

Introduction

Hume City Council welcomes the opportunity to submit to the Senate Select Committee on Mental Health on behalf of the diverse communities of Hume. Nowhere is the challenge and need for sustainable and supportive mental health services more keenly felt than in the rapidly growing suburbs of the North West Metropolitan Melbourne corridor.

Hume City Council is committed to social justice, clearly articulated in our *Social Justice Charter 2005*, to building a City that supports and encourages every citizen and every community to strive to fulfil their aspirations. A key component for building social justice is our *Hume Health Action Plan*. At the forefront of the Plan are strategies to promote the mental health wellbeing of Hume City residents.¹

The Plan utilises a comprehensive “whole-of-Council” approach and a social health perspective to identify actual and emergency public health needs and strategies to address them. It strongly promotes partnerships between Council, other organisations, and the community as a means of achieving better health outcomes.

Based on extensive research and consultation, the Plan identified four important issues for health promotion action in the area of mental health and wellbeing:

1. Depression, anxiety and post-natal depression
 - To increase the awareness of mental health issues within Hume City – undertaken, in partnership with North West Area Mental Health Service and other partners, through research and data collection and the development of a Community Mental Health Plan
 - To develop education and support programs for individuals and families – developed in partnership with local community health services and the Primary Care Partnership
2. Loneliness and Social Isolation
 - To promote opportunities for people to participate in the community to help reduce isolation and social isolation – undertaken through promotion and support of the community through transport strategies, community grants program, community and neighbourhood events, linking with other service providers
3. Stress in the Workplace
 - To increase awareness of stress in the workplace as a health issue – through developing initiatives and identifying good organisational practices, undertaken in partnership with local industry groups
4. Low Self-Esteem
 - To improve the image of the community to foster a sense of civic pride – through recognising community achievement, implementing community leadership and support programs, urban renewal
 - To provide opportunities for individuals to participate in the community to increase their self esteem – through promoting community activity programs, volunteer coordination and opportunities, distribution of information of Hume City services

Definitions

Area Mental Health Service

Specialist clinical mental health services in Victoria are provided on an area basis, and are often referred to as Area Mental Health Services (AMHS). They include adult mental health services, child and adolescent mental health services, and aged persons mental health services. Each of these service categories provides inpatient psychiatric services, in addition to a range of residential and other community-based services.

Mental Health Services for Kids and Youth (MH Sky)

Mental Health Service is an integrated mental health service for children and young people, who are in need of mental health services and who are living in the Melbourne western metropolitan region, provided by the Royal Children's Hospital.

Mental Illness Fellowship Victoria

The Mental Illness Fellowship is Victoria's leading membership-based not-for-profit organisation working with people with mental illness, their families and friends to improve their wellbeing.

Northern Metropolitan Region

Includes the municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea, and Yarra.

ORYGEN Youth Health

ORYGEN is a specialist youth mental health service, a research centre and a range of education, advocacy and health promotion activities. The Clinical Program at ORYGEN Youth Health is part of Victoria's public mental health system and provides mental health assessment and treatment to young people aged 15 to 24 years who live in the western and northwestern areas of Melbourne.

Primary Care Partnership

The Victorian Government Primary Care Partnership Strategy aims to improve the overall health and wellbeing of Victorians by:

- Improving the experience and outcomes for people who use primary care services.
- Reducing the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

Over 800 services have come together in 31 Primary Care Partnerships across all parts of Victoria to progress the reforms. Hume City Council is a member of the Hume Moreland PCP.

Psychiatric Disability Rehabilitation Support Service

Psychiatric disability rehabilitation support services (PDRSS) are aimed at people with serious mental illness and associated significant psychiatric disability. The service components include:

- Psychosocial rehabilitation day programs and home based outreach

¹ Hume City Council, *Hume Health Action Plan, 2001-04, 2001*

- Residential rehabilitation services
- Planned respite services
- Mutual support and self help

Part A: Background

Hume City Council is committed to social justice, to building a City that supports and encourages every citizen and every community to strive to fulfil their aspirations, Council's vision is of a City that is rich, strong and proud of its diversity – a City that welcomes and celebrates everyone and every community.

Hume Local Government Area – a Snapshot

Hume is the fourth fastest growing Municipality in Metropolitan Melbourne.

The population within Hume City has rapidly increased over the past decade. This is due to natural growth rates and new residents moving into the municipality.

Between 1996 and 2001, Hume City recorded the 12th largest increase in population size in Australia – growing by 15,442 persons (equal to 2.4% average annual growth rate). MSD and Victoria had annual growth rates of 1.2% and 1.1% over the same period.

Age Structure

The newer residential growth areas have a younger profile. In 2001, 35.4% of Craigieburn and 31.1% of Roxburgh Park populations were aged less than 18 years, compared to 28.2% in the suburb of Gladstone Park and 31.1% across the Hume City.² Melbourne MSD has 17% of its total population under the age of 18 years.

The fastest growing age groups are the 85 and over age group and the 75-79 year age group, which grew at an average annual rate of 12.1% and 10.5% respectively, between 1996 and 2001.

The Department of Sustainability & Environment's *Victoria In Future* population projections estimate that Hume City's population will reach 186,418 in 2031.³ However, the Hume City has estimated that the population has already reached 153,138 on 31 March 2005⁴ and will exceed the DSE estimate in 2008.

An Interface Council

Hume City is located on the suburban-rural interface, 20 kilometres northwest of the centre of Melbourne. It occupies an area of approximately 504 km² and is bounded by the Merri Creek, the Maribyrnong River, the Western Ring Road, the Calder and Tullamarine Freeways, and the foothills of the Macedon Ranges.

Land uses within the municipality are extremely diverse and include established residential areas, industry, vast rural areas, and areas committed for future urban growth. Hume City has a very strong industrial base, comprising motor vehicle manufacture, heavy engineering, freight handling, electronics and communications, paper and food manufacture, and note printing. Its most significant industrial areas are located in Campbellfield, Tullamarine and Somerton.

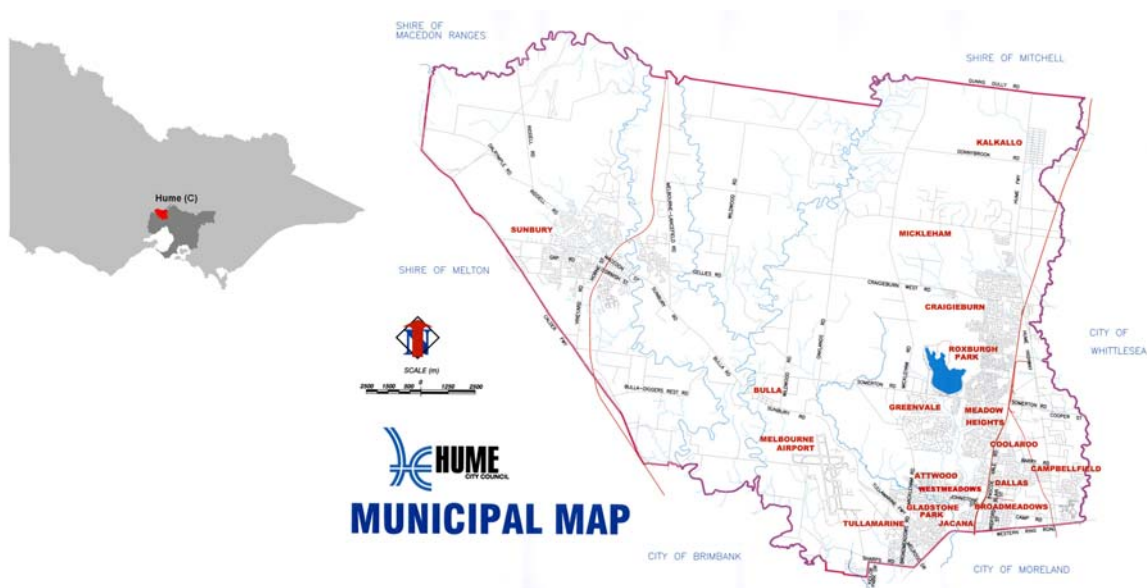
² Australian Bureau of Statistics, *2001 Census of Population and Housing*, 2002

³ Victorian Department of Sustainability & Environment, *Victoria In Future 2004 Projections, Estimated Residential Population at 30 June by Local Government Area*, 2004

⁴ Hume City Council, *Current Population Estimates – 31 March 2005*, 2005.

The Diverse Communities of Hume

- Families living in Hume City are largely two-parent families with children (58.9% compared to metropolitan Melbourne 50.1%) but with significant levels of single parent families (16.5% compared to metropolitan Melbourne 14.8%). The growth areas have a larger proportion of two-parent families with children.⁵
- Hume City's indigenous community accounts for at least 0.52% of its total population, compared to 0.36% for metropolitan Melbourne⁶
- Hume City is a culturally diverse municipality, with 34.6% of the population speaking a Language Other Than English, compared to 25.8% in metropolitan Melbourne.⁷ New arrivals to Australia, including Humanitarian entrants, are often settled in Hume City. The highest number of new settlers arriving in Hume City in 1998-2003 have come from Iraq (1,349), Turkey (603), and Lebanon (232). In 2003 across Hume City there were 879 newly settled people with 41% of newly settled people born in Iraq.⁸
- The Index of Relative Socio-economic Disadvantage ranks Hume as the 5th most disadvantaged local government area in Victoria.⁹
- The unemployment rate in the December Quarter 2004 was 7.7% for Hume City, ranging from 11.7% in Broadmeadows SLA to 3.2% in Sunbury SLA.¹⁰
- The median weekly individual income for the community of Hume City is \$355 (compared with \$405 for the Metropolitan Statistical District (MSD)), with great variation between Hume suburbs (\$458 in Greenvale, \$422 in Craigieburn, \$271 in Jacana, \$243 in Broadmeadows).¹¹



⁵ Australian Bureau of Statistics, *2001 Census of Population and Housing*, 2002

⁶ Australian Bureau of Statistics, *2001 Census of Population and Housing*, 2002

⁷ Australian Bureau of Statistics, *2001 Census of Population and Housing*, 2002

⁸ Australian Department of Immigration, Multicultural and Indigenous Affairs (DIMIA), 2004

⁹ Australian Bureau of Statistics, *Index of Relative Socio-economic Disadvantage*, 2004

¹⁰ Australian Government Department of Employment and Workplace Relations, *Small Area Labour Markets – December Quarter 2004, 2005*

¹¹ Australian Bureau of Statistics, *2001 Census of Population and Housing*, 2002

Part B: Recommendations

Hume City Council welcomes this opportunity to present to the Committee the following recommendations based on experience and evidenced based examples of the mental health service system and the broader community building strategies that have been implemented, or are in the process of being implemented, in Hume City.

The following recommendations are offered from Hume City Council's perspective, our principles and experiences. Hume City's position is that mental health wellbeing is impacted on by a range of environmental factors, in addition to clinical factors. However, most important is the need to build the local service system to address local needs.

Recommendation 1 – Whole of Government Planning

Hume City Council recommends that 'Whole of Government' planning inclusive of all three levels of government be undertaken to prevent the different planning methodologies and underestimation of planning and resource requirements, hindering the creation of sound foundation work required for promoting community wellbeing. Local Government experience and hindsight may provide State and Federal Government with valuable information.

"Whole of Government" planning enables the clear identification of the demand for services and the capacity to develop appropriate models of care. This should include the preplanning of service delivery, to ensure services are delivered in a timely manner. The resourcing of services should match the population growth experienced in outer metropolitan communities. If the resourcing does not match population growth, then young families are left vulnerable due to the lack of appropriate services in their local community.

Recommendation 2 – Service System Capacity & Service Coordination

Service funding models need to recognise the impact of rapidly growing communities in urban growth corridors, such as northwestern Melbourne.

Extensive consultation and the experience of the health service system in north and northwest Melbourne has demonstrated that the recruitment and retention of specialist clinicians and health professionals is difficult to achieve, across both the private and public health sector. This is a barrier to effective service provision. There is a need to build the service system's capacity to support all health professionals. The recruitment of mental health professionals is able to be enhanced through ensuring they are fully supported through the local system and are appropriately resourced to provide sustainable services.

The limited capacity of specialist private mental health services results in impacts for generic service providers. Council services, such as Home and Community Care, out of hours school care and supported accommodation programs, and other non-government organisations, report an increasing utilisation of services by people with a mental illness, or their families. This has significant impacts for employees of generic service providers. The employees require additional and more comprehensive resources, including training and education on mental health issues, to provide appropriate services to the community.

There is a need for service coordination between both specialist and generic service providers, with sufficient resourcing to enable the local mental health system to be sufficiently developed and resourced. The service coordination components include but are not limited to, information management, health promotion, needs identification, early intervention and prevention, referral,

shared care, client information systems, privacy and confidentiality, quality system management, monitoring, evaluation and review, satisfaction feedback, evidenced based research and capacity building through workforce development.

Recommendation 3 – Education & Information

Mental Health health promotion contributes generally to improving mental health and wellbeing. Improving people's knowledge of healthy behaviours and strengthening their ability to deal with difficult life situations are important community and educational responsibilities.

The providers of education campaigns stated there was no direct funding to undertake the education and information programs. It should be recognised that there may be significant numbers of "hidden carers" in the community, and education campaigns should be targeted across the community, rather than only to specific carers who are referred by specialist mental health services.

Recommendation 4 – Culturally Diverse Mental Health Services

There is a need to develop specialist mental health services for culturally diverse communities, and for these services to be located in communities, such as Hume City, where new arrivals are settled by DIMIA. The culturally specific mental health services should be developed in partnership between all levels of government, Migrant Resource Centres and other organisations, including the Foundation for Survivors of Torture. Any government assistance for new arrivals to access mental health services needs to recognise the lifetime impacts of trauma and torture, and not be time limited to the initial period of settlement.

Recommendation 5 – Community Capacity Building

Improvements can be made to the community's mental health wellbeing, by enhancing community and individual self-esteem, through increasing social connectedness and through reducing social inequity. It should be recognised that community capacity building initiatives, developed at the local level, are an important impact in improving the mental health wellbeing of the community.

Part C: Response to Terms of Reference

Hume City Council believes that improved community wellbeing is impacted on by meaningful community participation and engagement. Council is in the process of developing a set of evaluation criteria, standards and benchmarks through which to better understand the effectiveness of strategies to support and strengthen engagement, and therefore reduced social isolation, which impacts on mental health wellbeing.

The following broad outcomes have been adopted by Hume City in its Social Justice Charter, 2005:¹²

- A strong sense of belonging and connection to the community in which one lives.
- A respect for, and a welcoming and celebration of people from diverse backgrounds
- A responsiveness to disadvantage and difficulties that arise
- A network of support systems
- The active practice of neighbourliness and hospitality
- A belief by the community in their capacity to influence decision-makers
- A sense of ownership and enjoyment of public space

Mental Health Status of our community

The Victorian Department of Human Service estimated that 1.11% of the Hume & Moreland estimated resident population have disability associated with a Psychiatric Disorder, a total of 2,922 persons.¹³ The *Burden of Disease Study* found the most prevalent Mental Health Conditions to be Depression, Anxiety/Social Phobias, Bipolar Disorder, Schizophrenia, Personality Disorders.

Comparisons of overnight mental health related separations indicated that Hume (C) has a lower rate of hospitalisation as a result of Mental Health conditions than for Victoria.¹⁴

North West Mental Health Service

The North West Mental Health Service provided 866 individuals from eastern Hume and northern Moreland with 11,970 contacts from 1 July 2003 to 31 May 2004.¹⁵ The Broadmeadows Continuing Care Team serviced the highest number of individuals (482) followed by the Crisis Assessment & Treatment Team (168) and the Primary Mental Health Team (130).

Of those individuals seen by the North West Mental Health Service, 104 were attributed with a primary diagnosis: Depression (50%), Anxiety or Panic disorder (19.2%), Schizophrenia (8.7%), Stress Related Disorder (4.8%), and Bipolar (2.9%).¹⁶

There were 117 individuals recorded as having either an Alcohol and/or Drug misuse problem as a comorbidity, representing 13.5% of individuals who were serviced by the NWMHS.

¹² Hume City Council Social Justice Charter, 2005

¹³ Victorian Department of Human Services

¹⁴ Australian Institute of Health and Welfare, *Mental Health Services in Australia*, 2004

¹⁵ North West Mental Health Service, 2004

Part D: Evidence to particular Terms of Reference

The following section address a number, but not all, of the individual Terms of Reference, through providing the Committee with a range of evidence and examples of impacts on the mental health wellbeing of our community.

- a) **the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress;**

Hume City Council recognises that the National Mental Health Strategy aims to:

- Promote the mental health of the Australian community;
- To, where possible, prevent the development of mental disorder;
- Reduce the impact of mental disorders on individuals, families and the community; and
- Assure the rights of people with mental illness.

Extensive consultation and the experience of the health service system in north and northwest Melbourne has demonstrated that the recruitment and retention of specialist clinicians and health professionals is difficult to achieve, across both the private and public health sector. This is a barrier to effective service provision.

The provision of specialist mental health services in Hume City is limited to:

- NW Community Mental Health Service, the Area Mental Health Team, which has offices in Broadmeadows, but no presence in the growth corridor areas of Craigieburn or Sunbury
- NW Inpatient Services – Broadmeadows Health Service with 25 Adult Mental Health beds and 19 Aged Persons Mental Health beds
- Dianella Community Health – Finchley Support Services, a Psychiatric Disability Rehabilitation Support Service. The PDRSS services is currently at maximum capacity as there are insufficient services available for older persons with a mental illness to be discharged to, thereby reducing service capacity to younger people with a mental illness.
- MH Sky – Mental Health Services for Kids and Youth, a visiting service
- ORYGEN Youth Health, a visiting service

There are 25 General Practitioners in the North West Melbourne Division of General Practice's catchment within the Hume City (excluding Sunbury) who have mental health qualifications.¹⁷ There is limited General Practitioner workforce capacity in the growth corridor, particularly during evening and weekends, with limited bulk-billing services available.¹⁸ The North West Melbourne Division of General Practice (NWMDGP) Workforce Report found the GP workload in Craigieburn/Roxburgh Park

¹⁶ North West Mental Health Service, 2004

¹⁷ North West Melbourne Division of General Practice, 2005

¹⁸ Clark Phillips Pty Ltd, *Dianella Community Health – Strategic Service Plan*, 2004

increased by 63.9% between 1998 and 2003. The ratio of GPs to Craigieburn/Roxburgh Park ERP in 2003 was 1:2,025.¹⁹

There are limited after hours crisis services and respite care service in Hume City. The need for these services will increase rapidly as our community continues to grow.

c) opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care;

Hume City undertakes regional and subregional planning with a broad range of service providers across all domains of society, including health.

RMIT has developed a joint submission on behalf of Melbourne's 'Interface Councils', including Hume City, which highlighted the special requirements of outer suburban communities and in particular, the capacity to deliver human services. Hume City Council supports the recommendations contained in the *Human Service Gaps at the Interface* report²⁰ across the areas of:

- Funding human services
- Service delivery models
- Service coordination and planning
- Staff retention strategies
- Attracting non-government organisations

Hume City Council recommends that 'Whole of Government' planning inclusive of all three levels of government be undertaken to prevent the different planning methodologies and underestimation of planning and resource requirements hindering the creation of sound foundation work required for promoting community wellbeing. Local Government experience and hindsight may provide State and Federal Government with valuable information.

There is a significant lack of services across the health service system, particularly mental health, in our growth corridors. Young families who have relocated to these new suburbs are vulnerable, due to a number of pressures: mortgage repayments; wage earners' time away from family due to travel; limited public transport and high cost of travel; decreased social connectedness with new community; and a lack of support services. The lack of support services is a result of local resources being unable to match population demands. There is a need for preplanning of service delivery to ensure services are delivered in a timely manner. The preplanning should be undertaken through partnerships between all levels of government and service providers to create the appropriate service delivery models. This approach should provide both efficacy and leverage for local government to advocate on behalf of their communities.

¹⁹ Clark Phillips Pty Ltd, *Dianella Community Health – Strategic Service Plan*, 2004 (Medicare Workforce Report, Local GP Figures, HIC, North West Melbourne Division of General Practice (NWMDGP) 2004 identifies the benchmark ratio as 1: 1100 ERP.)

²⁰ RMIT Centre for Applied Social Research, *Human Service Gaps at the Interface between urban and rural*, March 2003

d) the appropriate role of the private and non-government sectors;

Mental health services are largely provided through primary health care, mental health specialist services, and psychiatric disability support services. Most people with a mental disorder are managed outside of hospital inpatient and residential settings.

There are no private Psychiatrists located in Hume City, while four General Practitioner practices state they offer psychology services.²¹

As a result of limited service provision by specialist private mental health services, generic service providers are required to provide preventative and early intervention mental health services, yet are not funded to do so. These generic service providers include Hume City Council, the Police and other community organisations, including Broadmeadows Uniting Care, Dianella Community Health and Brotherhood of St Laurence.

These organisations play an important role in identification of mental health wellbeing and the provision of early intervention services.

e) the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;

There is significant demand for social support services throughout Hume City. Our local partners in services provision, including Broadmeadows Uniting Care and Anglicare Broadmeadows, report extensive gaps in follow up and treatment for families following a crisis assessment. As a provider of case management to families, Anglicare Broadmeadows reports that it can be extremely difficult to resource the generic services require to support families, particularly in the growth corridor.²²

The demand of supported accommodation in the Hume City is extensive, with Hume Accommodation and Support Service assisted 69 individuals from July to December 2004, with 65% not in the labourforce and 30% unemployed at the time of seeking assistance; 96% had government payments as their primary source of income.²³

f) the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;

Socio-economic disadvantage is an important barrier to mental health wellbeing. Relative poverty is 'being unable to participate in the widely expected life patterns of the average household'. Relative poverty concerns social participation, which is dependent upon access to those goods and services and relationships that are widely expected in the community. However, there can be important differences in values within a community.²⁴

²¹ Victorian Department of Human Services, Better Health Channel, May 2005

²² Anglicare Broadmeadows, 2005

²³ Australian Institute of Health and Welfare, *Hume Accommodation & Support Service – Mid-year report for the period 1 July 2004 to 31 December 2004*, 2005

²⁴ Hume City Council, *Building A Future Together Inquiry: Hume Tackling Poverty Together Report*, March 2004, Part 2

Unfair treatment – the failure of others to respect and treat Hume City’s residents as people, and not by an unfair stereotype – undermines residents’ ability to act. It undermines their confidence as individuals and as a community, thereby contributing as a barrier to mental health wellbeing.

There are various groups within our communities who have expressed varying levels of disrespect, and who therefore have a greater risk of reduced mental health wellbeing:²⁵

- Indigenous people
- Culturally diverse people
- Women
- Unemployed
- Financially disadvantaged working families
- Same Sex Attracted Persons
- People with a disability
- Younger people
- Older people

Culturally Diverse Communities

A large proportion of new entrants to Hume City require counselling and support services, due to the experiences that have lead them to seek humanitarian entry to Australia. Hume City Council works in collaborating with the Migrant Resource Centre North West and its partners, including the Victorian Foundation for the Survivors of Torture, to assist new arrivals. Government assistance for new arrivals to access mental health should not be limited to the short term, but should be available throughout a persons lifetime. There is also a requirement for culturally specific mental health services to be located in Hume City to support our local communities. This is because new arrivals are often more socially disadvantaged, due to difficulty in finding appropriate employment and continued provision of financial support to overseas relatives, despite their own financial difficulties.²⁶

Comorbidity

Patients of mental health conditions often experience a three-way comorbidity with Physical Disability, Depression and Drug & Alcohol Use.

- 56% of those with Bipolar Conditions; 47% of those with schizophrenia; 32% of those with a major affective disorder and 27% of those with major depression can be expected to misuse alcohol and drugs²⁷
- Approximately 30% of persons with an intellectual disability have a mental health condition²⁸
- 40% to 60% of those with a physical disability have some form of depression²⁹

There is a need for all service providers, throughout the continuum of care to be supported to provide appropriate mental health services and generic support services to those with a comorbidity.

²⁵ Hume City Council, *Building A Future Together Inquiry: Hume Tackling Poverty Together Report*, March 2004, Part 2

²⁶ Hume Tackling Poverty Together, *Building a Future Together, An Inquiry into Poverty in Hume City*, Appendix No 5.

²⁷ Western Health’s Substance Use Mental Illness Treatment Team (SUMITT), 2004

²⁸ Victorian Dual Disability Service, 2004

²⁹ Austin Health Brain Disorders Program, 2004

- g) the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness; and**
- l) the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;**

Of all the Metropolitan Regions, the Northern Region had the lowest number of education and information programs delivered to carers of people with a mental illness, between November 2002 and November 2003. The providers of these programs stated there was no direct funding to undertake the education and information programs, and that the unique needs of partners, siblings, grandparents and ageing carers were not adequately met.³⁰

There are two Carer Support Groups located in Broadmeadows for carers of people with a mental illness, one operated by Finchley Support Services and one by the Mental Illness Fellowship Victoria. In addition, the North West Mental Health Services has a Carer Consultant available, but only for 4 hours per week.³¹

These education and information programs are primarily targeted to carers of people with a serious mental illness, and not the broader community. It should be recognised that there may be a significant numbers of “hidden carers” in the community, and education campaigns should be targeted across the community, rather than only to specific carers who are referred by specialist mental health services.

- h) the role of primary health care in promotion, prevention, early detection and chronic care management;**

Hume City Council, Dianella Community Health and Sunbury Community Health are integral to our local mental health service system, due to their primary health role in health promotion, prevention and early detection and chronic care management. There are a range of programs which have been implemented by ourselves and our partners to improve the role of primary health in improving mental health wellbeing. These have included:

- School Focused Youth Service
- Best Start Partnership
- Communities for Children

Hume City Council has implemented its own Health Action Plan to promote increased mental health wellbeing. The holistic strategies of the Health Action Plan recognise that mental health wellbeing is impacted on by a range of environmental factors, in addition to clinical factors.

There are no specific programs available to mothers with Post Natal Depression in Hume City.³² There is a priority health need, as up to 80% of mothers may experience some form of depression.³³

³⁰ Carers Network, *Survey of education and information programs delivered to carers of people with a mental illness, Victoria*, July 2004

³¹ Carers Network: The network for carers of people with a mental illness

³² Broadmeadows Best Start Partnership

³³ Victorian Department of Human Services

There is also a need for intervention programs to assist parents in dealing with children with mental illness.

By improving community and individual self-esteem, through increasing social connectedness and through reducing social inequity, improvements can be made to the community's mental health wellbeing. This is one objective of the Council's community grants program. Hume City provided support to over 120 groups and organisations in 2004 with \$303,000 provided.³⁴ These community grants were self-funded, without support from either the Victorian or Australian government.

n) the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;

The results of best practice clinical research is primarily disseminated through the Mental Health Teams and forums such as the Division of General Practice, assisting General Practitioners in their role in providing mental health services. The Victorian Department of Human Services has also been instrumental in developing best practice examples for carers of people with a mental illness. However, there is limited capacity in our local carer networks to disseminate information to carers and the broader community.

p) the potential for new modes of delivery of mental health care, including e-technology.

There is a need to understand that information technology can be promoted for its possibilities, but there are some real limitations. The dissemination of information is only part of a framework or communications strategy.

The Hume City Citizens' Bill of Rights highlights how participation in the life of the City depends upon access to information. Increased social connectedness is an important factor in the reduction of social isolation, thereby potentially increasing mental health wellbeing. The phenomenal growth of the internet now places a wealth of information at the fingertips of anyone comfortable working with a computer.

In 2004, many computer and internet programs were provided to the community at the Hume Global Learning Centre, with a special emphasis on supporting those members of our community who experience disadvantage. Computer Clubs were set up at the Centre by The Smith Family and the Microsoft funded *The Unlimited Potential Project*, which will be extended to Sunbury and Craigieburn in the near future.

However, Hume City Council research identified current limitations to reliance of information technology as a means of communication for engagement, such as:³⁵

- 57.8% of individuals in Hume City do not use a computer at home.
- 64.0% do not use the internet therefore cannot rely on internet for information.

The consultation findings for the Hume City Poverty Inquiry reported that *'many people cannot afford to purchase heating and food'* let alone computers and internet connections to enable connectivity to *"faceless government departments."*³⁶

³⁴ Hume City Council, Social Justice Charter – Report, 2005

³⁵ Hume City Council, *Social Justice Report 2005*, April 2005, p 8

³⁶ Hume Tackling Poverty Together, *Building a Future Together, An Inquiry into Poverty in Hume City*, Appendix No 5.

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