Improving mental wellbeing

The World Health Organisation (WHO) defines mental health as "a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

Subjective wellbeing

According to the VicHealth 2015 Indicators Survey Selected Findings Report (p 27):

"Our individual responses to life challenges, transitions and disruptions are shaped by our physical, psychological and social capacity to adapt and restore to a balanced state of wellbeing (Dodge et al. 2012). From a psychological perspective, the 'homeostasis theory of wellbeing' considers the personal factors that maintain and regulate wellbeing, and the external factors that influence our ability to cope with stress and support wellbeing (Cummins 2010). Although subjective wellbeing refers to individuals' perceptions of the quality of their lives, lifestyle factors and demographic circumstances also have predictive influences."

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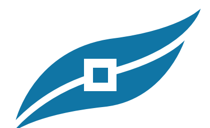


In 2015, the average measure for subjective wellbeing among people living in Manningham was 76.9% to 79.8%. This result was consistent with Manningham's 2011 result and slightly higher than the Victorian estimate as illustrated below in **Figure 1. Subjective wellbeing.**

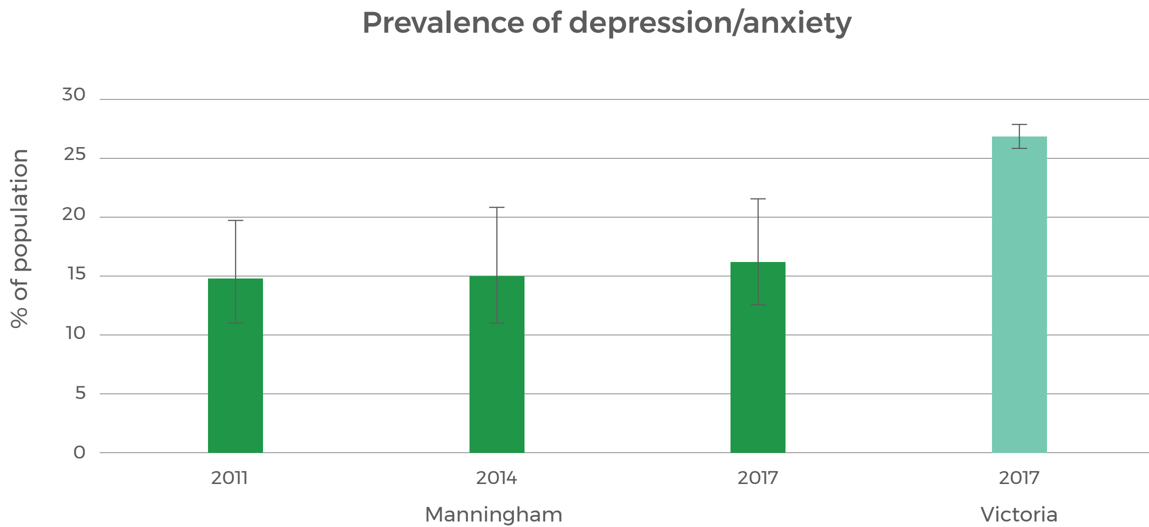
Source: VicHealth Indicators Survey 2011 and 2015, Victorian Agency for Health Information

According to the VicHealth Indicators Survey 2015 Supplementary report: Sexuality, in 2015, LGBTQIA+ Victorians had a significantly lower average measure (73%) for subjective wellbeing than heterosexual Victorians. In the summary and conclusions section (p10) possible reasons are put forward: "The VicHealth Indicators Survey 2015 showed non-heterosexual Victorians reported significantly lower than average levels of subjective wellbeing, life satisfaction and resilience. One possibility for poorer wellbeing and lower levels of life satisfaction among LGB and other non-heterosexual people is that negative social attitudes toward LGB people persist in our society (Flood and Hamilton 2005; Webb and Chonody 2014)".

"LGB people may experience isolation or rejection within their families, schools or local communities, or acts of harassment in public spaces. Even where LGB people have not experienced homophobia directly, wellbeing may be negatively affected by fear of discrimination or stress associated with feeling different or less worthy than others (Meyer 2003)".

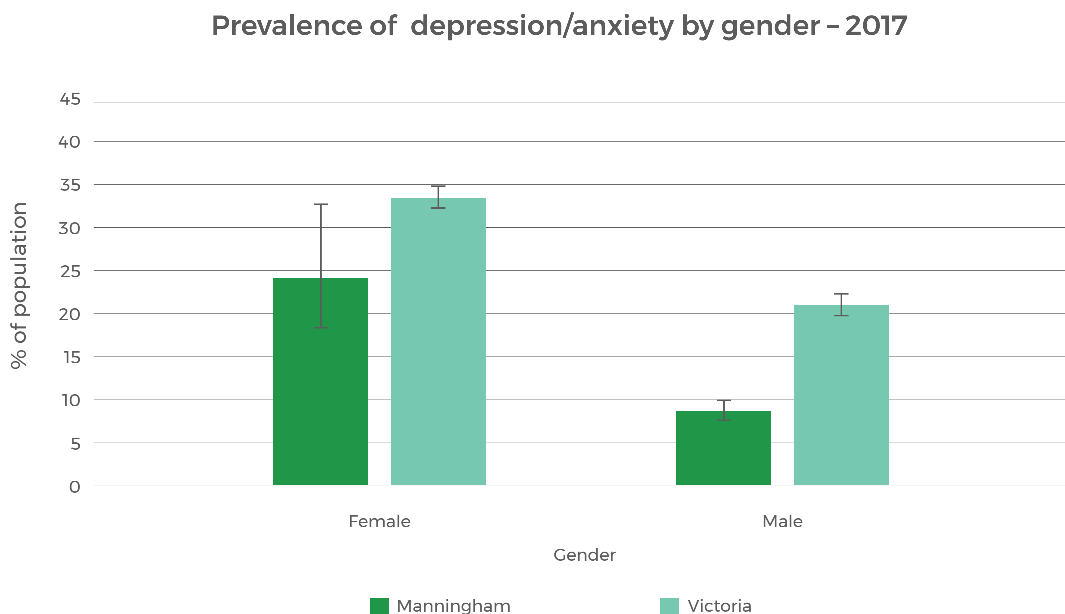
Depression and anxiety

Manningham residents report a lower level of anxiety and depression compared to the wider Victorian average as illustrated below in **Figure 2. Prevalence of depression/ anxiety.**



Source Victorian Population Health Survey 2011, 2014 and 2017, Victorian Agency for Health Information

Disaggregated by gender, Manningham women in 2017 exhibited a higher level of anxiety than men, consistent with the wider Victorian experience. Of note is that men in Manningham appear to experience anxiety/depression at a much lower rate than for men across the wider state as illustrated below in **Figure 3. Prevalence of depression/ anxiety by gender.**

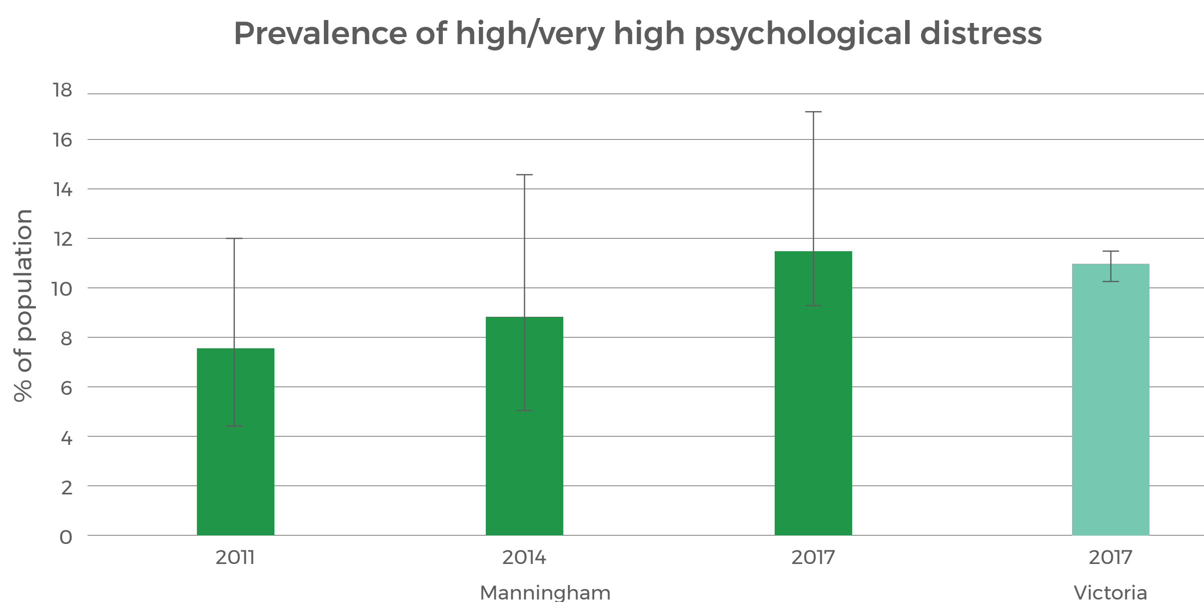


Source Victorian Population Health Survey 2017, Victorian Agency for Health Information

LGBTQIA+ Victorians are significantly more likely to be diagnosed by a doctor with anxiety or depression (44.8%) than the broader community (26.7%) *(Discussion Paper for the LGBTIQ Strategy).*

Psychological distress

In 2017, the proportion of people in Manningham experiencing high or very high psychological distress was similar to that experienced in wider Victorian community. It appears as though there may have been an upward trend in people experiencing distress in Manningham since 2011; see **Figure 4. Prevalence of high/very high psychological distress** below.



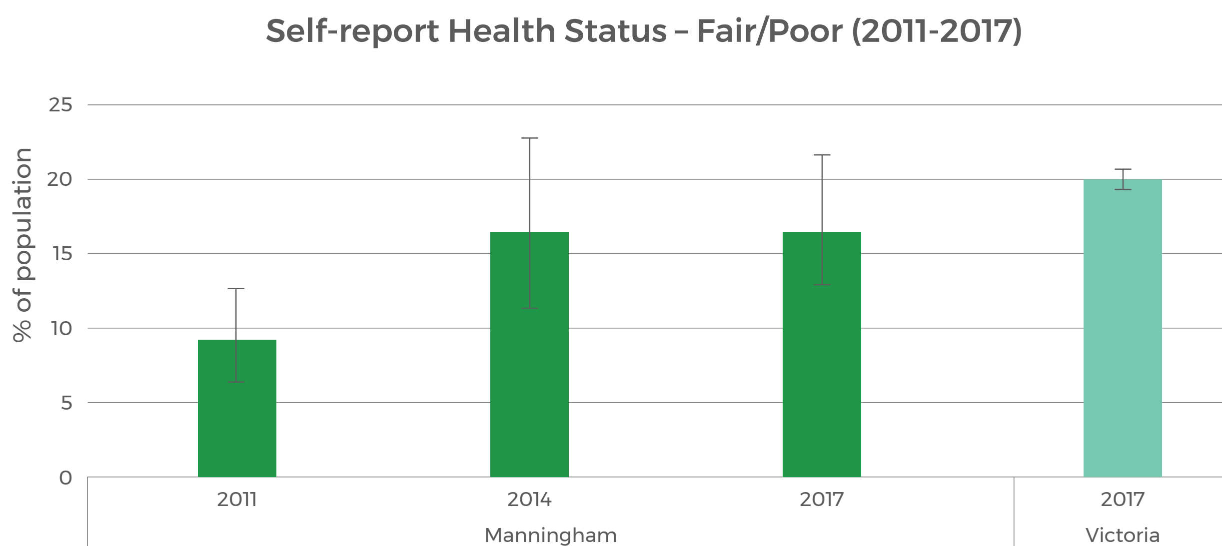
Source: Victorian Population Health Survey 2011, 2014 and 2017, Victorian Agency for Health Information

A significantly greater proportion of LGBTQIA+ Victorians (24.4%) experience high or very high levels of psychological distress compared to the broader community *(Victorian Discussion Paper for the LGBTIQ Strategy).*

In 2012/13, 32% of Aboriginal and Torres Strait Islander Victorians aged 18 and over (age standardised) reported high or very high levels of psychological distress, compared to 11% for non-Aboriginal Victorians *(Australian Institute of Health and Welfare, as cited in EMPHN Needs Assessment Report, 2018).*

Self-reported health status

In 2017, one to two in every 10 people (12.8% to 21.7%) in Manningham reported their health as being fair or poor, consistent with the wider Victorian average (19.6% to 21.0%). However, of note is the increase in Manningham of people self-reporting fair/poor health which in 2011 was 6.7% to 12.2% as illustrated below in **Figure 5. Fair or poor self-reported health status.**



Source: Victorian Population Health Survey 2011, 2014 and 2017, Victorian Agency for Health Information

Disaggregated by gender, a slightly higher proportion of women than men in Manningham self-reported fair/poor health in 2017. 35.7% of LGBTQIA+ Victorians rate their health as excellent or very good compared to 42.5% of the broader community *(Victorian Discussion Paper for the LGBTIQ Strategy).*

Among Aboriginal and Torres Strait Islander peoples in the Eastern Melbourne Region, 33.5% assessed their health as fair or poor, compared to 13% of non-Aboriginal people.

Life satisfaction

The VicHealth Indicators Survey asks respondents to think about their own life and personal circumstances, and to rate their level of satisfaction on a scale of 0 to 10.

In 2015, the life satisfaction rating for people in Manningham was 7.9, compared to 7.8 for Victoria. When disaggregated by gender, men in Manningham had a significantly higher average level of satisfaction (8) compared to Victorian men (7.7). Women in Manningham reported the same average level of life satisfaction as Victorian women (7.9).

Disaggregated by age in Victoria there was uniformity across age cohorts (7.7 for people aged 18 to 64 years, increasing to 8.1 to 8.2 for older cohorts). In contrast, young people aged 18 to 24 years in Manningham reported a significantly lower average life satisfaction (7.4) which then gradually increased to 8.1 for 45 to 54 years and then plateaued.

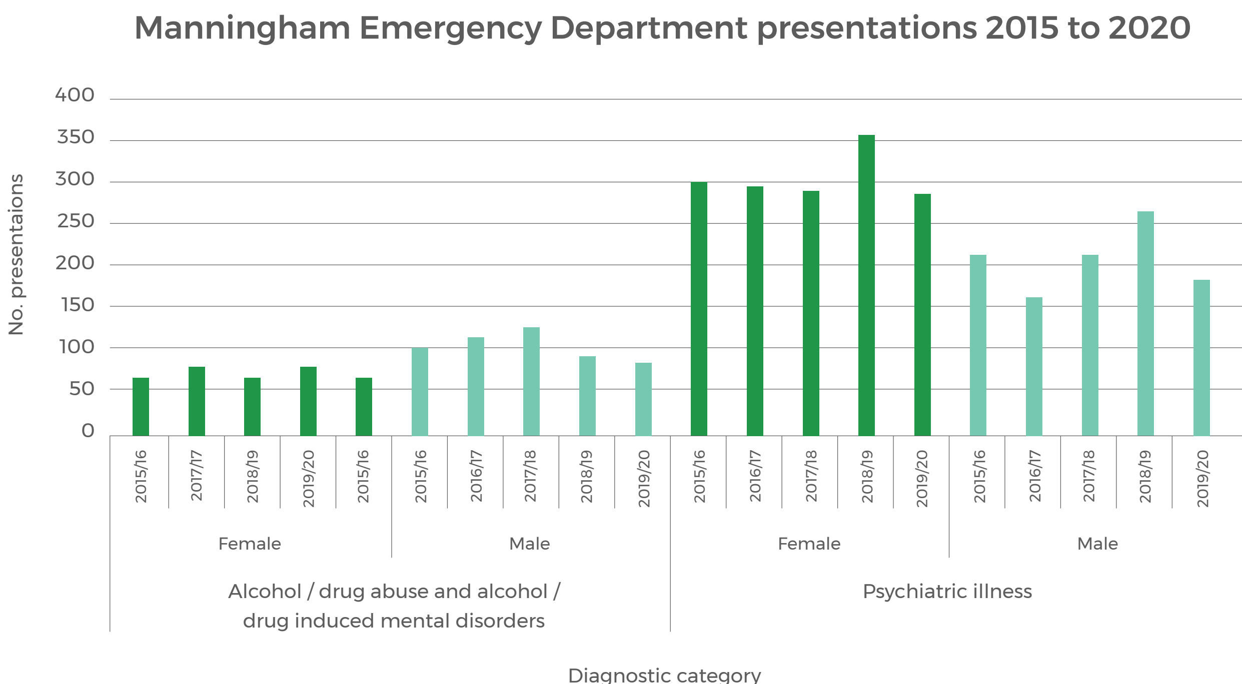
In 2015, according to VicHealth, people living in Manningham:

- with a disability reported a lower average level of life satisfaction than people without a disability (7.0 and 8.1 respectively),
- with a low household income of $20K to $40K per annum reported a lower level of life satisfaction than people with higher household incomes (7.7 and 8.0 to 8.2 respectively)
- from an English-speaking background reported a higher level of life satisfaction than those from a non-English speaking background (8.3 and 7.7 respectively).

Factors influencing wellbeing (and life satisfaction) include stress, pain, personal resources such as income, and the presence or absence of a partner *(Mead and Cummins 2010, as cited in VicHealth Indicators Survey – Indicator overview – Wellbeing).*

Emergency department presentations

In the period July 2015 to March 2020, there were a total of 3,509 mental health diagnostic presentations to Metropolitan public hospitals by Manningham residents. This number represents 2.81% of all Manningham resident emergency department (ED) presentations for that time period. See **Figure 6. Manningham mental health diagnostic ED presentations 2015 to 2020** below.



Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020, Victorian Agency for Health Information

For the most part, Manningham's emergency department presentations align with Victoria's. However, of note is the number of Manningham females presenting to ED with a psychiatric illness, accounting for 44.84% of all ED mental health presentations compared to 39.55% for Victoria. See **Table 1. Diagnostic block by gender and area 2015 to 2020 below:**

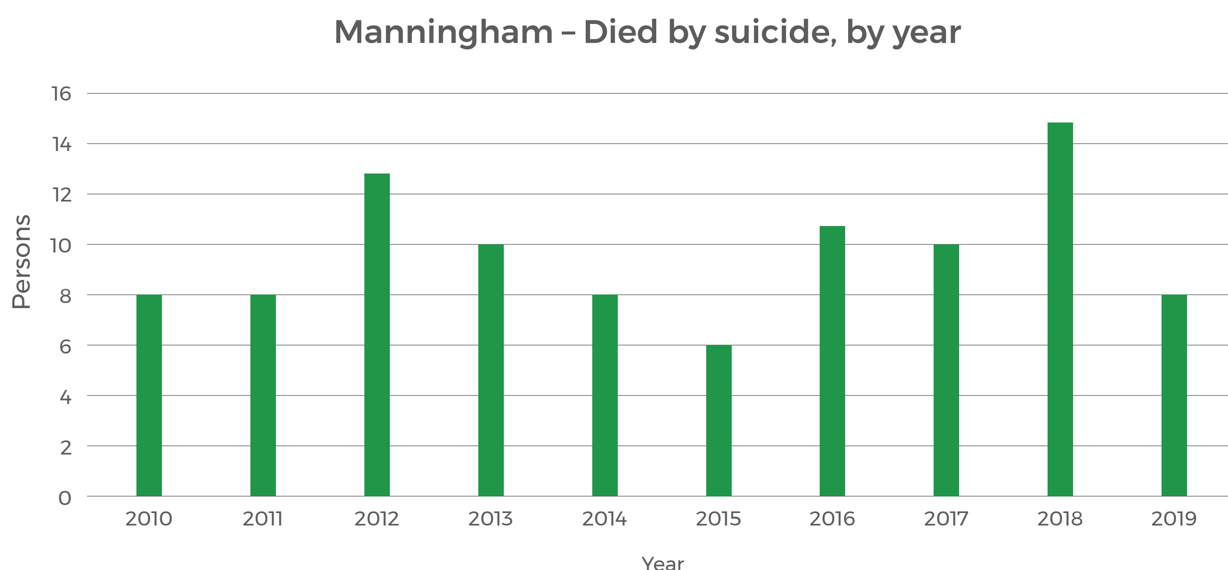
Diagnostic Block	# Manningham	% Manningham	# Victoria	% Victoria
Alcohol/drug abuse and alcohol/drug induced mental disorders	886	25.68%	60,153	25.44%
Female	364	10.55%	22,013	9.31%
Male	522	15.13%	38,140	16.13%
Psychiatric illness	2,564	74.32%	176,272	74.56%
Female	1,547	**44.84%**	93,517	**39.55%**
Male	1,017	29.48%	82,755	35.00%
Grand Total	3,450	100.00%	236,425	100.00%

Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020.

During the same time period, from 2015/16 to 2019/20, a total of 3,380 Manningham residents were receiving treatment in a public mental health service (DHHS, CMI/ODS data, 2015 to 2019).

Suicide

In the 10-year period 2010 to 2019, there were 99 deaths by suicide among Manningham residents as illustrated below in **Figure 7. Died by suicide, by year.**

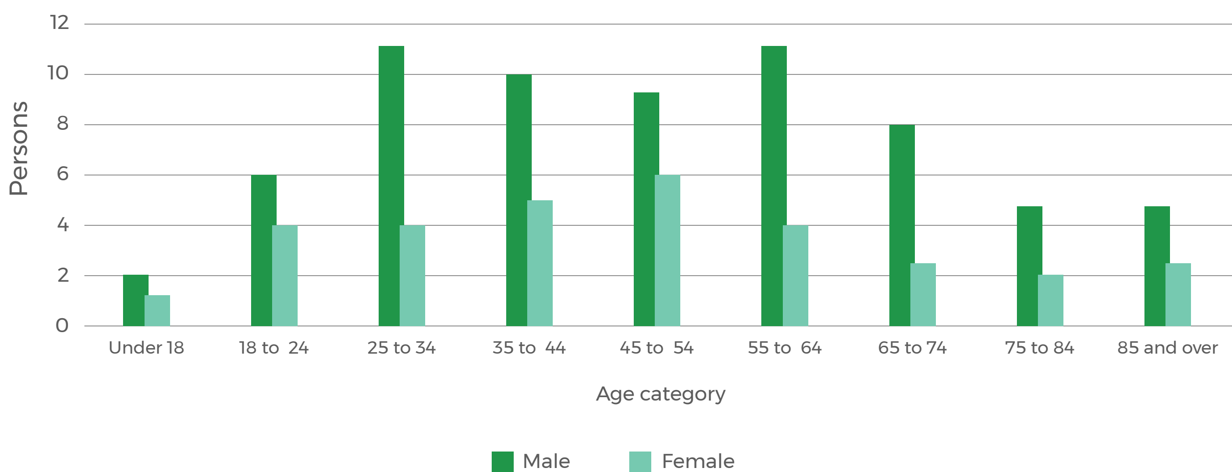


Source: Coroner's Court of Victoria

The average annual suicide rate among Manningham residents during 2010 to 2019, was 8.2 suicides per 100,000 residents per year. By comparison, the rate for Victoria was 10.3 suicides per 100,000 residents and for metropolitan Melbourne it was 9.2 suicides per 100,000 residents (Coroner's Court of Victoria). In Manningham, two-thirds (67) were men and one-third (32) were women. The age and gender profile of people who died by suicide is illustrated below in **Figure 8. Died by suicide, by age and gender.**

Nationally, between 2011 and 2015 the age-standardised death rate for Aboriginal and Torres Strait Islander Australians by self-harm was 2.1 times the rate for non-Aboriginal Australians *(Australian Institute of Health and Welfare, as cited in EMPHN Needs Assessment Report, 2018).*

According to this Eastern Melbourne Primary Health Network Needs Assessment Report transsexual (more commonly referred to as transgender) young people are twice as likely to have suicide ideation and to self-harm as other young people.



Source: Coroner's Court of Victoria

WHAT'S HAPPENING AT A NATIONAL, STATE AND LOCAL LEVEL

National approach

The Commonwealth has an almost 30-year history in mental health and the prevention of suicide.

Australia's *National Mental Health Strategy* commenced in 1992 and mental health is designated a *National Health Priority Area.*

In 2013, the first National *Aboriginal and Torres Strait Islander Suicide Prevention Strategy* was launched.

In 2015, as part of its response to the National Mental Health Commission Review of mental health programs, the Commonwealth Government announced the new *National Suicide Prevention Strategy* which involved:

1. A systems-based regional approach to suicide prevention led by Primary Health Networks (PHNs) in partnership with Local Hospital Networks, states and territories, and other local organisations with funding available through a flexible funding pool;
2. National leadership and support activity, including whole of population activity and crisis support services;
3. Refocussed efforts to prevent suicide in Aboriginal and Torres Strait Islander communities, taking into account the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy; and
4. Joint commitment by the Australian Government and states and territories, including in the context of the Fifth National Mental Health Plan, to prevent suicide and ensure that people who have self-harmed or attempted suicide are given effective follow-up support.

The *Fifth National Mental Health and Suicide Prevention Plan (2017-2022)* was endorsed by the Council of Australian Governments in August 2017 and established a national approach for collaborative government effort across eight priority areas:

1. Achieving integrated regional planning and service delivery.
2. Effective suicide prevention.
3. Coordinated treatment and supports for people with severe and complex mental illness.
4. Improving Aboriginal and Torres Strait Islander peoples' mental health and suicide prevention.
5. Improving the physical health of people living with mental illness and reducing early mortality.
6. Reducing stigma and discrimination.
7. Making safety and quality central to mental health service delivery.
8. Ensuring that the enablers of effective system performance and system improvement are in place.

Federal Government investment focuses on population level activity such as anti-stigma and awareness campaigns, crisis support services and activities that support regional approaches commissioned by Primary Health Networks (PHN).

A *National Mental Health Workforce Strategy* is currently under development.

State approach

In 2015, the Victorian Government launched its 10-Year Mental Health Plan to guide investment and deliver better mental health outcomes for Victorians. The Plan includes four focus areas and fifteen outcomes in support of its overall goal of ensuring that all Victorians experience their best possible health, including mental health, as outlined below in **Table 2. Victoria's 10-Year Mental Health Plan Priorities.**

Focus areas	Outcomes
Victorians have good mental health and wellbeing	1. Mental health and wellbeing – the prevalence of mental illness is reduced, and Victorian individuals, families and communities are resilient.
	2. Equality in emotional and social wellbeing – the gap in social and emotional wellbeing is reduced for at – risk groups, particularly for people from culturally and linguistically diverse backgrounds, refugee and asylum seekers, children in out-of-home care, and people who are same-sex attracted, trans, gender diverse or intersex LGBTQIA+ people.
	3. Close the gap – the health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced, and resilience-building activities, health promotion, treatment and support are culturally safe and responsive.
	4. Reduce the suicide rate – the occurrence of suicide deaths, suicidal ideation and suicidal attempt is reduced, and the gap between the suicide rates for particular vulnerable groups and the general population is reduced.
Victorians promote mental health for all ages and stages of life	5. Early in life – infants, children, young people and their families are supported to develop the life skills and abilities to manage their own mental health.
	6. Best mental health at all ages – older Victorians are supported to build the protective factors for good mental health, address modifiable risks and access age-appropriate treatment and services that meet their mental health and physical health needs.
	7. Families and carers – the role and needs of family, kinship community, and carers of people with mental illness are respected, recognised, valued and supported.

Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness	8. Respect – people living with mental illness, their families and carers get the same respect, advantages and opportunities as others, live free from stigma or discrimination, and have their rights upheld.
	9. Inclusion and participation – people with mental illness and their carers and families maintain good physical health, stable housing, finances, employment and educational opportunities.
	10. Self-management – people experiencing psychological distress or mental illness, and their families or carers, have the skills and support to manage and maintain their best mental health.
	11. Safe – people with mental illness have less contact with the criminal justice system, including as either perpetrators or victims of abuse or violence.
The service system is accessible, flexible and responsive to people of all ages, their families and carers and the workforce is supported to deliver this	12. 12.Choice – people with mental illness have genuine choice about the treatment options, rehabilitation and support available and provided to them.
	13. Recovery – people receiving treatment and other services are supported to define and realise personal wellbeing through recovery-oriented, trauma-informed, family-inclusive services that build optimism and hope.
	14. Universal access to public services – people with mental illness and their families and carers have access to high-quality, integrated services according to their needs and preferences
	15. Access to specialist mental health services – people with mental illness, their carers and families have access to the public treatment and support services they need and choose, appropriate to their age and other circumstances, where and when they need them most.

Source: Victoria's 10-Year Mental Health Plan, p.2

In 2019, a *Royal Commission into Victoria's Mental Health System* was established to explore how the state's mental health system can most effectively prevent mental illness and deliver treatment, care and support to those living with mental illness, their families and carers. The Commission delivered an interim report in November 2019 and is scheduled to provide recommendations to the Victorian Government by October 2020. Interim recommendations include:

1. A new approach to mental health investment (a tax or levy), to ensure a substantial increase in funding for mental health – now and into the future.
2. The creation of a Victorian Collaborative Centre for Mental Health and Wellbeing to bring together different skills and expertise to drive better mental health outcomes for all Victorians.
3. An additional 170 youth and adult acute mental health beds to help address critical pressures in areas of need.
4. Expansion of the Hospital Outreach Post-suicidal Engagement (HOPE) program into all area mental health services and linked to sub-regional health services as well as a new assertive outreach and follow up care service for children and young people, to increase the availability of support and outreach for Victorians at risk of suicide.
5. The creation of an Aboriginal Social and Emotional Wellbeing Centre and expansion of Aboriginal social and emotional wellbeing teams across the state.
6. Establishing Victoria's first residential mental health service, as an alternative to an acute admission, designed and delivered by people with lived experience of mental illness.
7. Expanding and supporting consumer and family-carer lived experience workforces.
8. Addressing workforce shortages and preparing for reform including through the provision of more training and recruitment pathways to boost the number of graduate nurses and allied health professionals in public mental health services.
9. Establishing a Mental Health Implementation Office to start work on the delivery of these recommendations.

The Victorian Government has already committed to implementing all of the Commission's recommendations and has established Mental Health Reform Victoria to lead their implementation.

The Victorian Government's Achievement Program supports workplaces, schools and early childhood services to create healthy places for working, learning and living. Mental health and wellbeing is a priority in the program.

Local approach

Council Vision: A liveable and harmonious city

Mission: A financially sustainable Council that listens, consults and acts with integrity, value and transparency.

At the local level, Manningham's *Healthy City Strategy 2017-2021* identifies youth mental wellbeing as a priority and includes the target of a 5% increase in resilience of adolescents by 2025 (2014 baseline).

In 2018, limited accessibility of youth mental health services in Manningham resulted in the Council decision to fund Headspace to establish a presence in the municipality 1 day/week. This service was discontinued during the COVID-19 pandemic as staff were not permitted to go from site to site. However, Headspace continued to offer phone and telehealth appointments to Manningham clients.

While this data reflects many aspects of our community, we recognise that it is not comprehensive and does not reflect everyone's experience in Manningham. We commit to identifying these gaps and seeking data, as it becomes available, to fill them. If you are aware of data, not included here, that better reflects your community, please email manningham@manningham.vic.gov.au with the subject heading 'new data information'.