

MURRAY HEALTH REPORT



Acknowledgements

Acknowledgement of Country

Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to elders past, present and emerging, and extend that respect to all First Nations peoples.

Lived experience

Murray PHN recognises and values the knowledge and wisdom of people with lived experience, their supporters and carers.

FURTHER INFORMATION

- For details on data, consultation sources and funding, please see the Murray PHN [Needs Assessment](#), our [Together foundation plan](#) and our [Activity Summary](#)
- Our [Strategic Plan](#) and details of our board and executive can be found on our website murrayphn.org.au, along with our annual [Report to the Community](#)

Introducing Murray PHN and our work

As one of 31 PHNs (Primary Health Networks) around Australia, Murray PHN works to increase the efficiency and effectiveness of primary health care and service systems across our region. We work with primary health care – general practitioners (GPs), community health, Aboriginal Community Controlled Health Organisations (ACCHOs), pharmacy, aged care and allied health practitioners – and with acute services, such as hospitals, specialists and emergency care.

The role of PHNs is to help to support and integrate the work of these important services to ensure that the people in our communities get the right care, in the right place, at the right time.

In our federated health system, primary health care is largely funded by the Commonwealth Government – as are PHNs – while acute care, through hospitals, is funded by State Government.

The importance of the integration of these systems has never been more evident than throughout the COVID-19 pandemic. As we write this, vaccinations are being rolled out through both Commonwealth and state health organisations, with the planning, coordination and communication support of PHNs.

It is vital that local primary and acute services align and work together, particularly in our rural and regional catchment, with the workforce challenges faced in health. This is especially important in mental health, where people often find it challenging to locate the right level of treatment in their communities.

In the 2020/21 financial year, Murray PHN has devoted more than \$26m to mental health services, psychosocial support and alcohol and other drug services. In the six years since PHNs were created, Murray PHN's total budget for mental health has been a little more than \$115m.

Those funds have commissioned mental health services that have helped thousands of people in our region. They have also helped introduce new and responsive models of mental health care and, at the same time, generated system change in a local context. As large as these sums of money are, they represent only a fraction of the total funding allocated by governments to mental health care each year, so it is important they are targeted effectively.


In pandemic times, our need for mental health support has never been greater. In the seven months from March to October last year, there was a 15 per cent increase in the number of Medicare-subsidised mental health services delivered across Australia. In Victoria, that increase lifted to more than 30 per cent in September and October, after so much of our state experienced lockdown and border closures.

It is heartening to see so many people seeking the support they have needed to help manage their mental health and wellbeing. But we know that there are others who still need support, especially in rural and regional areas, where asking for help doesn't always come easily.

This first *Murray Health Report: The mental health of our region* outlines some of the mental health data that we use to determine and assess the level of need and the major issues in our region. It will also explain, for our community, the services that we fund and the work that we are doing to help make our mental health system more targeted, equitable and accessible to the people who need it most.



Matt Jones
CEO, Murray PHN



"The services that we fund ... help make our mental health system more targeted, equitable and accessible to the people who need it most"



MURRAY HEALTH REPORT

As part of our role in improving our local health systems, Murray PHN gathers a vast amount of data and local intelligence that we use to inform and support the work of Commonwealth, state and local governments, primary health care in general practices, and other community, clinical and allied health services.

Primary health care is generally the first contact a person has with Australia's health system. Often primary care comes from your local GP, but it can also include help from nurses, allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers.

We help to strengthen the partnerships between primary health care in our communities and the acute care provided through hospitals, to help people navigate paths to better health. We do this by coordinating and commissioning new services through GPs, ACCHOs, community health and local health networks.

Much of the information we gather can be found in detailed documents published on our website, but it can be challenging for non-clinical community members to sift through and find the information that reflects their own health experiences.

The Murray Health Report, published twice a year, will provide information to our rural and regional communities on the health priorities that matter most to them. This report, *The mental health of our region*, is our first. Given the impact of the last 12 months, we believe it is vital to speak more about mental health.

We always welcome suggestions and feedback from our communities, so please [click here](#) if you would like to make any comment.

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If any of the information contained within this report causes you concern, or you feel you need to seek mental health support for yourself or others close to you, please call **HeadtoHelp** on **1800 595 212** during business hours. If you are in an emergency or at immediate risk of harm to yourself or others, please contact emergency services on **000**. Other services include Lifeline 13 11 14 or [lifeline.org.au](https://www.lifeline.org.au) or Suicide Call Back Service 1300 659 467.

Working right across our region

Murray PHN is a not-for-profit organisation, funded primarily by the Commonwealth Department of Health to commission primary health care services in our region, which covers 22 local government areas across the north of Victoria and over the border to include Albury, NSW.

Our work and communities run along the Murray River and into the centre of the state, in a diverse and beautiful area covering almost 100,000 square kilometres of mountains, semideserts and vibrant regional cities. We have teams located in Bendigo, Shepparton, Mildura and Albury/Wodonga.

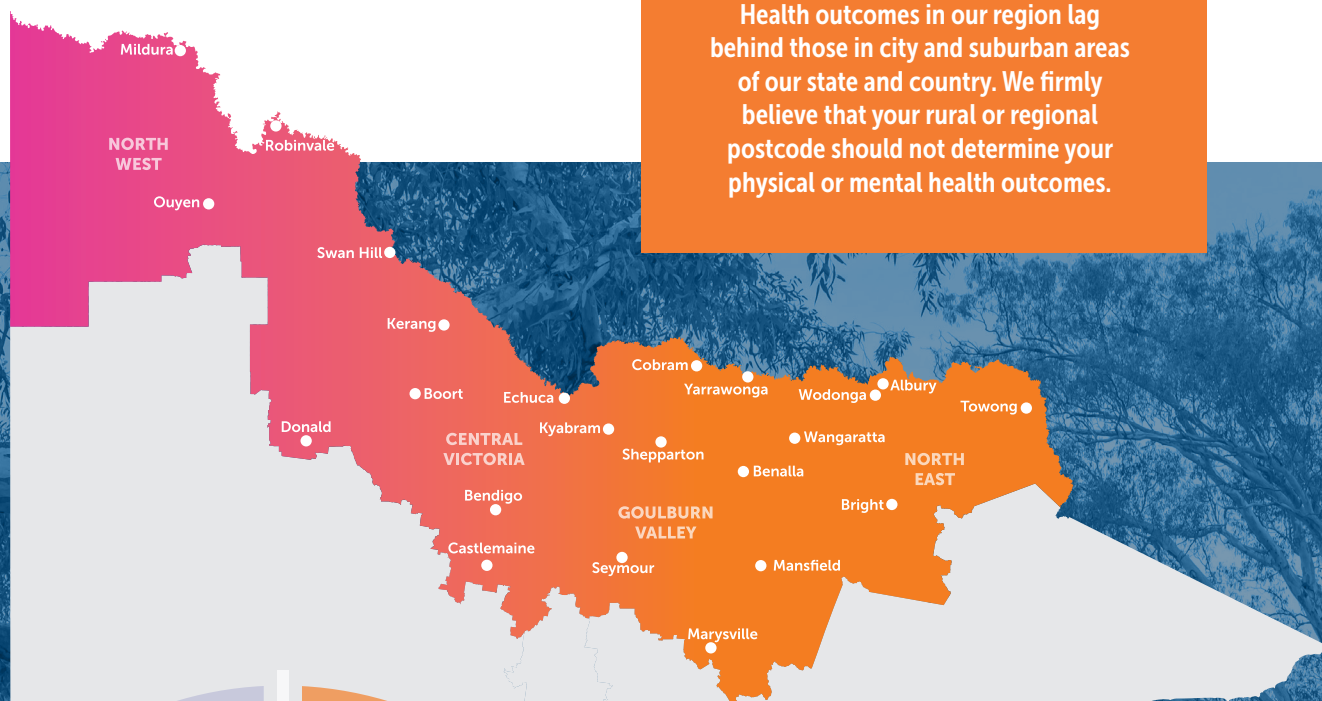
Our estimated population in 2019 was almost 680,000 and is projected to grow steadily for the next 10 years. We are home to some of the state's biggest fruit and vegetable industries, which means that, in most years, we have large populations of seasonal workers.

With close to one third of all Victorian First Nations people living in the Murray PHN region, we live and work on the lands of many different Traditional Owners and Aboriginal language groups. You can learn more about the land on which you live by clicking [here](#).

Our natural river and mountain resources generate significant numbers of visitors throughout the year, but particularly in summer and in the ski season. We have a generally ageing population, yet increasing numbers of both refugee communities and "tree-change" settlers from urban areas, all placing pressure on our primary health care systems and providers.

A significant number of population groups in our region have been identified as "underserved" – people who experience health inequality and health inequity.

Health outcomes in our region lag behind those in city and suburban areas of our state and country. We firmly believe that your rural or regional postcode should not determine your physical or mental health outcomes.



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Ensuring we understand community needs

Every five years, Murray PHN produces and publishes a comprehensive analysis of the health and service needs of the people of our region.

Our most recent analysis is contained in our [Needs Assessment](#) 2018-2022, which we update each year to ensure that the Commonwealth Government is informed of the changing or continuing needs of our communities.

To determine the needs of our region and its people, we continuously collect and analyse information and data, and consult with community through mechanisms including our Advisory Councils and online Murray Health Voices platform.

Our local health priorities add to our national targets and we work to improve First Nations health, cancer screening rates, chronic illness complications, mental health supports, workforce sustainability and digital health connectedness, among others.

We review and rely on more than 300 data sets, including local, state and national data collected by government departments, independent agencies, health services and through community engagement activities.

This year, our Needs Assessment update reflects the significant effects of the COVID-19 global pandemic on the psychological and physical wellbeing of our population, after a year of prolonged isolation, working from home (or unemployment) and community restrictions.

“Our Needs Assessment update reflects the significant effects of the COVID-19 global pandemic on the psychological and physical wellbeing of our population, after a year of prolonged isolation, working from home (or unemployment) and community restrictions”

We recognise the long-term impact and need for recovery for individuals and communities affected by the 2019-20 bushfires in the north-east part of our region. The added effects of a pandemic after both flood and bushfire disasters will continue to resonate well into the future.

Our Needs Assessment is a public document and can be read [here](#). The most recent sections can be found under *Emerging Issues in Rural and Regional Health* and *Service System Challenges*. We also summarise our community and health sector consultations in the section *Community Voice*.

Murray PHN’s priorities are determined by both data and lived experience, and in the area of mental health, we are also guided by the findings and recommendations of recent Royal Commissions.

As a primary health care commissioning organisation, we work closely with general practice across our catchment to understand the issues they face in caring for their communities. General practitioners are often the first port of call for people seeking help with a mental illness, providing a variety of mental health care services to people in need.



Recognising the challenges in our region

In the Murray PHN region, we have an ageing rural population which is placing pressure on access to health services. More than a third of all standard GP consultations are for people aged 65 and older.

Our high rates of disadvantage mean we experience higher avoidable death rates, poorer cancer survival rates and lower life expectancy than metropolitan areas. We have lower rates of physical activity and fewer of us meet the recommended fruit and vegetable intake guidelines.

Many of us find it challenging to navigate the health system for complex issues, such as mental health or chronic illnesses including diabetes and heart and lung diseases. When we are unwell after hours, lack of services mean we are more likely to visit an emergency department. For younger community members, there is a lack of access to paediatricians and child psychologists.

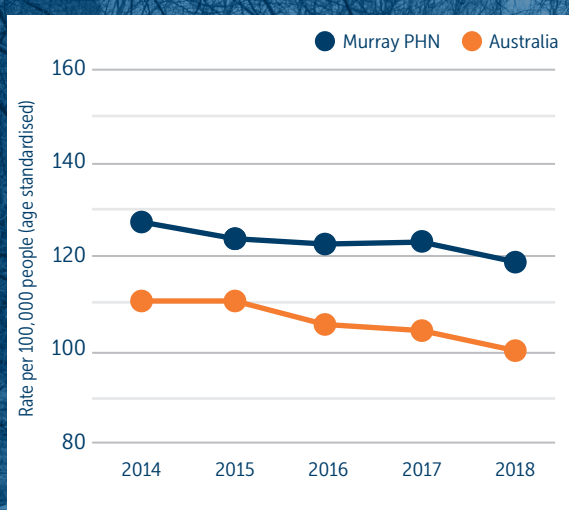
As with most rural areas, we face challenges recruiting and retaining workforce, with more than six "hotspots" in our catchment at risk of inadequate access to a GP and we have the highest number of solo GPs of any PHN region.

On the home front, local data suggests that full-time GPs are seeing up to five women each week who have experienced some form of intimate partner abuse in the past 12 months. The causes of family violence are complex but include gender inequality, community attitudes towards women, financial pressure, mental illness and alcohol and other drug (AOD) abuse.

Emerging issues include the vulnerability of our communities to climate change and its effects on health. Higher temperatures and heatwaves can impact susceptible groups such as the elderly, children and people with heart and lung issues, while the indirect effects of climate change can be found in bushfire, drought and flood events, alongside the emotional impact of trauma.

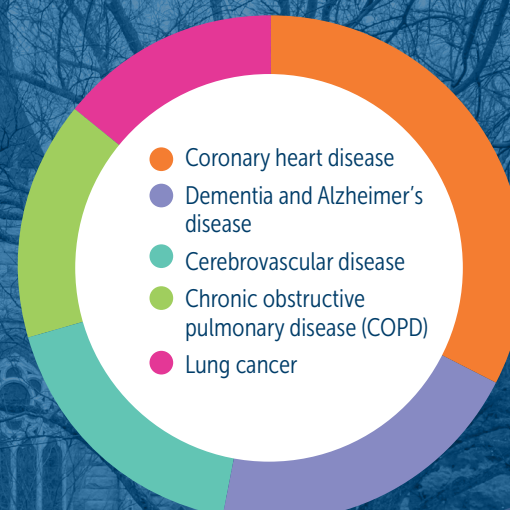
The threat of COVID-19 and the rollout of COVID vaccination remain major health and logistics issues for our region in 2021 and into 2022. Murray PHN continues to play a pivotal role in planning, coordinating and communicating with general practice (and the health system more broadly) as part of the Commonwealth Government's vaccination goals.

Potentially avoidable deaths per 100,000 people



Source: AIHW (Australian Institute of Health and Welfare) 2020. MORT (Mortality Over Regions and Time) books: Primary Health Network (PHN), 2014–2018. Canberra: AIHW

Top 5 causes of death in the Murray PHN region 2014-2018



Source: AIHW (Australian Institute of Health and Welfare) 2020. MORT (Mortality Over Regions and Time) books: Primary Health Network (PHN), 2014–2018. Canberra: AIHW.

Victorians living in regional and remote locations have a poorer cancer survival expectancy

Sharing our mental health report card

Australia's health advice service [healthdirect](#) says that good mental health doesn't just mean you don't have a mental illness. It means you are in a state of wellbeing where you feel good and function well in the world.

If you have good mental health, you can cope with the normal stresses of life, work productively and experience emotions including happiness, love, joy or compassion. You feel generally satisfied with life and you have the resilience to draw on your inner strength and networks around you when you face unexpected changes or challenges.

Mental health is a national health priority – we know that the earlier a problem is tackled, the better the result for both the person involved and for the health system.

Poor mental health can destroy families, households and communities. People experiencing poor mental health can also experience poor physical health or homelessness and issues such as chronic diseases or alcohol and other drug dependencies.

Murray PHN uses its commissioning funds to support services that help shape the overall mental health **system**, that provide support in specific **communities** needing additional access to services, and treatments that improve mental health outcomes for **individuals**. Ideally, each service should meet all three goals.



At the heart of our commissioned services is the idea of recovery, a process developed by people who have experienced mental health issues to describe their own journeys and reflect their hopes for the future. Recovery is different for everyone but is recognised as a normal human process, with both achievements and setbacks. The personal view of recovery is about a life journey towards living a meaningful and satisfying life.

Murray PHN has:

| | | | |
|--|---|--|--|
| Provided \$115 million over six years for mental health services across our region | Helped thousands of people in our region access free mental health care | Developed more than 40 mental health and AOD local referral pathways and patient resources | Provided Question. Persuade. Refer. (QPR) training to help people understand suicide warning signs |
| Funded more than 200 mental health services in the past year | Offered Smiling Minds community mindfulness workshops | Coordinated suicide prevention trials in Mildura and Benalla | Established HeadtoHelp services in five locations across our region |
| Held mental health first aid training in four locations | Provided bushfire counselling in affected areas | Trialled specialist mental health care in aged care homes | Supported new headspace centres across our region |
| Upskilled more than 150 mental health clinicians across the region in Collaborative Assessment and Management of Suicidality | Guided the development of the first regional mental health foundation plan "Together" to reduce fragmentation of the system | | |

COVID-19 and bushfires have worsened mental health problems in our region over the past 18 months or more. We have higher rates of unemployment, lower social economic status and farming communities that experience drought, flood or fire on a regular basis. Suicide rates are higher than the state average in 18 of our 22 local government areas, while 20 of the 22 experience higher risk of harm from alcohol.

We have an ageing population, yet we know that adults aged 75-85 use mental health services much less than other age groups. Deteriorating mental health is not a symptom of ageing, yet untreated mental ill-health in older age can lead to poorer overall health, increased hospital visits and an earlier move to residential aged care facilities.

As part of our Needs Assessment, Murray PHN surveyed 300 people in our communities to hear their views of their local health needs. Mental health was by far the biggest health issue identified, with half listing mental health, anxiety, depression, access to mental health supports and alcohol and drug misuse as primary health concerns for communities and themselves.

We know that the current fragmented funding of mental health care is not meeting the needs of Australians. This fragmentation is worse in regional and rural areas, where workforce is a challenge and there can be long waitlists for people to receive help.

Telehealth and phone support were seen as effective by three quarters of our community respondents, despite often unreliable internet service. However, locally available face-to-face care is still vital, so telehealth should strengthen service provision, not replace it.

One of the major issues with mental ill-health is the stigma that can follow depression, anxiety or a more serious illness. While almost half of us will experience a mental illness at some stage of our lives, people living with mental illness often face discrimination from friends, family and the community as a whole. Murray PHN has developed the [Stop Stigma program](#), to help organisations make their workplaces safe and welcoming for all (see page 18).

Murray PHN's "activity at a glance" and our most recent work in commissioning mental health services can be found in our annual [Activity Work Plans](#).

As Australia's mental health service sector continues to evolve at both state and Commonwealth level, stepped care has been one of the most significant changes to the way mental health care is provided in our region.

By matching a range of service types to an individual's level of need, stepped care is a consumer-centred model. It integrates mental health services within communities and supports GPs to help people at risk of developing mental illness.

Our work in mental health focuses on the six mental health priority areas of the [stepped care model](#):

1. Low-intensity mental health services
2. Local services for children and young people
3. Psychological therapies for vulnerable groups
4. Services for people with severe and complex mental illness
5. A regional approach to suicide prevention
6. Local mental health services for First Nations communities.

Good mental health checklist

We all have to face challenges in life. People who have good mental health are more likely to be able to cope with the ups and downs.

You probably have good mental health if you:

- are confident when faced with new situations or people
- feel optimistic
- don't always blame yourself
- set goals
- feel good about yourself
- have good self-esteem

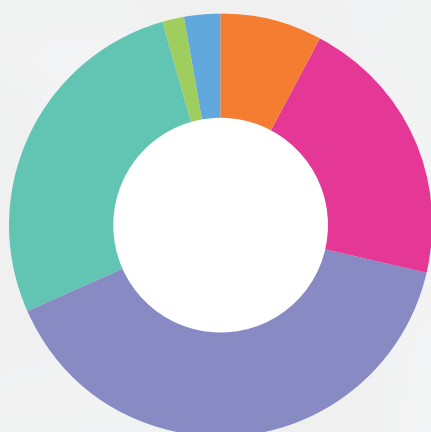
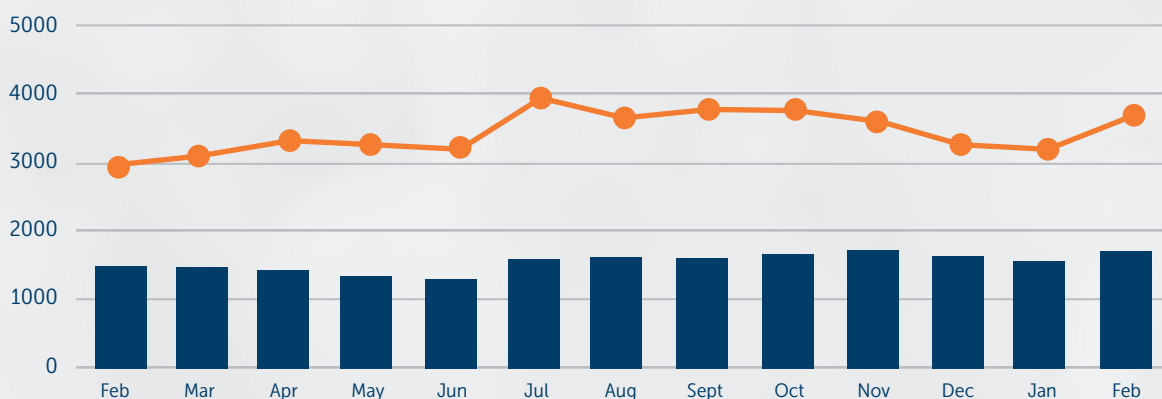
Source: HealthDirect



Trends in Primary Mental Health Activity (Feb 20-Feb 21)

(MURRAY PHN DATA 2021)

● Client activity ● Service contacts



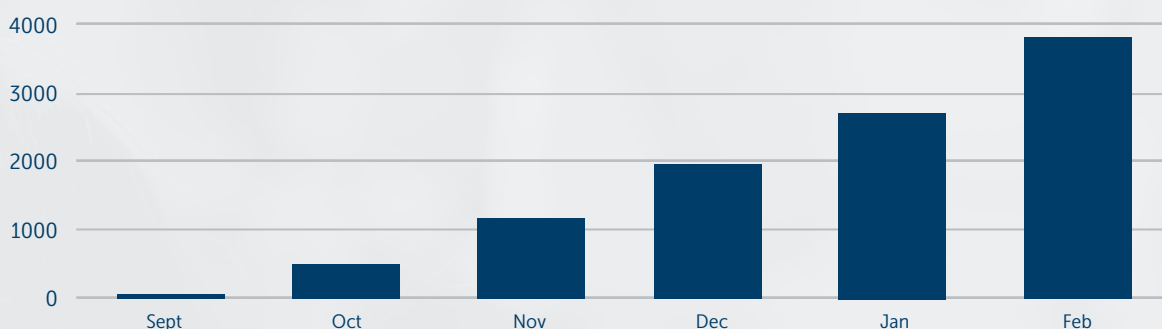
Number of service contacts by program (Feb 21)

(MURRAY PHN DATA 2021)

- Bushfire response
- Clinical Care Coordination
- HeadtoHelp hubs
- Psychological therapies
- Psychosocial supports
- Suicide prevention

HeadtoHelp service contacts (Sept 20 to Feb 21)

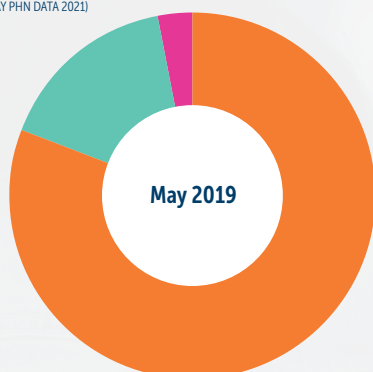
(MURRAY PHN DATA 2021)



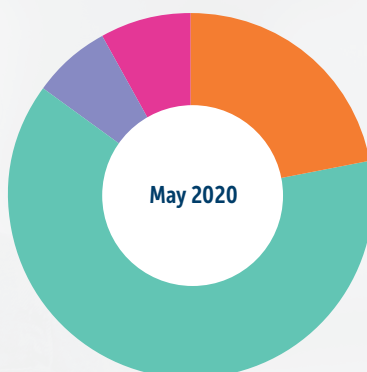
Murray PHN funded mental health service delivery

(MURRAY PHN DATA 2021)

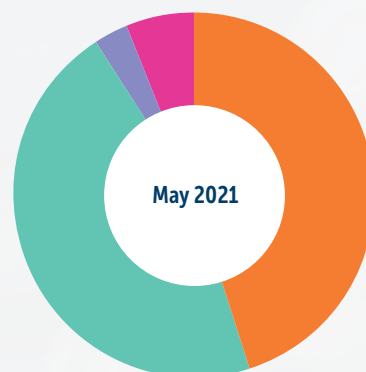
● Face-to-face ● Phone ● Video ● Internet-based



May 2019



May 2020



May 2021

Mental health statistics at a glance for Murray PHN's local government areas (LGAs)



18 out of 21 LGAs have considerably higher rates of **bullying in school children** in years 7-9 compared to the Victorian average (VCAMS 2018)

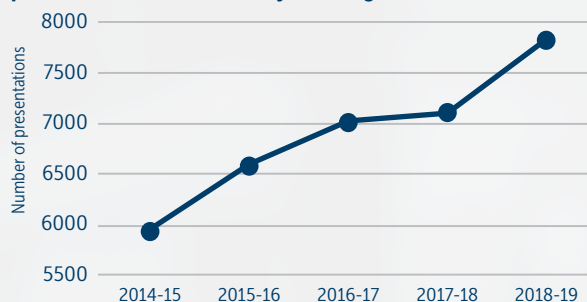


8 out of 21 LGAs have considerably higher rates of adults with **high, or very high levels of psychological distress** compared to the Victorian average (PHIDU 2020)



11 out of 21 LGAs have a higher percentage of people who **spoke with fewer than five people the previous day** compared to the Victorian average (DHHHS 2015)

Mental health-related emergency department presentations in the Murray PHN region



(AIHW 2019)

Victorian statistics only (excludes Albury LGA)



13 out of 21 LGAs have a higher proportion of adults **ranking their health as fair or poor** compared to the Victorian average (VPHS 2017)



12 out of 21 LGAs have a higher proportion of adults **experiencing low or medium life satisfaction** compared to the Victorian average (VPHS 2017)



10 out of 21 LGAs have a higher proportion of adults **having a low or medium feeling of life being worthwhile** compared to the Victorian average (VPHS 2017)



19 out of 21 LGAs have a higher proportion of adults who have been **diagnosed with anxiety or depression** by a doctor compared to the Victorian average (VPHS 2017)



11 out of 21 LGAs have a higher proportion of adults who **sought help for a mental health problem** compared to the Victorian average (VPHS 2017)



19 out of 21 LGAs have a higher proportion of adults who **consumed alcohol at a level that leads to increased risk of alcohol related harm on a single occasion** compared to the Victorian average (VPHS 2017)

"Edith"

When "Edith" was significantly unwell, and reliant on unemployment benefits, she suffered debilitating stress.

A support worker introduced breathing and grounding exercises to Edith's daily routine, improving her levels of distress, as they applied successfully for National Disability Insurance Scheme (NDIS) funding and developed an NDIS plan.

With her financial situation less stressful and feeling good about her long term NDIS goals, Edith has been able to focus more on her mental health and quality of life.

"Trevor"

Crippling social anxieties meant that "Trevor" was reluctant to take part in any type of service provision or community activity.

With encouragement and persistence from his worker, Trevor is now actively engaged in weekly sessions and has increased his social life. He feels less anxious and has increased his independence. Most recently, he has significantly improved relationships with his family, particularly his estranged mother.



COMMUNITY VOICE

Across several community consultations, **five key themes** emerged regarding mental health needs and service system issues:

- **ACCESS:** relating to costs, specialist services, outreach, telehealth models, waiting times, stigma and mental health literacy.
- **MENTAL HEALTH SYSTEM:** inflexible funding models, cross-border issues, discharge planning and transition to the NDIS.
- **RURALITY:** need for alternative models of care including community-based and peer-led.
- **WORKFORCE:** limited availability of child and adolescent specialists, lack of female practitioners, underreporting of mental health conditions.
- **PERSON-CENTRED CARE:** inadequate cultural awareness and support for co-morbidities.

Mapping the future of mental health care

Like all PHNs across Australia, Murray PHN is working closely with local hospital networks to develop and release a regional mental health and suicide prevention plan, to be approved and implemented by mid-2022.

Our Together foundation plan, completed at the end of 2020, will lead to a series of comprehensive and localised service development plans covering the complex and challenging areas of mental health, alcohol and other drugs (AOD), suicide prevention in our communities and First Nations mental health.

We are coordinating the development of the joint plan with support from the four major hospitals in our region - Bendigo Health, Mildura Base Public Hospital, Goulburn Valley Health and Albury Wodonga Health.

Together represents the first step of engagement, "Bring People Together," and delivers a shared vision, guiding principles and focus areas that will shape the second plan development phase, "Plan Together". It recognises the importance of listening to and learning from people with lived experience so that consumers, carers and loved ones can help guide decision-making and make change possible.

Murray PHN held 20 regional consultations, with more than 200 participants, over three months – a total of 1000 hours of virtual engagement, discussing four key questions:

1. What does a good system look like?
2. What needs to change?
3. What do we focus on first, and what later?
4. What would you prioritise?



Our shared vision for our mental health planning is for a respectful and inclusive community where all people obtain positive mental health and wellbeing and live lives with meaning and purpose. Our guiding principles are respect, equity, one (integrated) health system, participation and remembering that small wins can make a difference.

[See more](#) about our consultations, or to read the detailed Together report.



Outlining the importance of stepped care

Reviews of Australia's mental health services in recent years have demonstrated the need to reform a complex and fragmented mental health system. The Commonwealth's overhaul of the system began in 2015, with the introduction by PHNs of a stepped care approach to mental health treatment.

While mental health systems had focused on crisis and acute care, stepped care was designed to move towards community-based services, primary health care, prevention and intervention.

Stepped care is a patient-centred model of care that integrates mental health services in communities and supports GPs to help those who may be vulnerable to developing mental illness. A connected range of primary mental health services ensures services are matched to individual levels of need. There is an emphasis on team-based treatments, integrated with a person's physical and social wellbeing to deliver whole-of-person care.

The stepped model of care lets people step their mental health care up or down, depending on their needs. Murray PHN has specific funding each year for this program, commissioning services that deal with mild to moderate mental health issues, moderate to complex issues and support those who require more complex services. Importantly, we commission a range of services at each step and ensure there are care pathways between them.

You can learn more about stepped care through our video [here](#).

Murray PHN has:

- Embedded stepped care in our mental health commissioning
- Provided psychosocial support for people with severe mental illness who are not supported by the NDIS
- Presented stepped care training for GPs
- Delivered Smiling Mind training for community wellbeing

Stepped care moves from an approach driven by service providers, to a service system genuinely designed with and for patients and carers.

This type of care is central to the Australian Government's mental health reform agenda and joint regional mental health and suicide prevention planning. It is based on clear clinical evidence, recognising that early intervention is the best road to recovery.

Early intervention was one of the reasons behind the swift action taken by government and Victorian PHNs to meet the state's increased mental health needs during COVID-19. [HeadtoHelp](#) is our first state-wide free stepped care service, accessible through a single phone number on 1800 595 212.



Getting the right care, in the right place, at the right time

How we support people in the **stepped care model**

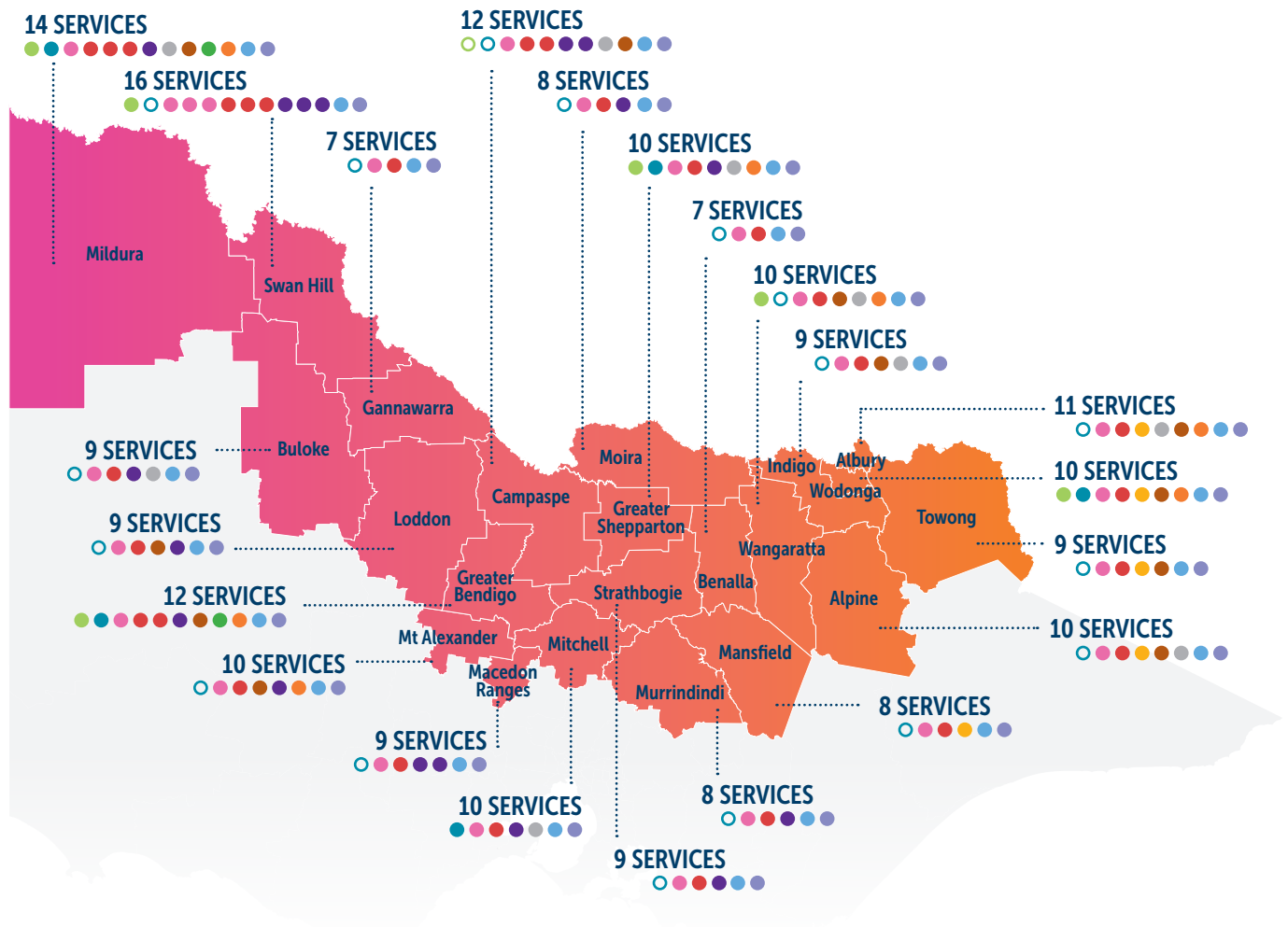
| | |
|---------------------------------------|---|
| WELL to minimal mental illness | <ul style="list-style-type: none"> • Head to Health |
| MILD mental illness | <ul style="list-style-type: none"> • headspace • HeadtoHelp • Talk it Out |
| MODERATE mental illness | <ul style="list-style-type: none"> • headspace • HeadtoHelp • Psychosocial Recovery Services • Psychosocial Therapy Service (PTS) - General PTS, Suicide prevention, Child mental health, Residential Aged Care Facility, First Nations peoples, Perinatal, Natural disaster response |
| SEVERE/COMPLEX mental illness | <ul style="list-style-type: none"> • headspace • HeadtoHelp • Psychosocial Recovery Services • Suicide prevention (PTS) • Primary Mental Health Clinical Care Coordination (PMHCCC) |
| ACUTE mental illness | <ul style="list-style-type: none"> • Step up care to area mental health services |

The mental health continuum



Adapted from the Be You Mental Health Continuum funded by the Australian Government Department of Health

Supporting the work of mental health services across our region



- headspace (○ coming soon)
- HeadtoHelp (○ phone/online only)
- Primary Mental Health Clinical Care Coordination (PMHCCC)
- Psychosocial Recovery Services
- Talk it Out

Psychological Therapy Services (PTS):

- General
- Child mental health
- Residential Aged Care services
- First Nations services
- Perinatal
- Suicide prevention
- Natural disaster response

Unsure of which service is best for you?

HeadtoHelp is a free service to help navigate the mental health system and find the best mental health support for you



HeadtoHelp

Call **1800 595 212** or go to
headtohelp.org.au

Our service providers

| Service Type | Service name | Phone |
|--|---|--------------|
| headspace | headspace Bendigo | 03 54061400 |
| | headspace Shepparton | 03 5823 8800 |
| | headspace Swan Hill | 03 4010 7100 |
| | Gateway Health | 02 6055 9555 |
| | headspace Mildura | 03 5021 2400 |
| Mental Health Hubs | HeadtoHelp hub - Bendigo | 1800 595 212 |
| | HeadtoHelp hub - Albury/Wodonga | 1800 595 212 |
| | HeadtoHelp hub - Mildura | 1800 595 212 |
| | HeadtoHelp hub - Shepparton | 1800 595 212 |
| Primary Mental Health Clinical Care Coordination | Echuca Regional Health | 03 5485 5864 |
| | Cobaw Community Health | 1300 026 229 |
| | Inglewood & Districts Health Service | 03 5431 7000 |
| | Ramsay Health - Mildura Base Hospital | 1300 366 375 |
| | Bendigo Community Health Service | 03 5406 1200 |
| | Swan Hill District Health | 03 5033 9880 |
| | Corryong Health | 02 60763200 |
| | East Wimmera Health Service | 03 5477 6800 |
| | Numurkah District Health Service | 03 5862 0560 |
| | Australian Primary Mental Health Alliance | 1300 514 811 |
| | Northern District Community Health | 03 5451 0200 |
| | Sunraysia Community Health Services | 03 5022 5444 |

| Service Type | Service name | Phone |
|--|---|--------------|
| Psychological Therapy Services (PTS) | Echuca Regional Health | 03 5485 5864 |
| | Cobaw Community Health | 1300 026 229 |
| | Inglewood & Districts Health Service | 03 5431 7000 |
| | headspace Mildura | 03 5021 2400 |
| | Ramsay Health - Mildura Base Hospital | 1300 366 375 |
| | Bendigo Community Health Service | 03 5406 1200 |
| | Swan Hill District Health | 03 5033 9880 |
| | Castlemaine District Community Health | 03 5479 1000 |
| | Corryong Health | 02 60763200 |
| | East Wimmera Health Service | 03 5477 6800 |
| | Mind Australia | 1300 286 463 |
| | Numurkah District Health Service | 03 5862 0560 |
| | Australian Primary Mental Health Alliance | 1300 514 811 |
| Psychological Therapy Services (PTS) - Aboriginal & Torres Strait Islander | Northern District Community Health | 03 5451 0200 |
| | Sunraysia Community Health Services | 03 5022 5444 |
| | Njernda Aboriginal Corporation | 03 5480 6252 |
| Psychological Therapy Services (PTS) - Aboriginal & Torres Strait Islander | Albury Wodonga Aboriginal Health Service (AWAHS) | 02 6040 1200 |
| | Bendigo and District Aboriginal Co-Operative (BDAC) | 5442 4947 |

| Service Type | Service name | Phone |
|---|---|--------------|
| Psychological Therapy Services (PTS) - Child Mental Health | Njernda Aboriginal Corporation | 03 5480 6252 |
| | Echuca Regional Health | 03 5485 5864 |
| | Cobaw Community Health | 1300 026 229 |
| | Inglewood & Districts Health Service | 03 5431 7000 |
| | Mallee Family Care | 03 5021 7400 |
| | The Baudinet Centre | 03 5032 1199 |
| | Bendigo Community Health Service | 03 5406 1200 |
| | Calder Counselling & Psychotherapy | 0439867476 |
| | Castlemaine District Community Health | 03 5479 1000 |
| | East Wimmera Health Service | 03 5477 6800 |
| | Numurkah District Health Service | 03 5862 0560 |
| | Liz McDonald Counselling | 0438835273 |
| | Australian Primary Mental Health Alliance | 1300 514 811 |

| Service Type | Service name | Phone |
|--|---|--------------|
| Psychological Therapy Services (PTS) - Natural Disaster Response | Australian Primary Mental Health Alliance | 1300 514 811 |
| | Tristar Medical Group | 03 5022 5800 |
| Psychological Therapy Services (PTS) - Perinatal | Raphael Centre | 1800 292 292 |
| | Echuca Regional Health | 0354 855 800 |
| Psychological Therapy Services (PTS) - Residential Aged Care Facility | East Wimmera Health Service | 03 5477 6800 |
| | Tristar Medical Group | 03 5022 5800 |
| | Australian Primary Mental Health Alliance | 1300 514 811 |
| | Albury Wodonga Health | 03 57225 347 |
| Psychological Therapy Services (PTS) - Suicide Prevention | Castlemaine District Community Health | 03 5479 1000 |
| | headspace Bendigo | 03 5406 1400 |
| | headspace Shepparton | 03 5823 8800 |
| | Tristar Medical Group | 03 5022 5800 |
| | Mallee Family Care | 03 5023 5966 |
| Psychosocial Recovery Services | Wellways Australia | 1300 111 400 |
| | Mind Australia | 1300 286 463 |
| Talk it Out | Talk it Out | 1300 022 946 |



Groundbreaking HeadtoHelp – free mental health support and system navigation

[HeadtoHelp](#) is a new approach to mental health support for anyone of any age experiencing emotional distress, mental ill-health or addiction problems.

Established by Victoria's six PHNs to combat the mental health issues caused by Victoria's COVID lockdowns, HeadtoHelp received more than \$26m in funding from the Commonwealth Department of Health.

The HeadtoHelp service is free for anyone in Victoria and its border communities, along with their families and carers. Most importantly, a call to the state-wide number 1800 595 212, helps people to navigate the complex and often fragmented mental health system.

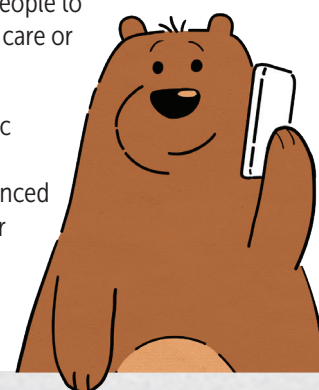
Support services are provided at more than 20 locations around Victoria but are also readily available via telehealth. In the Murray PHN region, HeadtoHelp services can be found in Bendigo, Mildura, Wodonga, Shepparton and Seymour.

HeadtoHelp's clinicians work with callers to understand the type of support they need, using a consistent set of clinical criteria and drawing on their knowledge of the broad range of services available in each location.

The multidisciplinary teams in HeadtoHelp hubs include psychologists, mental health nurses, social workers, occupational therapists and alcohol and drug workers.

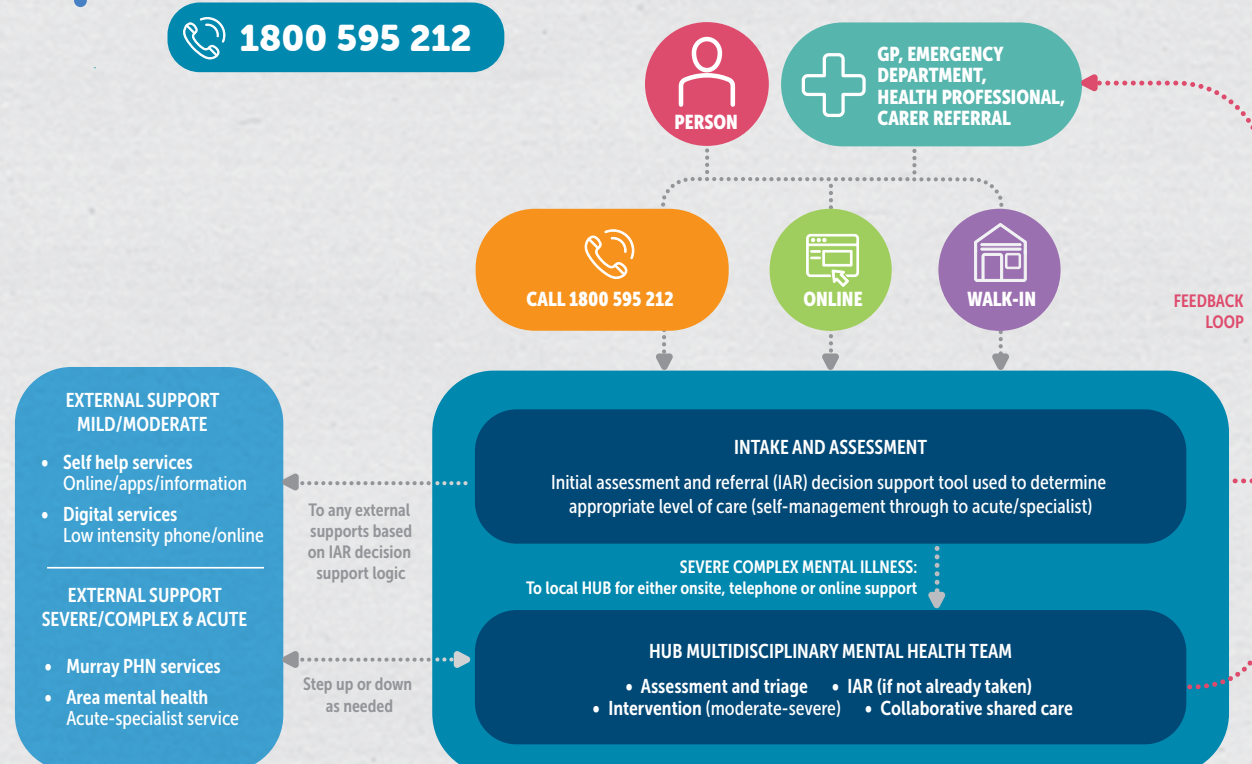
The hubs work closely with existing providers including GPs and hospitals, referring people to more intensive mental health care or social supports if needed.

HeadtoHelp provides a holistic approach to mental health, whether a person has experienced mental ill-health in the past or if they are reaching out for support for the first time.



 **1800 595 212**

The path to mental health support



Respecting everyone and stopping stigma

Stigma happens when a group in society is not given the same respect as others. Mental health stigma involves myths, prejudices and negative stereotyping of people with mental health issues.

Nearly half of all Australians will experience a mental illness at some stage of their life but despite this, people living with mental illness often report stigma and discrimination from friends, family, employers and the community as a whole.

It is estimated that untreated mental health conditions cost Australian workplaces approximately \$10.9 billion per year.

Murray PHN created the Stop Mental Illness Stigma Charter to encourage organisations to adopt respectful behaviours and practices and build an environment where employees and customers feel supported and understood.

A mentally healthy workplace helps all employees. The happier and healthier staff are, the more likely they are to enjoy their work and stay in their jobs.

If your organisation, sporting club or community group is interested in joining the Stop Stigma program, you can go to stopstigma.com.au or email stopstigma@murrayphn.org.au for more information.

The Stop Mental Illness Stigma Charter has seven commitments:

WE WILL BE INFORMED

We will learn the facts about mental illness to educate ourselves and those around us.

WE WILL LISTEN

We will hear from and support those people who have a mental illness story to share.

WE WILL BE MINDFUL OF OUR LANGUAGE

We will choose our words carefully and not reduce people to a label or their diagnosis.

WE WILL BE INCLUSIVE

We will not exclude people with mental illness but instead learn from their experiences.

WE WILL CHALLENGE THE STEREOTYPES

We will challenge inappropriate names and descriptions of people with a mental illness.

WE WILL BE SUPPORTIVE

We will treat people who have experienced mental illness with both dignity and respect.

WE WILL PROMOTE RECOVERY

We will encourage help seeking behaviour and talk positively about regaining wellness.



Working with communities in suicide prevention

The emotional and social costs of suicide are beyond measure, with the effects of suicide and suicide attempts felt deeply by family, friends, individuals and communities.

Numbers and rates of deaths by suicide change over time as social, economic and environmental factors influence suicide risk. In Victoria, rates have declined since the mid 1980s. Since 2017 the state has recorded the lowest age-standardised rates in Australia (per 100,000 of population). Source: AIHW Suicide and Self Harm Monitoring

Suicide deaths in Australia (and worldwide) did not increase in 2020 despite concerns for pandemic impacts. Preliminary Australian figures show that in all states the rate didn't change and in some cases was reduced.

([Lancet, 2021](#))

Work in suicide prevention aims to reduce risk factors in three broad categories - whole of population, vulnerable groups and vulnerable individuals.

Murray PHN has partnered with the Victorian Government to develop and deliver place-based suicide prevention strategies in Mildura and Benalla. These are two of 12 trial sites that are part of the Victorian Government's Suicide Prevention Framework 2016-2025.

Six of the sites are funded by the state and the other six funded by Victorian PHNs, with the aim of halving the state's suicide rate by 2025.

Project officers are working in both towns to coordinate strategies that look at data and local priorities, while engaging and consulting with community. The projects use an evidence-based suicide prevention approach and focus on building capacity and making systems more effective, rather than expanding or introducing new services.

Our projects have identified, and are addressing, health and service needs in the following areas:

- A whole of community approach
- Building stronger links with First Nations workforce
- Increasing community capacity in Mental Health First Aid, suicide bereavement and safe media reporting on suicide
- Expanding workforce capacity in pathways to care and general practice suicide prevention
- Improving the collection and linking of data
- Funding additional coordination resources to strengthen prevention and education
- Developing coordination protocols between agencies.

Most recently, Murray PHN has funded The Way Back Support Service in Mildura, using Beyond Blue's model of care to provide non-clinical outreach services and practical support to an individual following a suicide attempt or suicidal crisis.

The Way Back Support Service provides critical support to individuals who present to the hospital emergency department or community mental health service during or following a suicidal crisis and whose risk of suicide is identified as imminent



FINDING YOUR
WAY BACK

AVOIDABLE DEATHS FROM SUICIDE AND SELF-INFLICTED INJURIES 2014-2018

(PERSONS AGED 0 TO 74, AVERAGE ANNUAL AGE-STANDARDISED RATE PER 100,000)

14 LGAs in the Murray PHN region have rates higher than the Victorian rate (10.1) and 10 LGAs have rates higher than Australian rate (12.4).

(PHIDU 2021)

HOSPITAL ADMISSIONS FOR SELF-HARM 2018-2019

(rate per 100,000)



123.5
Victoria

131.6
Murray PHN region

68.2
Victoria

88.2
Murray PHN region

(AIHW 2020)

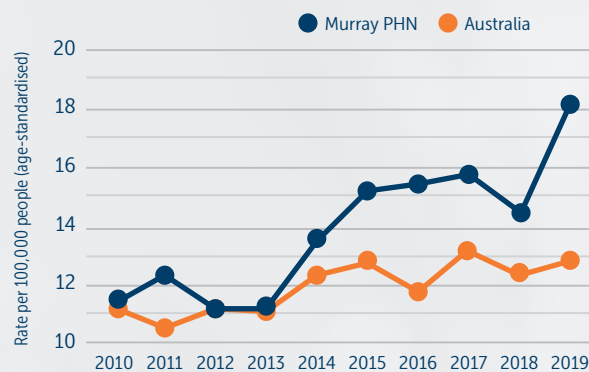
REGISTERED MENTAL HEALTH CLIENTS

(AGE-STANDARDISED RATE PER 1,000 PERSONS)

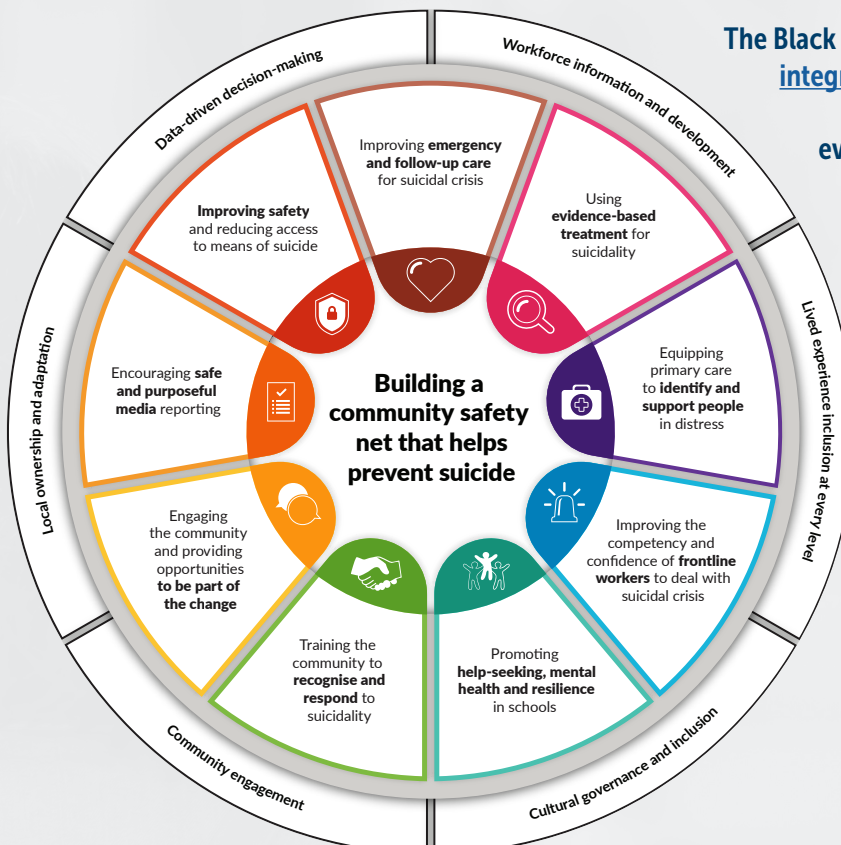
Benalla (26.3), followed by Mildura (24), have the highest rates in the Murray PHN region, more than double the Victorian average (11.9).

(DHHS 2015)

Suicide deaths 2010- 2019



(Source: AIHW National Mortality Database and ABS Causes of Death, Australia 2020)



The Black Dog Institute's [Lifespan: integrated suicide prevention model](#), includes nine evidence-based strategies for integrated suicide prevention

Prioritising First Nations mental health and wellbeing

Aboriginal and Torres Strait Islander people experience poorer health outcomes than many other Australians. Along with the impacts of colonisation, racism and disadvantage, Australia's western medical model of health care does not always meet the needs of First Nations communities.

Aboriginal health is more than just physical wellbeing, and includes social, emotional and cultural wellbeing. When each person achieves their full potential as a human being, the wellbeing of their family and their community is also achieved. Importantly, wellbeing for First Nations people combines the broader issues of social justice, equity and rights.

The influence of Aboriginal culture on health outcomes means that First Nations people must be central to the planning of their mental health, suicide prevention and AOD services.

Widespread disadvantage and health inequality have contributed to comparatively poor social and emotional wellbeing outcomes for many Aboriginal and Torres Strait Islander people.

Rates of long-term mental illness are around 24 per cent, with suicide rates of First Nations peoples at least double that of non-Indigenous Australians.

There are seven Aboriginal Community Controlled Health Services (ACCHOs) in the Murray PHN region that specifically support our First Nations communities to manage their health and wellbeing:

- Albury Wodonga Aboriginal Health Service (Albury, outreach to Wangaratta)
- Bendigo and District Aboriginal Co-operative (Bendigo)
- Mallee District Aboriginal Services (Mildura, Swan Hill, Kerang and Robinvale)
- Mungabareena Aboriginal Corporation (Wodonga)
- Murray Valley Aboriginal Co-operative (Robinvale)
- Njernda Aboriginal Corporation (Echuca)
- Rumbalara Aboriginal Co-operative (Shepparton).

Murray PHN supports these organisations by funding work in shared priority areas, to improve the health outcomes of First Nations people.

Murray PHN has funded:

- Health navigators to support First Nations people
- ACCHO-developed dual diagnosis services
- Additional culturally safe mental health services during COVID
- Cultural competency training for general practices



Developing resilience in youth mental health

It is estimated that one in five young Australians aged 16-24 will experience mental illness in any given year, but they don't always seek professional help.

Funded by the Commonwealth Government through Murray PHN, our regional headspace centres act as a one-stop-shop for young people (12-25 years old) who need help with mental health, physical health, sexual health, alcohol and other drugs, or work and study support.

headspace centres are designed by young people, so no two are the same, with each providing services that reflect the unique needs of its local community.

Our headspace centres are in Albury, Bendigo, Mildura, Swan Hill, Shepparton and Wangaratta, with Echuca to go live later this year.

Many rural and regional students face other barriers to help, including working parents, big distances to travel to school and limited access to health providers locally.

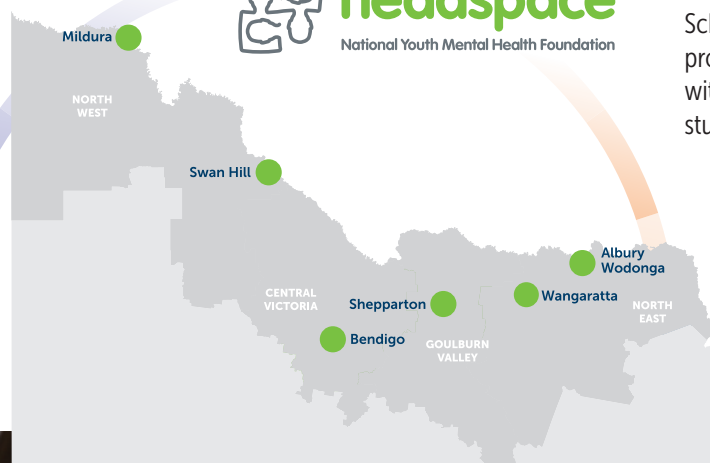
In the Murray PHN region, young people have access to a range of our programs – headspace, Doctors in Secondary Schools, Youth Support & Advocacy Service and the Bridge.

The Doctors in Secondary Schools Program lets young people see a GP at school, during school hours, at no cost.

The program provides students with comprehensive primary health care, including preventative care and medical advice. Health professionals link-in with school wellbeing services, to minimise disruption to a young person's education.

Of the 100 schools selected for this program, 22 are in the Murray PHN region. The Doctors in Secondary Schools Program equips around 50 local health providers, including GPs, nurses and nurse practitioners with specialist training, to provide onsite services to students each week.

For younger children, we have funded a community paediatrician in Mildura and Bendigo, expanded support for school in-reach of a paediatrician and psychologist in Euroa and mental health support to primary school children in Myrtleford, through Alpine Health's bushfire recovery program.



Focusing on alcohol and other drugs

Most people now know that the use of alcohol, tobacco and other drugs is a major cause of preventable disease and illness, including mental ill-health.

Since the first case of COVID-19 was reported in Australia on 13 January 2020, the swift lifestyle changes imposed by government have impacted on people's mental health and wellbeing.

While some people in a recent national study reported they were drinking less, one in five people admitted that their alcohol consumption had increased, with women showing a larger increase in drinking compared with men.

The reasons they gave for increased drinking were clear – stress, spending more time at home and boredom. But instead of making them feel better, many noted that more alcohol led them to experience anxiety and depression.

It is well established that rural communities have high rates of alcohol consumption and that rural people experience its negative impacts, often with mental health issues as well.

Smoking and dangerous alcohol consumption rates are considerably higher across our region than state and national averages. Also higher are alcohol-related deaths, hospitalisations, ambulance attendances, assaults, serious road injuries and family violence.

Overdose deaths across Victoria from pharmaceutical medicines were higher than the road toll in 2012, leading to a SafeScript prescription and monitoring trial in the neighbouring Western Victorian PHN region, and the full introduction of the SafeScript program in 2020.

With emergency department presentations for co-occurring AOD and mental health disorders increasing across the Murray PHN region, we are working to support general practice with training in the field of dual diagnosis (one or more diagnosed mental health problems occurring at the same time as problematic drug or alcohol use).

Overall, treatment services are limited in many parts of our region, there is a low uptake of web-based treatment and support, in part due to poor internet quality in many places, and consumers often express difficulty in navigating a complex system.

Murray PHN has provided training in:

- Dual diagnosis for GPs
- Chronic pain management
- SafeScript prescribing
- Cultural safety
- Pharmacotherapy

Murray PHN has funded:

- Non-residential withdrawal and rehabilitation services
- Regional drug and alcohol planning
- Place-based AOD service coordination and integration
- Integrated models of care for First Nations people
- Post-withdrawal group support programs
- Access to Addiction Medicine Specialists

"Harry"

With a history of depression, anxiety and substance abuse, "Harry" left prison keen to continue his drug withdrawal treatment. He understood he needed to stay away from drugs to keep his young partner and their child in his life.

Harry, 27, was given a mental health care plan and linked with a regular GP. He stayed connected to his supports and was released more than six months early from his community treatment order.

Now, Harry is proud of his recovery and that he has stayed away from all drugs.

"I feel awesome," he says. "I am not a religious or spiritual person, but I am learning to notice my emotions and my response to my emotions, so I'm better at putting things in place to cope."



Responding to bushfire recovery

The 2019-20 bushfires had a devastating impact on people in the north east of the Murray PHN region. In total, six of our local government areas (LGAs) were declared bushfire-affected – the shires of Towong, Alpine, Mansfield and Indigo, the Rural City of Wangaratta and the City of Wodonga.

The most devastating impact was in the Towong Shire where fire burned through large areas of farmland, with severe property, infrastructure and stock losses, and the economic downturn affecting many people's livelihoods.

During the emergency and even now, residents in these areas have experienced extensive stress caused by the length of the fires, traumatic memories of previous bushfires (particularly the 2009 Victorian bushfires, where 173 lives were lost), and the constant smoke haze and poor air quality.

The region's recovery is likely to include surges of mental health issues, substance use and suicide risk presentations for five to 10 years or more. Services will be needed to provide counselling and mental health and wellbeing supports across affected communities.

Higher levels of family violence were reported after the 2009 Black Saturday bushfires and increased alcohol consumption in bushfire-affected communities can also increase family violence reports. The first six months of 2020 saw referrals to perpetrator programs increase by 30 per cent in the north east of Victoria, compared with the same time in 2019.

Murray PHN has:

- Supported communities through community recovery grants programs
- Provided emergency distress and trauma counselling and response coordination
- Funded additional mental health services in affected areas, including child psychological support
- Offered support to more than 2000 people at more than 30 local events

Recent evidence has shown that children who live through bushfires can show trauma-related behaviour that affects their schooling. A University of Melbourne analysis of children's numeracy and reading skills demonstrated lower learning outcomes four years after disasters, without early intervention.

Prolonged exposure to bushfire smoke is also recognised internationally as increasing the risk of pregnancy complications, including high blood pressure, gestational diabetes, low birth weight and premature birth.

References

All data in this report is drawn from Murray PHN, government, universities and public health bodies including Commonwealth Department of Health, Australian Institute of Health and Welfare, Victorian State Government, Department of Health and Human Services, Public Health and Information Development Unit.

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