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Welfare



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An age old issue

Welcome to issue 11 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.



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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their elders – past, present and emerging.

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Editor: Jeremy Kennett

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Not so long ago, 'getting old' meant living past 65. But with life expectancy at birth in Australia now well over 80, an ever-growing percentage of people are passing this traditional marker of old age with twenty, thirty or more years still to come.

Around 15% of the population of Australia, nearly four million people, were aged over 65 in 2017. That's more than ten times the 319,000 older adults that lived in Australia back in 1927, when they made up only 5% of the population. This growth is not slowing down anytime soon. In our region alone, the number of people over 65 is set to increase by another 55% by just 2026.

This is a fundamental shift in the make-up of our society, and it requires an equally fundamental shift in the way we create and deliver health in our community. Older people are far more likely to have one or more chronic health conditions than younger people, while the focus on acute and episodic care in much of our health system was established in a time when living into old age was relatively rare.

Without reform, the system will struggle in a future where demand

“What we are learning is that we need to look beyond just medical interventions if we are going to make a real difference.”

for prevention and management of chronic conditions will only continue to rise. Primary Health Networks are now playing an increasing role in this reform, following Federal Government moves to provide PHNs with specific funding to support improved health outcomes for older Australians.

In this edition we look at some of the ways we are directing this funding, from tackling the health and social impacts of loneliness, to improving access to mental health services in residential aged care and looking at how we can help people have the best quality of life in their final years.

What we are learning as we work in this area, and what binds all our activities together, is that we need to look beyond just medical

In this issue

interventions if we are going to make a real difference. Community connection, emotional support and securing peace of mind around wishes for the future are equally central to the wellbeing of older adults in our region – much as they are for all of us, young, old or in between.

We hope you enjoy this edition of Primary Pulse. Remember, you can subscribe to the print edition of Primary Pulse and our fortnightly email newsletter Network News at nwmpnhn.org.au/news-events/subscribe

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Left: Catherine Cotching, IPC Health Community Coordinator.

Front cover: Voluntary Assisted Dying advocate Twanny Farrugia.

Photos: Wayne Taylor and Norm Oorloft



GP Dr Sara Nairn says social isolation and loneliness are common across all age groups.

Photo: John Donegan

EMILY* HAD ALWAYS been capable, active and independent, even as she reached 80 years old. But when her husband died, she started to withdraw, slowly cutting herself off from her community.

Victoria* loved losing herself in a good book. But as the years went on and her arthritis got worse, she started to become truly lost, stuck in her house most of the day with only her books for company.

Robert* was confident and outgoing, but had become increasingly isolated, unable to connect with people who shared his interests and experiences. He spent most of his days at his local shopping centre, having coffee with a group of older men. He wanted to meet new people and experience new things, but he didn't know where to start.

There is nothing particularly remarkable about the stories of Emily, Victoria and Robert. Their quiet struggles to maintain meaning and connections in their lives would resonate with millions of Australians, if not all of us. But what is remarkable is just how widespread loneliness and isolation has become in our community - and how damaging it is to our health and wellbeing.

A recent study from Swinburne University and the Australian Psychological Society showed

Lost and found

Jeremy Kennett

A new program in Melbourne's west is looking beyond health to keep people well.

depression and social anxiety were 15% and 13% more likely respectively among people experiencing loneliness. The same is also true in reverse – people experiencing depression and anxiety are also more likely to be lonely.

The impact that loneliness and social isolation can have isn't limited to mental health. Studies going back at least 30 years highlight loneliness as a predictor for developing illness and early death, but more recent work has also identified it as a direct cause of physical symptoms like chronic inflammation, which is linked to heart disease, arthritis and Type 2 diabetes.

This comes as no surprise to GP Dr Michael Oladiran, who works at IPC Health in Deer Park. He sees the impact of loneliness and isolation on his patients every day, many of whom are older people who are losing touch with family and friends.

"We see a lot of patients with social isolation and social issues, and medically we cannot really set up for that," Dr Oladiran said. "When that happens, it's always good to have that social linkage for them, so that their social needs are met, and at the same time we meet their clinical needs as well."

Meeting those social needs is now easier for Dr Oladiran, thanks to a new 'social prescribing' program funded by North Western Melbourne Primary Health Network and being trialled at IPC Health Deer Park. The program funds Wellbeing Coordinator Catherine Cotching, who is able to assess a patient's social, financial and life-management needs and support them to connect to appropriate services and groups in their community.

Dr Oladiran gave the example of a patient in his mid-50s with poorly controlled diabetes, who was unable to afford his medications.

"His sugars were just up in the roof," Dr Oladiran said. "I was seeing him as regularly as I could, the diabetic educator was seeing him, it got to a time we were giving him samples [from medical representatives] just to keep this sugar a little low. And that's as much as we could do."

Once the patient was referred to the social prescribing program, the

community coordinator was able to contact his local MP to help process his application for the Disability Support Pension, which meant he could now afford to buy his medication.

"He's using his medication now and his blood sugars are down. But then his overall mental health and thinking as well is much better. When he came before, he was just bitter about everything. And now when he comes, he's happy, smiling."

"I wouldn't have been able to do that clearly. So that gives me more time to do my clinical work while you have other people doing the social prescription part."

Dr Oladiran said the success of the program so far is largely due to strong integration between GPs, practice nurses and the wellbeing coordinator, which has helped highlight appropriate patients to refer for social prescribing.

Many of these patients have been identified while doing care plans with a practice nurse, which are available as part of the MBS item for health assessment for people aged 75 years and older. This information can then be passed along to a GP while they are approving the care plan.

"Patients tend to open up more to us nurses, especially when we're doing the care plans or health assessments, because those questions come up so we can start exploring what's going on," Practice Nurse Kylie McLaughlin said.

Like Dr Oladiran, Ms McLaughlin says the program has helped remove a lot of barriers to providing her patients with holistic, socially focused care.

"I was finding before these programs started that we were doing a lot of this work ourselves, which is really time consuming, and really difficult to follow up how they're going."

"We might have found that, yes, they are socially isolated, they are lonely at home, have found a program that might suit them and refer them, but never had any follow up of how they are going."

"But with this program, from what I've seen from Catherine she's following up regularly, sometimes



Catherine Cotching is helping IPC Health patients build their community connections.

Photo: Norm Oorloft.

weekly, making phone calls to the patients, and we just didn't have the scope to do that in our job here."

While the program is still in its early stages, Ms Cotching has been getting a steady stream of referrals from all three IPC Health sites in Brimbank, including from GPs, counselling services, allied health and nurses.

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Practice Nurse Kylie McLaughlin (right) has identified many patients for the social prescribing program while doing health assessments.

Photo: Norm Oorloft



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"Some of the clients have come here because they are just socially isolated and they want to be involved in some sort of social program or group activity," Ms Cotching said. "Others are needing support with some legal issues, and housing issues and financial issues sometimes."

"The scope of the role is pretty broad, really. But the key element is it's non-clinical. Anything that is clinical has to be referred back to the health professional and I concentrate on the social aspects of their health."

"Sometimes their health gets put aside because they have other high needs that need to be met."

A big part of Ms Cotching's role is simply knowing what programs, services and groups are available in the community and how to access them for her clients.

"A GP probably doesn't have the time to actually know what's there. They only consult for 15 minutes or 10 minutes and their focus is on the clinical side of things."

The program goes far beyond just setting up initial connections, with the time Ms Cotching spends following up on her clients critical to their ongoing social engagement.

"I link them into a service and then actually call them or get them to come in to discuss whether that service is suitable. And if it's not suitable, then we look at other options."

Working in the program has reinforced just how much a person's ability to be healthy is impacted by their personal and social circumstances.

"Particularly when it comes to financial issues, there's a direct relationship. If people can't afford to buy their medications, they can't afford to buy good food, then obviously their health will deteriorate."

"People will prioritise the essentials and sometimes I think people don't see their medications as being essential. Paying the rent is essential, because I don't want to be homeless, having the electricity on is an essential, so sometimes their health gets put aside because they have other high needs that need to be met."

The work of the social prescribing program so far has reinforced the link between social connection and a person's physical and mental health. But it's also shown how chronic physical and mental health conditions can also lead to a loss of social connection for people beyond just the individual with those conditions.

"There was one chap I saw who had been diagnosed with a brain tumour and had surgery," Ms Cotching said. "The tumour was benign, but he's now living with a disability."

"He and his wife were enjoying the retirement life and then all of a sudden that changed and his wife became his carer. She became quite isolated, as well, because she was caring for him at home. She lost all her networks, she stopped going swimming, she stopped doing some of the things she'd been able to do before she was a carer."



Caring for the carers

Another new program being established by Carers Victoria will seek to address the challenges faced by carers to maintain and improve their social connectedness.

Mick Leyden from Carers Victoria said the program will look at how to overcome the barriers that contribute to carers becoming socially isolated and lonely.

“For a lot of people who have got quite intense caring roles, it means that it’s just very hard for them to leave their caring situation,” Mr Leyden said. “There are lots and lots of different scenarios that people find themselves in where the opportunities to connect with other people are really limited just due to practical constraints.”

“Then on top of that, there’s the layer that caring is something that a lot of people do, but understanding the intensity of the caring role is something that probably not many people do until they’re actually in the situation.”

“So there’s both a practical sense of just being able to get out of the house. But then there’s also the perhaps more emotional level, which is about being able to connect with people who understand them.”

Mr Leyden said it’s important to understand that social isolation and loneliness are not interchangeable terms – someone can have social connections but feel lonely, others can be relatively socially isolated but not feel lonely.

“So if I’m a carer, and I’m caring for my child with a disability, but I come to work every day, and I work in an environment where no one really understands what that’s like, then I can have connections with all of my colleagues. But I can feel very, very lonely. Equally, I could have two friends, and they’re the only people I ever talk to, but there are enough for me, and I don’t feel lonely.

“So particularly on the perceived loneliness side, it’s an area that I’m really looking forward to seeing what the team come up with.”

Ms Cotching took both the initial patient and his wife into the program and was able to find an activity that was suitable for the patient, that also gave his wife some respite and space to do the things that were important to her.

“Because he was now linked into a group with care support, she had a whole day to do things for herself, she was able to go back to swimming. So that has had a really direct effect on her physical health.”

Older people and carers are groups that can be more at risk from social isolation and loneliness for a range of reasons related to their practical circumstances and stage of life.

But IPC Health GP Sara Nairn says people need to be aware that anyone, no matter their age or background, can become lonely or socially isolated. Indeed, the recent survey by Swinburne University and the Australian Psychological Society showed people over 65 were less lonely on average than any other age group.

“It is cutting across all groups, including younger patients with complex disabilities or acquired brain injuries and things like that,” Dr

Nairn said. “Of the patients being referred the majority are older, but it’s certainly not limited to just older people.”

While social isolation and loneliness are pervasive and growing issues, Dr Nairn says innovative programs like social prescribing and a growing move to a more holistic model of healthcare give her reasons to be optimistic about the future of social health.

“It took me a while to understand exactly what the program was offering because it’s so novel. And I think once we all get our head around what the program is offering, I think we will recognize what an incredible hole it is filling in what we can offer to our patients and their lives.

“It’s just a great, great program and a great idea.”

**names have been changed*



Heather Grey (front) and Jacqueline Beresford say residents need more support to deal with grief and loss.

Photo: Norm Oorloft

Mental health program helping residents feel at home

A PROGRAM PROVIDING MENTAL HEALTH care for residents of aged care facilities is to be expanded following a successful pilot at three sites in the North Western Melbourne Primary Health Network region.

During the pilot, residents at three residential aged care facilities (RACFs) were given free access to low to medium intensity mental health services, delivered by a mental health professional on-site at the home.

Jacqueline Beresford, Registered Nurse at pilot site Dorothy Impey Home, said the program had been invaluable for the residents, many of whom have mobility issues and are unable to get to appointments.

"So having someone that is able to come and visit them in their own home, it's really good," she said.

The program has also allowed many residents to talk about emotional

issues that might otherwise have been left unresolved, including feelings of grief and loss.

"Their generation, they're not as open to speaking about their problems. So it's great to have someone from the outside coming in to see them."

Mental health for older adults is becoming an increasingly important issue in our region, as the number of people over 65 is set to nearly double by 2031. It is estimated that

"Their generation, they're not as open to speaking about their problems."

10% of older adults are experiencing psychological distress, while nearly 40% of all permanent aged care residents are estimated to be living with mild to moderate depression.

Despite the prevalence of mental health issues, people living in RACFs usually have limited access to psychological services unless they are able to pay for private services.

RACFs are not funded to provide mental health services and residents

are not eligible for MBS funded Mental Health Treatment Plans.

Dorothy Impey Home CEO Heather Gray said this means many people in aged care are missing out on services they need, especially in helping them make the transition from living at home to living in care.

"There's a very big gap, because you've got people that are coming in that are hurt," Ms Gray said. "I can remember the last person that really wanted to be here. For others, it's usually a push by social workers or family."

Dorothy Impey privately funds a counsellor for residents two days a week, but Ms Gray said the pilot program has delivered more responsive and effective care.

"We find that with Franca (the mental health professional), it's more positive, because she has more training," Ms Gray said. "The counsellor sits and talks to them, but with Franca she goes that bit deeper and we're finding that just so helpful."

Following the success of the pilot, NWMPHN is looking to expand the program across the region. Further information on the program and how organisations can get involved will be released during a tender process, planned for late 2019.

Sign up for our newsletter *Network News* at nwmpnhn.org.au/news-events/subscribe, for the latest on this tender and other opportunities at NWMPHN.



A brighter option for people with young onset dementia

KERIN GLENNEN WALKED INTO A doctor's appointment as a highly respected school principal, supported by his wife Karen. They left with labels of 'patient' and 'carer', with Kerin being told to sort out his affairs and tick off his bucket list.

Kerin had been diagnosed with Alzheimer's disease, becoming one of the more than 447,000 Australians living with dementia.

The theme for this year's Dementia Action Week highlights that while dementia doesn't discriminate, many people with dementia face discrimination, social isolation and negative assumptions about their value and abilities.

Dr Wendy Kelso, a clinical neuropsychologist at the Royal

Melbourne Hospital, said one of the key assumptions people make about dementia is that it only affects elderly people. But for some, like Kerin, it strikes far earlier.

"Young onset dementia (YOD), or dementia with onset prior to 65 years of age, affects approximately 25,000 Australians and makes up 10% of all people diagnosed with dementia," Dr Kelso said.

The combination of living in a regional area and being under 65 meant Kerin struggled to get a diagnosis in the first place, which Dr Kelso says is both common and damaging for people with YOD.

"A delay in diagnosis can have wide-ranging consequences, including loss of employment and entitlements, increased carer burden, marital breakdown and significant psychological difficulties for affected children," Dr Kelso said.

To help diagnose and care for people with YOD, especially those living in regional areas, the Royal Melbourne Hospital and partners have created the 'Bridging gaps in health using tele-psychiatry and tele-psychology for young onset dementia' project, or BRIGHT-YOD. Key project partners include Albury Wodonga Health, Ballarat Health Services, Goulburn Valley Health, Royal Park Cognitive Dementia and Memory Services

(CDAMs), Dementia Australia and Huntington's Victoria.

BRIGHT-YOD provides assessments, consultations and support through telehealth technologies, helping to remove barriers to treatment such as mobility, cost and distance.


"It costs an average of \$631 one-way for a person who lives more than 100 km from hospital to attend the [Royal Melbourne Hospital's Neuropsychiatry Unit] clinic," Dr Kelso said. With BRIGHT-YOD, these patients can access specialist service without having to leave home.

It's about more than saving time and money. For Kerin, being part of BRIGHT-YOD has helped him achieve his goal of living a productive and meaningful life, despite his diagnosis.

While BRIGHT-YOD is designed to run for 18 months, the project team believe it could be applied across all mental health services and CDAMs.

"This service allows families to choose what mode of service provision suits their needs and allows timely and flexible access to care," Dr Kelso said. "We would love to share the benefits with people across the state, and even nationwide."

Visit the *BRIGHT-YOD* project page on the NWMPHN website for further information, including contact details for enquiries, and head to Dementia Australia's page for information about Dementia Action Week 16-22 September 2019.



Dying well, whatever you decide

Jeremy Kennett

TWANNY FARRUGIA HAS ALWAYS known there will come a time when he will want his 'good life' to come to an end.

Mr Farrugia, 65, has poor vision and a range of other chronic physical health conditions, some of which he has been living with since childhood. Despite these challenges, he lives a full life in his own apartment, with the support of his guide dog and companion Val. But he knows his ability to live independently won't last forever.

"I know this body, I know what it can and cannot do for me," Mr Farrugia said. "And there's going to come a day that even in this small apartment, and I'm very independent in here, it's going to come to a stage where I won't be independent."

"I still have good quality of life and I wouldn't be dead for all the tea in China. But I know there's going to come a day when, for a variety of medical reasons, I will want to say enough is enough."

The recent passage of Voluntary Assisted Dying (VAD) legislation in Victoria and the news that cancer patient Kerry Robertson has become the first person to die under the legislation, has given Mr Farrugia more confidence about his own future.

"I thought hard about her because she's four years younger than me, actually. I was really happy for her. Because as I said, I'll be there, I don't know when, but I know I will be there eventually.

"I don't necessarily want to go through that process. But I want to have, I guess, that safety net."

The introduction of VAD in Victoria raised passions and debate, with a range of individuals and organisations lining up to oppose or support the legislation. The Australian Medical Association (AMA) was one major opponent, stating doctors should not be involved in interventions that are primarily intended to end a person's life.

Now that VAD is a reality, the AMA says clear information and support is needed for both doctors and patients

to ensure their wishes and beliefs are protected.

"This is a significant change in medical practice and patient care – and requires the strongest safeguards and protections," Dr Lorraine Baker, former President of AMA Victoria said.

North Western Melbourne Primary Health Network (NWMPHN) has provided information about VAD to all GPs as well as other health professional in our region, covering the VAD process, eligibility and required training. HealthPathways Melbourne has also launched a comprehensive Voluntary Assisted Dying page to support GPs.

The AMA is also advocating for greater funding for palliative care and mental health services, to provide patients with the widest range of choices for end of life care.

"AMA Victoria has strongly advocated that voluntary assisted dying cannot be discussed without drawing attention to the need for significant funding to be directed towards palliative care services and our chronically neglected mental health services," Dr Baker said.



Voluntary Assisted Dying: Key points

- › Since 19 June 2019 Victorians at the end of life who are suffering and who meet strict eligibility criteria have been able to request access to VAD.
- › To access VAD a patient needs to make a request to a doctor, who may choose whether to accept their request. A health practitioner is not allowed to raise VAD with their patients.
- › There are two main roles for doctors in VAD: the coordinating doctor (can be a GP), and the consulting doctor (usually a non-GP specialist in the patient's condition). Both must complete VAD training prior to assessing patient's eligibility for VAD.
- › As part of the program VAD care navigators have been specifically employed to act as a point of contact for members of the public, health practitioners and health services seeking information about or assistance with VAD. The care navigators have knowledge of the networks of participating medical practitioners.
- › Eligible people are prescribed a VAD substance to take themselves or, if they are physically incapable of doing so, a doctor with the appropriate permit can administer this substance.
- › Find out more, including eligibility requirements, at nwmpnhn.org.au/vad

While not taking a position on VAD, NWMPHN CEO Adjunct Associate Professor Christopher Carter agrees that end of life care needs to be about a lot more than just helping people to die.

"Palliative care is a critical component and we've recently provided training for health professionals on how, when and where to refer their patient to receive palliative care," A/Prof Carter said. "We're also looking at ways of implementing the recommendations of our recent Dying Well community forum, which included creating a 'menu' of end of life care options and providing better access to high quality palliative care packages."

A/Prof Carter said that in addition to greater funding and support of palliative care services, another key way to support better end of life care is to increase the uptake of Advance Care Directives, which now have legal force in Victoria.

"We need to start the conversation much earlier," he said. "Within our region doctors and nurses tell us that all too often families are making end-of-life decisions in emergency departments, aged care facilities or

palliative care units when emotions are running high."

"We shouldn't wait until death is imminent to make the tough choices on how we want to be treated or cared for when we become sick.

"Resolving questions such as who your nominated medical decision maker will be, where you would like to be cared for, and what treatment you would prefer, can bring peace of mind, helping you concentrate on getting the most out of life with the people you love."

Completing an Advance Care Directive has certainly delivered peace of mind and security to Mr Farrugia, not only for himself but also for his medical practitioners and loved ones.

"It's funny, actually, I've only done this on the actual document about three months ago," Mr Farrugia said. "And it's really incredible, since I have made that decision, it's lifted like a weight off me, and if anything I feel better knowing I've given my clinicians a directive. They don't have to second

guess me. My friends don't have to second guess me."

A/Prof Carter said despite the ingrained fear of dying in our culture, we have to accept that death is inevitable.

"But the heightened distress caused by confusion around end-of-life decisions doesn't have to be," he said.

"As a community, we can help change the culture by sitting down with our loved ones and sharing our wishes for future care at a time when we are informed and healthy.

"These are difficult conversations that require courage, honesty and the willingness to lean into our deepest fears. But by taking some of the uncertainty out of our future, it allows us to appreciate the people and experiences that matter in our present."

For more information about end of life care, visit nwmpnhn.org.au/palliative-care and nwmpnhn.org.au/advance-care-planning

A mile in their shoes

Ruby Selwood-Thomas

Hundreds of people have joined NWMPHN and Croakey to walk towards a better future for mental health.

ON A COLD, WINTERY MORNING in early August, health professionals, community members, academics, researchers and consumers came together to walk and talk about how we can improve the mental health and wellbeing of our community.

The walking event, called a CroakeyGO, was organised by NWMPHN in collaboration with Croakey, a public health news project, as another way of listening to and engaging with our community.

Croakey founder Melissa Sweet started the day by explaining the importance of conversing with both consumers and health professionals to ensure we are getting a broad scope of information and opinions.

"CroakeyGO is a disruptive intervention," Ms Sweet said. "It's about disrupting the way we do journalism. It's about disrupting the way we think about health and disrupting the way we work, whether we're in health or journalism."

NWMPHN planned the trek to be representative of a patient's journey through the health system, with the discussions and outcomes of the day to directly inform our Regional Plan for Mental Health.

We started the walk at the Victorian Aboriginal Health Service (VAHS) in Fitzroy, hearing from former CEO Alan Brown and Preventative Health Manager Lionel Austin. Both spoke about why Aboriginal and Torres Strait Islander people need culturally safe health services and how they are trying to move towards a good health model, not an illness model.

"The sad reality is, and it's not just a VAHS thing it's a general thing in Australia, the only time the mob access their GPs are when they're sick," Mr Austin said. "So how do we shift the mindset of the people in our community to utilise our local primary health care provider on a regular basis?"

Fiona Patten, Member of the Legislative Council of Victoria, took time out from her parliamentary duties to attend the walk, driven by a strong interest in public health, especially access to mental health services.

"The growing concerns about access to mental health services, both inner

city but also in those new outer suburban areas, is a concern for me," Ms Patten said. "I'm here to learn what else I can do to advocate for mental health services in my region."

Next stop was St Vincent's Hospital, where walkers spent time in the Safe Haven Café, an alternative place for patients to wait instead of sitting in the emergency department all night. The Safe Haven Café has been open for just over 12 months and has already welcomed over 1,200 visitors.

Fran Timmons, Director of nursing, mental health and addiction medicine at St Vincent's Hospital, explained that the Safe Haven Café opened in order to address social isolation and give people a place to go to feel connected to others.

"We were beginning to think about why people come to our emergency department," Ms Timmons said. "Because they're not actually admitting they've come because it's two o'clock in the morning and they're feeling lonely, haven't spoken to anyone in two days and feel so desperate that



#NavigatingHealth
at CroakeyGO.

Photo: Norm
Oortoft.



they'd rather jump off the balcony than stay in their flat.

"They don't say that. Instead they'll come and say they've got a headache."

NWMPHN CEO Adjunct Associate Professor Chris Carter said innovations like the Safe Haven Café and the PHN's social prescribing and social connectedness programs reflect growing evidence that increasing or re-establishing connection with family, friends and community plays a critical role in good mental health.

At our third stop, drummond street services, CEO Karen Field talked about how NWMPHN's support of a holistic approach to mental health funding was critical to providing culturally safe services for refugee and LGBTIQ communities and other vulnerable groups.

"Our experience with government funding is it's very single issue," Ms Field said. "It's your mental health, it's your drug and alcohol and so on. When you're a service provider you don't get to do [just] that... Through the [PHN's] commissioning process, it allows us to actually talk to them

about what we're noticing, what our data is showing. So when I think about the funding the PHN has given us, it closes so many of those gaps."

Our final stop was Carlton Family Medical Centre, where General Practitioner Ralph Audehm spoke about the problems his patients, including students, have in accessing and navigating the mental health system.

"Students seem to be under more and more pressure every year and we see a lot of students presenting with mental health issues, depression, stress and anxiety. Often when they're overseas students they don't have a support network here and so they really don't know what to do," Dr Audehm said.

Dr Audehm said the system worked relatively well if someone was acutely ill, but there was a big group of people needing mental health services who weren't "sick enough" to get admitted and who couldn't afford to pay for private mental health services. He also provided examples of when the mental health system worked, highlighting one patient who was

provided 'wrap around care' and tracked over 18 months to make sure her recovery lasted.

The day was a great success for our organisation, allowing us to tap into the experiences of community members and health professionals in a way that wouldn't have otherwise been possible. The next step is to use this information to inform our Regional Plan for Mental Health for the 1.7 million people in our catchment.

A/Prof Carter said hearing people's stories and deeply engaging with people and services on the ground was energising.

"I loved the fantastic, rich stories we got not only from the speakers but from the participants. My hope is to develop a much more robust model of care that doesn't just focus on people's mental health or mental ill health but actually focuses on them as a whole person."

See the stories and videos from the day at nwmpnhn.org.au/croakeygo

Out & about



Doing it Differently

Participants got together to find new ways of putting community at the heart of mental health.

Photo: Supplied.

Consumers, carers, community representatives and mental health practitioners came together in August for the Victorian Transcultural Mental Health forum. "Doing it Differently: Putting community at the centre of mental health practice". The session was hosted by the ABC's Sally Warhaft and focused on hearing from communities and services that are finding new ways to ensure community is at the centre of mental health care, along with exploring new frameworks for engaging diverse communities.

Prostate cancer survivorship



NWMPHN and Western Health's Prostate Cancer Survivorship project collaborated in June to bring together an interactive training session on the shared model of care for prostate cancer. The session also looked at practical approaches to the management of common issues in prostate cancer survivors. Attendees heard from experts in the field including Dr Jane Crowe from the Australian Prostate Centre and Kevin Chu, Darren Katz, Gary Searie and Alesha Sayner from Western Health.

Prostate cancer nurse Cindy Ogluszko (left) and urological surgeon Dr Darren Katz (second from left) from Western Health shared the latest in prostate cancer survivorship. Photo: Vicki Cook

Prevention 2019

The Public Health Association of Australia's Prevention 2019 Conference brought together stakeholders from all over our catchment in June. With this year's theme being 'Smashing the Silos', this conference focused on exploring economics and prevention, what is working and what needs to be strengthened to close the gaps in prevention systems. NWMPHN staff were kept busy at our stall, handing out flyers promoting My Health Records and our CAREinMIND services.



My Health Record and CAREinMIND resources were going hot from our stall at Prevention 2019. Photo: Supplied.

In-practice melanoma education

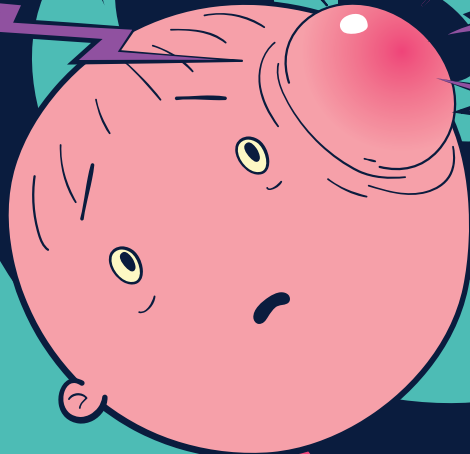


Throughout June and August, NWMPHN conducted six education sessions at various practices over our catchment, ensuring practice staff can effectively identify melanomas and utilise the optimal care pathways resources. Each session was presented by a dermatologist from the local area, and focused on early detection of melanomas including risk factors, signs and symptoms, and when and what type of biopsy should be performed.

Local dermatologists shared their insights on melanoma with practices across our region. Photo: Supplied.

IS THAT A

NOZZLE



OR A HUGE
PROBLEM

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is always there

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