
Gippsland Mental Health and Suicide Prevention Plan: Foundational Plan

2019–2022



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Table of contents

Executive Summary	5
Plan on a Page: Gippsland's Mental Health and Suicide Prevention Commitment	7
Vision	7
Mission	7
Values	7
Overarching commitments	7
Background	9
Policy context	9
Other projects and documents	10
Significant changes in Gippsland	11
Disclaimer	11
Gippsland Mental Health and Suicide Prevention Plan	13
Gippsland Mental Health & Suicide Prevention: Foundational Plan	13
Gippsland Mental Health & Suicide Prevention: Final Plan	13
Project timelines	14
Project objectives	14
Gippsland Demographics and Relevant Indicators	15
Local Government Areas	15
Population density and predicted growth areas	15
Workforce	17
Ancestry	18
Mental illness	19
Suicide	20
Stepped Care Model	23
Stepped Care principles	23
Levels of severity and need per population group	24
Intervention types	28
Care pathways	29
Mapping Gippsland services with a Stepped Care lens	29
Endorsements	32
Appendix 1: Acronyms	31
Figure 1: Translational of Final Plan per LGA	14
Figure 2: Current population distribution across the region per LGA	16
Figure 3: Estimated prevalence of mental illness by stepped care category	19
Figure 4: Stepped Care levels of severity and need	24
Figure 5: Existing services within Gippsland as per Stepped Care Model	30
Table 1: List of major centres across LGAs in Gippsland	15
Table 2: Population density and predicted growth for Gippsland by LGA	16
Table 3: Health professional, FTE per 100,000 population within Gippsland	18
Table 4: Aboriginal and Torres Strait Islander people, Gippsland (2016)	18
Table 5: Aboriginal and Torres Strait Islander population %, per LGA, Gippsland	18
Table 6: Estimated population by mental health stepped care level and LGA, Gippsland 2016	20
Table 7: Cause of death - Suicide rate per 100,000 people (crude)	21
Graph 1: Population projection by age group and sex, Gippsland, 2012 and 2022	17

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Executive Summary

As part of the Fifth National Mental Health and Suicide Prevention Plan, the Commonwealth, State and Territory Governments have agreed that Local Health Networks (LHNs) and Primary Health Networks (PHNs) will develop and publicly release joint Regional Mental Health and Suicide Prevention Plans by 2020.

This Gippsland Mental Health and Suicide Prevention: Foundational Plan provides a framework that will inform and be integrated into the Gippsland Mental Health and Suicide Prevention: Final Plan, which will be released by June 2022.

To ensure its success and sustainability, LHNs and Gippsland PHN are considered **equal partners** in the development and implementation of both the Gippsland Mental Health and Suicide Prevention (Foundational and Final) Plans.

The ‘**Plan on a Page**’ (pg. 7) aims to clarify the scope of the Foundational and Final Plans through shared vision, mission, values and commitments. Through endorsement of this Foundational Plan, a commitment to work towards and in alliance with the Plan on a Page is assumed.

As is evidenced within the document, Gippsland is a large rural region which covers approximately 41,538 square kilometres. Gippsland comprises of six local government areas (LGAs), with a total population of approximately 271,416¹. The large geographic spread of Gippsland impacts on the capacity to streamline mental health and suicide prevention services. This together with the existing shortage of registered health workers within the region, in comparison to the Victorian average, impacts on the provision of care and treatment that is evidence-based².

This Foundational Plan is aligned with the Stepped Care model. The model aims to simplify patient/consumer pathways, and provide more tailored care in accordance with self help and recovery approaches³. For a Stepped Care model to be successful, all stakeholders, including community members and health professionals, need to be aware of the available service options and levels of intervention, and committed to participation in the stepped care processes⁴.

Changing the fundamental philosophical approach to mental health and suicide prevention service delivery will take time and ongoing commitment.

¹ABS: quickstats.censusdata.abs.gov.au/

²Gippsland PHN. (2018). Needs Assessment Report. <https://www.gphn.org.au/populationhealthplanning/assessment/>

³University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

⁴University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

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PLAN ON A PAGE

Gippsland's Mental Health and Suicide Prevention Commitment

VISION All Gippsland community members are physically and mentally well supported and living their best lives.

MISSION All health, mental health and suicide prevention services contribute to enriching the Gippsland community's health and wellbeing by delivering services that complement each other, are evidence-based and address the needs of the individual.

VALUES

- Telling my story once (integration of service systems and continuity of care)
- Knowing where to go (service system navigation / stepped care)
- Speaking the same language (person centered care)
- Delivering quality care (innovation)

OVERARCHING COMMITMENTS

To achieve Gippsland's vision and mission in accordance with the values, each local government area, organisation and community will agree to align with the following principles:

Communicate and Connect

- Community voice is represented
- Referral and discharge processes are transparent and complementary
- Inclusive practices for family, carers and friends
- Understanding the scope of the service system
- Collaborate and partner with non-mental health services
- Streamline assessment and risk categorisation

Design and Deliver Together

- Stepped Care interventions
- Joint / co-located delivery of services
- Regional recruitment and retention plan
- Using people's views to improve services
- Adopt regional treatment guidelines and protocols
- Integrated intake and assessment process

Joint Governance, Leadership & Accountability

- Regional multi agency partnerships
- Regional health and wellbeing key performance indicators
- Regional benchmarking / data sharing
- Utilisation of mechanisms to monitor intervention effectiveness

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Background

The Commonwealth, State and Territory Governments have agreed that Local Health Networks (LHNs) and Primary Health Networks (PHNs) will develop and publicly release joint Regional Mental Health and Suicide Prevention Plans by 2020. This is a key element in implementing the Fifth National Mental Health and Suicide Prevention Plan.

Policy context

A range of policy documents have been considered during the development of this Foundational Plan.

- Australian Government *Mental Health: Productivity Commission (Draft) Report (2019)*⁵
- Department of Health (2017). *Fifth National Mental Health and Suicide Prevention Plan*⁶
- Department of Health (2010). *Working with the Suicidal Person*⁷
- Department of Health and Human Services (2016). *Victorian public health and wellbeing plan 2019-2023*. Victorian Government⁸
- Department of Health and Human Services (2016). *Royal Commission into Family Violence*⁹
- Department of Health and Human Services (2015). *Victoria's 10-year Mental Health Plan*¹⁰
- Department of Health and Human Services (2016). *Victorian Suicide Prevention Framework 2016-2025*¹¹
- Department of Planning and Community Development (2009). *A Right to Respect: Victorian's Plan to Prevent Violence against Women 2010-2020*¹²
- Department of Premier and Cabinet (2016). *Hazelwood Mine Fire Enquiry Report*¹³
- National LGBTI Health Alliance (2016). *National LGBTI Mental Health and Suicide Prevention Strategy*¹⁴
- National Mental Health Strategy (2018). *Joint Planning for Integrated Mental Health and Suicide Prevention Services: A guide for LHN and PHNs*¹⁵
- Victorian Government (2019). *Royal Commission into Victoria's Mental Health System: Interim Report*¹⁶

⁵ <https://www.pc.gov.au/inquiries/current/mental-health/draft>

⁶ <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

⁷ www.health.vic.gov.au/mentalhealth

⁸ <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023>

⁹ <http://www.rcfv.com.au/Report-Recommendations>

¹⁰ www.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-priorities-for-victoria

¹¹ www.mentalhealthplan.vic.gov.au

¹² www.women.vic.gov.au

¹³ <http://www.dpc.vic.gov.au/index.php/news-publications/hazelwood-mine-fire-inquiry-implementation-monitor>

¹⁴ <http://lgbthealth.org.au/resources/national-lgbt-mental-health-suicide-prevention-strategy/>

¹⁵ [https://www1.health.gov.au/internet/main/publishing.nsf/content/68EF6317847840E3CA25832E007FD5E2/\\$File/Regional%20Planning%20Guide%20-%20master%20at%2023%20October.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/68EF6317847840E3CA25832E007FD5E2/$File/Regional%20Planning%20Guide%20-%20master%20at%2023%20October.pdf)

Other projects and documents

In addition to the relevant policy drivers indicated above there are numerous other projects and documents (below) which have implications and influence the development of this and the Gippsland Mental Health and Suicide Prevention: Final Plan.

- *Being Healthy in Baw Baw Shire 2017 – 2021*¹⁷
- *Black Pages* produced by Gippsland PHN¹⁸
- *Central West Gippsland Primary Care Partnership (PCP) Strategic Plan 2018 - 2020*¹⁹
- *East Gippsland PCP Strategic Plan 2018 – 2021*²⁰
- East Gippsland Shire Council Community Health and Wellbeing Plan, *Well Placed for Well Being 2017 - 2021*²¹
- *Healthy Wellington: Municipal Public Health and Wellbeing Plan 2017 - 2021*²²
- *Larter Mental Health Service Mapping Project (2015)*, commissioned by Gippsland PHN.
- *Living Well Latrobe Health and Wellbeing Plan 2017 - 2021*²³
- National Health Services Directory²⁴
- *Regional Mental Health and Suicide Prevention Workforce Strategy (2019)*, led by the Gippsland Mental Health Alliance (GMHA)
- *Shaping a Better Bass Coast - Bass Coast Council Plan 2017 - 2021* and Bass Coast Municipal Public Health and Wellbeing Plan 2017 - 2021²⁵
- *Statement of Priorities* for Gippsland public healthcare services (Bairnsdale Health Service, Bass Coast Health, Central Gippsland Health Service, Gippsland Southern Health Service, Kooweerup Regional Health Service, Latrobe Regional Hospital, Omeo District Health, South Gippsland Hospital, West Gippsland Healthcare Group, Yarram and District Health Service)²⁶
- *South Coast PCP Strategic Plan 2013 - 2017*²⁷
- *South Gippsland Health and Wellbeing Plan 2017 - 2021*²⁸
- Sub Regional Service Mapping (conducted by Gippsland PHN)
- The Digital Gateway project (coordinated by the Health Direct and Spark Strategy).
- *Wellington PCP Strategic Plan 2017 - 2021*²⁹

¹⁷ <https://rcvmhs.vic.gov.au/interim-report>

¹⁸ <https://www.bawbawshire.vic.gov.au/Our-Community/Community-Health-and-Wellbeing>

¹⁹ Black Pages produced by the Gippsland PHN <http://www.gphn.org.au/wp-content/uploads/2015/03/FINAL-Black-Pages-Interactive.pdf>.

²⁰ <http://www.centralwestgippslandpcp.com/wp-content/uploads/2013/05/CWGPCP-Strat-plan-2013-2017-Final-v2.pdf>

²¹ <http://www.eastgippslandpcp.com.au/assets/files/downloads/EGPCP%20Strategic%20Plan%202013-2017.pdf>

²² <https://www.eastgippsland.vic.gov.au/files/content/public/about-us/publications-and-policies/community-health-and-wellbeing-plan/health-wellbeing-plan-web.pdf>

²³ <http://www.wellington.vic.gov.au/Your-Council/Publications/Council-Strategies-and-Plans>

²⁴ <http://www.latrobe.vic.gov.au/Home>

²⁵ NHS <http://www.nhs.uk>

²⁶ https://d2n3eh1td3vwdm.cloudfront.net/general-downloads/Publications/Council_Plan_2017-21.PDF.pdf

²⁷ <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities/2019-20-statement-of-priorities>

²⁸ <http://www.southcoastpcp.org.au/data-and-publications/test?query>

²⁹ https://www.southgippsland.vic.gov.au/site/scripts/google_results.php?q=wellbeing

³⁰ <http://www.wellingtonpcp.com.au/wp-content/uploads/2009/06/Strategic-Plan-poster-Feb-141.pdf>

Significant changes in Gippsland

In setting the context of this document, of note is the current and future impact of the following significant events:

- the Latrobe Valley Authority (LVA) is delivering actions that aim to improve outcomes in the Latrobe Valley following the Hazelwood mine closure in March 2017
- *Victorian Suicide Prevention Framework 2016-25*, the implementation of the Suicide Prevention Placed Based Sites in Latrobe and Bass Coast³⁰. One of the sites has been funded by Gippsland PHN and the other by the Department of Health and Human Services
- the implementation of the National Disability Insurance Scheme (NDIS) across the region³¹
- the impact of bushfires across the region
- COVID 19 pandemic

Each of the above impact upon the way mental health and suicide prevention services across the region are delivered. Consideration of this impact is crucial in ensuring appropriate services continue to be provided to the right people, at the right time and that service provision is complimentary and integrated.

Disclaimer

Every attempt has been made to source current, accurate data and information for this report. However, no responsibility is taken for unintentional omissions or inaccuracies.

All readers are encouraged to contribute comments and information to help ensure all relevant stakeholders are represented and contribute to the planning process.

³⁰ www.mentalhealthplan.vic.gov.au
³¹ <https://www.ndis.gov.au/>

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Gippsland Mental Health & Suicide Prevention Plan

The Joint Regional Mental Health and Suicide Prevention Plan will inform the coordinated commissioning of services across the Stepped Care spectrum of need for services across the lifespan. It will also support opportunity for coordinated regional implementation of national priority areas which were agreed through the Fifth National Mental Health and Suicide Prevention Plan³². These areas include better coordination of services for people with severe and complex mental illness, a systems-based approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention, and improving physical health of people living with mental illness.

Gippsland Mental Health and Suicide Prevention Foundational Plan

This plan is a platform for addressing the challenges faced by people who are developing or experiencing mental illness or who are experiencing or at risk of suicide, and their carers and families. Their experiences have included fragmentation of services and pathways, service provision gaps, duplication and inefficiencies in service provision and a lack of person-centred care.³³

The Foundational Plan provides a framework and foundation that will inform and be integrated into the Gippsland Mental Health and Suicide Prevention: Final Plan.

Plan on a page

As is captured on the 'Plan on a Page' (pg. 7) this Foundational Plan aims to clarify the scope of the Gippsland Mental Health and Suicide Prevention: Final Plan through shared vision, mission, values and commitments. Through endorsement of this Foundational Plan, a commitment to work in alliance with the Plan on a Page is assumed.

Regional Mental Health and Suicide Prevention: Final Plan

The Final Plan will inform and be developed through stakeholder engagement and consultation. Through such consultation further refinement and translation of the vision, mission, values and commitments (as per the Plan on a Page, pg.7) will be achieved.

The Final Plan will be a comprehensive service development plan which will be informed by evidence-based service planning tools, including the National Mental Health Service Planning Framework³⁴ and detailed service and workforce mapping.

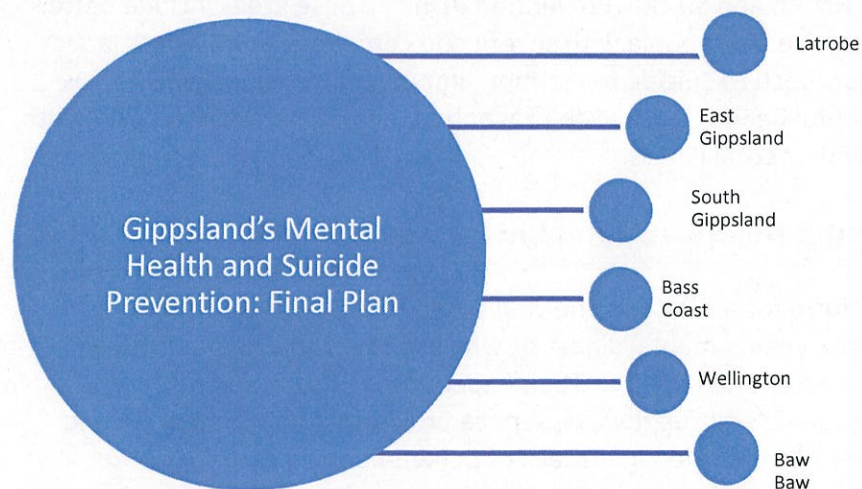
³² <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

³³ Gippsland PHN Needs Assessment; <https://www.gphn.org.au/populationhealthplanning/assessment/>

³⁴ <https://nmhspf.org.au>

To ensure clear parameters and relevance to each LGA it is envisaged that the Gippsland Mental Health and Suicide Prevention: Final Plan will be translated within each of the six LGAs (see Figure 1 below).

Figure 1: Translation of Final Plan per LGA



Project Timelines

Phase 1

Develop, in consultation with relevant stakeholders, the Gippsland Mental Health and Suicide Prevention: Foundational Plan (June 2020).

Phase 2

Develop, in consultation with stakeholders, the Gippsland Mental Health and Suicide Prevention: Final Plan (June 2022).

Project Objectives

The objectives of the Plans (Foundational and Final) are:

- Objective 1: Embed integration of mental health and suicide prevention services and pathways for people with or at risk of mental illness or suicide through a whole of system approach.
- Objective 2: To drive and inform evidence-based service development to address identified gaps and deliver on regional priorities / commitments (as per Plan on a Page, pg. 7) which will make optimal use of the available workforce and resources.

Gippsland Demographics & Relevant Indicators

Gippsland is situated in the south eastern region of Victoria and extends from the periphery of greater Melbourne to the New South Wales border. Gippsland is a large rural region which covers approximately 41,538 square kilometres, with a total population of approximately 271,416³⁵.

The large geographic spread of Gippsland impacts on the capacity to streamline mental health and suicide prevention services. This together with the existing shortage of registered health workers within the region, in comparison to the Victorian average, impacts on the provision of care and treatment that is evidence-based³⁶.

Local Government Areas

Gippsland comprises of six Local Government Areas (LGAs):

- Bass Coast
- Baw Baw
- East Gippsland
- Latrobe
- South Gippsland
- Wellington

Each of the Gippsland LGAs includes numerous major centres/towns, as illustrated in Table 1.

Table 1: List of Major Centres across LGAs in Gippsland³⁷

LGA	Major Centres	LGA	Major Centres
Bass Coast	Wonthaggi Cowes Inverloch	Latrobe	Traralgon Moe Morwell Churchill
Baw Baw	Warragul Drouin Trafalgar	South Gippsland	Leongatha Korumburra Mirboo North
East Gippsland	Bairnsdale Lakes Entrance Orbost	Wellington	Sale Maffra Yarram Heyfield

Population Density and Predicted Growth Areas

Gippsland, as at 2016, has a total population of approximately 271,416. Figure 2 indicates the most populated LGA within the region is Latrobe (population 73,257), while South Gippsland has the smallest population with approximately 28,703 individuals. Figure 2 shows the current population distribution across the region³⁸.

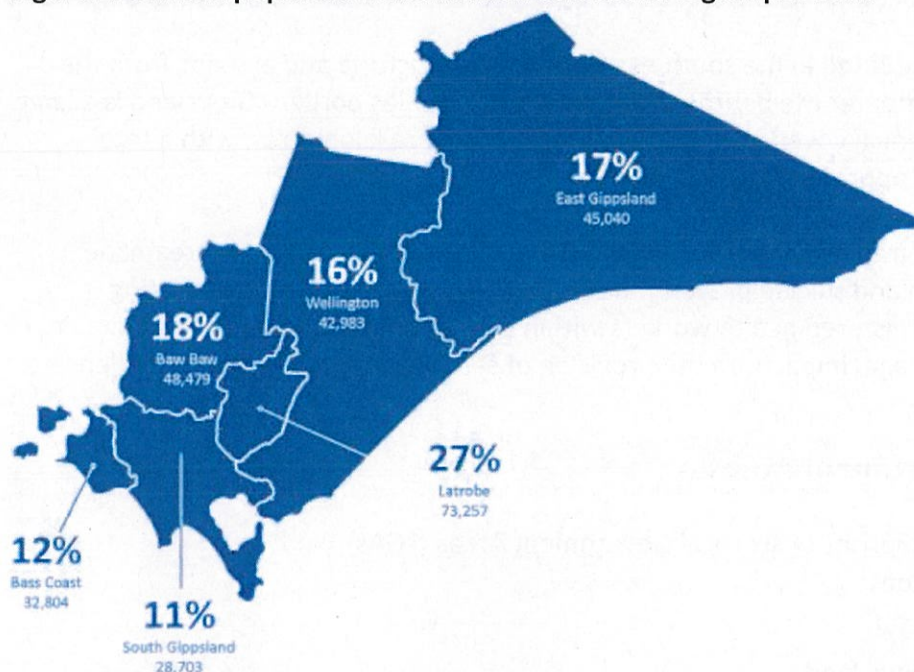
³⁵ ABS: quickstats.censusdata.abs.gov.au/

³⁶ Gippsland PHN. (2018). Needs Assessment Report. <https://www.gphn.org.au/populationhealthplanning/assessment/>

³⁷ Victoria in Future; <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future>

³⁸ Gippsland PHN Needs Assessment Report; <https://www.gphn.org.au/populationhealthplanning/>

Figure 2: Current population distribution across the region per LGA.



Population density is highest in Latrobe at 51.8 persons per km², compared to 2.0 persons per km² in East Gippsland.

Population growth in each of the LGAs is variable. Baw Baw has the highest estimated average annual growth (2016-2021 estimates) at 2.8% and Bass Coast (2.4%) which is higher than the Victorian rate at 1.7%. Latrobe is predicted to have the lowest annual growth (0.6%) of all Gippsland LGAs.

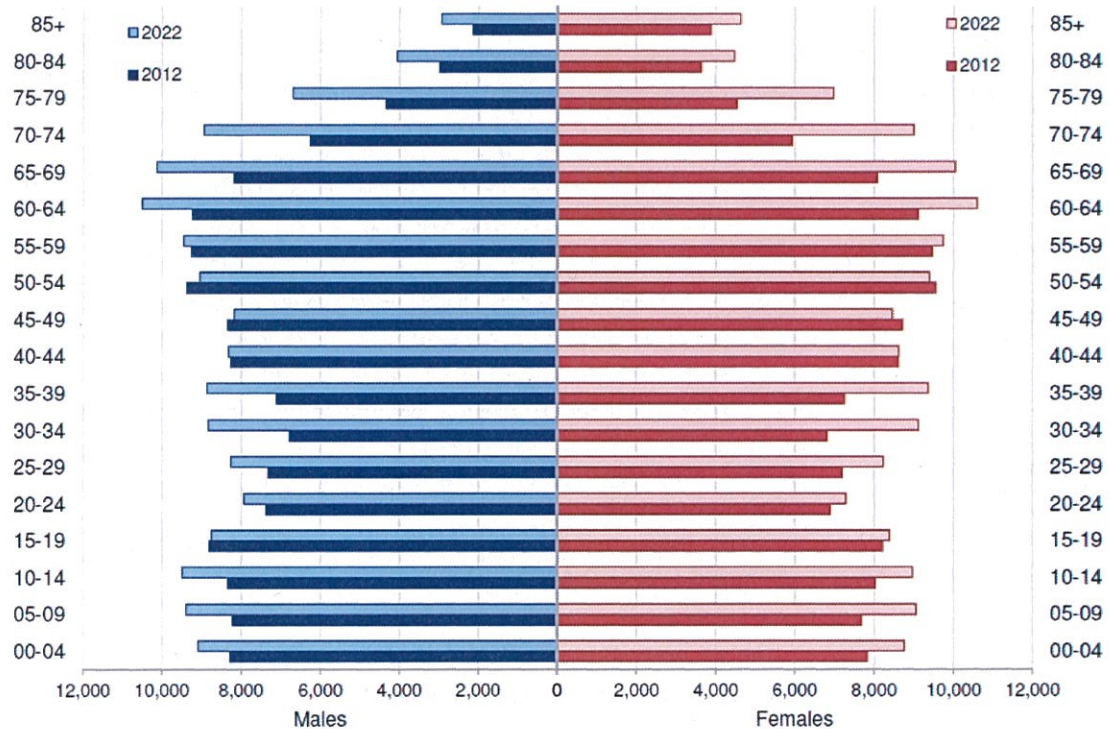
Table 2: Population density and predicted growth for Gippsland by LGA³⁹

	Population 2021	Population 2031	Annual Growth Rate 2016-2021	Population density (persons/km ²)
Bass Coast	37,898	46,872	2.4%	35.0
Baw Baw	55,660	71,245	2.8%	10.8
East Gippsland	47,016	52,242	1.1%	2.0
Latrobe	76,319	82,455	0.6%	51.8
South Gippsland	29,677	32,764	1.1%	8.3
Wellington	44,057	47,632	0.7%	3.9
GIPPSLAND	290,627	333,210	1.4%	6.3
VICTORIA	6,598,360	7,367,899	1.7%	24.8

³⁹ Victoria in Future; <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future>

Graph 1 is a representation of Gippsland's population by age group and sex in 2012 and forecast for 2022.

Graph 1: Population projections by age group and sex, Gippsland, 2012 and 2022⁴⁰



Workforce

The registered workforce for the following occupations has been identified as being lower than expected in Gippsland in comparison to the Victorian average:

- medical professionals other than general practitioners (GPs)
- indigenous health workers
- occupational therapists
- pharmacists
- physiotherapists
- podiatrists
- psychologists⁴¹

The approximate numbers of various professions, Full Time Equivalents (FTE) per 100,000 population within Gippsland is highlighted in Table 3.

⁴⁰ Statistical profile of Gippsland Region, DHHS https://www2.health.vic.gov.au/getfile/7sc_itemid=%7b779f35fc-55b9-47a4-84a3-930160af898f%7d&title=Gippsland%20Region

⁴¹ Gippsland PHN. (2018). Needs Assessment Report. <https://www.gphn.org.au/populationhealthplanning/assessment/>

Table 3: Health Professions, FTE per 100,000 population within Gippsland (2017)⁴²

	Bass Coast	Baw Baw	East	Latrobe	South	Wellington	Gippsland Total	Victoria
Nurses and midwives	923	880	1035	1404	1158	1123	1139	1255
GPs (Including registrars)	106	124	120	131	118	102	119	119
Medical professionals other than GPs	64	166	114	266	37	133	153	302
Occupational therapists	67	35	51	66	41	33	51	64
Pharmacists	82	67	57	110	73	79	81	100
Physiotherapists	65	38	84	73	46	42	61	100
Podiatrists	29	10	23	17	14	8	17	22
Psychologists	44	32	46	58	40	50	47	103

Ancestry

The most common ancestries in Gippsland were Australian 30.6%, English 29.8%, Scottish 8.1%, Irish 8.1% and German 3.1%.

In Gippsland, 79.4% of people were born in Australia. The most common countries of birth were England 3.0%, New Zealand 1.0%, Netherlands 0.7%, Italy 0.6% and Scotland 0.6%.

Aboriginal and Torres Strait Islander people made up 1.9% of the population. The Gippsland population of Aboriginal and/or Torres Strait Islander people is higher than the Victorian average.

Table 4: Aboriginal and Torres Strait Islander people, Gippsland (2016)⁴³

	Gippsland	%	Victoria	%	Australia	%
Aboriginal and Torres Strait Islander people	4,108	1.9	47,788	0.8	649,171	2.8

Table 5: Aboriginal and Torres Strait Islander population %, per LGA, Gippsland⁴⁴

	Bass Coast	Baw Baw	East	Latrobe	South	Wellington	Gippsland Total	Vic
Aboriginal and Torres Strait Islander people	0.9%	1.2%	3.9%	1.8%	0.9%	1.7%	1.8%	0.8%

⁴² Gippsland PHN; <https://www.gphn.org.au/populationhealthplanning/resources-2/>

⁴³ https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED215

⁴⁴ <https://www2.health.vic.gov.au/about/publications/data/gippsland-region-2015>

Mental Illness

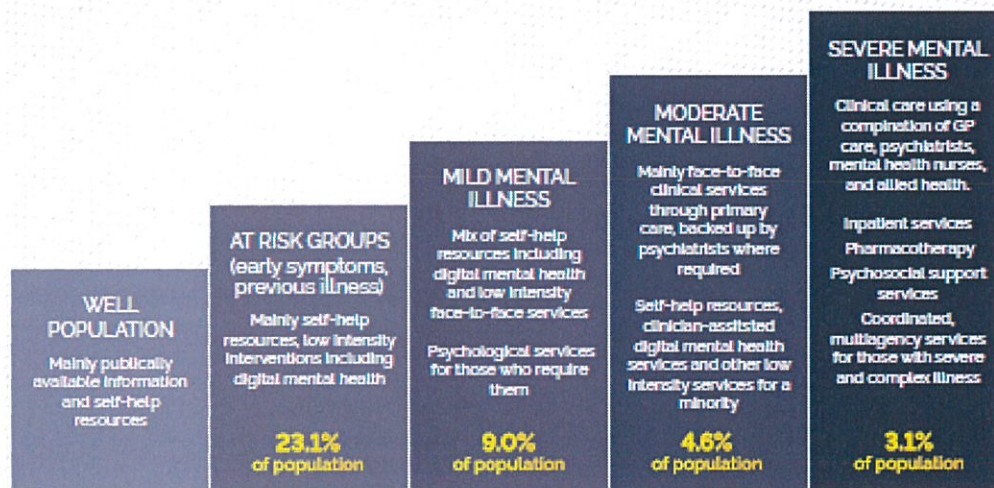
A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria⁴⁵. Every year, approximately one in five Australians will experience a mental illness⁴⁶. The literature and relevant research have additionally identified that:

- Aboriginal and Torres Strait Islander people experience mental disorders at least as often as other Australians.
- The prevalence of mental illness among people born overseas is like those born in Australia.
- Compared to the general population, LGBTI people are more likely to experience, be diagnosed with and treated for a mental health disorder.
- Approximately 14% of Australian children and adolescents aged 4-17 years have mental health or behavioural problems. There is a higher prevalence of child and adolescent mental health problems among those living in low-income, step/blended and sole-parent families^{47, 48}.

Prevalence of mental illness in Gippsland

The Fifth National Mental Health and Suicide Prevention Plan includes estimates for prevalence of mental illness by stepped care category (described in more detail on page 23).

Figure 3: Estimated prevalence of mental illness by stepped care category



⁴⁵ Department of Health (2014). What is a Mental Illness? <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-whatmen>

⁴⁶ Jorm, A. (2014). Why hasn't the mental health of Australians improved? The need for a national prevention strategy. *Australian & New Zealand Journal of Psychiatry*, Vol. 48(9) 795–801.

⁴⁷ Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C., & Zubrick, S. R. (2000). *Child and adolescent component of the National survey of Mental Health and Well-being*. Canberra, ACT: Mental Health and Special Programs Branch of the Commonwealth Department of Health and Aged Care.

⁴⁸ Morris, S. (2016) Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People and Communities Sydney. National LGBTI Health Alliance

The estimated population by stepped care category in Gippsland is in Table 6.

Table 6: Estimated population by mental health stepped care level and LGA, Gippsland 2016

Stepped care level	Bass Coast	Baw Baw	East Gippsland	Latrobe	South Gippsland	Wellington	Gippsland Total
Well population	19,748	29,184	27,114	44,101	17,279	25,876	163,302
At risk	7,578	11,199	10,404	16,922	6,630	9,929	62,662
Mild	2,952	4,363	4,054	6,593	2,583	3,868	24,414
Moderate	1,509	2,230	2,072	3,370	1,320	1,977	12,478
Severe	1,017	1,503	1,396	2,271	890	1,332	8,409
Total population	32,804	48,479	45,040	73,257	28,703	42,983	271,266

Suicide

Across Australia there were 3,046 deaths due to suicide in 2018 (age-specific suicide rate 12.2 per 100,000). On average 8.3 deaths by suicide in Australia occurred each day⁴⁹. Suicide is the leading cause of death among people aged 15 to 44 years⁵⁰.

Compared to the general population, the suicide rate is known to be higher among some groups of people including;

- LGBTI people⁵¹
- people with a mental illness⁵²
- Aboriginal and Torres Strait Islander people⁵³
- males

Suicide in Gippsland

The suicide rate in Gippsland varies by LGA with the highest rate in East Gippsland in 2013-17, see Table 7.

⁴⁹ <https://lifeinmindaustralia.com.au/about-suicide/suicide-data/suicide-facts-and-stats>

⁵⁰ AIHW; <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>

⁵¹ Australian Bureau of Statistics (ABS) Catalogue 3303.0 Cause of Death Australia, 2015.

⁵² <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20self-harm%20key%20characteristics~8>

⁵³ <https://www.sane.org/mental-health-and-illness/facts-and-guides/suicidal-behaviour>

⁵⁴ Department of Health and Ageing. (2013). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Table 7: Cause of death - Suicide rate per 100,000 people (crude)⁵⁴

Population	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND D	AUSTRALIA
Males	23.8	NA	19.5	21.8	35.8	18.3	22.6	18.4
General	14.1	NA	11.7	12.7	18.7	12.6	13.0	12.1

*NA – data was not available

Means of suicide

For males, in 2015 the most common mechanism of suicide was hanging (58.8%), followed by poisoning by drugs (10.3%), firearms (7.6%) and then poisoning by other agents (7.4%). For females, in 2015 hanging (48.7%) was also the most common method, followed by poisoning by drugs (26.3%).

The decline in rates of suicide in most parts of Australia over the last 10 years coincides with a reduction in the availability of lethal methods⁵⁵.

Suicide attempts and self-harm

For every death by suicide, it is estimated that as many as 30 people attempt to end their lives. That is approximately 65,300 suicide attempts each year⁵⁶. Similarly, the number of people who are hospitalised due to self-harm is more than twenty times the number who lose their life to suicide, with females much more likely than males to plan or attempt suicide.⁵⁷

⁵⁴ <https://www.gphn.org.au/populationhealthplanning/resources-2/>

⁵⁵ AIHW: Harrison JE & Henley G 2014. Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: AIHW.

⁵⁶ <https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia>

⁵⁷ Fifth National Mental Health and Suicide Prevention Plan, 2017

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Stepped Care Model

All Regional Mental Health and Suicide Prevention Plans will inform the coordinated commissioning of services across the Stepped Care spectrum of need across the lifespan.

The main aim of a Stepped Care model is to simplify patient/consumer pathways, and provide more tailored care in accordance with self help and recovery approaches. The implementation of a Stepped Care model occurs on two overarching but overlapping levels:

- *Service and population planning level* – how care is planned, commissioned and delivered.
- *Individual treatment level* - how a Stepped Care model is experienced by a person through access points, care planning and measurement of treatment outcomes.

For a Stepped Care model to be successful, all stakeholders, including community members and health professionals, need to be aware of the available service options and levels of intervention, and committed to participation in the stepped care processes. Implementing stepped care needs to be recognised as a complex change process which will challenge established expectations and processes, and may require overcoming barriers, such as resistance to change in routine clinical practices by individual professionals or mistrust in the effectiveness of low intensity interventions.

The importance of ensuring a shared understanding of the objectives of the change and commitment to participation has been shown to significantly and positively impact on achieving the desired outcomes of a Stepped Care framework⁵⁸.

Stepped Care principles

- Treatment should always have the best chance of delivering positive outcomes while burdening the individual as little as possible.
- A system of scheduled review is in place that detects and acts on non-improvement to enable stepping up to more intensive treatments or stepping down where a less intensive treatment becomes appropriate and stepping out when an alternative treatment is suitable.
- The establishment of a single point of access in association with a robust screening, triage and assessment function.
- A focus on early intervention and signposting individuals to the most appropriate care and services⁵⁹.

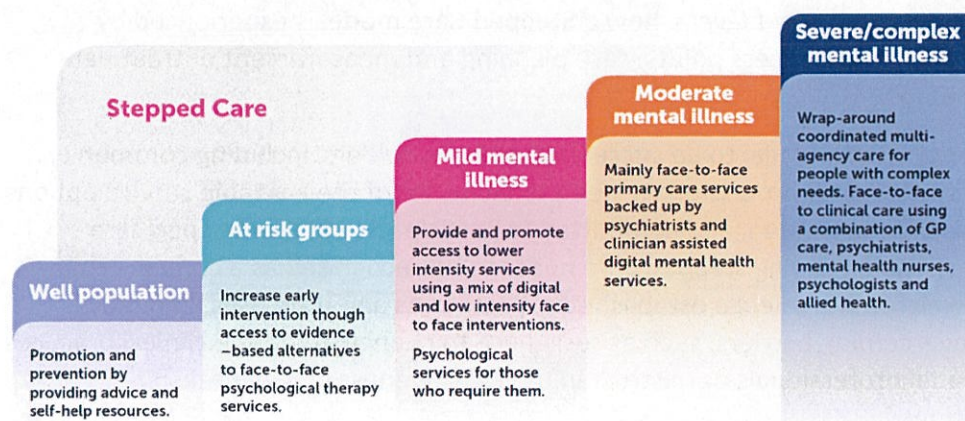
⁵⁸ University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

⁵⁹ University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

Levels of severity and need per population group

The Stepped Care model provides a framework for organising mental health care by adopting a whole systems approach in matching presenting need with the least intensive evidence-based intervention that is still expected to provide significant person centred health benefit outcomes. It has the capacity for services to increase or decrease in intensity, according to the need of the person. A Stepped Care model is designed so that the transition between the levels of care according to individual needs are complementary and a classification system is based on level of need rather than diagnosis (Figure 3).

Figure 4: Stepped Care Levels of Severity and Need



Well population

People who seek treatment who may or may not have symptoms, but do not meet the full criteria for a diagnosis of mental illness. They may require access to assessment and brief interventions to prevent escalation of symptoms where mental illness is emerging, or to prevent relapse for those who have previously experienced mental illness.

Relevant services

The types of services considered in this population group are matched to the individual's need according to the Stepped Care model and may include information and self-help resources.

Services responsible for care

The services typically associated with providing care to the 'Well' population group within the Stepped Care model include advice agencies, housing services, employment services and GPs.

Services currently provided in Gippsland region

There are numerous services available to the 'Well' population group. The services listed are not all mental health specific, as opportunities for preventative and promotion-type work is possible in organisations such as Neighbourhood Houses and Doctors in Secondary Schools Initiative.

Some of the listed services are region wide, such as Beyond Blue, Lifeline and Nurse-on-Call. Others however are specific to an LGA or area, such as Omeo District Health and Bass Coast Health Service.

Focus of care

The focus of care for the Well Population includes education, self-help and prevention.

At Risk Groups (early symptoms, previous illness)

Relevant services

The types of services considered in this population group are matched to the individual's needs according to the Stepped Care model and may include self-help resources and digital mental health services.

Services responsible for care

The services typically associated with being provided to the 'At Risk' population group include GPs, telephone helplines, self-help groups, housing services, employment services and other digital health services.

Services currently provided in Gippsland region

There are numerous services available to the 'At Risk' population group. The services listed are not all mental health-specific as opportunities for early intervention and education are possible in organisations such as Bush Nursing Centres and Gippsland Women's Health Service. Also, worth noting is that some of the services listed are region wide, such as Primary Mental Health Care services commissioned by Gippsland PHN and programs delivered by the Black Dog Institute. Others are specific to an LGA or area, such as Child and Youth Mental Service and Schools Early Action Program and Lifeline.

Focus of care

The focus of care for the At-Risk Population group is like that of the Well Population cohort and includes education, self-help and prevention.

Mild Mental Illness

Relevant services

The types of services considered in this population group are matched to the individual's needs according to the Stepped Care model and may include digital mental health services, low intensity face-to-face services and psychological services for those who require them.

Services responsible for care

The services typically associated with being provided to the 'Mild Mental Illness' population group include GPs, Mental Health Community Support Services, telephone helplines and low intensity face-to-face services.

Services currently provided in Gippsland region

There are numerous services available to the 'Mild Mental Illness' population group. The services listed are not all mental health-specific as opportunities for education, the promotion of psychological services and self-help is possible through organisations such as Anglicare and Bush Nursing Centres. Other services include The Primary Mental Health Care Program commissioned by Gippsland PHN and Kids Helpline.

Focus of care

The focus of care for the Mild Mental Illness Population group is education, self-help and psychological service (for those who require them).

Moderate Mental Illness

People with moderate disorders will experience a higher level of distress or duration of symptoms but will not necessarily require inpatient tertiary treatment. Individuals in this group should be able to be treated within primary care, with input from specialist mental health providers when necessary. Psychosocial functioning is likely to be affected, but normal functioning is largely maintained with only a few days out of normal role per month.

Relevant services

The types of services considered in this population group are matched to the individual's needs according to the Stepped Care model and may include face-to-face primary care services, backed up by Psychiatrists or links to broader social supports and clinician-assisted digital mental health services and other low intensive services for a minority.

Services responsible for care

The services typically associated with being provided to this population group include GPs, Mental Health Specialists, MHCSS and telephone helplines.

Services currently provided in Gippsland region

There are numerous services available to the 'Moderate Mental Illness' population group. Some of the services listed are region-wide, including Kids Helpline. Others however are specific to an LGA or area, such as LRH Community Mental Health Services and Primary Mental Health Care services commissioned by Gippsland PHN.

Focus of care

The focus of care for the Moderate Mental Illness Population group is assertive outreach and comprehensive specialist assessment, treatment and management.

Severe Mental Illness

Those with severe disorders will require more intensive treatment and an extended range of interventions by specialist services. Different patterns of service use can be predicted for those whose illness is episodic versus those where illness is persistent, and for those with complex problems requiring engagement with a broader range of non-clinical services⁶⁰.

Relevant services

The types of services considered matched to the individual's need within this population group include face-to-face clinical care using a combination of GP care, Psychiatrists, Mental Health Nurses, Psychologists and Allied Health and coordinated, multiagency services for those with severe and complex mental illness.

Services responsible for care

The services typically provided to this population group are matched to the individual's needs according to the Stepped Care model and may include Mental Health Specialists such as care coordination, crisis teams, inpatient care setting and telephone helplines.

Services currently provided in Gippsland region

Some of the services available to the 'Severe Mental Illness' population group are region-wide, including LRH Mental Health Triage, Primary Mental Health Care services commissioned by Gippsland PHN and the Suicide Call Back Service. Others

⁶⁰ University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

however are specific to an LGA or area such as private providers (psychologists and psychiatrists).

Focus of care

The focus of care for the Severe Mental Illness Population group is comprehensive specialist assessment, treatment and management, specialist medical and psychosocial interventions and high level of care coordination / risk relapse management.

Intervention types

Low intensity interventions

These interventions are overseen by an experienced clinical supervisor and can involve a range of specific interventions including:

- guided self-help
- internet or computer-based programs
- face-to-face interventions
- face-to-face, telephone or email communication and support
- psychoeducational groups
- self-help or support groups
- referral and linkage to other health or community services, such as housing, employment and education support programs
- the delivery of content in flexible forms to maximise opportunity for patient / consumer choice⁶¹

The advantages of these interventions include the ability to deliver treatment to more people, to provide more rapid access to treatment, and enable early and preventative interventions to reduce the need for more intensive therapy.

High intensity interventions

These interventions are most commonly offered to individuals within the moderate and severe populations. Treatment is provided by more highly trained clinicians (e.g. GPs, nurses, psychiatrists, psychologists, social workers and occupational therapists). There are generally higher treatment costs per session and course of therapy as it is more focused and intensive. Access to high intensity interventions requires a referral from a health professional such as a GP. High intensity interventions may be delivered individually or in a group setting and include:

- psychological therapies (e.g. cognitive behaviour therapy, interpersonal therapies, psychodynamic therapy, psycho-educational)

⁶¹ University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

- pharmacotherapy
- individual and peer support⁶²

Care Pathways

Care pathways assist in ensuring care is matched to an individual's presenting need with the least intensive evidence-based intervention that is still expected to provide significant health benefits.

Care pathways include:

- an explicit statement of the goals and key elements of care based on evidence, best practice, and the individual's needs;
- the facilitation of the communication among the team members and with the individual and their families;
- the coordination of the care process by coordinating the roles and sequencing the activities of the multidisciplinary care team, the individual and their families;
- the documentation, monitoring, and evaluation of variances and outcomes, and the identification of the appropriate resources, e.g. clinical guidelines.

Mapping Gippsland services with a Stepped Care lens

The mapping in Figure 4 (below) is a general overview of services provided within the region. It is aimed at providing a starting point for further investigation.

Service provision across age groups

All relevant age groups (as per the Stepped Care model) are supported to varying degrees by each of the services listed in Figure 4 (below) within each population group⁶³. Services across Gippsland exist for individuals within the 'Well' population group through to those experiencing a 'Severe Mental Illness' between the ages of 0-25, 25-65 and 65+.

When reviewing the current service provision more closely, it is apparent that the level of resourcing is variable across LGAs, e.g. mental health services specific to children experiencing 'Severe Mental Illness' in Latrobe are greater than that available in far East Gippsland or the Bass Coast. The specific variations that do exist will be further explored during the development of the Final Plan.

Existing services within Gippsland

As highlighted in Figure 4 (below), the current services across Gippsland are mapped against the Stepped Care Model.

⁶² University of Queensland (2016). Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks.

⁶³ Department of Health. (2016). *Primary Health Network Mental Health and Suicide Prevention implementation Guide*. Commonwealth of Australia.
http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools

Figure 5: Existing services within Gippsland as per Stepped Care Model (refer to Appendix 1: Acronyms)

Well population	At risk groups (early symptoms, previous illness)	Mild mental illness	Moderate mental illness	Severe mental illness
<ul style="list-style-type: none"> Applied Suicide Intervention Skills Training Australian Suicide Prevention Foundation Barrier Breakers Beyond Blue Black Dog Institute Butterfly Foundation Carers Victoria CASEA Program (Latrobe Regional Hospital) Dads in Distress Deadly Sports Gippsland Doctors in Secondary School Initiative Gippsland Centre Against Sexual Assault Gippsland Mental Health Alliance (GMHA) GP Gippsland Women's Health Service (GWHS) Headspace Health Promotion Officers (Latrobe Regional Hospital) Kids Helpline KidsMatter Lifeline Man Enough MensLine MHFA Mindframe MindMatters MindSpot National Health Services Directory Neighborhood House On the Line Perinatal Anxiety and Depression Australia Primary Care Partnership Reach Out QLife SANE School Nurses Student Welfare Coordinators Suicide Call Back Service Youth Reference Group 	<ul style="list-style-type: none"> Anglicare Australian Suicide Prevention Foundation Barrier Breakers Berry Street Beyond Blue Black Dog Institute Carers Victoria CASEA Program (LRH) Centacare Gippsland Community Based Suicide Prevention Services (LRH, Jesuit) Dads in Distress Deadly Sports Gippsland Doctors in Secondary School Initiative Forensicare Gippsland Centre Against Sexual Assault GWHS GMHA GP Grow Headspace Health Promotion Officers (Latrobe Regional Hospital) Kids Helpline KidsMatter LRH – Mental Health and Police Response LCHS – Counselling/ Psychology Services Lifeline Man Enough MensLine MHFA MIND National Health Services Directory Neighborhood House On the Line Perinatal Anxiety and Depression Australia Primary Care Partnership Primary Mental Health Care Program QLife Reach Out SANE School Nurses Student Welfare Coordinators Suicide Call Back Service 	<ul style="list-style-type: none"> Anglicare Berry Street Beyond Blue Black Dog Bushfire response (RAV, RFDS) Centacare Gippsland CGHS – Counselling Services Community Based Suicide Prevention Services (LRH, Jesuit) Dads in Distress Doctors in Secondary School Initiative Forensicare Foster & Toora Medical Centre (Aged Care) GP Headspace LCHS – Counselling/ Psychology Services LRH – MHA PR Lifeline MIND New Access - Wellways ORH – Counselling Services Primary Mental Health Care Program (LCHS: Headspace Morwell, RAV: Headspace Bairnsdale, Wonthaggi and Sale satellite, Developing Minds – Calm Kid Central) Private providers - Psychiatrists, Psychologists Psychological therapies for hard to reach populations (e.g., Gippsland Lakes Community Health, Royal Flying Doctors Service, Uniting Care Gippsland, Yarram and District Health Service, Victorian Counselling & Psychological Services) Suicide Call Back Service Within Australia 	<ul style="list-style-type: none"> Anglicare Berry Street Bushfire response (Relationships Australia Victoria, Royal Flying Doctors Service) Central Gippsland Health Service – Counselling Services Community Based Suicide Prevention Services (Latrobe Regional Hospital, Jesuit) Foster & Toora Medical Centre (Aged Care) GP Headspace Latrobe Community Health Service – Counselling / Psychology Services Latrobe Regional Hospital – Mental Health and Police Response Lifeline Orbost Regional Health – Counselling Services Primary Mental Health Care Program (e.g., Bass Coast Health, Migdala House, South Gippsland Hospital, Orbost Regional Health) Private providers - Psychiatrists, Psychologists Royal Flying Doctors Service Suicide Prevention Service Within Australia Wellways 	<ul style="list-style-type: none"> Community Based Suicide Prevention Services (Latrobe Regional Hospital, Jesuit) Forensicare GP Hope Program Latrobe Regional Hospital Mental Health Triage Latrobe Regional Hospital Community Mental Health Services Latrobe Regional Hospital inpatient services Latrobe Regional Hospital – Mental Health and Police Response National Disability Insurance Scheme National Psychosocial Support (Wellways, Within Australia) Primary Mental Health Care Program (e.g., Outcome Health, Inglis Medical Centre, Foster and Toora Medical Centre) Way Back program

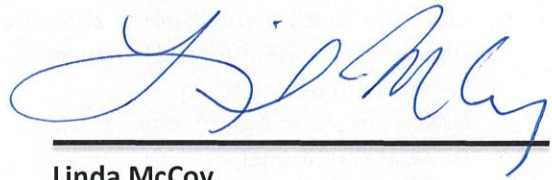
Appendix 1: Acronyms

Acute Community Intervention Services Team	ACIS
Applied Suicide Intervention Skills Training	ASSIST
Applied Suicide Intervention Skills Training	ASIST
Australian Suicide Prevention Foundation	ASPF
Bass Coast Health	BCH
Central Gippsland Health Service	CGHS
Child and Youth Mental Service and Schools Early Action	CASEA
Department of Health and Human Services	DHHS
Department of Health	DoH
Doctors in Secondary Schools Initiative	DISSI
General Practitioner	GP
Gippsland Centre Against Sexual Assault	GCASA
Gippsland Lakes Community Health	GLCH
Gippsland Mental Health Alliance	GMHA
Gippsland Mental Health Service Directory	GMHSD
Gippsland Women's Health Service	GWHS
Health Promotion	HP
Latrobe Community Health Service	LCHS
Latrobe Regional Hospital	LRH
Latrobe Regional Hospital Mental Health	LRHMH
Lesbian, Gay, Bisexual, Transsexual, Intersex, Queer/Questioning, Asexual	LGBTI
Latrobe Valley Authority	LVA
Local Government Area	LGA
Local Health Network	LHN
Mental Health and Police Response	MHaPR
Mental Health Community Support Services	MHCSS
Mental Health First Aid	MHFA
National Disability Insurance Scheme	NDIS
National Health Services Directory	NHSD
National Mental Health Planning Framework	NMHPF
Orbost Regional Health	ORH
Perinatal Anxiety and Depression Australia	PANDA
Primary Care Partnership	PCP
Primary Health Network	PHN
Primary Mental Health Care Program	PMHCP
Relationships Australia Victoria	RAV
Royal Flying Doctor Service	RFDS
South Gippsland Hospital	SGH
Suicide Prevention Service	SPS
Uniting Care Gippsland	UCG
Yarram and District Health Service	Y&DHS
Victorian Counselling and Psychological Service	VC&PS

Endorsements



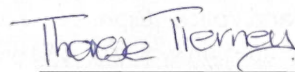
Peter Craighead
CEO Latrobe Regional Hospital



Linda McCoy
Board Chair Latrobe Regional Hospital



Amanda Proposch
CEO Gippsland PHN



Therese Tierney
Board Chair Gippsland PHN