through face-to-face consultations, phone interviews, and an online survey.

| | | |
|--|---|--|
| <p>In-person consultations, July–October 2019</p> | <p>250+ people attended, from across western Victoria.</p> | <p>156 responses to online survey</p> |
|--|---|--|

These insights supported development and refinement of this plan and identification of Priority Areas for action (see pages 22-35).

Common themes that arose during consultations are set out below, ranging from prevention and early intervention to system gaps and issues that contribute to mental ill-health and suicidality.

Productivity Commission Mental Health Inquiry and National Mental Health and Suicide Prevention Plan

The Productivity Commission Mental Health Inquiry Report was released in November 2020. It made 24 recommendations and outlined 103 associated proposed actions for a person-centred mental health system across five broad areas:

- helping people to maintain their mental health and reduce their need for future clinical intervention, including by tackling early mental health problems and suicide risks
- improving people's experience of the mental healthcare system to ensure the care received is person-centred, timely, consistent with treatment needs and does not impose undue burden on either the consumer or their carers
- improving the experience of people with mental illness and their carers beyond the healthcare system, recognising that there are numerous gateways in the community through which people enter the mental health system and a range of services beyond healthcare — in particular, psychosocial services, housing and justice — that are important for an individual's social and emotional wellbeing and recovery
- helping people to remain engaged in education and stable employment — reforms designed to support and enable Australians with mental health problems to reach their potential in life, have purpose and meaning to them, and contribute to the lives of others
- reforming the behind-the-scenes arrangements and incentives to ensure services for people in need are as seamless, connected and timely as possible⁸.

The Australian Government response to the Productivity Commission Mental Health Inquiry Report was outlined in the National Mental Health and Suicide Prevention Plan (NMHSPP)⁹, released in May 2021. It supported in full, in principle, or in part, the recommendations from the Productivity Commission report and the National Suicide Prevention Advisor's Final Advice¹⁰.

The Plan is based on five pillars reflecting key themes emerging from the Productivity Commission report and National Suicide Prevention Advisor's Final Advice:

- prevention and early intervention
- suicide prevention
- treatment
- supporting the vulnerable
- workforce and governance.

NMHSPP implementation initiatives relevant to this Foundation Plan are outlined in this document at pages 22-35.

Royal Commission into Victoria's Mental Health System

The Royal Commission into Victoria's Mental Health System released its Final Report in March 2021. It made 65 recommendations for transformational reform of Victoria's mental health services, implementation of which is currently underway. The Commission's recommendations were guided by the following principles:

- the inherent dignity of people living with mental illness or psychological distress is respected, and necessary holistic support is provided to ensure their full and effective participation in society

- family members, carers and supporters of people living with mental illness or psychological distress have their contributions recognised and supported
- comprehensive mental health treatment, care and support services are provided on an equitable basis to those who need them and as close as possible to people's own communities – including in rural areas
- collaboration and communication occur between services within and beyond the mental health and wellbeing system and at all levels of government
- responsive high quality mental health and wellbeing services attract a skilled and diverse workforce
- people with lived experience of mental illness or psychological distress, family members, carers and supporters, as well as local communities, are central to the planning and delivery of mental health treatment, care and support services
- mental health and wellbeing services use continuing research, evaluation and innovation to respond to community needs now and into the future¹¹.

Mental Health Royal Commission recommendations relevant to this Foundation Plan are outlined at pages 22-35.



"The medical model is not enough, it should be more of a social model."

"Take the clinical away, take the work to the footy club."

"Prevention is better than cure, [it is] the poor cousin of primary health care"

Consultation participants, 2019



Approach to this collaborative change

Rather than focusing on the negative aspects of the system **our focus is on better ways to structure and deliver coordinated mental health services.**

In focussing on better ways to deliver services, groups were asked to define and address critical questions to support solution-focussed framing of priorities.

For example:

- How can a strengths-based view infuse the work done at different levels of care?
- How can illness and distress be differentiated?
- What is treatment? What is usual human support and development?
- What gets in the way of a genuine enquiry into a person's situation – or a person's sense that the enquiry is real?
- How could our professional services culture embrace a more humanistic mindset – reflecting a person-centred approach? How could health professionals be supported to bridge disconnects between knowing and feeling, despite the challenges of their work?
- How can a more authentic, compassionate, tailored assessment of suicide risk flourish?
- What is true collaboration?
- How is genuine trust created between professionals of different disciplines and across different services within the system of care?
- What needs to happen for a workforce to more effectively integrate cultural awareness, safety, and competency?
- What are the limitations of different work environments?
- What is shared governance and how could it operate effectively across systems and services?
- How can a risk-oriented mindset that constrains authentic practice be overcome so that workforces can confidently exercise their judgement within their scope of practice?

“Actions within community can be both society building and a mental health solution. It doesn't have to be complicated – going for a drive, volunteering, having a chat with someone supportive.”

Tony McManus

What is mental illness?

Language matters deeply to many people. This plan recognises that many people encounter the medicalised definition of distress and mental illness, in which a disorder or illness is characterised by a ***'clinically significant disturbance of thought, mood, perception, memory and/or behaviour.'***⁷⁷ Services have focussed on assessing, diagnosing, monitoring, or treating individual episodes.

For some people, the ability to name and talk about a diagnosis or illness is also an important and empowering thing.

Just as research continues to reveal more about the social, cultural, emotional, mental, and physiological processes underpinning mental health, many agree a bigger, more holistic meaning is needed. Key terms encircle this goal: ***Prevention. Early intervention. Community. Connectedness. Talking. Emotional health. Disorders. Diagnoses. Hope. Wellness. Quality of life. Functioning. Social context. Social and health equity. Compassion. Recovery. Strengths. Growth.***

"As a Senior Peer Support Worker now, I honestly believe that if someone had been there for me, to role-model what recovery looked like when I couldn't see a future for myself, my own recovery would have begun sooner.

The one thing that did help me on my journey even when I was unwell, was my connection to the local cricket club. Upon reflection, over the years people at the club learned what mental illness looked like, but also what recovery looks like."

Rick Corney



“I equate early recovery [from a major decline] as being 90 times harder than doing an AFL pre-season.

[But] the concept of recovery can be misleading as it implies you go back to a former state of being and that is not what happens. People experience a new beginning post a mental decline, that happens after each setback a person has – it is opportunity for new growth. That is where personal growth or transformation better describes the process.

I'd like to see a system where every interaction counts, where people who come into our care are met with hope and the belief that they will prosper and grow and that the best in life and love and happiness is ahead of them.”

James McLure

Stepped care

Stepped care is an evidence-based hierarchy or continuum of interventions - from the least to the most intensive - that are matched to an individual's needs (see Figure 2). In a stepped care model, a person is supported to transition up to higher intensity services or down to lower intensity services as their needs change. This approach promotes person-centred care (see page 20) that delivers the right service at the right time through:

- the least restrictive or intensive treatment option appropriate to the individual's needs
- stratification of population needs - from whole-of-population needs to those of people with severe conditions
- setting interventions for each group and defining a comprehensive 'menu' of evidence-based services
- matching service types to each needs group and commissioning/delivering services accordingly.

The Royal Commission into Victoria's Mental Health System recommendations reflect:

- a stepped care approach to system design and a staged care approach for service delivery that respond to increasing intensity of need and emphasise prevention, early intervention and support
- that people will be able to access a mix of services that respond to their needs and preferences and not be turned away on the grounds they are not sick enough or required to become more unwell before they can access treatment, care and support

The insights from our consultations strongly align with all current reform directions. They underpin our commitment to jointly plan how services are delivered and integrated in the western Victoria region in the future. This will support a system where:

- people know where and how they can access support
- once connected to a service provider, communication amongst services and an overarching approach of 'How else can we help? If not us, then who?' links a person to the right care, helping them transition effectively to the service that will meet their needs
- people access help more often, and sooner, at the less intense end of the continuum – to prevent illness, enable early treatment, and avoid crises
- health professionals are respected to operate across their full scope of practice, and enabled to offer comprehensive services in collaboration with people, their supports, and other service providers
- the community is supported to be a part of the change by understanding and recognising mental health issues, knowing what resources are available and feeling empowered to help build community resilience - whether through clubs, sports or schools.

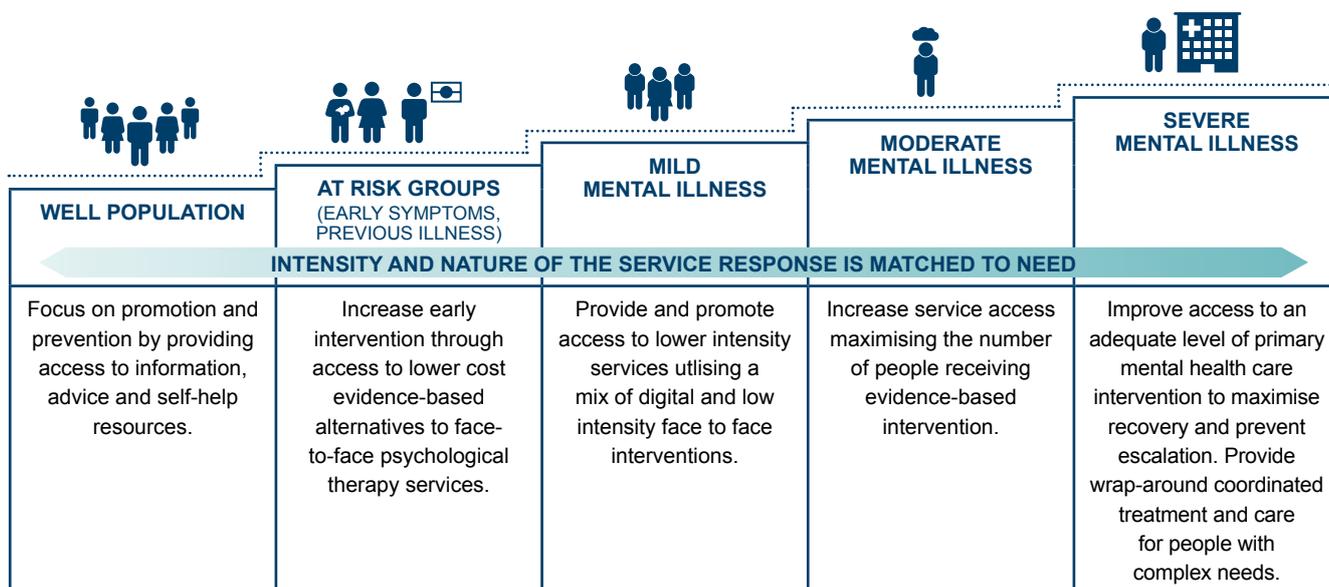


Figure 2. The Stepped Care Model: a series of stages in which all of us, at any given time, fall on a continuum of mental health, from well to severely unwell. A system using stepped care well is able to 'mix and match' the right services to people's diverse needs.

What is person-centred care?

Person-centred care means focussing, first and foremost, on the person needing support or treatment. One of the principles of stepped care, person-centred care places the person at the centre of all that happens. It means talking with the person, not about them, focussing on strengths and abilities rather than labels and deficits, and recognising family and community as genuine partners.¹²

Priority Groups

While many people experience barriers to accessing mental health care, greater structural barriers may be experienced by people with multiple health issues and social and economic problems that intersect to leave them more marginalised or at higher risk of being poorly served by health systems. Gender, cultural diversity, disability, age, socioeconomic status, being Indigenous, or being LGBTIQ+ can also intersect to influence the barriers someone might face.

Some people's needs are less well understood by service providers. It is important to remember that nobody belongs to just one 'type' of population group and that a range of complex factors can influence our needs as people.

With those realities in mind, general and local evidence was applied, together with consultations, to help identify the services need to focus on most to address the biggest gaps.

The following priority groups have been identified – either in their own right, or as people for whom our specific Priority Areas (see page 22-35) are most relevant.

- Aboriginal and Torres Strait Islander people
- Children, especially:
 - infants to 12 years old
 - children of parents with mental illness
- Culturally and Linguistically Diverse (CALD) communities, especially:
 - asylum seekers and refugees
 - English as second language
- Carers, especially
 - carers of children and young people
- Families, including:
 - chosen families (those based on non-biological bonds, which may or may not be legally recognised)
 - families where a Parent has a Mental Illness (FaPMI)
- Farming families and farm workers
- LGBTIQ+ community
- Men aged 35–54 at risk of suicide
- Older people, especially:
 - those residing in residential aged care facilities
 - people with alcohol or drug dependencies, including:
 - those with co-occurring mental illness or suicidality
- People with disabilities, including
 - those with co-occurring mental illness or suicidality
- People with trauma experiences, such as:
 - childhood abuse and neglect
 - sexual abuse and family violence during adulthood
 - institutional abuse
- Young people aged 12–25 years.

Priority Areas

By reviewing the current evidence base, policy frameworks, reform initiatives and by listening to the themes from local consultations and evidence, the following 8 areas of focus have been arrived at:

1. **Building and maintaining resilience and wellbeing**
2. **Suicide prevention**
3. **Access and navigation**
4. **Aboriginal and/or Torres Strait Islander peoples**
5. **Treatment and support for people living with severe and complex mental illness**
6. **Physical health of people living with mental illness**
7. **Workforce planning and development**
8. **Rural and regional service development**

Priorities, objectives and key activities

Priority Area 1.

Building and maintaining resilience and wellbeing



OBJECTIVE

Coordinate strategies that increase resilience and support improved mental health and wellbeing across western Victoria

Activities aim to:

- promote, strengthen and optimise mental health and wellbeing
- increase protective factors

PRIORITY AREA 1: KEY ACTIVITIES

Regional planning activities will:

- map current mental health and wellbeing promotion and prevention activities across the western Victoria region
- explore community needs for programs that improve mental health and wellbeing, increase connectedness, enable early detection of people at risk and aim to reduce the onset and severity of mental illness
- ensure that design and delivery of resilience, wellbeing and inclusion programs leverages current reforms to reduce isolation and discrimination and increase access to support, focussing on diverse communities

Mental Health Royal Commission recommendations relevant to this priority include:

- coordination of a statewide approach to promotion of good mental health and wellbeing and prevention through the new Mental Health and Wellbeing Promotion Office
- establishment and recurrent resourcing of community collectives for mental health and wellbeing in each local government area
- a local mental health and wellbeing service social prescribing trial in each region
- development and provision of resources to assist employers and employees to promote good mental health and address workplace barriers to good mental health
- funding of evidence-informed initiatives in schools
- establishment of a Schools Readiness fund equivalent with a focus on rural and regional areas
- design and delivery of anti-stigma programs and grants, including focus in grants programs on communities and social groups at increased risk of stigma

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- funding for extension of initiatives that provide training and resources in schools and early childhood centres to support wellbeing and resilience
- funding to provide free support to community sports clubs to develop alcohol and drug and mental health policies
- support to workplaces to promote mental health through the National Workplace Initiative
- support for development of a National Stigma Reduction Strategy



“There needs to be a stronger focus on primary prevention; initiatives that improve mental health and build resilience but aren't necessarily undertaken by a mental health service.”

“Prevention is best. What is needed is more prevention.”

“All support is reactive rather than proactive.”

“People who don't meet the criteria should still have a support system. We don't provide enough support to people in distress who don't fit into the mental health system. We need services for bereavement and relationship breakdown. These are risk factors for mental illness and suicide, so treating them will decrease the incidence of future mental health problems.”

Consultation participants, 2019



Priority Area 2.

Suicide prevention



OBJECTIVE

Apply a collaborative and evidence-based approach to coordination of suicide prevention and response activities in western Victoria

Activities aim to:

- support people at risk of suicide, their families and carers
- reduce suicidal ideation, suicide attempts and suicides
- maximise regional opportunities for coordination and integration of activities and sharing of evidence-based learnings

PRIORITY AREA 2: KEY ACTIVITIES

Regional planning activities will:

- map suicide prevention and response initiatives across the western Victoria region and ascertain subregional transferability of evidence-based approaches
- support design by Aboriginal people of culturally safe community gatekeeper training that provides early support for Aboriginal people at suicide risk
- facilitate primary care provider access to evidence-based education and training on suicide prevention

Mental Health Royal Commission recommendations relevant to this priority include:

- expansion of follow up care and support for people after a suicide attempt by recurrently funding all area mental health services to offer the Hospital Outreach Post-suicidal after Engagement program (HOPE)
- a system-based community and government-wide approach to suicide prevention and response efforts with coproduction of a new suicide prevention and response strategy for Victoria
- workforce training and 'community gatekeeper training', including design of culturally safe training by and for Aboriginal people
- co-production of an aftercare service for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning people following a suicide attempt
- in partnership with the Commonwealth, implementation of statewide postvention bereavement support

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- creation of a National Suicide Prevention office to oversee the national whole-of-government approach
- in partnership with states and territories, providing universal aftercare, national suicide postvention and piloting of a national distress intervention program to reach people in crisis and provide immediate support
- supporting communities through the National Suicide Prevention Leadership and Support program to respond to emerging priorities and encourage new and innovative approaches to build awareness, resilience and community capacity to prevent suicide
- working with the Indigenous mental health sector to co-design solutions and reduce high rates of suicide under a renewed Indigenous-led National Aboriginal and Torres Strait Islander Suicide Prevention Strategy across a range of initiatives

“

“Someone who presents to emergency as suicidal will be discharged within hours and have to wait for up to 8 weeks before receiving help.”

“You don't wait for your garden to dry before watering it.”

– Consultation participants
with lived experience, 2019

”

Priority Area 3.

Access and navigation



OBJECTIVE

Improve service access and navigation for people, their families and carers in western Victoria

Activities aim to:

- improve access to mental health and wellbeing services that meet the needs of people, their families and carers
- support people at risk of suicide, their families and carers
- improve social and emotional wellbeing across the western Victoria region

PRIORITY AREA 3: KEY ACTIVITIES

Regional planning activities will:

- explore co-design of a unified 'front door' for people seeking mental health, alcohol and other drug and wellbeing services (including professional or self-referral), supported by agreed and consistent triage tools, navigation and referral pathways and governance arrangements
- support timely access to regional mental health and wellbeing services via virtual mediums including telehealth
- enhance and promote information available to regional primary care providers through the Health Pathways platform to include pathways for secondary consultation and support

Mental Health Royal Commission recommendations relevant to this priority include:

- establishment of a responsive and integrated mental health and wellbeing system in which people receive most services locally and in the community, including the following services across Victoria:
 - between 50-60 new Adult and Older Adult Local Mental Health and Wellbeing Services that operate with extended hours and are delivered in a variety of settings
 - 22 Adult and Older Adult Area Mental Health and Wellbeing Services delivered through partnerships between public health services or public hospitals and NGOs that deliver wellbeing supports
 - 13 Infant Child and Youth Area Mental Health and Wellbeing Services delivered through partnerships between public health services or public hospitals and NGOs that deliver wellbeing supports
- local mental health and wellbeing service access via General Practitioner referral, any other service provider or through the local mental health and wellbeing service access worker
- promotion and co-production of a website that provides clear, up-to-date information about Victoria's mental health and wellbeing system that helps users to understand their mental health needs, identify services and supports across all relevant provider types and to access online self-help resources
- collaboration with funded non-government helpline services to improve helpline connections with mental health and wellbeing services and to assist people to find and access treatment, care and support
- access and navigation support and comprehensive needs assessment using revised triage tools

- provision of integrated treatment, care and support to people living with mental illness and substance use or addiction
- regional board commissioning of demonstration projects for delivery of services to people in the 'missing middle'
- establishment of a new user-friendly online consumer portal that allows consumers to view key information and authorise sharing
- area mental health and wellbeing service commissioning that ensures collaboration to deliver support for primary and secondary care and related services through primary consultation with consumers, secondary consultation with providers and a formal model of comprehensive shared care

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- creation of a single digital platform under Head to Health that will provide online professional counselling, peer support, clinical support and referrals to improve accessibility to services for people with limited access to face-to-face services, including those in regional and remote areas
- expansion of perinatal mental health screening
- establishment of a new national network of adult Head To Health centres, expanded youth headspace services and Health to Health Kids centres
- improving the primary care gateway to mental health care, including expansion and implementation of the Initial Assessment and Referral (IAR) tool
- improved access to eating disorders services, including establishment of a national Eating Disorder Research Centre and network of community-based residential eating disorder treatment centres



"We are referred into a broken system, where often what we need is a compassionate conversation with someone."

"It is difficult to navigate the services and people get lost between referral services."

"A consumer review site is needed – I can find out more about buying a toaster than I can about competent, safe psychiatric care."

"Services are quite "gappy", it's all luck, a lottery that the right person ends up in the right service and how well you will be supported."

"When someone is well and they develop a clearly defined mental illness, then their treatment pathway is really good. But when you don't fit into a category, then you run into problems."

Consultation participants, 2019



Priority Area 4.

Aboriginal and Torres Strait Islander peoples



OBJECTIVE

Culturally safe and competent services are available and accessible to Aboriginal and Torres Strait Islander peoples to support improved social and emotional wellbeing

Activities aim to:

- support building of ACCHO capacity as part of a care model for young people most at risk of mental illness onset or relapse and for young people with severe mental illness
- support improved service integration and delivery

PRIORITY AREA 4: KEY ACTIVITIES

Regional planning activities will:

- support design and development of new and/or expanded services for Aboriginal and Torres Strait Islander peoples in collaboration with ACCHOs in the western Victoria region
- coordinate and promote cultural safety professional development opportunities for organisations in the western Victoria region (see also Priority 7)
- strengthen care pathways between ACCHOs, primary care providers, regional health services and mental health community support services

Mental Health Royal Commission recommendations relevant to this priority include:

- expansion of social and emotional wellbeing teams throughout Victoria in ACCHOs with statewide coverage within 5 years, supported by a new Aboriginal Social and Emotional Wellbeing Centre
- establishment of the Aboriginal Social and Emotional Centre by the VACCHO in partnership with organisations within clinical and research expertise in Aboriginal mental health
- establishment of two co-designed healing centres
- resourcing of an Infant, Child and Youth Area Mental Health and Wellbeing Service to support ACCHOs with primary and secondary consults and shared care
- resourcing of ACCHOs to commission delivery of culturally appropriate services for children and young people
- resourcing of the VACCHO to establish culturally appropriate family-oriented service for infants and children requiring intensive supports in partnership with an Infant, Child and Youth Area Mental Health and Wellbeing Service

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- investment to support greater representation of Aboriginal and Torres Strait Islander peoples in the mental health workforce through scholarships, and training to support delivery of culturally safe care by healthcare workers
- establishment and evaluation of a culturally appropriate 24/7 crisis line to be governed and delivered by Aboriginal and Torres Strait Islander peoples
- refresh and development of an implementation strategy for the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing



“The [ACCHO] creates activities for social connectedness and this work is critical. This is a protective factor as it brings people together.”

“You know what it is [provision of culturally safe services]? You talk about social determinants of health and you put cultural issues on top of that and that is exactly what we do every day. We need to take our clients from go to woe.”

“It's Indigenous kids falling through the cracks at a rapid rate. There is a lack of response from the system and a lack of resources on the ground, for example to support integrated family services to support young mums and kids with mental health issues.”

“A culturally safe inpatient unit is required to better support community accessing inpatient services. [ACCHO] is willing to provide support to create safe inpatient space for the community.”

Consultation participants, 2019



Priority Area 5.

Treatment and support for people living with severe mental illness



OBJECTIVE

People living with severe mental illness receive high quality evidence-based treatment and support that is effectively coordinated and responsive to their needs.

Activities aim to:

- support improved access to, and coordination of, treatment and support services for people living with severe mental illness
- support increased joint planning capability around coordinated multi-agency support for people living with severe mental illness

PRIORITY AREA 5: KEY ACTIVITIES

Regional planning activities will:

- support establishment of the whole-of-system rehabilitation pathway and governance arrangements to support coordinated service provision to people with severe mental illness and multiagency needs
- support development of the Mental Health and Wellbeing Outcomes Framework and once developed, use it to guide regional outcome measurement and oversight for people with severe mental illness and multiagency needs, underpinned by aligned PHN and health service policy and commissioning goals
- support establishment of, and joint PHN and health service participation in, regional multiagency panels to support coordinated service provision to people with severe mental illness and multiagency needs

Mental Health Royal Commission recommendations relevant to this priority include:

- implementation of a new whole-of-system rehabilitation pathway for people living with mental illness who require ongoing intensive treatment, care and support
- development of new extended rehabilitation models for community care and secure extended care units
- establishment of regional multiagency panels (including PHNs) for coordination of multiagency services to people with ongoing intensive needs
- regional boards to commission demonstration projects in each region to deliver services to people with ongoing intensive needs
- development of a Mental Health and Wellbeing Outcomes framework

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include

- investing over two years to continue psychosocial support for people with severe mental illness who do not qualify for the NDIS
- support to improve the experience of, and outcomes for, people with complex mental health needs through a range of targeted initiatives, including funding to pilot specialist mental health services and interventions for people with complex mental health needs
- investment into innovative treatments and clinical trials on breakthrough therapies

Priority Area 6.

Physical health of people living with mental illness



OBJECTIVE

The physical health needs of people living with mental illness in western Victoria are recognised, prioritised and addressed to support improved quality of life

Activities aim to:

- support improved physical health of people living with mental illness
- ensure that joint regional planning activities promote Equally Well commitments to improved physical health outcomes

PRIORITY AREA 6: KEY ACTIVITIES

Regional planning activities will:

- support capacity of primary care providers to work with people experiencing mental illness who are at risk of physical comorbidities
- ensure Equally Well Consensus Statement actions are prioritised in all relevant regional service planning and delivery initiatives to support provision of effective care

Mental Health Royal Commission recommendations or narrative relevant to this priority include:

- establishment of a responsive and integrated mental health and wellbeing system, in which people receive most services locally and in the community throughout Victoria, close to their families, carers, supporters and networks with service delivery across Victoria at a local, area-based and statewide level
- Commission expectations that mental health and wellbeing services proactively connect people of all ages to general practice, including GPs and practice nurses available in community health services, encouraging all services to consider the value of employing physical health clinicians in their teams and colocation with other services people use, such as general practice, which would further encourage integration between mental and physical health

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- additional funding for the Equally Well Program to support improvements in the physical health of people living with mental illness
- establishment of a new national network of adult Head To Health centres, expanded youth headspace services and Health to Health Kids centres

Priority Area 7.

Workforce planning and development



OBJECTIVE

The western Victoria region has a skilled and evidence-driven workforce that places people requiring help and their personal goals at the centre

Activities aim to:

- proactively understand and respond to workforce supply, capability and retention issues through collaborative co-designed regional approaches
- support expansion of, and support for, western Victoria's Aboriginal and lived experience workforces

PRIORITY AREA 7: KEY ACTIVITIES

Regional planning activities will:

- support collaborative regional workforce planning that leverages current reforms
- support regional co-design and delivery of education and training programs that grow and build the capability of the local workforce, including locally delivered University and TAFE-level programs to support nursing, allied health and lived experience workforce expansion
- explore opportunities to improve shared care across multidisciplinary teams, support remote workforce development, expand communities of practice and strengthen regional research and evaluation capability

Mental Health Royal Commission recommendations relevant to this priority include:

- ensuring that a range of expanded mental health and wellbeing services is delivered by a diverse, multidisciplinary mental health and wellbeing workforce of the necessary size and composition across Victoria
- expansion of the consumer and family-carer lived experience workforce
- enhancement of lived experience workforce workplace supports, including development and implementation of continuing learning and development pathways, educational and training opportunities, new organisation structures, capability and programs to enable practice supports, including coaching and supervision
- development of a Victorian Mental Health and Wellbeing Workforce Capability Framework by end 2021
- establishment of an incentive scheme for attraction and retention of mental health and wellbeing workers in rural and regional areas
- implementation and support of structural workforce reforms to attract and retain staff to deliver core local, area, and statewide mental health and wellbeing services by the end of 2023

- development, implementation and maintenance of a Workforce Strategy and Implementation Plan and, by end of 2021 enable the Department of Health to:
 - conduct ongoing workforce data collection analysis and planning
 - establish dedicated workforce planning and strategy function
 - encourage collaborative engagement and partnerships with relevant workforce stakeholders
- coordination of learning and development activities across the mental health and wellbeing workforce by the Victorian Collaborative Centre for Mental Health and Wellbeing

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- growing and upskilling the mental health and suicide prevention workforce, including increasing the number of nurses, psychologists, allied health practitioners and psychiatrists
- supporting greater representation of Aboriginal and Torres Strait Islander peoples in the mental health workforce
- boosting and supporting the mental health peer workforce and opportunities for professional collaboration
- supporting GPs and other medical practitioners by providing specialist training and resources to enhance their capacity to address mental health concerns of patients



“There is an assumption that people have a good connection with their GP and that their GP has mental health knowledge. GPs need to be included in the network conversations (Area Mental Health Services participant).”

“GPs struggle with “I am going to kill myself” they don’t know how to respond; they are in need of upskilling to better understand if the person is actually suicidal or not. Whether there is a need for a thorough assessment and then follow-through. GPs need assistance in this area.”

“Develop Stepped Care Model information packages and online information for distribution to primary and tertiary care and community.”

Consultation participants, 2019



Priority Area 8.

Rural and regional service development



OBJECTIVE

Increase availability and quality of mental health services through collaborative outcomes-based planning and commissioning

Activities aim to:

- support regional outcomes-based planning and commissioning that leverages current reforms and utilises shared analytics
- ensure joint planning activities are aligned with changing governance, accountability and outcomes frameworks.

PRIORITY AREA 8: KEY ACTIVITIES

Regional planning activities will:

- support regional outcomes-based service planning and commissioning that leverages current reforms and utilises shared analytics
- support a living, learning health care system in strengthened regional partnerships with Deakin University that facilitate service improvement through evidence-based, consumer-centered and co-designed translational research
- explore co-design of a unified 'front door' for people seeking mental health alcohol and other drug and wellbeing services (including professional or self-referral), supported by agreed and consistent triage tools, navigation and referral pathways and governance arrangements (see Priority 3)
- support development of new Victorian performance monitoring and accountability and outcomes frameworks and once developed, use them to support regional service planning and commissioning

Mental Health Royal Commission recommendations relevant to this priority include:

- establishment of eight regional governance and commissioning boards fully functioning by 2026
- in collaboration with regional mental health and wellbeing boards, work with the Commonwealth and PHNs to establish a co-commissioning approach for Commonwealth and state-funded mental health and wellbeing services that builds on joint Commonwealth-state planning approaches and leverages existing commitments
- area mental health and wellbeing service commissioning that ensures collaboration to deliver support for primary and secondary care and related services through primary consultation with consumers, secondary consultation with providers and a formal model of comprehensive shared care
- provision of additional resources to enable regional Victorian mental health and wellbeing services to deliver services to small or geographically isolated rural communities
- trial of two new digital services delivery initiatives in rural and rural areas that meet local community needs by end 2022
- establishment of a process for assessing population needs using an adapted NMHSP Framework

- development and publication of a statewide mental health and wellbeing service and capital plan and eight regional mental health and wellbeing service and capital plans between end 2022 and end 2023 with subsequent regional board updates every 3 years
- empowering of regional mental health and wellbeing boards to select providers, including new providers and provider partnerships
- development of a new Mental Health and Wellbeing Outcomes Framework
- development of a new Performance Monitoring and Accountability Framework to hold, and empower regional mental health and wellbeing boards to hold, providers to account and improve performance over time

National Mental Health and Suicide Prevention Plan initiatives relevant to this priority include:

- enhancing national data systems and filling information gaps monitoring population risk of suicide and self-harm
- funding to enhance forecasting of population mental health needs, and developing a nationally agreed framework for mental health regional planning
- increasing the availability of services, including digital and telehealth services (see Priority 3)
- growing the mental health and suicide prevention workforce through a range of workforce and supply measures (see Priority 7)



“Public psychiatry demand not being met, for various reasons, particularly for more rural areas of the region.”

“Specialist services, for example [getting to a] psychologist involves travelling at least 1 hour.”

“There is no access to local clinicians or even those within a small distance to travel. There is often a long wait to see a clinician, once contact is made, beyond an emergency level.”

“Experiences of inequity due to CALD, LGBTI etc. is higher in rural areas and support networks are less accessible.”

“Higher rates of suicide in rural and remote Local Government Areas [there is] a high demand on services and then they get caught delivering to [main town] not the entire catchment (service provider).”

Consultation participants, 2019



Where to from here?

Next steps

A regional governance group has steered work to date, made up of local community members with lived experience, representatives of service providers, and the region's three providers of clinical mental health services: Barwon Health, South West Healthcare, and Ballarat Health Services.

Collaborative Service Development Planning

Collaborative service development planning will continue during 2021-2022, building on this Foundation Plan. This will necessarily reflect the dynamic nature and impact of current reforms and the strategic planning priorities of the relevant regional services. Priorities or activities may require modification or adjustment to ensure continuing alignment.

Governance arrangements for collaborative service development planning will ensure that the lived experience of people receiving services across the western Victoria region is at the centre of joint service development and planning. These arrangements will also reflect the diverse range of services delivered across the region, and will, wherever possible, draw on existing regional working groups and engagement mechanisms that support collaborative service planning and delivery.



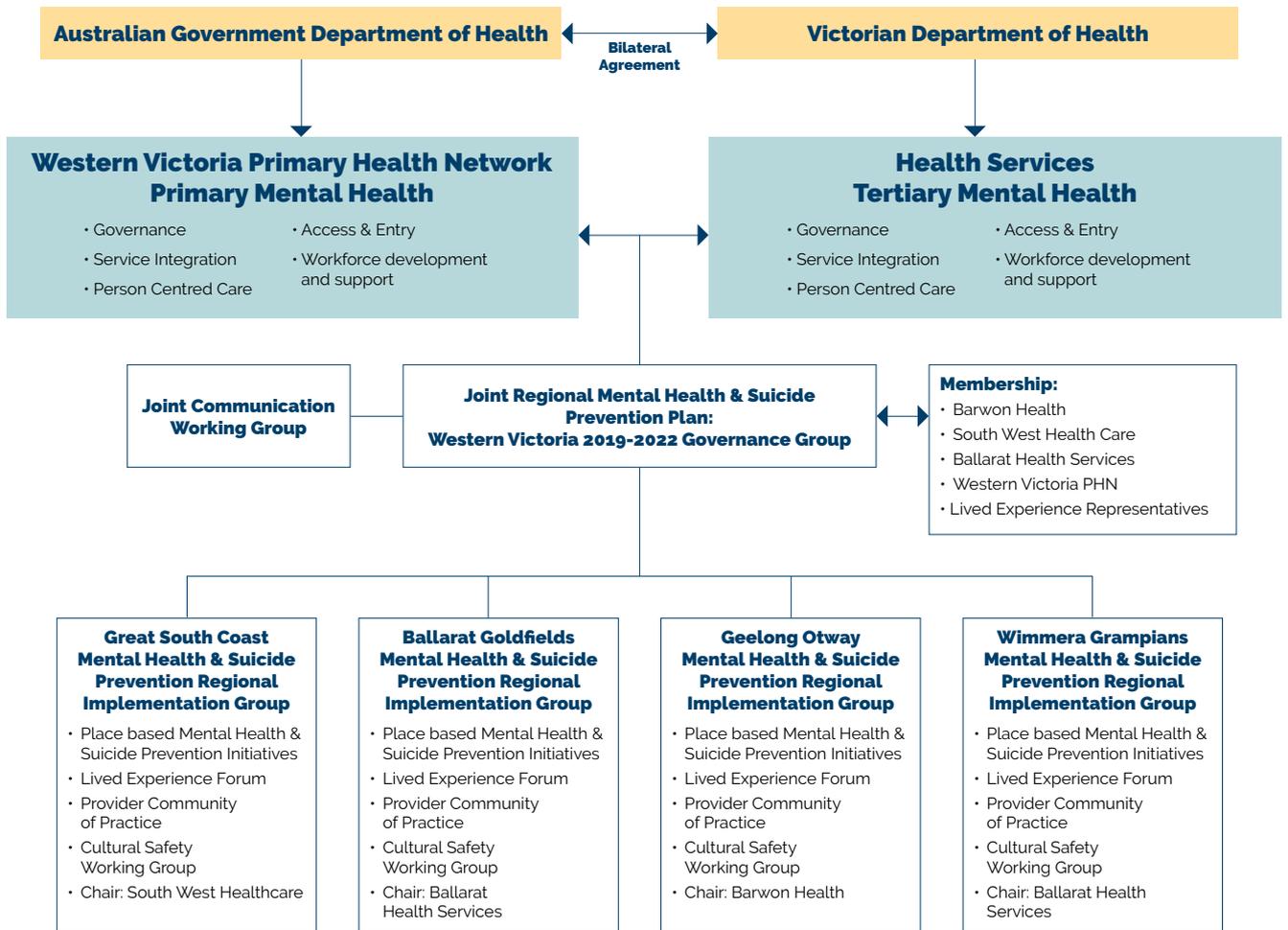


Figure 3. Proposed Regional Governance Framework.

Appendix 1. Summary of community consultation themes.

To inform the development of this joint regional plan, we held in-person consultations based in Horsham, Geelong and Ballarat, between July and October 2019. These sessions were open to the community, with attendees including people with lived experience, a range of service providers representing organisations and individuals in private practice (including GPs and mental health professionals). We also distributed an online survey across the western region through social media, mailing lists, and public invitations; of the resulting 366 individual responses, a number of people identified as living with mental health challenges and/or suicidality, or as a carer of someone who does.

MAJOR THEMES

Community consultations produced a number of themes, which informed or are captured by the priority areas. Participants also provided many good practice examples and potential solutions.

Prevention and early intervention

- Are viewed as vital if mental health care is to provide earlier support and avoid escalation of distress that leads to a need for tertiary services.
- There should not be a linear approach to prevention, early intervention and coordinated care.
- Barriers include funding, and time restraints that often limit services' ability to recognise deterioration and relapse.
- From a service perspective, demand, limited bed numbers, and access to care for moderate mental illness compound barriers to timely care and intervention.

Gaps in the system

- A systemic *focus on acute and crisis mental health* care is considered problematic, leaving those out that are 'not sick enough' without enough care in other parts of the system.
- Gaps exist within acute care, especially for young people and people in specific rural areas. There are currently no youth inpatient beds available outside Melbourne, and none for adults in the Wimmera Grampians region.

- Gaps also exist between primary care and tertiary (health service) care, leaving people who are 'too sick' to be adequately supported in primary care only, and 'not sick enough' to get into tertiary treatment services.

Accessing and navigating mental health care

- Both experienced as difficult, untimely, hard to get, and challenging to find.
- While difficult for many, some population groups find accessing adequate care even harder, including Aboriginal and Torres Strait Islander people, older people, those with dual diagnosis, and people with little or no access to transport.

Workforce challenges:

- Low availability of certain professions, in particular for more regional areas.
- Lack of workforce who can work well with specific population groups to enable people to achieve outcomes and a sense of wellness. This particularly affects LGTBTIQA+ young people, those affected by family violence, women, Aboriginal and Torres Strait Islander people, and people who have experienced trauma.
- Some areas having no access to a local GP.
- Across the region, a lack of timely access or any access to psychiatrists.

A range of issues contribute to mental-ill health and suicidality:

- isolation
- loneliness
- poverty
- situational distress
- lack of affordable housing
- rurality combined with lack of access to transport and services
- relationship breakdowns
- trauma (including family violence and sexual assault)
- challenging weather conditions (especially impacting on farmers).

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Your feedback is welcome

On behalf of Western Victoria PHN, Barwon Health, Ballarat Health Services, and South West Healthcare, your input helps to improve our future work and regional planning. Do you have comments to share?

Please let us know by contacting:

Email: communications@westviphn.com.au or

Phone: (03) 5222-0800

Find this Foundation Plan online at:
westvicphn.com.au

WORDS MATTER

Help us shape our shared future language for talking about our mental health and ill health, distress, caring for loved ones, and getting and staying well. Please reach out if you have suggestions.



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