

Mental Health Community Support Services (MHCSS) - North West Catchment – Summary Information

April 2015

1. MENTAL HEALTH SERVICE USE AND DEMAND

DEMAND	Maribyrnong	Brimbank	Hume	Melton	NW Catchment	NWMR/ Vic (V)
Estimated (unweighted) demand						
Estimated people with severe mental illness (3% of pop)	1664	4023	3595	2338	11,619	
No disability (58%)	965	2333	2085	1356	6,739	
Mild disability (27%)	449	1086	971	631	3,137	
Moderate disability (11%)	183	443	395	257	1,278	
Severe disability (4%)	67	161	144	94	465	
Total eligible population for MHCSS	699	1690	1510	948	4880	
Service need						
People reporting high/very high levels of psychological distress/ rank	10.8%/37	14.40%/6	15.9%/3	20.70%/1		12.7% 11.10% (V)
Lifetime prevalence of anxiety and depression male/ female	18.2/23.3	11.5/ 22.8	14.4/24.1	11.4/ 28		14.6/25.0 (V)
Young people						
Children with emotional/behavioural problems at school age	3.70%/ 42	3.70%/44	5.50%/ 20	5.40%/22		4.1% 4.3% (V)
Adolescents who report being recently bullied/ rank	14.30%/65	17.50%/50	20.5%/22	19.20%/34		17.6% 17.9% (V)
SERVICE USE						
Number of registered mental health clients	904	2,072	2,154	1,133	6,263	19,142
Registered mental health clients per 1000 pop/ rank	11.8/ 47	10.7/ 52	12.1/ 45	9.6/ 58		11.1 (V)
Proportion of people who sought professional help for a mental health problem %	11.2	13.7	11.2	10.2		12.4 (V)
MHCSS clients 2014	122	210	96	76	504	1802
MHCSS clients per 1000 population	2.16	1.56	0.79	0.94		1.43
Average funded hours per MHCSS client (per annum)					181	150.11
Referrals to ISCP from intake August 2014 – May 2015 per 1000 pop	0.87	0.58	0.92	0.63	0.74	0.69
Main source of clinical support (MHCSS clients)						
Area Mental Health Service	41%	39%	41%	32%	38%	44%
General practitioner	37%	33%	41%	26%	34%	31%
Private psychiatrist	11%	21%	14%	31%	21%	19%

Comparisons & context:

*Red text – shows where the figure is in the top 3 highest rates for all 14 LGAs in the North & West catchments.

* Orange text – shows that the rate is different in negative way than the state average

Rank – refers to the LGA score relative to all 79 LGAs in Victoria

From a purely population basis, Mental Health Community Support Services (MHCSS) are responding to approximately 10% (504/4880) of estimated demand across the mild – severe disability categories or 30% (across the moderate to severe categories), and clinical services to 54% of estimated levels of illness (6263/11,619). This is an unweighted demand estimate, and given the significant socio-economic issues – particularly in Brimbank – it is likely to be an underestimate. There is not an expectation that either service system responds to 100% of the demand. All LGAs except Maribyrnong report much higher levels of psychological distress than the State average.

Proportionally, use of private psychiatrists is lower where the proportion of registered mental health clients are higher, and vice versa. This also translates into higher use of AMHS as a source of clinical support where it is more available. It suggests that where the proportion of registered mental health clients are lower than average, it is potentially due to accessibility (supply issues) rather than demand.

With regard to service use and demand there is minimal consistency across the catchment.

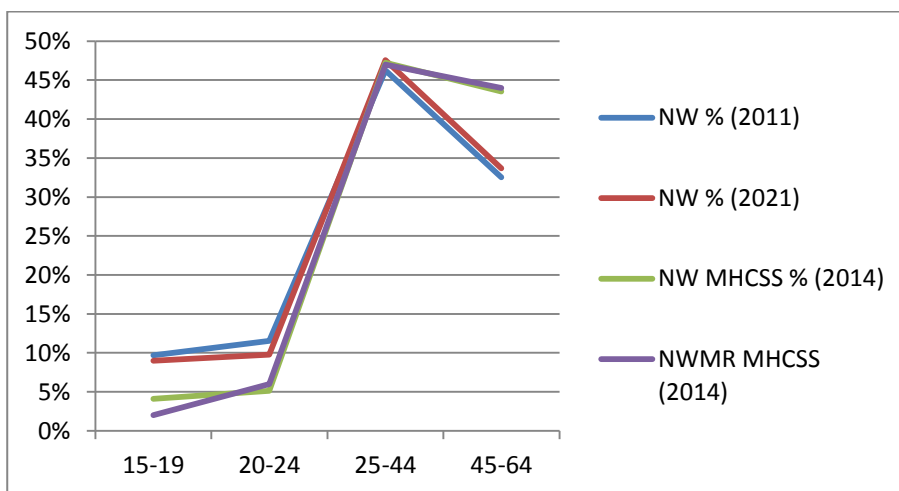
- In Melton each indicator of service use is lower than average, with referral rates to MHCSS at the lowest rate for the Region (0.5 per 1000 pop). However, use of private psychiatrists by MHCSS users is high,

mental health services are less physically present than the rest of the catchment (see section 6) and Melton ranks first in the state for people reporting high/very high levels of psychological distress.

- In Hume, the demand/ service need indicators are generally high, as are referrals to MHCSS and number of registered mental health clients. However, proportion of people seeking help for mental health problem is lower than average and MHCSS clients per 1000 population is also low (although as referrals are high this may change). Physical access should not be an issue with MHCSS locations in all the major centres in the LGA and a clinical mental health service located in Broadmeadows (see section 6).
- In Brimbank, which is very socio economically disadvantaged, indicators of MHCSS use and people seeking professional help for a psychological problems are higher than the average. However, registered mental health clients and use of AMHS for clinical support by MHCSS clients are just below regional or state averages. New referrals to MHCSS are also low, however, this may reflect existing high levels of use. Brimbank is well serviced with service locations in its major centres.
- In Maribyrnong, many of the indicators are close to the either regional or state averages. Service access is generally good. Referral rates to MHCSS and use of MHCSS are amongst the highest in the Region. The rate of use of private psychiatrists is low – however, this should be treated with caution due to 78% of missing data for this item in Maribyrnong.

2. AGE & GENDER

Chart 1: Proportion of MHCSS service users and population for the NW catchment/ NWMR region by age groupings



There is an under-representation of young people, across the 15 -24 age bracket in the population in MHCSS services, and an over representation of people aged 45 – 64 accessing MHCSS than in the population. This is consistent with the trend across the NWMR, however, there are some large variations from this usual pattern within the catchment. These are:

- In Maribyrnong - 25 – 64 year olds (over representation) and 20 – 24 year olds (under representation)
- In Hume 25 – 44 year olds (over representation)

The age distribution does not change not significantly over the next six years, however, all LGAs except Brimbank will experience significant growth in the 15 – 64 year old population (Melton will increase by 40%; Maribyrnong 30% and Hume 24%). The growth is predominately in the over 25 year olds, except in Melton where it is across all groups.

MHCSS Service Users by Sex

	Maribyrnong	Brimbank	Hume	Melton	NW Catchment	NWMR
% female	50%	57%	65%	61%	58%	53%
% male	50%	43%	35%	39%	42%	47%
Total	122	210	96	76	504	1802

The higher proportion of females accessing MHCSS in Hume and Melton is interesting indicating effort to improve access by males may be required.

3. CULTURAL INFORMATION

Aboriginal and Torres Strait Islanders

	Maribyrnong	Brimbank	Hume	Melton	Total North West
Proportion Aboriginal or Torres Strait Islander (2011)	0.6%	0.5%	0.8%	0.8%	0.5%
Proportion Aboriginal or Torres Strait Islander in MHCSS	<5	<5	<5	<5	2.0%

Although the numbers are small, Aboriginal or Torres Strait Islanders are proportionally over-represented in the data, with 2% identifying as Aboriginal across the catchment, compared to 0.5% of the population as a whole. Consultation to date has suggested an increasing Aboriginal population in Melton, as people move away from the inner suburbs to access less expensive housing opportunities.

Missing data for this item was quite low (18% recorded as null) and 7% was recorded as not adequately stated or difficult to ascertain. Under reporting is the norm for this data item, suggesting that the proportion of Aboriginal people accessing MHCSS may be higher than recorded.

People born in non-English speaking countries (15 – 64 years)

Maribyrnong	Brimbank	Hume	Melton	MHCSS service users (NW catchment)
Vietnam (11%)	Vietnam (13%)	Iraq (5%)	India (2%)	Vietnam (7%)
India (5%)	India (5%)	Turkey (5%)	Philippines (2%)	Italy (2%)
China (4%)	Philippines (3%)	India (3%)	Vietnam (1%)	Greece (1%)
Philippines (1%)	Malta (2%)	Lebanon (2%)	Malta (1%)	Malta (1%)
Bangladesh (1%)	FYROM (2%)	Italy (2%)	FRYOM (1%)	Turkey (1%)

People born in non-English speaking countries appear to not be accessing MHCSS in similar proportions to their prevalence in the general population. With people born in Vietnam the only cultural group of any size using MHCSS, it is still at a lower rate than would be expected. The population data suggests that people born in India should also be more prominent in the client group (in the NW people born in India comprise less than five individuals and they rank as equal ninth with Somalia, Poland, Sri Lanka and Croatia for people born in a non-English speaking country). It is unclear whether this is due to cultural or language issues, or whether there is less demand. Further analysis of preferred language and new settler data, including refugees, would also be useful to provide a better understanding of potential access issues.

Both Brimbank and Melton also have reasonably high levels of new settlers (with Brimbank ranked 14th in the State, and Melton 15th). For Brimbank, 16.7% of new settlers are for humanitarian reasons, compared to 4.8% for Melton.

4. LIVING AND RESIDENTIAL ARRANGEMENTS

	Maribyrnong	Brimbank	Hume	Melton	North West	NWMR
Living arrangements						
Private residence – owned	17 (17%)	65 (38%)	22 (27%)	38 (42%)	142 (32%)	142 (26%)
Private rental	20 (20%)	51 (29%)	30 (37%)	36 (40%)	137 (31%)	137 (24%)
Public Rental	38 (37%)	33 (19%)	19 (23%)	<10	97 (22%)	97 (30%)
Supported/group accommodation	13 (13%)	<10	<10	<10	32 (7%)	32 (9%)
Unstable accommodation	11 (11%)	12 (7%)	<10	<10	30 (7%)	30 (8%)
Other	< 10	<10	<10	0	<10	72 (3%)
Missing data (living arrangements)	19	26	14	4	63	
Lives with family or others						
Lives alone	44 (44%)	42 (23%)	27 (28%)	24 (26%)	137 (30%)	516 (33%)
Lives with family	35 (35%)	112 (62%)	52 (53%)	52 (57%)	251 (54%)	693 (44%)
Lives with others	19 (19%)	27 (15%)	13 (13%)	16 (17%)	75 (16%)	362 (23%)
Dependent children						
Dependent child (does not live with service user)	<5	19	10	7		
Dependent child (lives with service user)	<5	33	10	16		
Carer arrangements						
Carer available	20 (16%)	73 (35%)	28 (29%)	40 (53%)	161 (32%)	377 (24%)
Child as carer	0	11	<5	5		
Proportion of people identified as NOT having a carer by living arrangements						
lives alone	45%	30%	31%	34%	35%	35%
lives with family/others	45%	67%	63%	64%	60%	54%

Brimbank, Hume and Melton all record higher than average proportion of people living with family while Maribyrnong has a high proportion of people living alone.

Sixty percent (60%) of people are living with family or others but are not recorded as having a carer. It suggests a potential under identification of carers, or at the very least the possibility that people who may benefit from being more involved in the support plan for the person they live with or access to support for themselves are not being identified. The proportion of null responses is relatively low (except in Maribyrnong- above 30%) which suggests that there may be issues in how the question is asked/perceived and/or recorded.

The higher rate of people living in public housing in Maribyrnong reflects the high rate of social housing in that LGA (it is ranked fourth for percentage of social housing as dwellings).

5. INCOME AND EMPLOYMENT

	Maribyrnong	Brimbank	Hume	Melton	NW catchment	NWMR
Income and Employment						
Disability Support Pension	70 (69%)	100 (57%)	63 (73%)	56 (62%)	289 (64%)	1091 (73%)
Other pension or benefit (not superannuation)	28 (28%)	44 (31%)	17 (20%)	25 (27%)	124(27%)	312 (21%)
Total proportion pension or benefit	97%	88%	93%	89%	91%	94%
Employment						
Employed	5	15	<5	8	0	114
Unemployed or not in labour force	81	159	78	80	398	1315

The significant majority of MHCSS users are dependent on Government income. The numbers of people with no income were very small - 24 across the whole of the NWMR and the majority of these were living in their own home, suggesting they may be dependent spouses or children. There were 17 people in Brimbank with other income, including 10 who were in employment.

6. MENTAL HEALTH SERVICES - BY LOCATION

This table focuses on the physical location of service. Services which cover the area but do not have a physical locations in it are in italics and do not have the suburb listed.

Service type	Maribyrnong	Brimbank	Hume	Melton
Individual Client Support	cohealth (Footscray) Neami (Yarraville) <i>Breakthru</i>	cohealth (Sunshine) Breakthru People Solution (Sunshine & St Albans) <i>neami</i>	cohealth (Sunbury) Neami (Broadmeadows) Breakthru (Cragieburn)	cohealth (Melton) Breakthru (Melton) <i>neami</i>
Youth Residential Rehabilitation		cohealth (St Albans)		
Adult Residential Rehabilitation	None			
Supported Accommodation		Mind Australia – Supported Accommodation – North Western (Sunshine) (Dual Disability)		
Statewide MHCSS including Mutual Support and Self Help located in region	GROW (Footscray) ADEC PaNDA Victorian Foundation for Survivors of Trauma MIFV Reach	ADEC PaNDA Victorian Foundation for Survivors of Trauma MIFV Reach	ADEC PaNDA Victorian Foundation for Survivors of Trauma MIFV Reach	ADEC PaNDA Victorian Foundation for Survivors of Trauma MIFV Reach
PARCs	Cohealth (Deer Park)	Breakthru People Solutions (Deer Park)	Mind Australia (Broadmeadows)	<i>Breakthru People Solutions</i>
D2DL	cohealth		Dianella Community Health (Craigeburn) <i>Merri Community Health Services</i>	
PhaMs	Workskil Incorporated cohealth (Footscray)	Break Thru (Sunshine & St Albans)	<i>Merri Community Health Service Service to Youth Council (employment)</i>	Break Thru People Solutions (Melton)
Family Mental Health Services	Care Connect	Break Thru (sunshine)		Catholic care (Melton)
PIR			<u>Northern Melbourne Medicare Local Consortium</u> Service Providers are Mind Australia, Neami & VAHS	
MHR:CS	<i>MIFV(ID) MIND Australia (MI) Job Co (employment focused respite) Breakthru</i>	Breakthru (sunshine & St Albans)		
MH Planned Respite (State funded)			<i>MIFV Mind Australia</i>	
Carer Support (State funded)	Carers Vic (Footscray)	<i>Carers Vic</i>	<i>Merri Community Health Service (Carelinks north)</i>	<i>Carers Vic</i>
Clinical Mental Health Service (community)	Mercy Hospital – South West AMHS (Footscray)	Mid West Area Mental Health Service (Sunshine)	North West Area Mental Health Service (Broadmeadows)	<i>Mid West Area Mental Health Service</i>
Community Health Services	cohealth (Footscray)	cohealth ISIS	Dianella Community Health Service Sunbury Community Health Service	cohealth

7. PLANNING/SERVICE COORDINATION ACTIVITY

Maribyrnong	Brimbank	Hume	Melton
South West Mental Health Alliance	Mid West Mental Health Alliance	North West Mental Health Alliance	Mid West Mental Health Alliance
North West Collaboration			
	North West Mental Health and MHCSS partnership	North West Mental Health and MHCSS partnership	North West Mental Health and MHCSS partnership
Health West PCP	Health West PCP	Hume/ Whittlesea PCP	Health West PCP
Macedon and NW Melbourne Medicare Local			
Better Health Plan for the West		Better Health Plan for the West	Better Health Plan for the West
Western Metropolitan regional management forum			
Koolin Baat			
HARP (Western Health)	HARP (Western Health) Services Connect (lead McKillop)	Services Connect (Lead Kildonan)	HARP (Western Health) Services Connect (Lead McKillop)

7. KEY ISSUES FOR FURTHER INVESTIGATION

The issues arising from this analysis are presented in the context of the priorities identified through stakeholder consultations.

1. Growth Corridor

Responding to strong population growth and a need for responsive resources in light of emerging trends.

Melton and Sunbury are hotspots:

- poor infrastructure: transport
- limited service availability: location, choice, specialists
- lack of prescribing GPs

There appears to be potentially high demand in Melton but low service use. Demand can be expected to increase due to ongoing and increasing population growth.

Hume also has a growth corridor between Broadmeadows and Cragieburn (Hume). However, the access issues to MHCSS are less pronounced in Hume - with MHCSS service locations in each of the key areas and higher than average referral rates.

2. Service/ sector coordination

- opportunities for cross sector collaboration for problem solving and innovation
- enhanced service coordination

Relationships with AMHS remain important (with 40% of MHCSS clients with AMHS as clinical support – except for Melton where it is 32%) however, the high proportion of general practitioners as clinical support providers (and private psychiatrists in Melton) suggests the need for strong partnerships/ coordinated care work beyond the AMHS and particularly in those areas where there appears to be less access/use/ presence of clinical mental health services.

3. Client need

Service access issues for: CALD groups; Aboriginal and Torres Strait Islander peoples

- There does appear to be potential access issues for people from a non-English speaking background, particularly those born in India and Vietnam.
- Potential access issues for young people (and particularly the 20-24 year olds in Maribyrnong) and males in Melton and Hume need to be further explored.

Complexity in the client group – CALD, young people, people with gambling challenges, family violence related need and clients with co-medical comorbidities.

The service use data does not provide a significant insight into the complexity of the client group. It is noted that the data does not identify people with a dual diagnosis or other health issues.

Other issues:

- Better understanding the demand drivers across the catchment – is it accessibility of location, existing relationships/ established referral pathways or client need?
- Under identification of carers across the catchment.
- Very low proportion of people in employment.

NOTES:

- Null data is not included in the totals used in percentage calculations. For information on null data see notes to MHCSS CBP population and service use data. Missing data is most significant for the City of Maribyrnong for the data item source of clinical support (78% of data null or missing).
- For more information, comments and queries. Visit cohealth.org.au/communities#