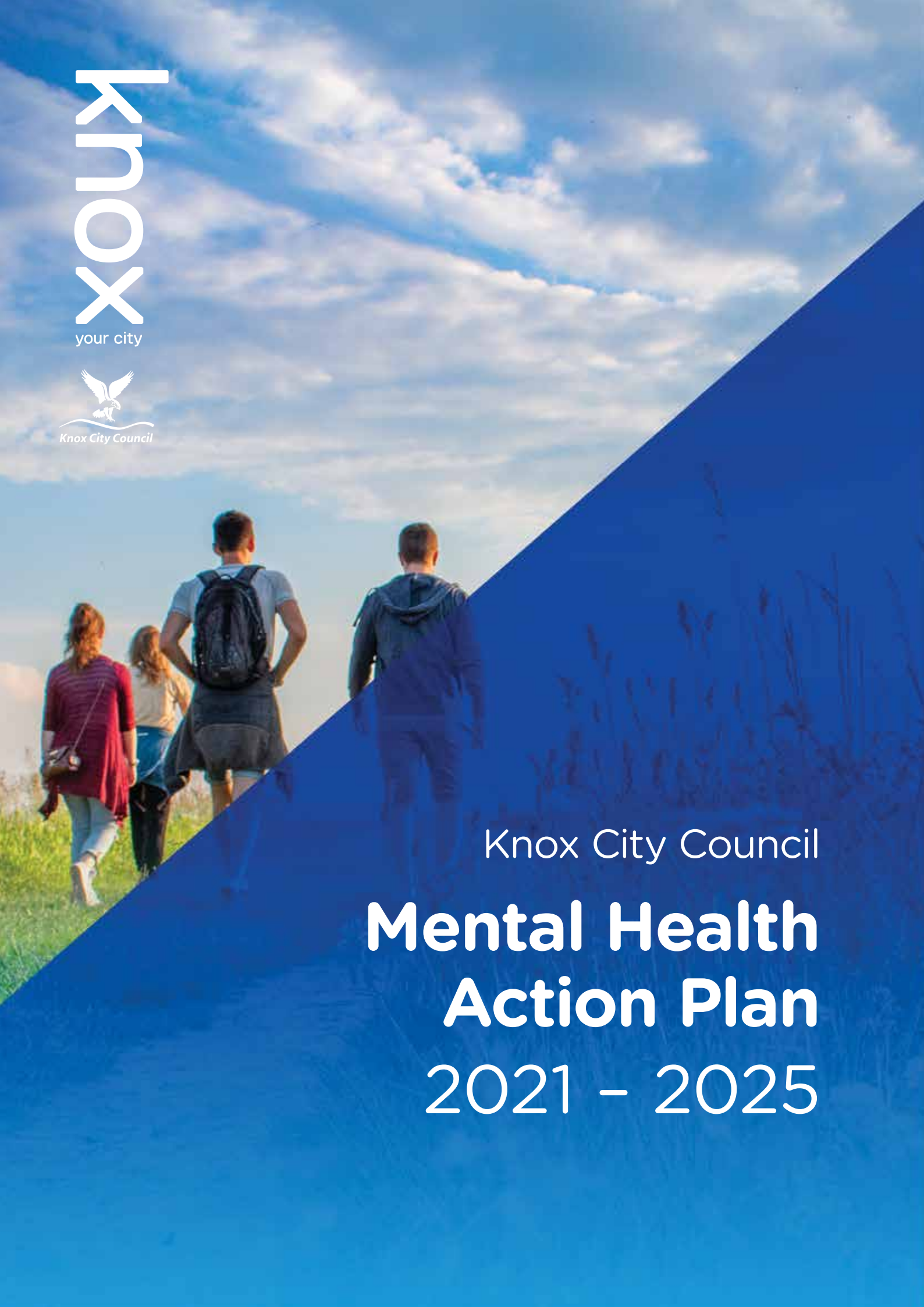


knox
your city

A photograph of four people walking away from the camera on a grassy hill. The sky is blue with scattered white clouds. A large, solid blue diagonal shape covers the bottom right portion of the image, serving as a background for the title text.

Knox City Council
**Mental Health
Action Plan
2021 – 2025**

Knox City Council acknowledges the traditional custodians of the city of Knox, the Wurundjeri Woi Wurrung and Bunurong people of the Kulin Nation.



This document was written by Knox City Council, Community Wellbeing Department, February 2021.

A special thank you to all participating organisations who contributed to this document:

- Anglicare
- EACH
- Eastern Community Legal Centre (ECLC)
- Eastern Melbourne Primary Health Network (EMPHN)
- Headspace
- Mental Health Victoria
- Mind Australia
- Mullum Mullum Indigenous Gathering Place (MMIGP)
- Neami
- Wellways
- Department of Families, Fairness and Housing (DFFH)

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Executive Summary

The mental health of Knox residents has been in decline over the past four years with the current COVID-19 pandemic exacerbating these issues. Results from the *Knox COVID-19 Household Impact Survey* conducted in July 2020 revealed mental health and social isolation resulting in feelings of loneliness to be the most pressing issues for the community. Council has in many ways acted upon improving the state of mental health across the municipality over these four years, however with the sharper decline occurring during the pandemic, council has decided to take a stronger stance in its approach.

To gain a deeper understanding into the current mental health landscape of Knox and highlight possible areas of opportunity and potential partnerships, a range of local service organisations were engaged in Mental Health Forums in December 2020 and February 2021. It is clear that initiatives to address mental health in the community are best done through partnership and coordination with other organisations to achieve collective impact. Council has consulted with and will continue to work with a number of peak body agencies and service organisations, some of which include Mental Health Victoria, Prevention United, EACH, Headspace and Mullum Mullum Indigenous Gathering Place.

In addition to the forum, one-on-one meetings were held between council and partners to further explore partnerships and understand services. Input from these organisations were used to outline a shared vision and commitment to future action on mental health. The *Knox City Council Mental Health Action Plan* is the manifestation of this advice and recommendations arising from the forum and meetings, with support from wider demographic and best practice research.

To provide context to the current mental health landscape in Knox, this document shows the wide variety of current activity and interventions employed by council and partners to address mental health. The vast variety of interventions appears to address all areas of the prevention spectrum, as well as largely across the socio-ecological categories, on which they were mapped. Suggesting, that services and interventions are catering for a large variety of people and a diversity of needs. Despite this wealth of service provision and intervention initiatives, the challenge is reported to be the capacity to deal with current demand. Cost is a secondary challenge and barrier to mental health service access, particularly for vulnerable cohorts. Individuals struggling with their mental health may claim up to 20 sessions a year with a mental health professional through Medicare, once they have received a mental health care plan from their doctor (Services Australia, 2021). However, these sessions may incur an out-of-pocket cost if Medicare does not cover the full fee (Services Australia, 2021). Essentially, further treatment and access to professional mental health care can be expensive and ongoing. Thus, making them increasingly inaccessible and resulting in

many individuals, especially vulnerable cohorts, falling through the cracks. Therefore, efforts must be directed to mental health promotion and prevention that can be accessed by all, regardless of individual circumstances and privilege, which will also support the secondary and tertiary initiatives.

Mental health initiatives were also scoped against liveability domains in addition to the socio-ecological model to truly capture both the physical and social environments at play in health and wellbeing. This scoping found that fewer initiatives were viewed through a liveability lens and thus may provide an opportunity for council to act in this space of primary prevention to support partner organisations in their current actions.

This exploration of services also showed many cases where council are best placed to partner with active organisations and support their current work. One such example being the promotion of lesser known services utilising council engagement channels, or gauging need through community connections to tailor existing programs to our community.

An array of recommendations can be seen in *Table 1* and were formed in line with four key areas identified by partner organisations in the forum; *health promotion, community education, sector coordination and collaboration and advocacy*. These recommendations were made with a specific focus on population cohorts such as youth, older people, financially disadvantaged, women and people of culturally diverse backgrounds. These cohorts were considered at most need.

Table 1: Knox Mental Health Action Plan Recommendations

Health Promotion

1. **Enhance Liveability factors of all suburbs in Knox City Council (e.g. walkability, housing, food)**
2. **Address and challenge all forms of discrimination, exclusion or marginalisation in the community (racism, bullying, homophobia, people with mental health issues, people with Alcohol and other drugs (AOD) challenges etc.), including the enhancement of existing programs to include mental health prevention**
3. Undertake an analysis of suburbs reporting higher rates of social isolation during the pandemic lockdowns (through a place-based Liveability Assessment)
4. Improve the state of third places to promote social gathering and cohesion for the strengthening of social capital
5. Focus on Family Violence Prevention as a key driving factor, with specific consideration to trauma and cultural sensitivity
6. Focus on decreasing alcohol consumption and other drug use as a key factor to poor mental health and broader relating issues
7. Promote the Achievement Program to early years settings, schools and workplaces within Knox City Council
8. **Focus on specific underutilised health promotion subject areas to support marginalised communities (e.g. LGBTQIA+, multicultural community, First Nations)**
9. Focus on promoting mental health and wellbeing in the Knox City Council workforce
10. Promote, support or deliver family and carer support groups in the region

Community Education

11. **Promotion of existing partner programs through council channels to increase awareness to 'hard to reach' groups (e.g. homeless, language other than English)**
12. **Implement parenting and relationship programs to enhance the quality of relationships - Baby Makes 3 (BM3), Resilience, Rights and Respectful Relationships (RRRR)**
13. Implement programs and initiatives to support the first 1000 days of life: Infant, Feeding, Activity and Nutrition Trial (InFANT), BM3 as well as family support and resilience
14. **Promote and run mindfulness programs and/or mental health first aid through council for all residents and select cohorts**
15. **Work with primary, secondary and tertiary education settings, targeting students to build resilience skills to address mental health (e.g. relaxation, mindfulness, psychoeducation, meditation, yoga, wayapa, resilience, coping mechanisms, positive mental health practices, arts), in addition to health promoting behaviours (physical activity, healthy eating, adequate sleep, consumption of alcohol)**
16. Promote culturally appropriate mental health awareness and intervention in antenatal and postnatal cohorts

Sector Coordination and Collaboration

17. **Knox Mental Health Round Table - for collective impact partnered approaches to mental health actions**
18. Implement a mental health and wellbeing specific community grants program - to support community organisations lead initiatives
19. **Greater use and activation of third places to foster social connection (e.g. running free place-based physical activity programs like Active Maribyrnong)**
20. Partner with and utilise existing facilities in Knox to deliver and strengthen current social connection initiatives, including leisure centres, libraries, neighbourhood houses
21. Encourage the co-location of services, potentially leveraging existing council facilities
22. Partner with Aboriginal Community Controlled Health Organisations (ACCHOs) to support existing initiatives for the increased health and wellbeing of First Nations people
23. Work collaboratively with carers, families and support people to address their needs and connect them to appropriate services

Advocacy

24. **Seek advice and input into initiatives from those with lived experience (e.g. community representation group), including those from vulnerable groups, families, carers and supporters**
25. Promote participation in wellness practices (yoga, meditation, yarnning circles, wayapa etc.) with guidance from specific cultural groups
26. **Support the engagement of existing services, facilities and programs (e.g. Headspace, Men's Shed, community gardens, multicultural services, First Nations specific services)**
27. Promote and support First Nations peoples cultural health in schools through partnerships with Koori Education Support Officer (KESOs)
28. Increase understanding of the needs of women in regards to mental health across different life stages (youth, pregnancy, retirement etc.), and across different cultural groups
29. **Advocate for resources that enable collaboration and partnerships**
30. Advocate for adaptable service delivery to improve experiences and support families, carers and other supporters of those living with mental illness

***Bolded initiatives indicate the actions most pertinent to partnering organisations**

It is the hope that the *Knox Mental Health Action Plan* forms the basis of strong partnership efforts, collective goals and actions that will improve the mental health of residents, and ensure poor mental health is prevented at the earliest stage.

Introduction

The purpose of the *Knox Mental Health Action Plan* is to provide a strategic framework to address the current and emerging mental health needs of the Knox community and to assist in the coordination of interventions in our community moving forward. This action plan comes as a response to the consequences of COVID-19, but also to respond to the ongoing needs of the community more generally.

Broad social and environmental aspects of mental health will be explored to provide scope for primary prevention opportunities from council with the aim of promoting mental health and wellbeing at the earliest stage. Importantly, this document will also examine the state of mental health in Knox and available interventions, before exploring opportunities for further council impact and greater support for partner organisations. Effectively, this action plan aims to facilitate commitment and strategic action which will make Knox a more liveable setting for its community.

Background to Mental Health Action in Knox

Knox City Council has long engaged in mental health through different actions and across different departments. In 2018 the *Knox Community Safety, Health and Wellbeing Advisory Committee* led and hosted a Mental Health Workshop, attended by local service organisations from a wide variety of fields. The purpose of this workshop was to forge a shared vision and commitment to future action on mental health. The outcomes resulting from this workshop were:

- Establishment of a mental health and support network to strengthen collaboration¹
- Increasing community access to mental health first aid training²
- Advocacy in identifying gaps in NDIS funding³

Additionally, Knox City Council maintains a strong collaborative connection and relationship with EMHSCA (Eastern Mental Health Service Coordination Alliance) as signatories to the EMHSCA Memorandum of Understanding (MOU). The Alliance aims to improve the experience of mental health consumers, carers and practitioners through supporting the delivery of more accessible, appropriate and coordinated services.

Since this time, the COVID-19 pandemic has thrown yet more challenges and changes at our community. The *Knox COVID-19 Household Impact Survey* conducted in July 2020 found that many of the challenges born by the pandemic have resulted in self-reported mental

¹ This group functions as a community of practice gathering mainly local government employees

² Funding was provided to Neighbourhood houses for the training of community members

³ Knox participation in Eastern Mental Health Service Coordination Alliance (EMHSCA) and has included mental health actions in its Municipal Disability Leadership Plan

health and social isolation issues (causing feelings of loneliness), as the current major challenges for the community. Both issues being interrelated, have negative long term consequences for community wellbeing and population health.

In gaining understanding of this current situation, council decided to drastically ramp up its actions within the municipality to firstly improve population health generally, but also as a key response to COVID-19 recovery. To better understand the areas in which Knox could partner and act, Knox Mental Health Forums were held in December 2020 and February 2021 to discuss the survey findings, as well as share learnings from other key organisations.

These forums invited select mental health experts from peak bodies and service delivery organisations operating in Knox to provide advice on recommended future mental health actions for council.

Participating organisations included:

- Anglicare
- EACH
- Eastern Community Legal Centre (ECLC)
- Eastern Melbourne Primary Health Network (EMPHN)
- Headspace
- Mental Health Victoria
- Mind Australia
- Mullum Mullum Indigenous Gathering Place (MMIGP)
- Neami
- Wellways

These peak bodies and organisations provide mental health services and initiatives directly to the Knox community. The key focal themes for Knox City Council suggested by these agencies were:

- Health Promotion
- Community Education
- Sector Coordination and Collaboration
- Advocacy

These recommendations were made with a specific focus on population cohorts such as youth, older people, financially disadvantaged, women and people of culturally diverse backgrounds. These cohorts were considered at most need.

Knox Mental Health Action Plan

The following pages of this document outline the demographics of Knox with specific reference to aspects contributing to mental health, the service and intervention landscape of the municipality and future projects and initiatives for partnership and action. This will provide a detailed insight into where opportunity may exist for new and strengthened interventions, as well as further discussion for mental health primary prevention in Knox.

This action plan takes into account the complex and interrelated nature of mental health, looking at a range of individual, environmental, personal and social circumstances which collectively influence the mental health and wellbeing of individuals and communities. Mental health has many known drivers, this action plan has chosen to focus on a variety of drivers that are supported by the most recent findings of the *Knox COVID-19 Household Impact Survey* (Knox City Council, 2020). These areas include: social isolation, anxiety, financial vulnerability, racial discrimination, family violence and alcohol consumption.

Focusing on evidence-based associations and causes of ill-health, this action plan is a piece that fits into a much broader, health promotion strategy at Knox City Council and partner organisations.

Knox Mental Health Profile

Mental health is an essential component to overall health and wellbeing and must be at the forefront of interventions that promote a healthy community. Since 2017, Knox residents have reported higher rates of psychological distress than the Victorian average. Residents of Outer Eastern Melbourne (OEM) of which Knox is part, also reported slightly lower levels of life satisfaction than the Victorian average (Department of Health & Human Services [DHHS], 2017; DHHS, 2018a)⁴. Consequently, over a quarter of Knox residents have been diagnosed with anxiety or depression at some point in life, indicating that these poor signifiers may translate to diagnosable mental health conditions (DHHS, 2017). All of these issues are signifiers of poor mental health amongst our community.

Although the Knox community has been experiencing negative mental health factors, different cohorts within this community record worse experiences of mental health than others. Such disparities can be seen in the self-harm rate of females in Knox as opposed to males for example, which increased from 2017 to 2018 (Women's Health Atlas, 2018). Similarly, residents living in select suburbs in Knox reported higher rates of social isolation during the COVID-19 period. This geographical difference draws further attention to inequalities within the community and possible environmental features influencing poor mental health (Knox City Council, 2020).

It is important to note, the impact of mental illness not only affects the individual experiencing the health issue, but also carers, friends and families of those with mental illnesses. This can have direct negative influences on their own mental health and wellbeing (Shah et al., 2010). Thus, services and initiatives must also address these support networks to ensure their mental health and wellbeing needs are also addressed.

The Impact of COVID-19

During the pandemic, mental health among the Knox cohort declined even further, as shown by the *Knox COVID-19 Household Impact Survey* (Knox City Council, 2020). Recent evidence from the Black Dog Institute (2020) also supports this finding, stating that those with pre-existing anxiety disorders and other mental health disorders, including depression, are at risk of increased anxiety during the pandemic. Given our existing exacerbated mental health challenges, mental health and its drivers must be well understood and remain a high priority for Knox City Council.

⁴ Effectively, life satisfaction saw a slight fall in OEM between 2017-18 compared to Victoria (DHHS, 2018a).

⁵ Survey participants were asked: In what ways, if any, has the COVID-19 impacted on you? This question was open to both positive and negative impacts. An opportunity to provide further information was given later in the survey.

⁶ This is important to consider as approximately three quarters of mental illness occurs before the age of 25 years (McGorry & Mei, 2018).

⁷ Social support acts as a protective factor for mental health, while decreased social support can lead to social isolation and thus decreased mental health (Kawachi & Berkman, 2001)

⁸ Including decreased hours and reduced income

Pandemic Mental Health Impacts

One of the major survey findings stated that 75% of residents reported a big, or slight impact⁵ on their mental health, which was most prominent in those aged 18-29 and least prominent in 65+ year olds (Knox City Council, 2020). Indicating the level of impact on mental health declined across increasing age groups⁶. However, mental healthcare traditionally focuses on the adult population during crisis events, meaning more focus is needed on prevention and early intervention in younger years to minimise the risk of poor mental health developing and transitioning to adulthood (Black et al., 2017).

This disproportionate impact was further observed in those in a family household, compared to lone persons and couples with no children (Knox City Council, 2020). Discrepancies may be due to increased difficulties in managing domestic loads during lockdown as a consequence of home-schooling, limited childcare and reduced support from family and friends⁷ (Pierce et al., 2020). Renters were an additional subgroup reporting higher levels of mental health impact, which may be explained due to a higher percentage of renters experiencing changes to employment during the pandemic⁸, leading to increased stress and thus poorer mental health (Australian Housing and Urban Research institute, 2020).

Social Isolation

With 96% of respondents reporting an impact on time spent with family and friends, and an additional 39% naming social isolation as a setback; social isolation clearly emerges as a primary consequence of COVID-19 (Knox City Council, 2020). With already reported high rates of psychological distress, anxiety and depression, social isolation in Knox must be addressed to ensure rates stabilise and decrease to improve the mental health of residents.

Interestingly, as mentioned, the largest discrepancies in those experiencing social isolation occurred between different geographic regions⁹ (Knox City Council, 2020). Areas experiencing higher rates of social isolation include the Hills region¹⁰, Rowville, Wantirna and Wantirna South. This suggests broader environmental aspects may influence levels of social isolation, linking into the notion of liveability¹¹. Examples of geographical discrepancies could include the greater number of missing footpath links in Rowville (David Lock Associates, 2005), and consequently, the lowest walkability score of all Knox suburbs (Walk Score, 2021). This effectively may have impact on physical activity and accessibility of services¹². The interrelationship between liveability and mental health from a place-based perspective is complex and should be explored.

⁹ This is particularly interesting as this issue did not differ by population groups as with most other indicators

¹⁰ Includes the suburbs of Upper Ferntree Gully, The Basin and Lysterfield

¹¹ A city in which people can “live in appropriate housing, within walking, cycling or rapid and reliable public transport distance to employment and education, social and health services,

healthy food, and good quality public open space” (Whitzman et al., 2012) is considered a liveable city. Liveable cities have increasingly been linked to positive health (Wood et al., 2017)

¹² Similarly, on average residents in Rowville have less than one restaurant, bar or café within a 5-minute walk and thus may have contributed to social isolation in a time where people had very little reason to travel beyond their neighbourhood (lockdown restrictions) (Walk Score, 2021)

Anxiety

Levels of anxiety¹³ however, differed slightly across varying Knox cohorts during the pandemic, with higher rates of worriedness experienced in females, those who speak a language other than English, Rowville residents and those below the poverty line. These higher rates in females may be due to the higher rates of adopting household tasks while working, including home schooling when compared to males (Knox City Council, 2020), whilst higher rates in those who speak a language other than English may be due to ineffective official coronavirus health communications¹⁴ (Grey, 2020).

Financial Vulnerability

One of the primary impacts from COVID-19¹⁵ was financial vulnerability, with almost 70% of respondents reporting an impact on their financial position (Knox City Council, 2020). Financial vulnerability was particularly felt by those aged 18-29, renters and those below the poverty line (Knox City Council, 2020). This may suggest those aged 15-24 years are considerably more likely to be employed on a casual basis and therefore have a less stable income than older adults (Gilfillan, 2018). Therefore, financial vulnerability should be recognised as a broader determinant in addressing mental health.

Health Improvements during the Pandemic

Although the pandemic had a large variety of adverse effects on resident's health and wellbeing, many individuals experienced improvements over this period. The most commonly reported improvement was spending more time with kids and family¹⁶, which may have acted as a protective factor to both social isolation and consequent decreased mental health for some cohorts as explained previously. Residents also enjoyed a slower pace of life and increase time for hobbies and projects which again may act as a protective factor to mental health¹⁷ (Head to Health, 2019).

The pandemic has presented unique experiences that have affected the mental health of some individuals. However, there are other broader context issues that also impact mental health regardless of the pandemic of lockdown restrictions; some of which include existing inequalities and behaviours which are discussed below.

Racial Discrimination

Racial discrimination is another broader determinant that impacts mental health and wellbeing. Knox is a diverse and multicultural community¹⁸, however, negative perceptions towards multiculturalism have existed in the past. Consequently, only half of Knox residents previously agreed that multiculturalism makes life in the area better; a lower proportion than Melbourne (Knox City Council, 2016). Whilst the percentage of adults agreeing

¹³ Anxiety measures used in the Knox COVID-19 Household Impact Survey include measures of security, worriedness, confusion and relaxation. The most frequently reported anxiety measure was feeling (very much so) worried, followed by (not at all) relaxed, and (not at all) secure (Knox City Council, 2020).

¹⁴ Another reason could relate to cultural concepts of health and the way the question was posed

¹⁵ As reported in the Knox COVID-19 Household Impact Survey

¹⁶ The impact on seeing family and friends was also seen as a negative (mentioned above), but this negative most likely relates to restrictions to see people outside one's household.

¹⁷ Individuals with hobbies often experience less stress and have a decreased risk of low mood and depression (Head to Health, 2019).

with this statement has increased in the OEM region (DHHS, 2018a), the Australian Human Rights Commission (2019; 2020) saw a rise in complaints received against the *Racial Discrimination Act* over the past year. One third of racism complaints made between February and May 2020 were related to COVID-19, indicating the pandemic led to a spike in racism in Victoria (Tan, 2020). This is problematic, as individuals experiencing racism are at increased risk of developing mental health issues including anxiety and depression.

Due to Knox's multicultural nature, past attitudes, and the increase in racism in Victoria throughout the COVID-19 pandemic, racism should be elevated as an area of consideration in addressing mental health.

Alcohol Consumption

Knox has the equal¹⁹ highest alcohol related hospital admission incident per capita compared to neighbouring Local Government Areas (LGAs) (AODstats, 2018, as sighted in Knox City Council, 2019). This is in line with the high monthly increased lifetime risk of alcohol-related harm experienced by adults in Knox (DHHS, 2017). Additionally, the survey showed considerable proportion of respondents reporting an increase in alcohol consumption during the pandemic, with well over a quarter of 30-39 year olds and 40-49 year olds reporting this increase (Knox City Council, 2020). Furthermore, the survey also showed that families with children at home reported an increase in alcohol consumption at a higher rate than lone person households and couples without children. This may indicate

alcohol as a coping mechanism for increased stress around helping children with remote learning (Sonnenschein & Grossman, 2020). Conversely, males, 18-29 year olds and lone person households experienced a decrease in alcohol consumption, which may be due to decreased socialisation (Knox City Council, 2020).

Family Violence

Tying into mental health, family violence is of concern in Knox²⁰. Although incident rates are lower than Victoria, rates in Knox have seen an overall increase since 2016, and are higher than neighbouring LGAs. Of concern is a small number of respondents from the survey reporting concerns about anger and violence at home (Knox City Council, 2020). This spike in family violence incidents was a predicted consequence of the pandemic restrictions (Liotta, 2020).

Other Pandemic Impacts

Further impacts of COVID-19 felt in the Knox community included decreased exercise, eating less healthy food and experiencing trouble buying food. Although these are not immediate mental health factors, they are part of the broader determinants of health and act as risk factors for poor mental health. Residents in Ferntree Gully, Knoxfield and Scoresby experienced higher instances of difficulty buying food²², whilst Wantirna South and the Hills region had higher rates of exercising less (Knox City Council, 2020).

¹⁸ 30.1% of residents were born overseas in 2016, and a quarter of residents speak a language other than English at home (idcommunity, n.d). In addition, Knox has a growing Indigenous and Torres Strait Islander community (idcommunity, n.d).¹⁹ Knox has equal rates to Maroondah City Council

²¹ Maroondah, Manningham and Yarra Ranges (Crime Statistics Agency, 2020).

²² In addition to reporting eating less healthily than Knox as a whole

²⁰ Knox saw a considerable increase in total family violence incidents from 2019 to 2020 (Crime Statistics Agency, 2020).

Mental Health in the Youth of Knox

It is important to consider the youth living in Knox as a special interest group, especially as good mental health in childhood and adolescence translates into good mental health in adulthood (McDaid et al., 2017). According to the *Communities that Care* survey, some groups of Knox students are experiencing significantly higher rates of depressive symptomology than Australian students²³; rates which have increased in Year 8 and 10 students from 2014 to 2018 (Hosseini et al., 2019). This rate increase is seen progressively from Year 6 to year 10, as well as rates of lifetime alcohol use²⁴, binge drinking²⁵ and lifetime marijuana use, all of which are risk factors for poor mental health (Hosseini et al., 2019).

When compared to Australian data, some groups of Year 8 and 10 students in Knox have significantly higher rates of lifetime alcohol use, recent alcohol use²⁶ and binge drinking, in addition to higher rates of cigarette use and suspension (Hosseini et al., 2019). These areas indicate significant need for intervention to address these behaviours which can have adverse effects on both mental and physical health and wellbeing (Headspace, 2018; Letcher et al., 2015).

The unequal distribution of poor mental health seen in youth is also reflected at present in the huge demand and wait lists for most mental health services, particularly for this cohort as well as children (Pers. Comm. Pritchard 11th February 2020)²⁷.

Given the complex and interrelated nature of factors affecting the mental health of Knox residents, an array of interventions are needed to target different risk factors and cohorts to promote mental health and wellbeing.

²³ The Communities that Care Knox Youth Survey collects data pertaining to health behaviours of students in years 6, 8 and 10.

²⁴ Age of first alcoholic drink

²⁵ Considered four or more drinks in one session

²⁶ In the last 30 day period

²⁷ Personal Communication Pritchard, R (EMPHN), 11th February 2020



The Mental Health Intervention Environment of Knox

The following chapter aims to summarise and present some existing mental health interventions in Knox at the primary, secondary and tertiary prevention levels.

In addressing mental health, it is crucial to take a broad approach and understand the wider determinants that work to facilitate positive mental health. The determinants utilised within this chapter come from the socio-ecological model of health which highlights the importance of focusing on multi-level factors influencing behaviour. The environment in which people work, live and recreate also plays a strong part in influencing mental as well as general health. Factors such as public open space, housing, food access and transport to name a few, shape opportunities and ways of being. These more tangible environmental factors are seen as indicators for liveability. As mentioned, the liveability of an environment has a direct impact on the health and wellbeing of residents and thus, are important to consider in taking a preventive approach to mental health (Lowe et al., 2013). Using both the socio-ecological and liveability models to understand possible interventions allows a holistic and experience driven approach.

In order to determine what appropriate interventions could be developed or strengthened, it is first important to establish what is already available in the Knox community. To capture this information, a range of stakeholders and organisations were engaged in semi-structured interviews to explore what is currently available to the community. The information provided by each agency was collected to create a map of available interventions and services in Knox, which can be seen in *Appendix 1*. Council and partners had a wide variety of programs that influence mental health, however for the scope of this exercise, only programs that were intended to affect mental health directly were included. Services and interventions were mapped according to prevention level, and were sorted by intervention type. A summarised table looking at the number of

interventions and initiatives against the socio-ecological model, and liveability domains can be seen in *Table 2*. This is useful to easily see the agglomeration of services, whilst exposing opportunities for further intervention.

For the purpose of this mapping exercise, the following definitions were used to categorise interventions:

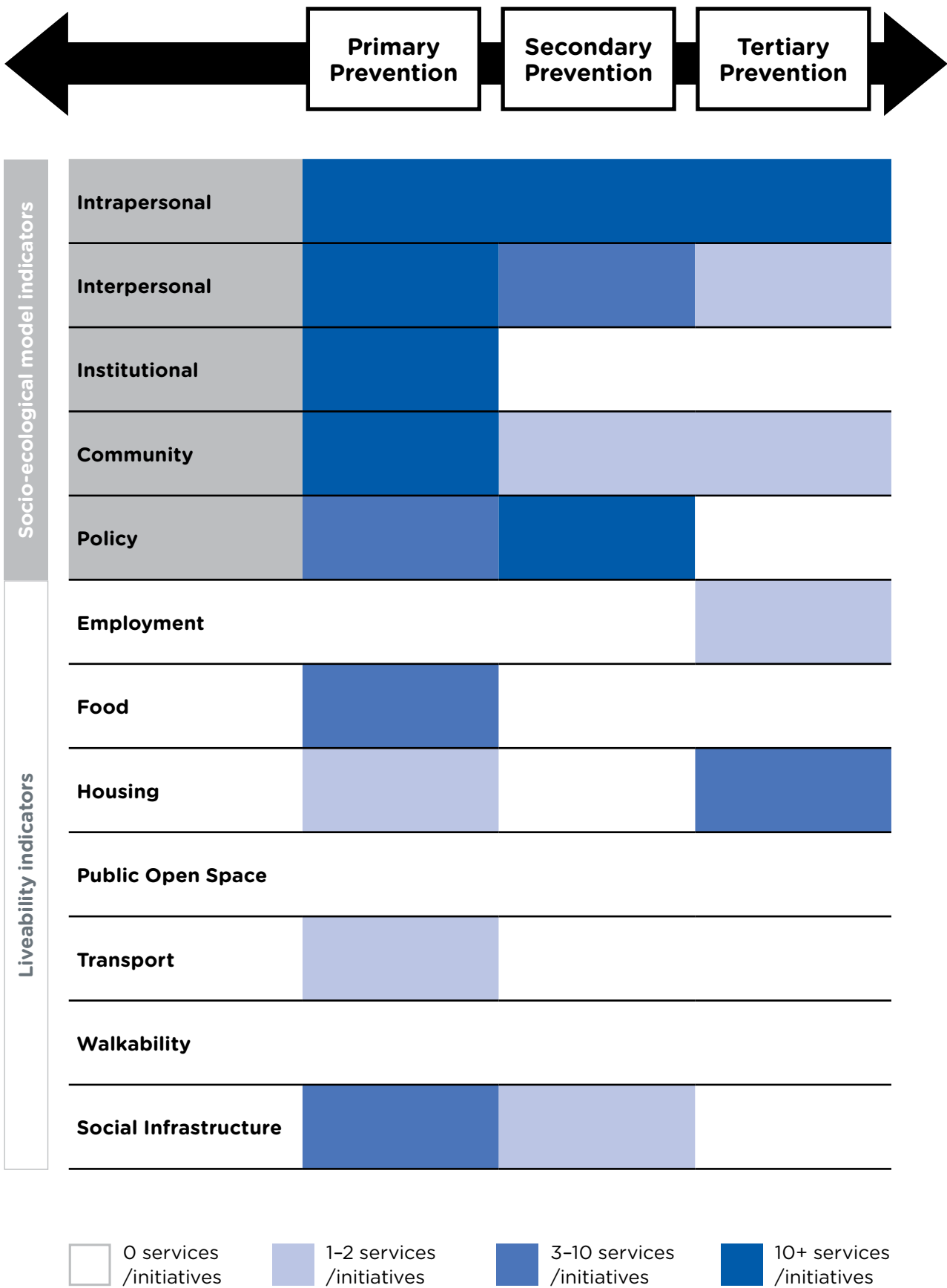
- **Primary Prevention:** aims to prevent the onset of a condition by stopping it from occurring in the first place
- **Secondary prevention:** focuses on the detection and treatment of a mental health condition at its earliest possible stage to reduce its duration and severity
- **Tertiary prevention:** aims to reduce the impact of an established condition on an individual's functioning, quality of life and longevity through treatment and psychosocial supports

(Carbone, 2020)

The mental health service system whose pathways sits largely upon the tertiary end of the spectrum, have not been extensively mapped. This is because it is a large and complex set of clinical services that lie outside the scope of this body of work. Instead, intervention points to access these pathways have been listed. See *Appendix 2* for more details on the tertiary access points.

This mapping is not an exhaustive list of all services and interventions in the municipality, but aims instead to provide a snapshot of the breadth and variety of programs and services currently available to our residents, which importantly allows us to consider further work and partnerships.

Table 2: Summary Map of Mental Health Services and Initiatives in Knox.



Addressing Mental Health in Knox City Council Catchment

Mental health is a significant burden to our community and has a variety of impacts on individuals and families. According to the Productivity Commission (2020) mental health is a key driver of economic participation and productivity in Australia.

Unfortunately, the implications of mental health on individuals, families and communities are immense and can be years in duration. The Royal Commission (2019) indicated that there are several issues in the mental health system that cause harm in our communities, some include general lack of support available to families and carers, and higher prevalence of some cohorts experiencing mental health issues. Effectively mental health affects a major part of our populations and inhibits its functioning and wellbeing.

Fortunately, many mental health conditions such as anxiety, certain behavioural disorders in childhood, as well as alcohol and substance use conditions can be prevented (Carbone, 2020). Anxiety and depression were amongst the most prevalent mental health conditions reported in the Knox community (Knox City Council, 2020), which would indicate that much of the mental health disparities experienced within our municipality are preventable. One of the largest problems outlined by the Productivity Commission (2020) is the under-investment in prevention and early intervention initiatives, which results in too many people living with mental ill-health for too long. Effectively, people need to seek assistance earlier and live in health promoting environments to aid in the prevention of mental ill-health in the first place.

Mental health services and interventions can take on many modalities, addressing mental health itself specifically, or addressing drivers and known correlating issues such as relationships and drug and alcohol use for example. The previous chapter highlighted the significant work of partner organisations in this catchment, as well as council itself, in addressing mental health issues. Despite these extensive efforts, more work, planning and partnerships can be leveraged to contribute to a mentally and physically healthy community. This chapter will explore the possible interventions and partnerships for the Knox catchment.

Best Practice Interventions in Mental Health

The area of mental health is immense, extremely complex and largely intertwined with other aspects of health and wellbeing. Essentially the social determinants of health play a substantial role in producing mental health. The Royal Commission (2019) suggest that inclusive, tolerant and supportive communities play a vital role in nurturing good mental health and wellbeing. In fact, evidence suggests that a large and diverse social network is a protective factor against depression, while social isolation is a key risk factor linked to mental illness and a range of adverse health effects²⁸ (Bhatti & Haq, 2017; Hawthorne 2006; Luanaigh & Lawlor, 2008).

In addition to a diverse network, research has also found that the quality of relationships is fundamental to mental health (Carbone, 2020). Effectively relationships and community cohesion are essential to positive mental health in individuals and the community as a whole. Thus interventions that foster social cohesion and social capital in Knox, will make substantial strides towards positive mental health. Addressing aspects like racism, as indicated earlier, will be a key factor in addressing mental health, as evidence shows a correlation between experiencing racism and poorer mental and physical outcomes in Aboriginal Australians (Larson et al., 2007; Paradies, 2006; VicHealth, 2012).

In a similar capacity, natural and built environments have also been shown to have a significant impact on mental health. Experiencing nature, with specific reference to green and blue environments, has shown positive mental health benefits with reductions in depression and anxiety symptoms (Carbone,

2020). It has been well established that direct interaction with nature has perceived restorative benefits to mental health (Francis et al. 2012; Herzog et al., 1997; Kaplan 1995; Parks Victoria 2015). Knox is home to over 300 parks, reserves and fields that cater for a range of leisure and recreational activities, providing ample opportunity to draw on existing resources in promoting mental health. Built environments are also essential to mental health through the social capital and cohesion that can be facilitated in third places (Jeffres et al., 2009). Libraries, parks and neighbourhood houses all offer opportunities for interaction, and thus should be utilised in providing and strengthening mental health initiatives in Knox.

Other factors as discussed previously that indirectly impact mental health in an adverse manner include financial vulnerability, alcohol and experiencing family violence. Financial vulnerability can lead to stress and significantly higher levels of mental distress, in addition to exacerbating and potentially evoking instances of family violence (Simha et al., 2020; WHO, 2006). Those experiencing family violence often experience longer-term, adverse mental health impacts and are at increased risk of developing mental health problems and mental illness²⁹ (DHHS, 2018b). Conversely, individuals experiencing mental illness report higher rates of family violence compared to those without mental illness (DHHS, 2018b). Furthermore, alcohol is a depressant drug and can negatively affect one's thoughts and feelings, including anxiety and stress, in addition to contributing to the development or exacerbation of mental health issues (Newton et al., 2018). Alcohol consumption may additionally exacerbate other negative risk factors. Thus, alcohol is a risk factor that should be considered when addressing mental health.

²⁸ Including anxiety and depression, emotional distress, suicide and suicide ideation in addition to poor sleep, dementia development, high blood pressure and reduced immune function

²⁹ Including but not limited to depression, anxiety, post-traumatic stress and suicidal ideation

Addressing other social determinants such as physical activity and healthy eating have also been shown to have a positive effect on mental health. In fact, community level programs targeting other outcomes like obesity, have been found to have positive outcomes on mental health presumably through their impacts on shared risk factors (Carbone, 2020): physical activity, healthy eating, outdoor recreation and social interaction. A prospective cohort study, found that: “12% of future cases of depression could have been prevented if all participants had engaged in at least one hour of physical activity each week” (Carbone, 2020 p. 23). Consequently, promoting health through physical activity and healthy eating should form a component in responding to mental health.

Mental health is heavily influenced by people’s living conditions and social position, thus addressing social determinants and the environments people live in is essential for improvement (Carbone, 2020).

In addition to environment and social connections there are certain life stages that are more critical in preventing mental ill-health than others. The first 1000 days are critical to a person’s future mental health and wellbeing and should be addressed with respective importance (Carbone, 2020; Royal Commission, 2019). In addition to particular age groups, certain cohorts such as Aboriginal people, people of diverse ethnic background, LGBTIQ+, refugee and many other groups experience higher rates of mental illness compared to the white Australian majority (Royal Commission, 2019). This may be because life conditions, racism and resource access can differ to that of the majority. Therefore, special consideration should be

taken when developing and strengthening mental health related initiatives to ensure all groups and cohorts in Knox have access to what they need for health and wellbeing.

Further areas of research that have shown to have significant positive impacts on mental health include:

- Parenting programs
- Social and emotional development programs (mindfulness)
- Creating supportive environments for mental health (programs to enhance social networks of older people, bullying prevention programs at school)
- Community level programs that enhance social cohesion

In addition, interventions in placed-based settings such as schools, workplaces, sports clubs etc. have shown significant impact on mental health (Carbone, 2020). This is because these environments are experienced on a daily basis and they combine social capital and built environment factors.

To successfully address mental health, a broad approach must be taken, one which focuses on prevention, environments, fostering of positive relationships and opportunities within the community.

Mental Health Action Plan Examples in Australia

Given the breadth of drivers that influence mental health, it is possible to focus on a great deal of health priorities. The focus on general health and wellbeing through the social determinants would have a significant effect on the community. Many governments and other agencies have attempted to address mental health disparities in Australian communities. The Queensland Government (n.d.) for example, have chosen to focus on a few areas in their own action plan including:

- Being socially connected
- Having control over one's life
- Having a sense of purpose and future
- Meaningful participation in learning, work and community
- Having access to housing, income and other resources
- Being safe and free from violence and discrimination

More details of their approach can be seen in *Figure 1*.

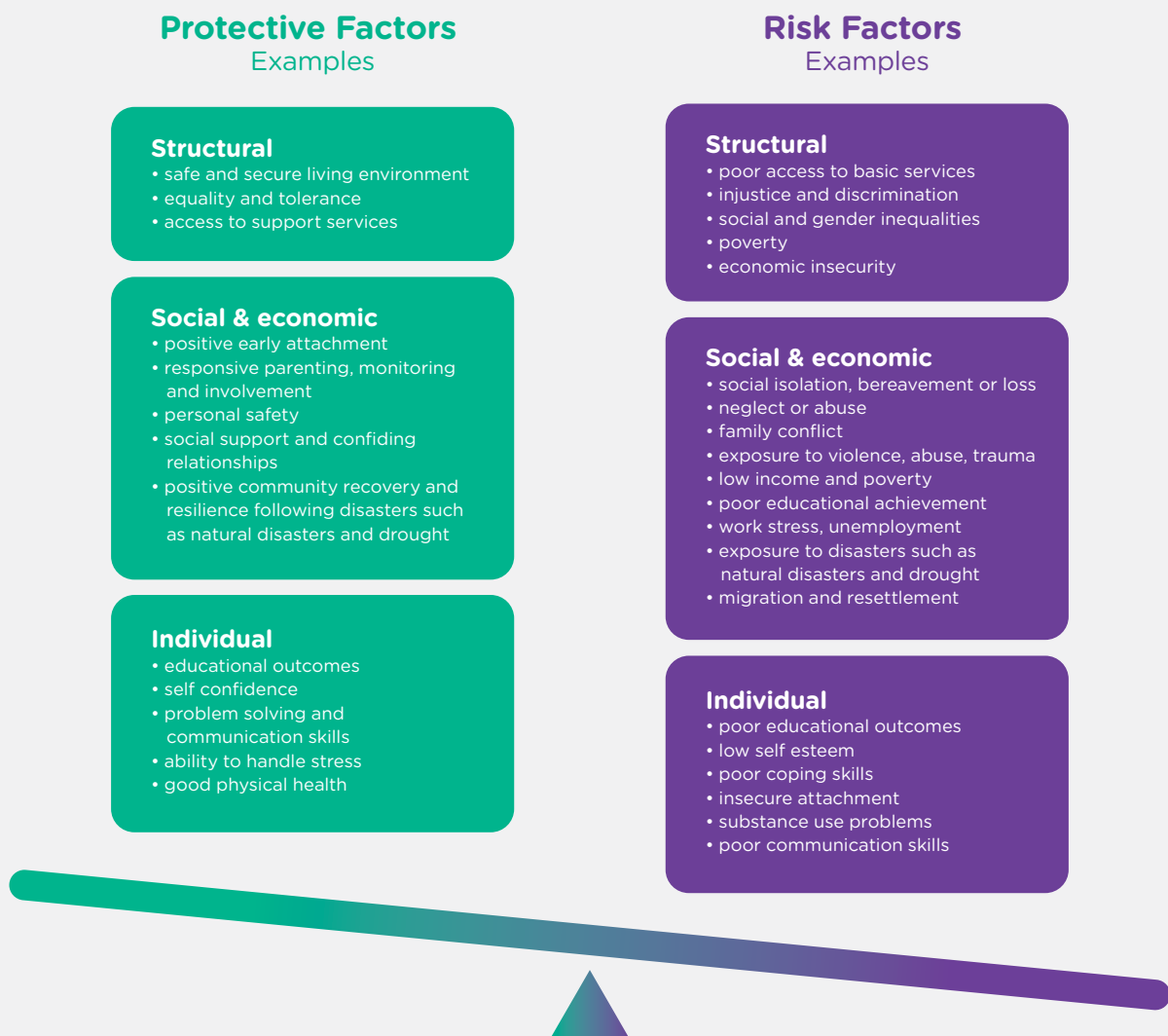


Figure 1 Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan model (Queensland Government no date p. 16)

Federal and State Government Actions into Mental Health

Importantly, both Federal and State Governments take action in tackling mental health in Australian communities. Their actions will affect the residents of Knox and therefore the actions that Knox City Council and its partners should take.

Federal Government Focus on Mental Health

The Mental Health Inquiry Report (Productivity Commission, 2020) outlines mental health priorities for the country as being:

- Prevention and early help for people (new parents, stigma, social/emotional development of school aged children)
- Improve people's experience with mental healthcare (person-centred mental health system)
- Improve people's experience with services beyond the health system (recover well and live in community)
- Equip workplaces to be mentally healthy (psychological health and safety in workplaces)
- Instill incentives and accountability for improved outcomes (national strategies, regional planning)

Please see *Appendix 3* for more details.

State Government of Victoria Focus on Mental Health

A Royal Commission into mental health was launched by the Victorian Government in 2019. The full report was scheduled for public delivery in February 2021, however the recent pandemic has delayed the process. The interim report however, outlines the following immediate actions:

- a new approach to funding, comprising a new revenue mechanism to enable a substantially increased investment in mental health. This will facilitate delivery of the reforms required to establish a contemporary and enduring mental health system
- the creation of the Victorian Collaborative Centre for Mental Health and Wellbeing to bring together expertise in lived experience, research and clinical and non-clinical care, disseminating the practice of evidence-informed treatment, care and support across the state
- an additional 170 acute mental health beds for young people and adults in areas of need to help respond to demand
- funding all area mental health services to offer the Hospital Outreach Post-suicidal Engagement program to expand follow-up care and support for people after a suicide attempt, along with the creation, delivery and evaluation of the first phase of a new assertive outreach and follow-up care service for children and young people who have self-harmed or who are at risk of suicide
- the creation of an Aboriginal Social and Emotional Wellbeing Centre and the establishment of social and emotional wellbeing teams in Aboriginal communities throughout the state to support appropriate models of care
- the establishment of Victoria's first residential mental health service designed and delivered by people with lived experience of mental illness
- the development and implementation of supports and structures designed to enhance and expand consumer and family-carer lived experience workforces in the mental health system

- increased opportunities to expand and develop the workforce - including funded graduate positions, postgraduate scholarships and psychiatry rotations, supported overseas recruitment, leadership development and improved data.

In addition to these immediate actions the current recommendations of this interim report include:

- Victorian Collaborative Centre for Mental Health and Wellbeing
- Targeted acute mental health service expansion
- Suicide Prevention
- Aboriginal social and emotional wellbeing
- A service designed and delivered by people with lived experience
- Lived experience workforces
- Workforce readiness
- New approach for mental health investment
- The Mental Health Implementation Office

The Victorian Government has now started implementing these recommendations. The Final Report comprises five volumes which set out a total of 65 recommendations that build on the initial nine recommendations to transform Victoria's mental health system. Collectively, these recommendations:

- Ensure treatment, care and support are available and accessible
- Focus on redesigning services to move from a crisis-driven model to a community-based model that delivers beneficial outcomes for people
- Are a first for Victoria, for example establishing initiatives led by people with lived experience of mental illness or psychological distress, and established lived experience leaders throughout the system
- Challenged the system's traditional focus on medical treatment alone by highlighting the importance of community and places in shaping mental health and wellbeing.

The full Final Report can be viewed on the Royal Commission into Victoria's Mental Health System website at <https://rcvmhs.vic.gov.au>

Opportunities in the Knox Mental Health Prevention Environment

The mapping of the service environment discussed in chapter 3 outlines an extensive range of services and initiatives in the Knox community. However, in discussion with each partner organisation, it was noted that while a good variety of programs, services and interventions exist, the main problem was that functioning capacity had been reached, and organisations were unable to service everyone when they need it. Given the evidence of significant quantity and variety of interventions, the focus of council and it's partnership efforts should be pitched at prevention to assist in the support of these services and programs further downstream. The domains of liveability were the area of least focus within the analysis and thus prove to be a good area for council to focus on early intervention, in addition to supporting partnerships in other areas.

Given the unique capacity of council to influence and change the physical environment, addressing the broader determinants of health; including many of the liveability domains presented in *Table 2*, should be of focus. In addition to improving liveability domains, council has the capacity to provide and prepare environments and facilities for better use for partner organisations and their initiatives to address mental health. Therefore, council has the ability to address environments through liveability domains in order to facilitate primary prevention in a way that is not possible for external bodies.

Recommendations

Considering the information provided in this report, a number of recommendations have been made in line with key themes identified by partner organisations. These recommendations have been developed through careful deliberation and research into expert opinion and current best-practice methods to ensure all are evidence based. These recommendations offer a broad scope and aim to address a wide variety of areas across the socio-ecological and liveability domains.

Health Promotion

1. **Enhance Liveability factors of all suburbs in Knox City Council (e.g. walkability, housing, food)**
2. **Address and challenge all forms of discrimination, exclusion or marginalisation in the community (racism, bullying, homophobia, people with mental health issues, people with Alcohol and other drugs (AOD) challenges etc.), including the enhancement of existing programs to include mental health prevention**
3. Undertake an analysis of suburbs reporting higher rates of social isolation during the pandemic lockdowns (through a placed-based Liveability Assessment)
4. Improve the state of third places to promote social gathering and cohesion for the strengthening of social capital
5. Focus on Family Violence Prevention as a key driving factor, with specific consideration to trauma and cultural sensitivity
6. Focus on decreasing alcohol consumption and other drug use as a key factor to poor mental health and broader relating issues
7. Promote the Achievement Program to early years settings, schools and workplaces within Knox City Council
8. **Focus on specific underutilised health promotion subject areas to support marginalised communities (e.g. LGBTQIA+, multicultural community, First Nations)**
9. Focus on promoting mental health and wellbeing in the Knox City Council workforce
10. Promote, support or deliver family and carer support groups in the region

Community Education

11. **Promotion of existing partner programs through council channels to increase awareness to 'hard to reach' groups (e.g. homeless, language other than English)**
12. **Implement parenting and relationship programs to enhance the quality of relationships - Baby Makes 3 (BM3), Resilience, Rights and Respectful Relationships (RRRR)**
13. Implement programs and initiatives to support the first 1000 days of life: Infant, Feeding, Activity and Nutrition Trial (InFANT), BM3 as well as family support and resilience
14. **Promote and run mindfulness programs and/or mental health first aid through council for all residents and select cohorts**
15. **Work with primary, secondary and tertiary education settings, targeting students to build resilience skills to address mental health (e.g. relaxation, mindfulness, psychoeducation, meditation, yoga, wayapa, resilience, coping mechanisms, positive mental health practices, arts), in addition to health promoting behaviours (physical activity, healthy eating, adequate sleep, consumption of alcohol)**
16. Promote culturally appropriate mental health awareness and intervention in antenatal and postnatal cohorts

Table 1: Knox Mental Health Action Plan Recommendations

Sector Coordination and Collaboration

17. **Knox Mental Health Round Table - for collective impact partnered approaches to mental health actions**
18. Implement a mental health and wellbeing specific community grants program - to support community organisations lead initiatives
19. **Greater use and activation of third places to foster social connection (e.g. running free place-based physical activity programs like Active Maribyrnong)**
20. Partner with and utilise existing facilities in Knox to deliver and strengthen current social connection initiatives, including leisure centres, libraries, neighbourhood houses
21. Encourage the co-location of services, potentially leveraging existing council facilities
22. Partner with Aboriginal Community Controlled Health Organisations (ACCHOs) to support existing initiatives for the increased health and wellbeing of First Nations people
23. Work collaboratively with carers, families and support people to address their needs and connect them to appropriate services

Advocacy

24. **Seek advice and input into initiatives from those with lived experience (e.g. community representation group), including those from vulnerable groups, families, carers and supporters**
25. Promote participation in wellness practices (yoga, meditation, yarning circles, wayapa etc.) with guidance from specific cultural groups
26. **Support the engagement of existing services, facilities and programs (e.g. Headspace, Men's Shed, community gardens, multicultural services, First Nations specific services)**
27. Promote and support First Nations peoples cultural health in schools through partnerships with Koori Education Support Officer (KESOs)
28. Increase understanding of the needs of women in regards to mental health across different life stages (youth, pregnancy, retirement etc.), and across different cultural groups
29. **Advocate for resources that enable collaboration and partnerships**
30. Advocate for adaptable service delivery to improve experiences and support families, carers and other supporters of those living with mental illness

***Bolded initiatives indicate the actions most pertinent to partnering organisations**

It is the hope that the *Knox Mental Health Action Plan* forms the basis of strong partnership efforts, collective goals and actions that will improve the mental health of residents, and ensure poor mental health is prevented at the earliest stage.

Conclusion

Mental health in Knox has always been a challenge, however the recent pandemic has exacerbated this issue. There are currently many initiatives happening to address mental health and its drivers across the prevention spectrum in the municipality.

Despite having a good range of services, many organisations are inundated and functioning at capacity; effectively leaving many people waiting for the services they need. In addition to capacity issues, community members may also face barriers in terms of cost, getting the ongoing services they need after their Mental Health Plans are utilised.

Prevention of mental illness and wellbeing is an essential part of the service delivery environment, for any health and wellbeing issue. Importantly a variety of work is being done at the prevention level in the mental health space, as seen in *Table 2*. However, most of this work is at an individual level and little is focused on the environmental drivers that can be addressed through a liveability lens. This gap leaves a significant opportunity for council and one which plays to its strengths.

Next Steps...

Despite the significant work and opportunities that are presented to the Knox catchment, a collective and unified approach to mental health must be taken to make a positive impact and address the current issues in the future.

This document details a variety of interventions and opportunities that can assist the Knox community in mental health and be delivered over the space of many years. However for these interventions to be effective they require strategic planning, guidance and support from a range of experts and organisations with a variety of capacities in the field of mental health. Thus the first point of business to improve mental health in the city of Knox is to establish a Mental Health Round Table which can set priorities, goals and timelines in which to execute and coordinate the recommended actions and other arising opportunities.

Essentially a collective and diverse partnership is the next essential step to successfully address mental health in the Knox community.



Glossary

Aboriginal Community Controlled Health Organisations (ACCHOs)

A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management” (NACCHO, n.d.).

Achievement Program

A free health and wellbeing program that helps schools, early years’ settings and workplaces create a healthier environment. There are a number of focus areas within the program that differ slightly for each setting but include healthy eating, physical activity and mental health and wellbeing. The program is aligned to the World Health Organization’s model for Health Promoting Schools and Health Workplaces, is delivered by Cancer Council Victoria and is supported by the Victorian Government (State of Victoria, n.d.).

Active Maribyrnong

A multifaceted program designed to improve the health and wellbeing of the Maribyrnong community through physical activity (Maribyrnong City Council, 2021).

AOD

Alcohol and Other Drugs

Baby Makes 3 (BM3)

A family violence primary prevention program aimed at first time parents that works through ‘promoting equal and respectful relationships between men and women during the transition to parenthood’ (VicHealth, 2011).

Financial vulnerability

Refers to financial instability, or being exposed to financial risk and/or shock (Lee & Sabri, 2017)

Infant, Feeding, Activity and Nutrition Trial (InFANT)

An obesity prevention program for parents with infants aged 3-18 months. The program promotes healthy eating and physical activity

behaviours in the first 1000 days of life, which are a crucial time for establishing healthy eating and activity behaviours that can have benefits into adulthood (Deakin University, n.d).

Intrapersonal

Individual factors influencing behaviour (Golden & Earp, 2012).

Interpersonal

Influence from social relationships (Golden & Earp, 2012).

Koorie Engagement Support Officer (KESOs)

“Area based professionals who are members of the local Aboriginal community with an understanding of Aboriginal and Torres Strait Islander culture and the histories. KESOs provide advice to schools about culturally inclusive learning environments, and the co-ordination of services to facilitate improved engagement of Koorie children and young people” (Department of Education and Training, 2020).

Knox COVID-19 Household Impact Survey

A survey conducted by Council and completed by 1,615 residents from 20 July to 5 August 2020, with the aim of collecting data pertaining to the impacts on COVID-19 in the community.

Liveability

Liveable community can be understood as one that promotes the health and wellbeing of community members, in addition to building supportive communities and promoting a sustainable society. The key indicators for a liveability utilised in this report include: employment, food, housing, public open space, transport, walkability and social infrastructure. (Lowe et al., 2013).

Place-based

Approaches that are tailored to a specific place/environment by engaging local community members and promoting active participation through shared decision-making in development

and implementation (State Government of Victoria, 2020).

Primary Prevention

Aims to prevent the onset of a condition by stopping it from occurring in the first place (Carbone, 2020).

Resilience, Rights and Respectful Relationships (RRRR)

Implemented in primary and secondary schools to develop students’ social, emotional and positive relationship skills (Victoria State Government Education and Training, 2018).

Secondary Prevention

Focuses on the detection and treatment of a mental health condition at its earliest possible stage to reduce its duration and severity (Carbone, 2020).

Socio-ecological model of health

Encompasses the interrelated and interactive nature of individual and environmental characteristics influencing health (Golden & Earp, 2012). For the purpose of this report, the socio-ecological factors considered include intrapersonal, interpersonal, institutional, community and policy influences.

Tertiary Prevention

Aims to reduce the impact of an established condition on an individual’s functioning, quality of life and longevity through treatment and psychosocial supports (Carbone, 2020).

Third Place

Environment in the community which foster community and enable communication and socialisation among people outside of home (first place) and work (second place). Examples may include parks, libraries, recreation centres, coffee shops and public places where people gather (Jeffres et al., 2009).



Appendices

Appendix 1. Available Interventions and Services in Knox LGA

Intrapersonal (e.g. beliefs, attitudes, behaviours)	1J, 1K, 1M, 1E, 1F, 1O, 1H, 1P, 1Q, 1R 3A, 3B 4A 5B, 5C, 5D, 5E 6A, 6B, 6J 8C 9B, 9F, 9I, 9J, 9K, 9N, 9Q 10 11A, 11B, 11C	1A, 1B, 1N 2A, 2B*, 2C*, 2D*, 2E, 2F 3C, 3D, 3E 4D 5B, 5E 6D 9G	1G, 1I 2E, 2G, 2H*, 2I, 2J*, 2K 4D 5A 6E, 6F, 6G, 6H 8A, 8B, 8E 9A, 9C, 9D, 9E, 9L, 9M
Interpersonal (e.g. building of social capital/networks)	1J, 1K, 1E, 1C, 1H, 1P, 1Q 4B 6A 10 11A, 11B, 11D	2L* 5E 8C	8D
Institutional (socio-culture of schools, health care administration, faith based organisations)	1J, 1M, 1E, 1H 4A 5B, 5C 6J 7 9B, 9K, 9N, 9Q 10		
Community (e.g. relationships and communications between organisations and institutions)	1J, 1L, 1M, 1E, 1A, 1C, 1D, 1F, 1H, 1R 3A, 3B 4C 5C 9B, 9K, 9N, 9O, 9P 10	2M 3E	6G 8E
Policy (e.g. national, local laws, policy etc.)	1C 6C 7 9H	2M	
Employment			6I
Food	6A 7 9H		
Housing	1A		2E, 2N 8A
Public Open Space			
Transport	1R		
Walkability			
Social Infrastructure	1D, 1G 7 9H	1G	

Intervention Map of Mental Health Services and Initiatives in Knox

* Intervention points leading to tertiary mental health pathways

The following tables provide an overview of the initiatives listed in the first table in this appendix.

1. Knox City Council

A. Advocacy

Adult Mental Health Centre and the HeadtoHelp Hub

- Standalone facilities providing collocated multidisciplinary services addressing social disadvantage including financial vulnerability, homelessness, family violence, elder abuse and addictive behaviours

B. HeadtoHelp Hub Boronia

- Primarily focused on providing care for first time sufferers as a result of COVID-19, but also for long time sufferers
- Complementary, although separate to Adult Mental Health Centres

C. Strategic Planning

- Mental Health Forum
- Mental Health Action Plan

D. Community Wellbeing Grants

- As part of our Community and Business Support package
- COVID-19 Supporting Local Services Fund, increased funding to the Minor Grants stream and annual Community Development Fund enabled local community organisations to provide programs and support to their communities' mental health and wellbeing

E. Sporting Club Mental Health Awareness Training

- Free sessions on mental health, resilience and wellbeing awareness offered to all sporting clubs in Knox, delivered by Headspace

F. Youth team Headspace partnership

- Addressing mental health through a number of initiatives, for example mental health support webinars

G. Disability Team advocacy

- for increased mental health services that provide early intervention and support services for community

H. Youth Services programs

- Offers a range of programs for different cohorts (LGBTQIA+ young people, young parents, schools etc.), including mental health education sessions, and social inclusion programs
- Ongoing Indigenous Program in partnership with EACH

I. Youth Services

- Counselling services

J. Public Housing Estates Project

- Council will work alongside people over 55 years old living in housing estates to be socially included and improve their mental and physical wellbeing

K. Be Kind Campaign

- to be used as part of the messaging for the public housing estates project

L. Working in partnership with NEAMI

- to support their Preventive Health Initiative (see 5E)

M. Health and Wellbeing 'Re-Connect' sessions

- delivered by Sport and Life Training (SALT) in 2020

N. Provide information sessions

- to support community to navigate the mental health service system
- Disability Team

O. Explore opportunities

- to support parents and carers to participate in mental health first aid training
- Disability Team

P. Zest4Life

- Over 55s program
- Events, activities, workshops, information sessions; including education on health and social bus outings

Q. Bright Ideas Network

- offers a range of information, news and events, including a newsletter
- Ageism photo and film exhibition
- Housing expo
- Advocacy

R. Living Our Best Life Directory

- Includes groups and services in the community that might help individuals improve their health and wellbeing

2. Eastern Health³⁰

A. HeadtoHelp

Mental health services navigation support

B. Better Access

A mental health care plan is needed in consultation with an individual's GP to then access one on one counselling with a mental health practitioner. Potential need for a partial payment

C. Stepped Care

Private mental health services and direction for disadvantaged individuals

D. Neami Psychosocial Support Service

for those not serviced by an Eastern Mental Health Case Manager

E. PARC (Prevention and Recovery Care)

Step Up and Step Down Care: housing for up to 10 people providing psychosocial support and clinical staff to help people stay out of hospital

Either individuals coming from hospital who are not well enough to enter the community, or those from the community as a stepping stone to try and prevent hospital admission

Delivered by Wellways for those that are case managed through Eastern Health

F. HYDDI

Homeless Youth Dual Diagnosis Initiative

G. Crisis Assessment Treatment Services

H. Tertiary Mental Health Services

via Eastern Health Mental Health Triage

I. Inpatient services

J. NDIS support and service providers

K. Specialist Services

e.g. personality disorder services, eating disorder services, neuropsychiatric services

L. Community Supports

Community health services, community houses, self-help and support groups

M. Share Care Protocol

Principles of collaboration and communication across sectors, understanding pathways to get good recovery oriented services

N. Homeless outreach services

³⁰ Access points and referral pathways through Eastern Health are complex with different access points for varying needs and conditions. HeadtoHelp is the best access point for all navigation support and can be accessed by anyone through a central phone number (1800 595 212). Please refer to Appendix 2 for mental health treatment access points, and psychosocial support access points.

The following table provides an overview of the initiatives listed in the first table in this appendix.

3. Eastern Community Legal Centre (ECLC)

A. Mabels Program

Early intervention family violence with maternal health nurses within hospitals (currently not available in Knox due to funding restrictions)

B. Women Engaging and Living Safely (WELS)

Family violence and child safety

- Provide women who are at risk of, or experiencing family violence with free, confidential legal advice
- For women attending Eastern Health maternity services

C. Referral Service to mental health services

Referral to lawyer and social worker for individuals that approach in dire need

- Largely around engaging and supporting homeless people

D. SAGE

Wrap around family violence service

- For women in immediate danger
- Team composed of a manager, lawyer, social worker and financial counsellor to consider all aspects of what the individual is experiencing e.g. risk of homelessness, mental health issues, if children are involved etc.

Elder Abuse Program

- Includes a lawyer, advocate and financial counsellor with expertise around elder abuse
- ECLC works with Eastern Health to deliver this program

4. Headspace

A. Community Engagement

(stalls at events and presentations)

- For example, presentations at camps about bullying, online presentations for schools, communities and sporting clubs, stalls at events such as university O week, Knox festival

B. Group Programs

(usually in person, online during COVID-19) - regular, free and capped numbers

- Dungeons and Dragons for 12-21 year olds
- Rainbow Support Groups (in conjunction with Knox City Council)
- Paws for Thought
- School Holiday Programs (online due to COVID-19)

C. Liaison at Knox City Council

Strong relationships with schools in Knox

- Schools often contact Headspace for advice, services, programs etc. to promote to students

D. Free walk-in mental health services

For young people aged 12-25

- General counselling, drug and alcohol counselling, education support, general practitioner access
- These are separate from group initiatives so individuals can access these services without being involved in anything else at Headspace

5. Neami and Life Connect

A. Preventive Health Initiative (PHI)

- Short-term, targeted physical health support for people aged 18+ years experiencing mental health conditions through one-on-one sessions

B. Partners in Wellbeing

Psychosocial approach

- Free, self-refer services, accessed through a central phone number, to help improve wellbeing, develop strategies to cope better and provide emotional support
- Follows a mental health coaching model which takes a holistic assessment
- Small business component that includes wellbeing support, financial counselling and business coaching delivered by external organisations
- Eligible individuals include those who are 16+ years: experiencing increased life stressors; usual coping strategies are not working; noticing signs of anxiety/depression that have lasted more than a few weeks; are not currently using a community mental health psychosocial support service
- Funded by the Victorian Government and delivered by Naemi National, EACH and Australian Community Support Organisation (ACSO)

LIFE CONNECT

An externally funded service of Naemi

C. Suicide Prevention Training: Reach out and Connect

- 3 x 2.5 hour workshops (across two days when online), facilitated by a team of multi-disciplinary mental health professionals
- Part 1: Suicide in Context
- Part 2: The Suicide Conversation
- Part 3: The Suicide Intervention
- Delivered to workplaces and community groups etc. to upskill in understanding and prevalence of suicide to destigmatise and normalise those feelings
- Delivered by lived experience workers

D. LifeSkills Wellbeing Workshops

- Manage stress and develop resilience (seen as an important part of suicide prevention)
- Open for anyone in the community

E. Support after Suicide

- Bereavement counselling to people impacted by suicide
- Group support – provide a supportive environment to process grief and connect with others
- Community support response – offered in settings such as workplaces, schools and clubs, family and friendship groups
- Care coordination – find and connect with services to support wellbeing

The following table provides an overview of the initiatives listed in the first table in this appendix.

6. Swinburne University

A. H.Squad

(student health ambassadors)

- Online resources surrounding mental health, on-campus events (e.g. R U OK Day, Nutrition Week), small group workshops, nutrition classes, mindfulness workshops

B. Health Information and Advice

- Mental health specific (in addition to sexual health, nutrition and healthy living, alcohol and other drugs)
- Online educational articles e.g. 'a guide to seeing a mental health professional'
- Links to external resources including Headspace, Beyond Blue and Black Dog Institute

C. Respect. Now. Always. National Initiative

- Initiative by Universities Australia to prevent sexual violence in universities and improve university responses to and support those who have been affected

D. Assault reporting and help

- Safer Community Team: offers advice, support, intervention and risk management for students who have experienced or witnessed inappropriate, concerning or threatening behaviour
- 'Make a report' link to report assault on the university website
- 24-hour campus security - free security escort services after hours

E. After hours' crisis line

F. On campus crisis support

Wantirna campus nurse

G. Psychology and counselling services

(generally free access to all services)

- Mental health nurses, psychologists and social workers
- Specialised support services for sexual assault, drug addiction, trauma, Asperger's and ADHD
- Sexual assault and family violence; in partnership with ECASA and EDVOS
- Alcohol and drug use; in partnership with Access Health and Community (Hawthorn Campus)

H. Accessibility Services

- Education Access Plan (EAP)
- Equitable assessment arrangements

I. Employment Assistance Program

J. Staff wellbeing programs/activities/information/advice

7. Cancer Council-Achievement Program

Free health and wellbeing program facilitated by EACH in the city of Knox

- The program is a framework composed of seven key areas of health:
 - Healthy Eating and Oral Health
 - Physical Activity and Movement
 - Sexual Health and Wellbeing
 - Mental Health and Wellbeing
 - Sun Protection
 - Safe Environments
 - Tobacco, Alcohol and Other Drugs
- Each of these areas have a specific set of targets to achieve, leading to healthy changes to the school's physical environment, policies and practices, and health promoting activities
- Once achieved, schools receive Victorian Government recognition

Schools participating in Knox include:

- Birch Street Children and Family Centre
- Scoresby West Preschool
- Templeton Orchards Preschool
- Bayswater North Kindergarten (Maroondah)
- Alice Johnson Preschool
- Cooina Kindergarten, Boronia West
- Windermere Preschool
- The Basin Preschool
- Oban Preschool (Maroondah)
- Upper Ferntree Gully Kindergarten
- Birch Street Children and Family Centre
- Scoresby West Preschool
- Holy Trinity Primary School, Wantirna

8. Wellways

A. Pathways to home

Outreach program primarily delivered in Maroondah as part of the Victorian Government Homeless and Rough Action Plan

- Engages with people experiencing rough sleeping by supporting them to connect with their community, and connect with services they need including physical and mental health services, drug and alcohol services, legal and housing services

B. NDIS program support and service provider

C. Family, friends and carer support

- Free of charge

D. Community and peer education programs

- Programs for people experiencing mental health issues and for families, friends and carers

E. PARC in partnership with Eastern Health (see 2E)

The following table provides an overview of the initiatives listed in the first table in this appendix.

9. EACH

A. Ngarrang Gulinj-al Boordup Aboriginal Health and Wellbeing Team (AHWT)

Social and Emotional Wellbeing Program

- i - The AHWT support and assist Aboriginal and Torres Strait Islander Community members to access required health and community services
- ii - The team includes Aboriginal Health Facilitators, a Nurse Care Coordinator and an Outreach Worker Aboriginal Health Promotion Officer who work together to provide support to Aboriginal and Torres Strait Islander community members with chronic health conditions (including mental illness) to improve their self-management

B. Life Connect

In partnership with Neami (see 5C)

C. Preventive Health Initiative

(PHI) (See 5E)

D. Counselling based services

for adults

E. Tertiary mental health services

F. Financial counselling

Funded and in partnership with Knox City Council

G. Partners in Wellbeing

(see 5F)

H. Achievement program

(see 7)

I. Promotion of health tips

via social media channels

J. Telehealth tip sheet

for internal customers during the pandemic

K. Suicide Prevention Training Package

Developed in partnership with LivingWorks and delivered to 300 staff via a webinar

L. Alcohol and other drugs programs

M. Project Hope & Thrive

Predominantly drug and alcohol service operating under a holistic and dual diagnosis framework addressing being with co-occurring substance use and mental health needs

N. Communities That Care (CTC)

Evidence-based community-change process for reducing youth problem behaviours. Through the analysis of data collected in 2014 and 2018 CTC youth surveys for students in year 6, 8 and 10, Communities that Care Knox aim to use evidence based programs to reduce alcohol consumption in young people under 18, strengthen families, and strengthen young people's commitment to school

O. Partnering with Pledge

Grassroots focus in Knox to address gender equity

- iii - Knox Local Champions for Gender Equity Awards - given to individuals who have made a significant contribution towards achieving greater gender equality in Knox
- iv - Poster competition - designing posters around what gender equality means to them

P. Together for Equality and Respect

Partner of this Women's Health East initiative

Q. Gender equality tubs

containing resources and activities given to early years' services

10. Eastern Football and Netball League

Information sessions

Outlining available supports within the community, and key challenges/issues presenting as a result of COVID-19

- In conjunction with Eastern Health, Sport and Life Training (SALT) and Headspace

11. Mullum Mullum Indigenous Gathering

A. Elders network

Informal, relaxed and culturally safe environment providing opportunities for social interaction

B. Youth programs

Planned activities, Culture Group and Hip Hop

- Share experiences and develop relationships with other young Indigenous youth in the Eastern Metropolitan Area

C. Women's network

Promoting health and wellbeing

- Provides social activities for Indigenous Women and their families

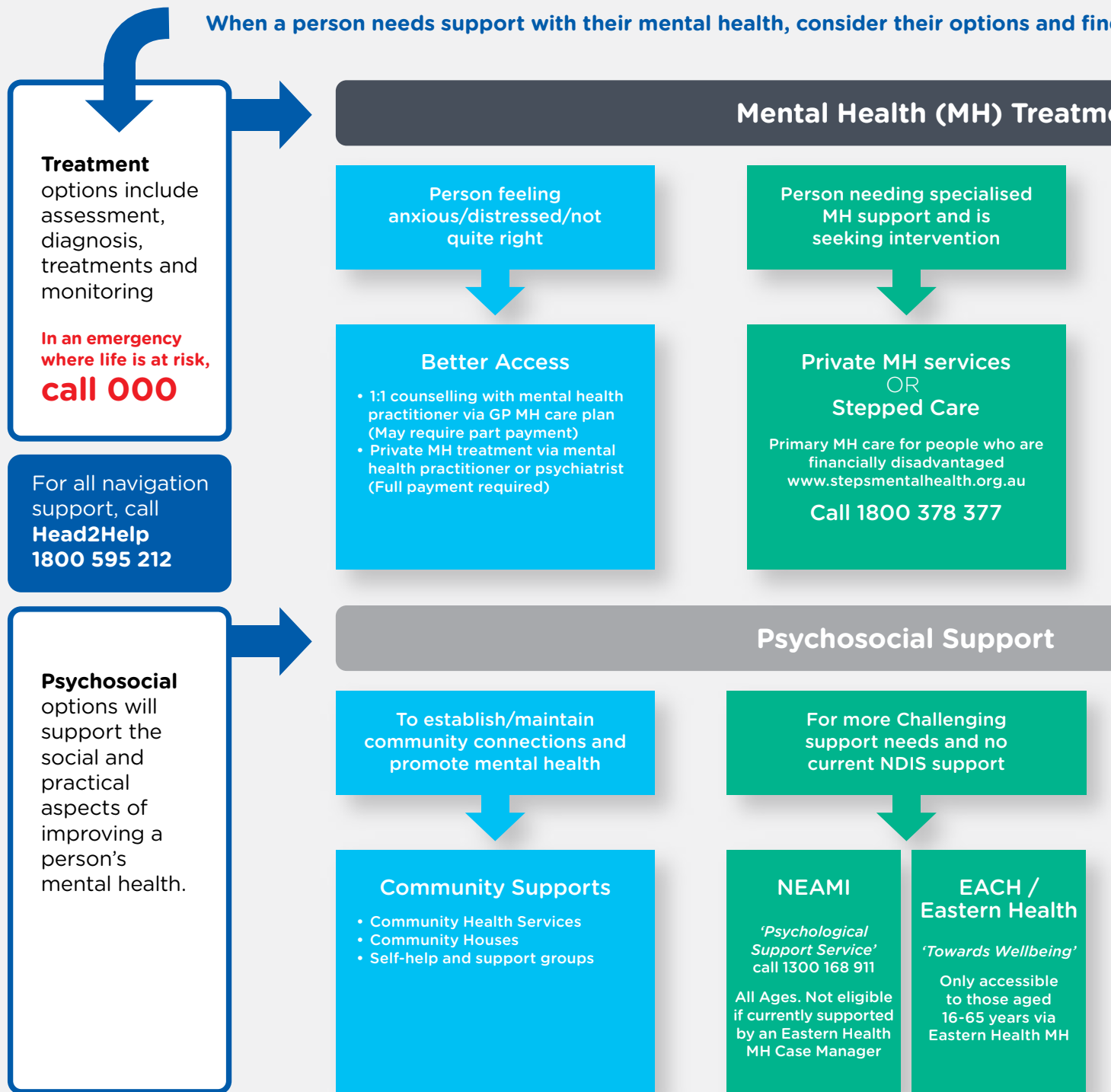
D. Men's network

Support men's group to strengthen families

- Focus groups based on culture, recreation and education is the core basis of engaging the men as well as building linkages to other Indigenous Men's group around the region
- Indigenous men's group providing mentorship to other programs

Appendix 2. Mental Health Service Pathways

When a person needs support with their mental health, consider their options and find the right pathway for them.



Find out who is already involved

ent



In terms of mental health treatment, there are three main access points:

1. Better Access – for people feeling anxious, depressed or not quite right. This involves consulting with a GP to develop and receive a Mental Health (MH) care plan, before accessing one-to-one counselling with a mental health practitioner
2. Private Mental Health Services or Stepped Care – for people needing specialised mental health support and are seeking intervention. Stepped Care is primarily mental health care for people who are financially disadvantaged
3. Tertiary Mental Health – for people in Mental Health crisis and in need of rapid intervention. Occurs through presenting to the Emergency Department, ideally or through Eastern Health Mental Health Triage

Eastern Health further offer access points for psychosocial support as follows:

1. Community Supports including community health services, community houses and self-help and support groups to establish and maintain community connections and promote mental health
2. NEAMI 'Psychosocial Support Service' for those of all ages who are not supported by an Eastern Health Mental Health case manager, and EACH/Eastern Health 'Towards Wellbeing' for those aged 16-65 years via Eastern Health Mental Health. These services address more challenging support needs for those without current NDIS supports
3. NDIS support and services for those under 65 years and eligible

The EMPHN has commissioned a new online navigation platform for Mental Health and Alcohol and Other Drug supports to improve the ease of navigation for consumers.

Appendix 3.

Federal Government Mental Health Actions

Priority Reforms

Prevention and early help for people

- Support the mental health of new patients
- Make the social and emotional development of school children a national priority
- National stigma reduction strategy
- Follow-up care for people after suicide attempts
- Empower indigenous communities to prevent suicide

Improve people's experiences with mental healthcare

- Create a person-centred mental health system
 - Evidence-based mental health assessment and referral processes that help find the services that are best for them
 - Identify, support and include families and carers as part of mental healthcare
- Get people the right services at the right time
 - Expand supported online treatment, group therapies and access to mental healthcare via telehealth
 - Review limits on psychological treatment funded through Medicare and trial variations
 - Alternatives to emergency departments that are designed for people with mental illness
 - Expand community based mental healthcare, including hospital outpatient clinics and outreach services
- Improve mental healthcare outcomes
 - Address adverse outcomes from prescribing practices of mental health medication
 - Reduce the gap in life expectancy for people with severe mental illness and physical illness
- Care continuity and coordination

Improve people's experiences with services beyond the healthcare system

- Meet demand for community support services that help people with mental health illness recover and live well in the community
- Commit to no discharge from care into homelessness
- Increase assistance for police responding to mental illness related incidents
- Legal representation for people facing mental health tribunals

Equip workplace to be mentally healthy

- Elevate importance of physiological health and safety in workplaces
- No liability clinical treatment for mental health related workers compensation claims
- Expand the individual placement and support for people with mental illness

Instil incentives and accountability for improved outcomes

- Develop implementation plans for national strategies that integrate healthcare and other services
- Commit to regional planning, decision making and commissioning with systematic cooperation and creation of new commissioning agencies if outcomes not improved
- Expand the remit and independence of the National Mental Health Commission
- Consumer and carer participation and advocacy in all aspects of the mental health system
- Strengthen evaluation, culture, focusing on the outcomes that matter to people and reporting at service provider



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