

Loddon Mallee Public Health Unit priority 2023-25

Why it is a priority

- Improving mental wellbeing is a priority area within the Victorian Public Health and Wellbeing Plan.
- Each year, one in five Victorians will experience a mental health condition, with 45 per cent of Victorians experiencing that in a lifetime.
- The Loddon Mallee region has been significantly impacted by the 2022 floods. Studies have shown that both direct and indirect exposure to floods can cause negative mental health impacts. Providing mental health and wellbeing supports across the spectrum of prevention and early intervention are essential for flood-affected communities to heal and recover.
- The impact of COVID-19 pandemic on mental health and wellbeing has been substantial. The measures taken to prevent the spread of the illness had the potential to exacerbate pre-existing social, economic and health related disparities impacting regional and rural communities that may increase psychological distress for some vulnerable people.
- Mental health conditions overlap considerably with chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling. These various groups of conditions share numerous risk factors, are risk factors for each other, and frequently co-occur.

Loddon Mallee Data



20.2% of adults who report high or very high psychological distress, 2015-20 (Vic. 23.5%) ^[1]

13/100,000 died from suicide, 2018 (Vic 9.2/100,000) ^[1]

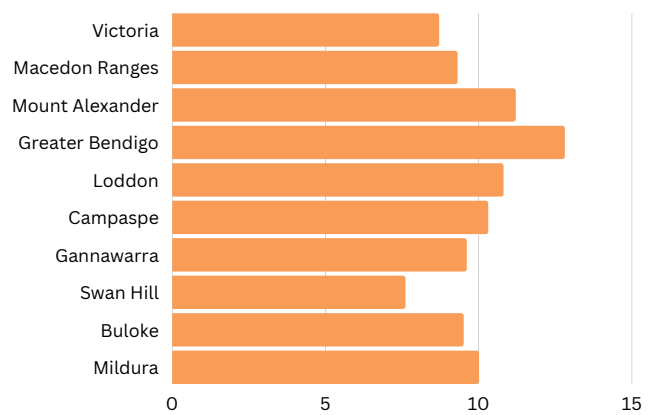
[1] Victorian public health and wellbeing outcomes, Public Health Division, Department of Health

[2] Public Health Information Development Unit (PHIDU), Torrens University Australia

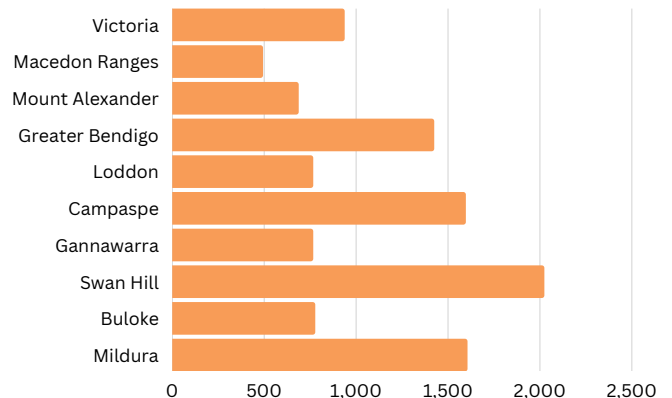
What the data told us

Eight out of the nine LGAs in the LMPHU region have higher rates of self reported mental health conditions than Victoria and all recorded LGAs in the LMPHU region have higher suicide rates than the Victorian rate.

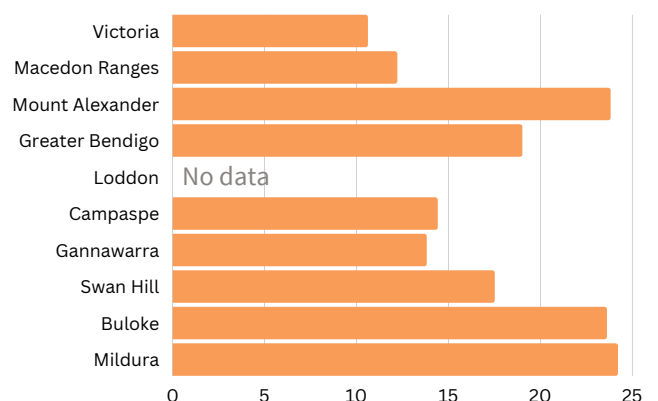
Self reported mental health condition (rate/100 pop), 2021 ^[2]



Emergency Dept. presentations for mental & behavioural disorders (rate/100,000 pop), 2019/20 ^[2]



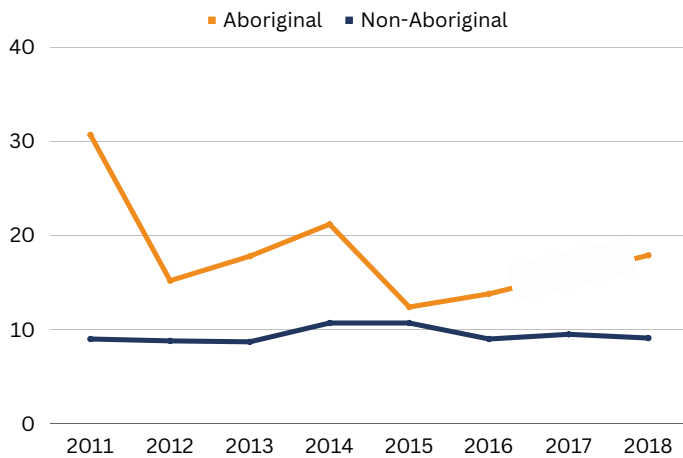
Deaths from suicide & self inflicted injuries, 0-74 yrs (rate/100,000 pop), 2016-2020 ^[2]



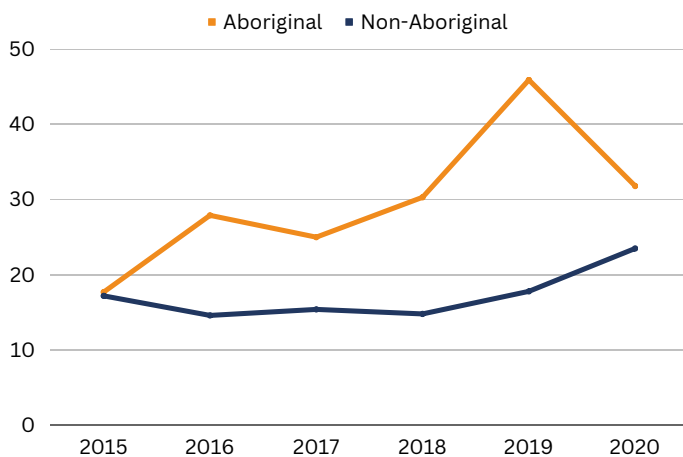
Priority Groups: data

- Certain population groups are at higher risk of poor mental health because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, including social isolation and loneliness.
- Data is not available for all priority groups

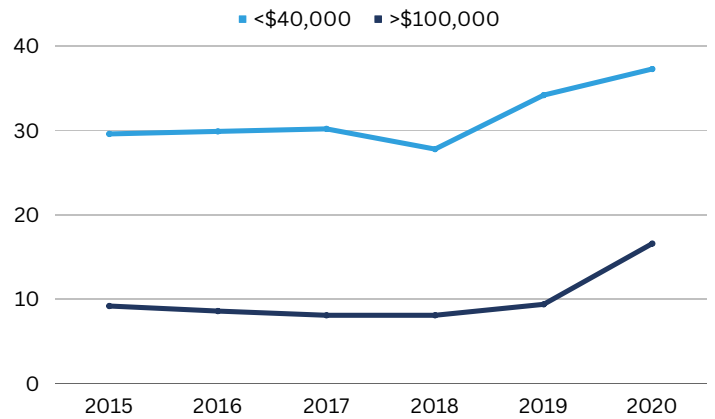
Suicide rate, by Aboriginality, Victoria (rate/100,000 pop) [1]



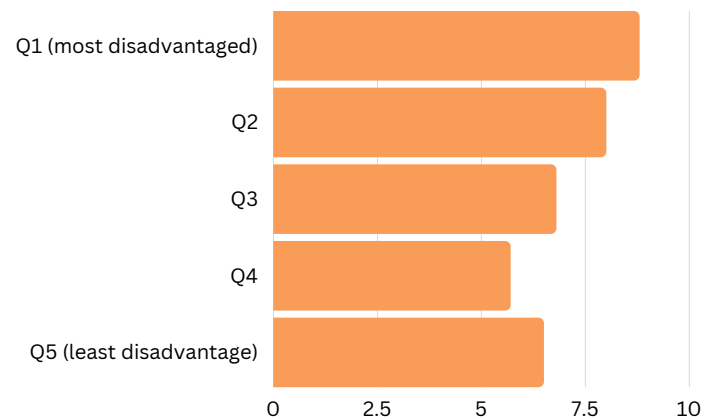
Adults who report high or very high psychological distress, by Aboriginality, Victoria (%) [1]



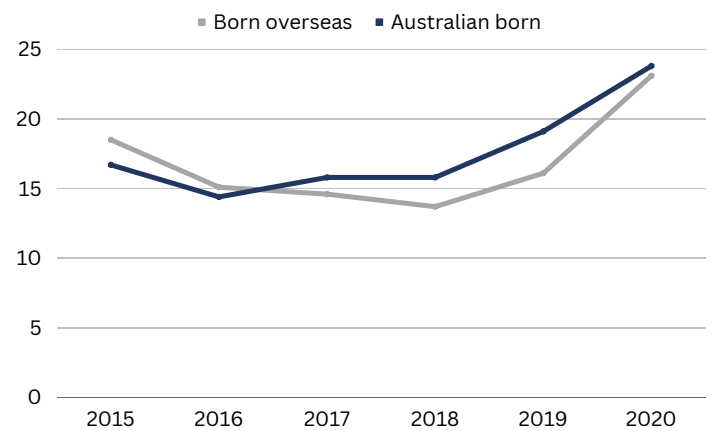
Adults who report high or very high psychological distress, by household income, Victoria (%) [1]



Children living in families with unhealthy family functioning, by SEIFA (IRSD), Quintile, Victoria, 2021 [1]



Adults who report high or very high psychological distress, by country of birth, Victoria (%) [1]



'Social and emotional wellbeing is the foundation of physical and mental health for Indigenous Australians. It is a holistic concept that encompasses the importance of connection to land, culture, spirituality and ancestry, and how these affect the wellbeing of the individual and the community.' [3]

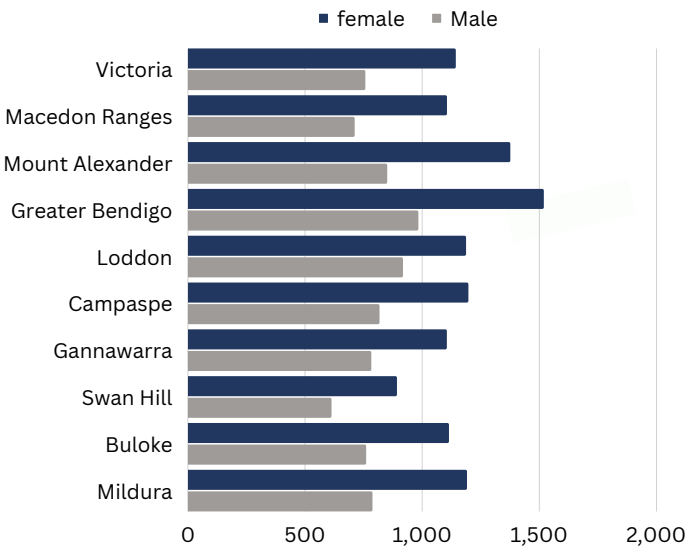
[1] Victorian public health and wellbeing outcomes, Public Health Division, Department of Health

[3] Indigenous health and wellbeing, Australian Institute of Health and Wellbeing (AIHW), 2022, <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>

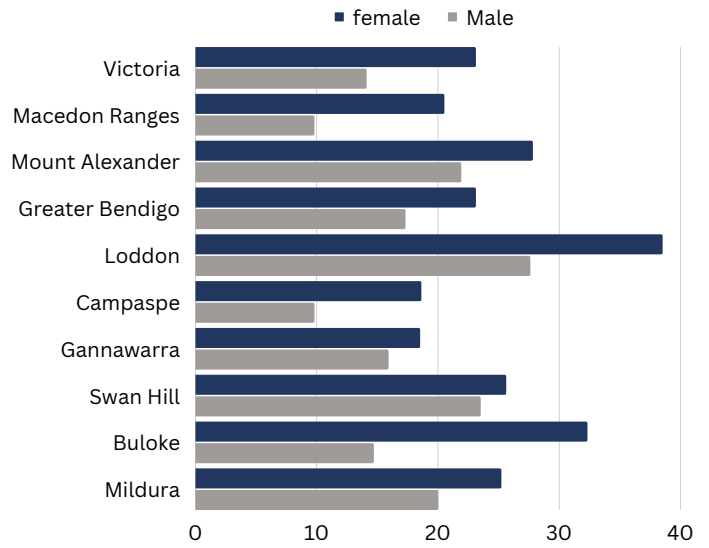
Gender lens: data

Gender is recognised as a social determinant of mental health. The impact of gender on mental health manifests in many ways. These include experiences of gender inequality, discrimination, gender stereotyping, sexualisation, sexual harassment, family violence and sexual violence, women’s disproportionate responsibility for unpaid caring work, economic disadvantage and the marginalisation of women’s health needs within the mental health service system. [4]

Mental health conditions, ever diagnosed (rate/10,000 pop), 2021 [5]

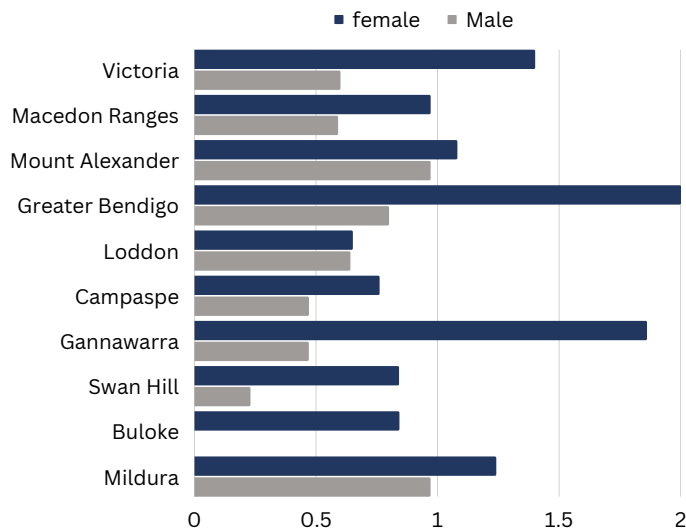


Sought professional help for mental health problems (%), 2017 [5]

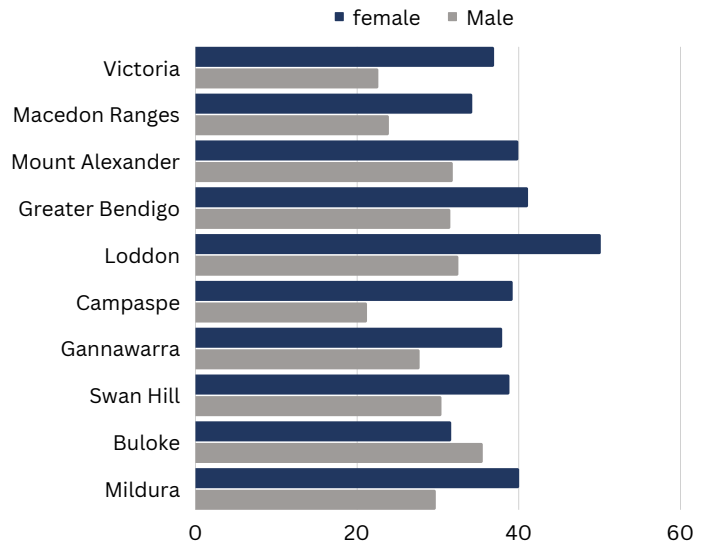


Australian women are typically more likely than men to report, and seek help for, mental health problems. For men, being in a male-dominated occupation is associated with reduced likelihood of help-seeking. Stoicism and fear of being perceived as weak can be factor in not seeking help, particularly for men. [5]

Self-harm (rate/1,000 pop), 2017 [5]



Anxiety or depression ever diagnosed (%), 2017 [5]



Female admissions comprise 70% of Victorian hospital admissions for intentional self-harm related injury (for example arising from cutting, scratching, biting, burning, poisoning, attempted hanging or use of a firearm) [5]

[4] Women's health Victoria, Women's Mental Health Alliance <https://whv.org.au/our-focus/womens-mental-health-alliance>

[5] Women's health Victoria, Women's Health Atlas <https://victorianwomenshealthatlas.net.au/#/>

Consultation workshops

Three Loddon Mallee Population Health Planning workshops were run for the Loddon, Mallee and Murray sub-regions in March-April 2023.

Across the 3 regions there was widespread feedback from the workshops that their need for mental health support was not being met. A common theme was a lack of accessible regional services or the current approach was not effective in improving the mental health outcomes in their regions' priority groups. There has been some funding available in response to the flood but there has been a lack of regional coordination of effort.

Feedback suggested to focus on primary prevention and a coordinated approach. In the Murray workshop there was a heavy weighting on the impact of the floods on mental health across all community groups on a community that was already experiencing underlying mental health issues.

Priority groups experiencing poor mental health included:

- young people
- CALD community, who are experiencing isolation and loneliness
- asylum seekers
- Aboriginal and Torres Strait Islander people (Mallee & Murray sub-regions)

Mental health is a major concern in the asylum seeker population, people coming from a different culture, significantly affected, the system supporting them is mostly churches and they are exhausted

Mallee Workshop

Mental health has had a lot of money thrown at it but not a lot of impact. Not sure the money has been spent well, there has a lot of duplication and complex pathways- we need a more targeted and coordinated approach

Murray Workshop

Much of the health promotion/population health approaches in these areas are not primary prevention. We really don't have the appropriate data to be effectively leading and monitoring primary prevention efforts.

Mallee Workshop

Survey results

An online survey was developed and circulated via email to all Loddon Mallee stakeholders who had registered their interest in participating in the Loddon Mallee Population Health Planning workshops

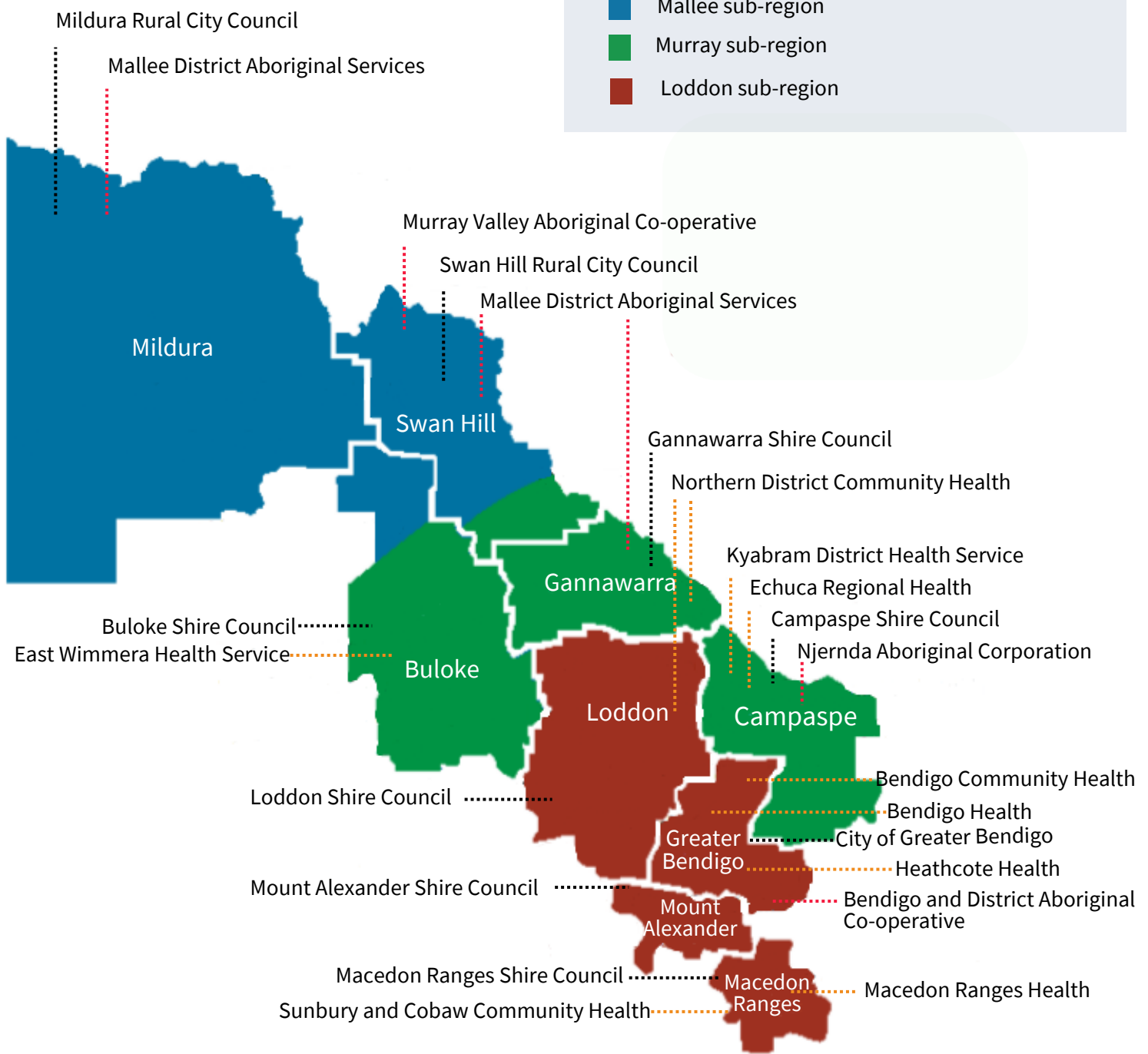
Survey respondents selected their 3 top priorities (n=63 respondents)

- 67%** mental wellbeing for the Loddon Mallee priority (top response)
- 63%** Loddon: top response
- 67%** Mallee: top response
- 63%** Murray: top response

The top rationale for selecting this priority - **community raised issue**

Mental Wellbeing: a priority across the region

- Municipal Public Health and Wellbeing Plan
- Community Health- Health Promotion
- Aboriginal Community Controlled Organisations
- Mallee sub-region
- Murray sub-region
- Loddon sub-region



Regional organisations
 Women's Health Loddon Mallee
 Primary Health Networks

Mental wellbeing

Implementation plan summary

Our Aim

To enhance mental wellbeing through a prevention-focused approach, promoting resilience, connection and early intervention strategies.

Aligns with the Victorian public health & wellbeing plan (2019-23): Improving mental wellbeing priority



Objectives

- 1 raise awareness and reduce stigma
- 2 build community capacity for self-care
- 3 build community capacity to support family, friends and neighbours
- 4 strengthen community connection
- 5 support an inclusive environment free of discrimination
- 6 raise awareness of mental health services and integrate prevention initiatives

While we will use a whole of population health approach, **we will prioritise:**



- Aboriginal and Torres Strait Islander peoples
- young people
- CALD communities
- LGBTIQ+
- vulnerable families

Our approach

- a social determinants of health lens will be applied across all our work.
- we will address systemic disadvantage which will lead to improved health equity, access and inclusion.
- a gender lens will be applied where relevant
- focus on place-based needs and priorities and work collaboratively with stakeholders to support or enhance solutions.

Proposed actions

- support socially inclusive community events
- development/review of local resources eg community directory, services directory
- co-ordinate/promote community and service training
- strengthen local mental health/suicide prevention networks
- assess service readiness for social prescribing
- identify and promote local social supports eg foodbanks, financial counselling

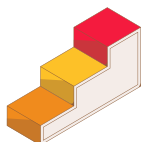
Collaboration: We acknowledge that we can't do this alone and we need the expertise, knowledge and connection into the community held by our stakeholders. We will support our local prevention workforce to work towards shared outcomes and strengthen local cross-sector networks to create change in their communities.

LMPHU will partner with local councils, community services, Primary Health Networks and Loddon Mallee Health Network to build on and where possible extend existing and successful mental wellbeing programs and initiatives.

A **monitoring and evaluation** plan will be developed in consultation with local stakeholders. LMPHU will also evaluate the effectiveness of local mental wellbeing partnerships, using the VicHealth Partnership Analysis Tool (or equivalent).



Next steps: The PPH sub-regional teams will develop work-plans in consultation with their stakeholders, informed by the regional implementation plan.



Outcomes

Victorian public health and wellbeing outcomes framework

Domain 1: Victorians are healthy and well
Outcome: Victorians have good mental health
Indicators: Increase mental wellbeing; decrease suicide

Measures:

- adults and adolescents with psychological distress
- adolescents with high level of resilience
- children living in families with unhealthy family functioning
- suicide rate