

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

April 2015

1. MENTAL HEALTH SERVICE USE AND DEMAND

Mental Illness & Psychiatric Disability				
DEMAND	Hobsons Bay	Wyndham	Total South West	Total NWMR/ Vic (V)
Estimated (unweighted) demand				
Estimated people with severe mental illness (3%)	1800	3501	5301	37004
No disability (58%)	1,044	2,031	3,075	21,462
Mild disability (27%)	486	945	1,431	9,991
Moderate disability (11%)	198	385	583	4,070
Severe disability (4%)	72	140	212	1,480
Total eligible population for MHCSS	756	1,470	2,226	15,542
Service need				
People reporting high/very high levels of psychological distress/ rank	12.10%/22	11.20%/32		12.70%/11.1% (V)
Lifetime prevalence of anxiety and depression m/ f	12.4/ 24.2	17.3/ 20.4		14.6/25.0 (V)
Proportion of people who sought professional help for a mental health problem	14.5%	12%		12.4% (V)
Young people				
Children with emotional/behavioural problems at school age	3.60%/45	5.20%/26		4.1%/ 4.3% (V)
Adolescents who report being recently bullied	14.40%/63	18.90%/39		17.6%/ 17.9% (V)
SERVICE USE				
Number of registered mental health clients	840	1,613	2,453	21,655
Registered mental health clients per 1000 pop/ rank	9.5/ 61	9.0/ 65		10.7/ 11.1 (V)
MHCSS clients 2014	96	128	224	1802
MHCSS clients per 1000 population	1.59	1.03	1.31	1.43
Average hours per MHCSS client			170	150.11
Referrals to ISCP from intake August 2014 – May 2015 per 1000 pop	0.55	0.64	0.61	0.69
Main source of clinical support (MHCSS clients)				
Area mental health service	48%	36%	35%	44%
General practitioner	39%	30%	35%	31%
Private psychiatrist	11%	28%	24%	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/ or possibly 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% (224/2226) of estimated demand across the mild-severe disability categories or 28% (across the moderate to severe categories), and clinical services to 46% of estimated level of illness (2453/5301). This is an unweighted demand estimate, and the level of disadvantage across Wyndham would suggest demand could be higher in this area.

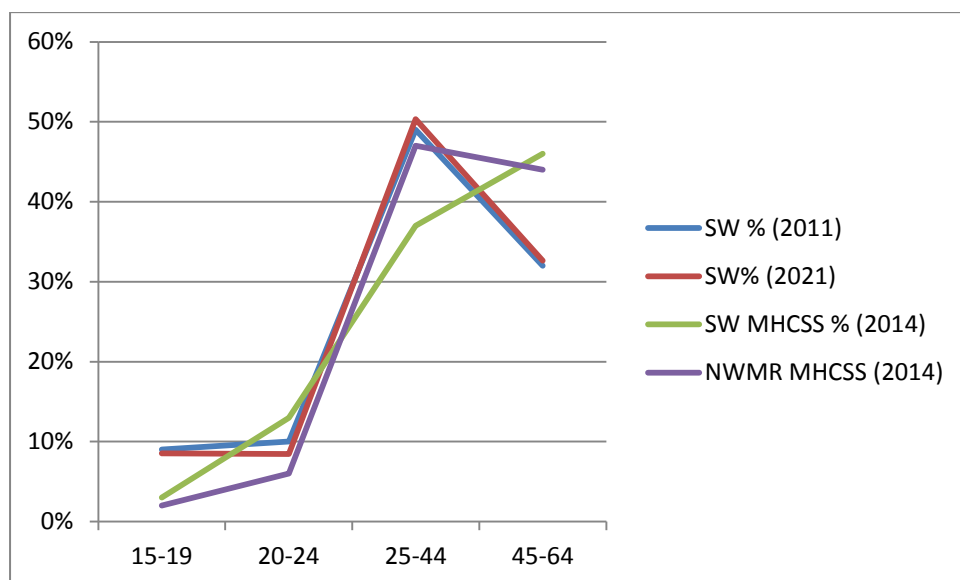
As is the case across most of the NWMR, the higher the use of AMHS as clinical service provider the lower the use of private psychiatrists. Interestingly, the proportion of registered mental health clients is low in Hobsons Bay suggesting that MHCSS clients in this area may constitute a higher proportion of AMHS clients than in many other areas.

Hobsons Bay scores highly on proportion of people seeking professional help for a mental health problem. MHCSS service use is higher than the regional average and referrals are slightly lower than average – potentially suggesting that demand is (comparatively) being reasonably met. The overall average hours allocated per MHCSS client (assuming that all CSUs are being used) is highest in the South West catchment.

By comparison, Wyndham has a lower use of MHCSS service use and referrals are close to the State average. There is a much greater reliance on private psychiatrists in this area, while GPs as clinical support providers is about average despite Wyndham having the lowest rate of GPs in the region.

2. AGE AND GENDER

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



While the regional trend is for an under-representation of people in the 15 – 24 age bracket in the MHCSS user group, and an over-representation of people aged 45 – 64 years, the South West does not follow suit. The notable differences from the region wide trend is in the 20 – 24 age bracket , particularly in Wyndham where MHCSS services users of this age are overrepresented by 6% when compared with the population, and the lower representation amongst the 25 – 44 year olds. As Wyndham is the second fastest growing municipality in Victoria with a higher proportion of young people, this distribution possibly reflects where demand for services is coming from.

Gender MHCSS service users

	Hobsons Bay	Wyndham	South West	NWMR
female	45%	56%	51%	53%
male	55%	44%	49%	47%
Total	85	129	214	1802

Across the NWMR the further out the local government area, the higher the proportion of female service users as seen here with Wyndham compared to Hobson’s Bay.

3. CULTURAL INFORMATION

Aboriginal and Torres Strait Islanders

	Hobsons Bay	Wyndham	SW catchment	NWMR
Proportion Aboriginal or Torres Strait Islander (2011)	0.6%	0.8%	0.7%	0.5%
Proportion MHCSS Aboriginal or Torres Strait Islander	0.0%	<5	<5	2.0%

Although the numbers are very small, Aboriginal or Torres Strait Islanders are slightly under represented in the catchment. This compares with other catchments where the proportion of Aboriginal and Torres Strait Islander peoples is higher than the population.

People born in non-English speaking countries (15 – 64 years) – population 2011 and MHCSS service users 2014.

Population (2011)		MHCSS service users (2014)	
Hobsons Bay	Wyndham	Country of birth	Preferred language
India (4%)	India (6%)	Less than five from each of France, Sudan, Ethiopia, Greece, Lebanon, Nepal, Philippines, Singapore, Vietnam and Sri Lanka.	Less than five identifying preferred languages from each of these groups African, Indian, Chinese and Vietnamese languages
Vietnam (2%)	Philippines (3%)		
Lebanon (2%)	China (2%)		
Philippines (1%)	Malaysia (1%)		
China (1%)	Vietnam (1%)		

People born in non-English speaking countries appear to not be accessing MHCSS in similar proportions to their prevalence in the general population. As is the case across the NWMR, people born in India are particularly under-represented given they form the largest group of people in the catchment not born in Australia.

4. LIVING AND RESIDENTIAL ARRANGEMENTS

	Hobsons Bay	Wyndham	South West catchment	NWMR
Residential arrangements				
Private residence - owned	22%	35%	33%	391 (26%)
Private rental	20%	36%	33%	370 (24%)
Public Rental	41%	17%	30%	455 (30%)
Supported/group accommodation	<5	<5	NA	132 (9%)
Unstable accommodation	3%	2%	8%	119 (8%)
Other	<5	<5	NA	51 (3%)
Living arrangements				
Lives alone	38%	21%	28%	514 (33%)
Lives with family/others	62%	79%	72%	1054 (67%)
Dependent child (does not live with service user)	6	6	12	102
Dependent child (lives with service user)	5	11	16	163
Carer arrangements				
Carer available	33 (45%)	44 (42%)	77 (48%)	377 (24%)
Child as carer	<5	5		29
Proportion of people identified as not having a carer by living arrangements				
Lives alone	44%	28%	35%	141 (35%)
Lives with family/others	47%	57%	53%	28 (54%)

The residential arrangements generally reflect the availability of housing in the area, such as the higher rate of people in public housing in Hobsons Bay (Hobsons Bay has 4% social housing compared to Wyndham which has 1.7%). The proportion of people in unstable housing is low but as a percentage is the same as the regional average.

There are more people living alone in Hobsons Bay than in Wyndham. The increase in people living with families in Wyndham may reflect the younger profile in this area as well as the increased

number of families living in this LGA generally (64% of MHCSS female service users in Wyndham live with family; all eleven service users with dependent children are also female).

Identification of carer is double that of the regional average. However, of those identified as not having a carer almost half were living family or others suggesting that under identification is likely.

5. INCOME AND EMPLOYMENT

	Hobsons Bay	Wyndham	South West catchment	NWMR
Disability support pension	64	58	122	1091
Other pension or benefit	11	27	38	312
total proportion pension of benefit	97%	93%	95%	94%
employed	<5	9		114
unemployed or not in the labour force	65	91	156	1315

Almost all MHCSS service users are dependent on Government income, and most are receiving the disability support pension, suggesting high levels of disability.

6. MENTAL HEALTH SERVICES – BY PHYSICAL LOCATION

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

	Hobsons Bay	Wyndham
Individual Client Support	<i>Cohealth neami</i>	Cohealth (Werribee) Cohealth (Hoppers Crossing) <i>Neami</i>
Youth Residential Rehabilitation		
Adult Residential Rehabilitation	Mind Australia Peer Recovery Community (Williamstown)	
Supported Accommodation		Mind Australia – Dual Disability (Werribee)
Statewide MHCSS located in region	<i>ADEC - carer support; mutual support and self help PaNDA - MSSH Reach Victorian Foundation for Survivors of Trauma MIFV - MSSH</i>	ADEC - carer support; mutual support and self help (Werribee)
PARCs		Cohealth (Deer Park)
D2DL		Mind
PHaMs	<i>cohealth</i>	<i>cohealth</i>
Family Mental Health		
MHR:CS	<i>Mind MIFV</i>	<i>Mind MIFV</i>
MH Planned Respite (State funded)	<i>Mind MIFV</i>	<i>Mind MIFV</i>
Carer Support (State funded)		Carers Victoria
Other relevant Mental Health		
Clinical Mental Health Service (community)	<i>Mercy Hospital/ South West Area Mental Health Service</i>	Mercy Hospital/South West Area Mental Health Service (Hoppers Crossing)
Community Health Services	ISIS (Altona Meadows)	ISIS (Hoppers Crossing)

7. PLANNING/ SERVICE COORDINATION ACTIVITY

Hobsons Bay	Wyndham
South West Mental Health Alliance	
Better Health Plan for the West	
South West Medicare Local	
Health West PCP	
Western Health Primary Care & Population Health Advisory Committee	
HARP Western Health	
Western Metropolitan regional management forum	
Koolin Baat	

8. KEY ISSUES FOR FURTHER INVESTIGATION

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

1. Wyndham the growth corridor

- Wyndham has a lower use of MHCSS service use and referrals are close to the State average. There is a much greater reliance on private psychiatrists in this area, suggesting that access to public mental health services may be limited by supply rather than reflecting demand.
- Most of the services have physical locations in Wyndham.
- Access for young people to MHCSS in Wyndham appears to be (comparatively) good.
- High proportion of MHCSS service users living with their family.

2. Service system – training for GPs, opportunities for cross sector collaboration, need for services responding to CALD, young people, people with gambling problems and families.

- Relationships with AMHS remain important) however, the high proportion of private psychiatrists (and average use of general practitioners) as clinical support providers suggests the need for strong partnerships/ coordinated care work beyond the AMHS and particularly in Wyndham where there is less access/use of clinical mental health services.

3. Client need – service access issues for young people, CALD (especially refugees), families, complexity in the client group including CALD, people with gambling issues and medical comorbidities.

- Further investigation is needed to determine why the proportions of people from non-English speaking countries are so poorly represented in the data.
- The service user data does not support that there are significant service access issues for young people.
- Families – there is a higher than average proportion of service users living with family or others in Wyndham. Sixty four per cent of women live with their family in this LGA (compared to 39% of men) There is also a comparatively high number of service users (all of whom are women) with dependent children identified.

- 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:

- Poor identification of carers across the catchment.
- High levels of unemployment

Notes:

- Null data is generally not including in the totals used in percentage calculations. For information on null data see notes to MHCSS CBP population and service useage data.
- For more information, comments and queries. Visit cohealth.org.au/communities#