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Better than before



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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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Welcome to issue 15 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

LOOKING BACK ON THIS COLUMN FROM one year ago, the spectre of the building COVID-19 pandemic loomed large. Cases, hospitalisations, and deaths were spiralling in hotspots like Italy, Iran and the US. Locally, we were beginning the great shutdown of the country, hard borders going up to the outside world, strict rules coming in limiting movement and interaction for those already here.

And in Victoria we were still months away from the second wave of infections and deaths, which hit our region of north and west Melbourne far harder than anywhere else in the country.

Individuals, governments, and the health system were all doing their best to plan and prepare for what was to come. But with the world changing so fast, it was clear we had no idea just what our new normal would look like.

Back to the present, signs of recovery are quite literally in the air. After many false starts, the New Zealand-Australia travel bubble has seen international flights return to our skies, people travelling for business and pleasure without the need for government exemptions and 14-day hotel quarantine stays.

On the ground, there has been minimal community transmission across the country for months now, and restrictions have eased to the point of being barely noticeable. The darkest days of Melbourne's second wave are well behind us, though for many the scars will take longer to heal.

While we are undoubtedly in a much better place now than a year ago,

"We can create a much fairer and healthier 'normal' than what existed before the pandemic."

the uncertainty about what our new normal will be, and should be, remains. There is a strong temptation to rush back to our 2019 lives, to idealise the way things were before the pandemic.

But we must remember that for many people in our community, the old 'normal' wasn't working. And to ignore the lessons of the pandemic would mean that the last year was truly wasted.

In this issue we look at the efforts to build back a better health system than before, one that works for everyone, whatever their location, background or health needs. The pandemic presents an opportunity for this reform, but the issues long predate COVID-19 – as the recent Royal Commissions in mental health and aged care have cast into stark focus.

A common theme from all three is the need for a more flexible approach to health, one that accepts and responds to the unique and changing needs of each person, rather than making people meet the rigid requirement of the 'system' to receive care.

It's not a simple process, and it will never be possible to provide a suite of perfectly targeted services for every single person who needs care and support. But we can build better connections between different types

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In this issue

of health services, so people's different health needs don't have to be treated in isolation. We can provide flexible mental health supports, that scale up and down in complexity and intensity as people move between illness and recovery.

And we can look beyond purely medical solutions, acknowledging that often a person's health issues are born from housing stress, or financial uncertainty, or being isolated from their community.

If we do all this, starting from the principles of empathy, flexibility and person-centred care, then we can create a much fairer and healthier 'normal' than what existed before the pandemic. And we can make 2021 and beyond better years than 2019 ever was.

Chris Carter is CEO of North Western Melbourne Primary Health Network.

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Left: The COVID-19 vaccination rollout is gathering speed.

Photo: Unsplash

Front cover: Edita Kennedy knows the value of lived experience in health.

Photo: Leigh Henningham



A better normal

The lessons we have learned from COVID-19 can help us make a better health system for everyone.

Jeremy Kennett



IN ONE OF THE MANY WORLD

Health Organisation websites dedicated to the COVID-19 pandemic, there is an interactive timeline plotting key actions taken by the agency, overlaid on a bar graph tracking the number of reported cases day by day.

It begins on 31 December 2019, and at first the graph is practically empty, the tiny slivers along the bottom line representing new infections barely

visible. Very few people were getting sick (that we knew about, anyway) and even fewer were talking about this strange new virus, certainly outside of public health circles.

As you scroll to the right the marks grow, slowly at first but inexorably, from slivers to skyscrapers. By the time the graph runs out in late January 2021, the bars are all you can see, the top line of the graph breached repeatedly by daily infections of over 800,000.

Things haven't improved greatly since then. While a combination of good planning, good luck and many kilometres of ocean have kept Australia relatively untouched, global cases and deaths are still near their highest points. Even in Australia the virus permeates our media, our politics, our psyches. People in north

and west Melbourne in particular are unlikely to ever forget the second wave of infections and deaths which cut through their communities from July last year.

Sometimes, the bars are still all we can see.

This is even more the case for those of us working in health, where every aspect of the system and related issues have been viewed through the prism of COVID-19 for well over a year now. The pandemic has had a fundamental impact on the way we deliver and receive healthcare in this country, well beyond the precautions put in place to help stop the spread of the virus.

But it is important to remember two things: one, despite upending all our assumptions, work practices and expectations, COVID-19 did not create the underlying issues of our health system; it simply cast many of them into sharp relief. And two, as is



Edita Kennedy from APSU says people with lived experience need to be supported to contribute fully.

Photo: Leigh Henningham

often misquoted to Winston Churchill, you should never let a good crisis go to waste.

As we continue to take careful steps towards 'normality', we must be careful that the lessons of the pandemic are not forgotten. Because while the pandemic didn't create the most challenging issues at the heart of our health system, the innovation, adaptation and collaboration birthed during the crisis may hold the key to solving them.

"What the pandemic has shown is that we can move mountains, if the need is clear and urgent enough," North Western Melbourne Primary Health Network CEO Chris Carter said.

"Now we need to apply that mindset beyond COVID-19, because whether we are looking at chronic disease, or mental health, or many other areas, the need for flexibility and innovation is just as clear and urgent."

"What the pandemic has shown is that we can move mountains, if the need is clear and urgent enough."

Indeed, while the pandemic has dominated health headlines, the last year has also seen the Royal Commissions into Aged Care and Victoria's Mental Health System deliver their final reports. Both went well beyond calling for incremental improvements, rather recommending far-reaching reforms and fundamental changes to how people can access and experience care.

Mental Health Victoria CEO Angus Clelland said the release of the final report of the Royal Commission in Victoria's Mental Health System was the most significant

development in mental health since deinstitutionalisation in the 1990s.

"Far from just recommending more of the same, the Royal Commission's final report articulates a bold new vision for mental health service design, commissioning, delivery and governance," Mr Clelland said.

"For too long, Victorians have had few options but to present to hospital emergency departments or to suffer in silence.

"We commend the Royal Commission's focus on removing the barriers Victorians face when trying to get help and emphasis on making services available in the community, particularly in regional Victoria."

Commissioning better ways of designing and delivering health care, rather than just funding more of the same, is one of the key reasons

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"Once they enter treatment, that is where they feel safest. And that's where they start recovering different parts of their lives."

From Page 5

Primary Health Network's exist. The pandemic and the concurrent Royal Commissions have only sharpened that focus. Going 'back to normal' isn't going to cut it. With apologies to US President Joe Biden, we need to build back better.

One of the key ways we are doing that is through our Alcohol and Other Drug recommissioning project. Following an extensive review and guided by ongoing consultations, we are recommissioning \$2.5m of alcohol and other drugs (AOD) treatment activity per year to better meet the needs of our community.

Providers will need to be willing to work with consumers both in the development of services and in their ongoing delivery across the region.

The new approach is informed by input from service users and subject experts to ensure it addresses the needs of people using AOD treatment services, and is better integrated with relevant supports and services, such as mental health, primary care, housing and social services.

We are fortunate to have many highly engaged and dedicated subject experts in our region to help co-design this project. But equally if not more important has been the deep engagement of people with lived

experience and expertise of alcohol and drug use and treatment.

Edita Kennedy is the Program Coordinator of the Association of Participating Service Users (APSU). She says APSU tries to be a conduit for people's voices, finding opportunities for people with lived experience of addiction to be heard and to have an impact.

"We also advocate for processes to be embedded where people who have experienced addiction and recovery can be involved in decision making, like this process we went through with North Western [Melbourne] PHN."

The role of APSU was to bring together a group of consumers and family members, who have either supported someone in using AOD treatment services, or have used them directly in the NWMPHN region.

"We recruited the participants, and we assessed those that have applied and then we've been supporting them throughout the process. And we've also collaborated with the PHN ... in arranging the workshops: what they will look like, what the process will be, what important things are to pay attention to, and what are the risks."

Having a clear understanding of the risks and creating a safe and respectful environment for people to share their experiences is critical



to successful consumer engagement, Ms Kennedy says.

"It's a little bit different than having a group of professionals where there are certain kinds of professional boundaries, everyone is protected by their title.

"When a person comes to participate in something with their personal baggage - you know, we all have it. And when you have to bring that to a professional setup, it's a bit different."

APSU assisted NWMPHN to run two workshops where consumers were asked about what they considered would be an ideal AOD service, and how that could look in practice. Their ideas were refined and prioritised to support a joint workshop with a subject matter expert group of AOD and related sector representatives for further development.



Engaging with our community, every day

Our commitment to putting personal experience at the heart of health system reform goes beyond the AOD recommissioning project. Several years ago we established PeopleBank, a register of people who want help us to improve the health of people in the north, west and central Melbourne area. Everyone in our community is welcome to join.

For Ken Taylor, becoming involved with NWMPHN through PeopleBank was borne out of personal crisis.

“The PeopleBank aspect of it was a couple of years ago I think, when my situation became quite desperate and I actually attempted to kill myself,” Mr Taylor said.

“A few weeks after the disaster, I was invited to a forum about suicide prevention and I was the only civilian in the room, everyone else was a serious professional.

“I was given a lovely opportunity to present my views and then to read my written statement to

them. I came away from that with a real jump up boost in my confidence.”

Mr Taylor says it is critical that more people with lived experience are involved when planning health reform and designing services.

“It needs the contribution of people who’ve had the experience, but it also needs the willingness of the bureaucracy and the organisation, not necessarily to agree – no one agrees with everything I say – but to at least consider it.”

As well as enabling more effective and relevant services for the people who use them, there can also be personal benefits for the people who take the opportunity to get involved.

“There’s a real possibility that you can take the challenge, that you can offer something useful, and that you can come away from it feeling that you are more able, than before you went there.”

Becoming an active PeopleBank member has given Ken Taylor a big confidence boost.

Photo: Jeremy Kennett.

“We need to break down the barriers that prevent people from accessing care and support that meets the full spectrum of their needs.”

“What strongly came up is, for example, supporting gap moments. Most alcohol drug treatment services and treatment supports operate in office hours, nine to five, [but] most crises happen at night, during weekends, during Christmas. That was a major issue.”

Another key area highlighted was the breadth of support needed by people who use AOD treatment services,

well beyond things directly related to their alcohol and drug use.

“Once they enter treatment, that is where they feel safest. And that’s where they start recovering different parts of their lives.

“It’s not only about ceasing alcohol and drug use, it is about becoming a citizen, you know, starting to do things, socialising again.

“And so they rely a lot on alcohol and drug services and they want to get a lot of those additional things to help them embark on their lives.

“So that is a desire for holistic care, but not just holistic care, also additional things [that are not] to do with alcohol drug use.”

This aligns with a key theme of the recommendations of the Royal Commission into Victoria’s Mental

Health System, that we need to break down the barriers that prevent people from accessing care and support that meets the full spectrum of their needs.

There are many parts of the past nearly 18 months we would all like to leave behind forever.

The pandemic has shown us that many things we thought were impossible are, in fact, very possible – both good things and bad.

But if one of the things we can carry forward is the will to create a health system that is truly shaped around the needs of the community it serves, then it will have almost been worth it.

Good health never gets old

Ruby Selwood-Thomas

They are sometimes called the ‘golden years’, the period of our lives after retirement and the end of primary caring responsibilities when we have the time to live for ourselves and pursue our interests.

BUT WHILE THIS MAY BE TRUE FOR some, growing older also comes with many challenges, especially related to health. These can include not just physical ailments but mental health issues as well.

As people age, they can experience higher levels of psychological distress. It is estimated 10 per cent of adults over 65 are currently experiencing psychological distress and 10 per cent are experiencing chronic loneliness due to social isolation.

North Western Melbourne Primary Health Network (NWMPHN) wants to help older people in our region live healthy lives, both physically and mentally, rather than simply living long lives.

That’s why we’ve been working with Better Place Australia to implement a stepped care approach to improving the mental health and wellbeing of older adults living in residential aged care facilities (RACFs).

The service is free for those living in RACFs and is targeted at residents at risk of or experiencing mild to moderate mental health concerns. This includes residents living with anxiety or depression, those who are experiencing social isolation and new residents transitioning into residential care.

Experienced mental health practitioners including mental

health nurses, mental health social workers and psychologists provide psychological support to residents.

Rhonda Withers, Clinical and Program Lead of Elder Services at Better Place Australia, said the program has been able to reduce the reliance of prescription medication for mental health issues in older adults.

“It is recognised that residents in RACF’s have high rates of mental illness and that the most likely intervention is the prescription of medication,” she said.

“Research suggests that there are a range of non-pharmacological psychosocial interventions that are very effective alternatives to the prescription of medication for the treatment of mental illness in frail aged people living in residential care facilities.”

Ms Withers has been leading the mental health in RACFs service since it began in 2020 and has seen a very positive impact among residents.

“We have received so much wonderful feedback from RACF staff, residents and relatives about the positive impact the counselling and support services have had. The residents have felt very supported and not forgotten,” she said.

“There has not previously been any service like this available to support

residents and it is great to be able to independently and confidentially support residents in their home.”

Ms Withers said being able to provide support to residents in aged care facilities throughout the COVID-19 pandemic has been a highlight of her time working on the service.

“We have had so much wonderful feedback from residents, particularly around seeing our teams faces on the telehealth screen as the RACF staff were wearing face masks and shields,” she said.

“To see telehealth work so well with the older people was also incredible! Some residents had not ever used technology before, and they really embraced it.”

The COVID-19 pandemic has also taken a toll on the physical health of RACF residents, especially those living at facilities impacted by COVID-19 outbreaks and lockdowns. Without being able to move around freely or access physical therapy services, many residents have seen their physical conditioning decline.

NWMPHN is helping tackle this issue by commissioning intensive physical



our vision

An Australia where
experience positive re
truly value each other, a
more confident

Rhonda Withers (left) and Jenni Dickson from Better Place Australia.

Photo: Leigh Henningham



therapy for residents in RACFs affected by COVID-19 outbreaks.

The program will include physiotherapists, exercise physiologists and occupational therapists to provide group physical therapy, with RACFs with two or more cases of COVID-19 as of 23 October 2020 being eligible to participate in this program.

53 RACFs in our region have been identified as eligible and will receive this new service when it commences later in 2021.

With the population aged 65 and older in our region expected to increase from about 175,000 people in 2014, to about 324,000 by 2031, NWMPHN will continue to seek new ways to provide support to older adults in our community.

For more information on how NWMPHN is addressing issues in the aged care sector, visit nwmpnhn.org.au/older-adults

Royal Commission into Aged Care

While it's important to provide targeted responses to COVID-19 in aged care, the pandemic has only exacerbated issues that already existed long before the first cases reached our shores. These issues have been brought sharply to prominence by the Royal Commission into Aged Care, which handed down eight volumes of findings and 148 recommendations on 1 March 2021.

This has resulted in an initial \$452 million being promised to address immediate challenges such as aged care provider governance and reducing the wait for home care packages.

A further recommendation was made for more specialist dementia care units to be established, with at least one unit operating in each PHN catchment by 2022-23.

NWMPHN stands ready to play a greater role in supporting the health of older adults, including

aged care residents, subject to a clear mandate and associated funding from the Australian Government.

The National PHN Cooperative, representing all 31 Primary Health Networks, said in a statement that they support recommendations to implement a new voluntary primary care model for people receiving aged care services.

"We would argue that the new model should incorporate proactive monitoring approaches for healthy ageing, interfacing with aged care services as older people's needs change, to enable ongoing management of older people's long-term conditions and to support their transition into aged care services."

Further recommendations to PHNs regarding aged care services include data collection and use of My Health Record, improved public awareness of Aged Care and social supports to reduce and prevent social isolation and loneliness.



Beyond COVID-19

Dr Ines Rio

Australia's response to the coronavirus pandemic has not always been perfect, but we still have much to be proud of.

THE HUMAN AND ECONOMIC COST OF COVID-19 has been high, but not nearly as high as it could have been. And it has shown us time and again what we are capable of; from the resilience of the millions who endured the many effects of lockdown to the tireless efforts of healthcare workers, there are many success stories from 2020.

However, there is no doubt we will be left with an ongoing health and economic burden that needs acknowledgement and addressing. We have seen cancer diagnoses fall, fewer presentations to general practice for cardiovascular events, preventative health screening and chronic disease management, and more presentations for distress and mental health concerns.

All of these can be expected to have flow in effects in the next few years. Cancer stage progression, more end organ effects from vascular diseases and diabetes, and the effects of poor mental health on the wellbeing of individuals, families, and communities. The cost of mental

illness in Australia is \$600 million a day, and only likely to grow with the ongoing fallout from the pandemic and recent drought and bushfires.

We also need to consider the effects of long COVID in our community, given the majority of COVID cases in Australia have come from our region. We need more research and support for people suffering long COVID, and to reinforce the importance of anyone diagnosed with COVID to stay in touch with their GP in the long term.

I have argued previously that t. From where I sit, a successful system development has been the HeadtoHelp service in Victoria. Announced by the Australian Government in August as a measure to support Victorians struggling

COVID-19 will change
the health system for
many years to come.
Photo Leigh Henningham



or social worker; at medium it may be referral to dedicated health care hubs that have multidisciplinary teams that include mental health nurses, psychologists, social workers, alcohol, and other drug workers; and at higher acuity to the regional hospital run mental health care service.

While COVID-19 may have exacerbated it, Australia's mental health epidemic is far from new, and it has long been acknowledged that we are not dealing with it well. It is beyond time for us to apply the solutions-based thinking we have shown in the face of COVID-19 to a problem that affects so many of us every day. With a collaborative mindset and a stringent focus on a patient-centred, evidence-based model, we can seize this moment to deliver the mental health system that Australia truly deserves.

The recent National Federation Reform Council statement on mental health reported that patients are currently confronted with a system that is "fragmented, complex to navigate for Australians and their families and carers, and not sufficiently focused on prevention and early intervention". The same goes for their GP and other care providers. It quotes recent reports, including Victoria's Royal Commission into Mental Health, that call for a more compassionate, coordinated and consumer-centred system. We need to build on the HeadtoHelp model to reduce fragmentation and build integrated models.

through a protracted lockdown, it is run by Victoria's six Primary Health Networks. It consists of a state-wide single point intake service where patients, families or GPs and other health professionals can refer all but the most acutely unwell person to.

The central service is staffed by experienced mental health professionals who (along with referring GP if a GP has referred) make an initial assessment and determine the level of care required and then access that service for the person.

At lower level acuity it may be cognitive behavioural or talking therapy and mindfulness apps and social connectio; at low-to medium it may be referral to a psychologist

outcomes, patient experience, provider experience and cost.

HeadtoHelp is currently funded as a temporary, pandemic-related measure. It is a missed opportunity to let this crucial part of system development fall away. HeadtoHelp should be expanded, with the hubs also having access to psychiatrists and drug and alcohol medical specialists. Better integration between services was a key recommendation of the Royal Commission into Victoria's Mental Health System and from the hundreds of stakeholders that contributed to our Regional Plan for Mental Health – this is a chance to make that happen.

"The problem is not so much the lack of services, as the difficulty in finding a way through the maze of different providers."

HeadtoHelp should also be extended, so that it is a permanent part of the system and continues to evolve in response to feedback from patients, families, GPs and other providers and performance indicators.

The COVID pandemic is a key moment for Australian health, and an opportunity we must take. If the past year has taught us anything, it is that when pressed, we can adapt our systems rapidly and effectively to meet a crisis. Just as Victoria has evolved in leaps and bounds on systems for contact tracing in COVID-19 when it was apparent there was systems failure, we have recognised failure our mental health care systems and the embedding and evolution of a HeadtoHelp is a sensible and demonstrated enhancement with major positive impacts.

It is hard to overstate the importance of this. The international evidence tells us the best results come when the patient is surrounded and supported by a team that responds to their individualised care and service needs. And this is nowhere more important than in the mental health space.

This is not to say there is a smooth or easy road ahead. Entrenched divisions and silos will require hard work and good will to break down. With the present the connection between inputs and need and outcomes far from clear, we will also need tools to evaluate the success or failure of what we are attempting. These measures should be viewed through the prism of the quadruple aim of primary care by measuring



To find out more go to headtohelp.org.au

General practice leading the way on family violence

LOCAL GENERAL PRACTICES ARE continuing to innovate and expand the breadth of care they can provide to their patients, despite the ongoing challenges of the COVID-19 pandemic.

30 general practices from across the North Western Melbourne Primary Health Network (NWMPHN) region will be part of the Primary Care Pathways to Safety program, a comprehensive, practice-based education program tailored to overcome challenges in responding to family violence.

Practitioners and staff at an initial six practices began the program in January 2021, including Dr Kirsty Tamis from Forsyth Park Medical Centre in Truganina.

Dr Tamis said many of her practice's patients faced a range of barriers to accessing support, which could

prevent many from seeking help for family violence. "Accessing external services can be difficult or impossible for many of Forsyth Park's patients, especially new migrants who rely on their abuser for money, visa, translation, transport and often phone access," Dr Tamis said.

"Having an enhanced service at the practice will give these patients an opportunity for support in a local, familiar and trusted surrounding, one of the few they may be able to access by themselves.

The program, which is a partnership between NWMPHN and University of Melbourne Safer Families Centre, can also help strengthen existing practice activities.

"Currently we have a model in the practice for patients to alert reception at booking that they are a victim of domestic violence and at risk," Dr Tamis said.

"This allows us to provide a reason to ask to consult with the patient alone. With better education we can further develop this model to encompass the complexities of the presentation of domestic violence. This, in turn, helps us to help our patients."

The training program is one arm of a whole of region suite of capacity building and system integration activities, which will include:

- › A targeted social marketing campaign to address the lack of awareness of the prevalence of family and domestic violence in the community and within general practice, including promotion of existing material such as the video 'Starting the Conversation About Family Violence' and Family Violence Health Pathways
- › A series of annual Communities of Practice, bringing together professionals from general practice, mental health and drug and alcohol services, hospitals and the family violence sector to foster interdisciplinary and cross-sector learning and pathway development.

The first Community of Practice on 20 April 2021 was attended by 28 representatives from across the sector, including speakers with lived experience of family violence.

One speaker with lived experience said being part of the event gave her hope. "It was so nice to see a range of professionals from a cross section of services interested in making positive changes to what is a very broken system," they said. "It gave me hope that finally something is happening."



Supporting COVID-19 vaccinations in our region

Photo: Unsplash

COVID-19 vaccine FAQs

Q: How many practices are eligible to administer the COVID-19 vaccine?

A: Since phase 1B of the rollout, nearly 300 practices in our region have been administering vaccinations. More general practices may be able to get involved in the future. Community pharmacies have also been able to administer vaccines since phase 2A of the rollout, which started in May.

Q: Have there been any HealthPathways developed for the COVID-19 vaccine rollout?

A: There are 23 COVID pathways on HealthPathways Melbourne, which together have been viewed more than 30,000 times. These include the 'COVID-19 Aged Residential Care Assessment and Management', 'COVID-19 Vaccination Procedure' and 'COVID-19 Vaccination Information' HealthPathways. Go to melbourne.healthpathways.org.au

Q: Where can I go to find out more information about COVID-19 vaccines in residential aged care facilities?

A: Visit nwmpnh.org.au/COVIDagedcare

Q: Where can I go to find out more information about COVID-19 vaccines in general practice?

A: Visit nwmpnh.org.au/COVID19vaccines

the needs of our aged care community are being met.

Our role in the rollout of COVID-19 vaccines in aged care includes facilitating communications between RACFs, vaccination workforce providers (Aspen Medical and Health Care Australia), GPs, hospitals and other local health providers, and state and federal health authorities to ensure aged care residents have access to vaccines and adequate GP care afterwards.

We have also conducted a needs assessment of the approximately 130 facilities in our region to identify needs and issues and connect with GPs who provide care to aged care residents.

Information and eligibility rules around COVID-19 vaccines can change at short notice. Visit health.gov.au/covid-19-vaccines regularly for the latest updates.

If you have any questions regarding the support NWMPHN can provide for primary care regarding COVID-19 vaccinations, please contact primarycare@nwmpnh.org.au or call 03 9347 1188.

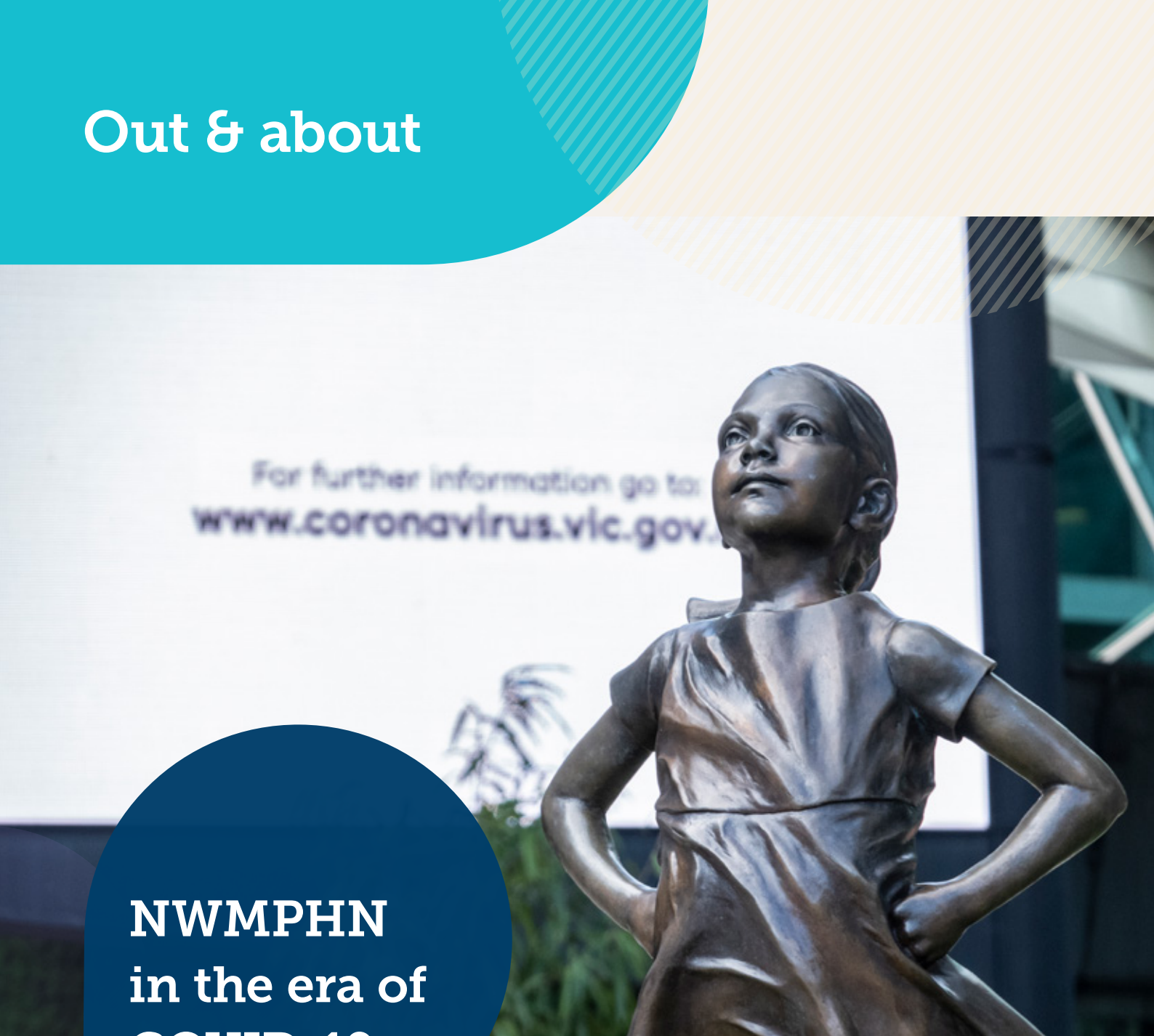
NORTH WESTERN MELBOURNE PRIMARY Health Network (NWMPHN) is playing a lead role in supporting general practices and other primary care providers to deliver COVID-19 vaccines to patients in our community.

Our primary role is to assist general practices in joining the rollout and providing a regional point of contact between general practices and the Australian Department of Health.

Along with this, we also facilitate communications between general practices and the Victorian Department of Health, local hospitals, and other local health providers.

NWMPHN has also been the primary contact point for residential aged care facilities throughout the COVID-19 vaccines rollout. This has involved forming a COVID-19 Aged Care Expert Advisory Group to ensure

Out & about



For further information go to
www.coronavirus.vic.gov.au

NWMPHN in the era of COVID-19

While we are returning to the office, our training and education events remain online for the time being. Although we miss face-to-face engagement, it has allowed more people from our region to participate in events and activities with NWMPHN.

We are assessing the ongoing benefits of online training delivery and identifying where face-to-face delivery could add significant value, and will keep you updated with any changes as they are decided.

We have also used this time to develop a broader range of video content on new programs and local health issues. Our online events are regularly posted on our YouTube page – just search for 'NWMPHN YouTube'. Here are some you might have missed.

Supporting our Indigenous community



NWMPHN worked with the Eastern Melbourne Primary Health Network and Dardi Munwurro to develop videos about social and emotional wellbeing featuring members of Melbourne's Aboriginal community. The videos cover themes such as self-care, social isolation, help seeking, anxiety and panic attacks and community supports. Watch Uncle 'Bootsie' Thorpe talk about social and emotional wellbeing here:



Being well, in any language

Good mental health is important, no matter what language you speak, but it can be hard to find straightforward mental health information in languages other than English. NWMPHN has released a series of videos and printed resources in Arabic, Burmese, Simplified Chinese, Karen and Vietnamese, addressing key concerns and linking people to support services. Watch our 'My Mental Health' video with Simplified Chinese subtitles here:



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هذه الخدمات متاحة للدعم العاجل مدار الساعة وطوال أيام الأسبوع. لك إمكانية التواصل الفوري عبر الإنترنت مع طبيب سريري متخصص في الصحة العقلية يمكنه تقديم المساعدة لك. تحديد نوع الاستجابة المطلوبة ومدى كونها عاجلة. وهي خدمة مجانية. أرقام هواتف الدعم العاجل وفق من الحكومة المحلية، حسب محل إقامتك.

- لمناطق بريمانك، ودارلينج، وملبورن، وميلتون، وموني فاربورن ولاند أوفل على الرقم التالي: 1300 874 243
- لمناطق خليج هوبسونز، وماريندونا وجوندينام أوفل: الرقم التالي: 1300 657 259
- ولمنطقة ماسيدون رينجز أوفل: الرقم التالي: 1300 874 243



خدمات الصحة العقلية المتخصصة

تتوافر خدمات الصحة العقلية المتخصصة لدعم الأشخاص المتأثرين بشكل خطير بمرضهم العقلي. فهي تقدم كلاً من التقييم في حالات الطوارئ وفي الحالات المخطط لها وكذلك العلاج في أي مركز مجتمعي أو في مستشفى.

كيف تشعر؟

أعاني من أعراض شديدة الوطأة. إنني أشعر بمعاناة حقيقية وأحتاج إلى تلقي المزيد من المساعدة على الفور.



Helping GPs gain new skills

Trans, gender diverse and non-binary mental health training module:

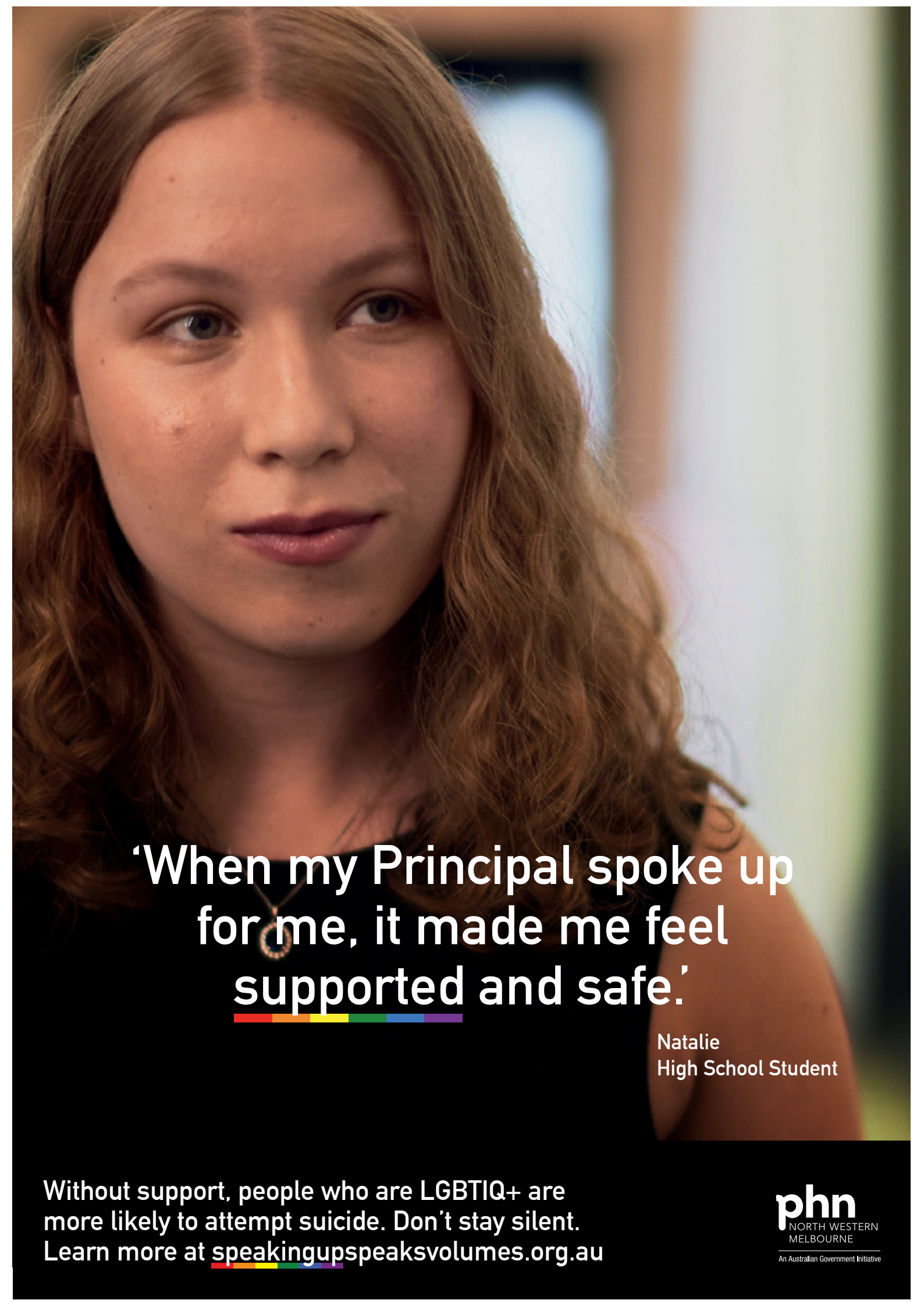
Part 1: Introduction and co-design discussion with Dr Gavi Ansara

December 2020

phn
NORTH WESTERN
MELBOURNE
An Australian Government Initiative

Dr Gavi Ansara led a discussion on trans, gender diverse and non-binary mental health back in December 2020, one of the many online training events for GPs and other health professionals we've facilitated since the beginning of the pandemic. You can watch the full session here:





**'When my Principal spoke up
for me, it made me feel
supported and safe.'**

Natalie
High School Student

Without support, people who are LGBTIQ+ are
more likely to attempt suicide. Don't stay silent.
Learn more at speakingupspeaksvolumes.org.au

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