

# Health Promotion Strategies

The Victorian Burden of Disease data (1996) showed that mental disorders were responsible for over one-seventh of the total disease burden in Victoria. This includes a range of conditions, including substance use, anxiety, eating disorders, schizophrenia and depression. Estimates of future burden of disease project a further increase—especially for men in the area of heroin abuse and dependence.

Past editions of this Bulletin have included a number of articles relating to mental health promotion. The very strong response to the request for articles demonstrated that mental health promotion is an issue that is strongly supported by the health promotion sector. This Edition provides a small illustration of current activity across Victoria, but it has not been possible to show case them all and further articles will be appearing in future editions. We have also tried to demonstrate where the activity is taking place and who the key stakeholders are. This level of activity is exciting, and we look forward to realising the benefits in the coming years.

## Victorian Initiatives

There has been an increasingly strong focus on mental health promotion in Victoria in recent years. Mental health is a national health priority, and several policies have helped to improve its profile, such as the *2nd National Mental Health Plan*, the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* and the *VicHealth Mental Health Promotion Plan 1999–2002*. These initiatives have also strengthened the focus on promotion, prevention and early intervention.

Mental health promotion is applicable across the whole spectrum of interventions, and strives to promote well-being across the entire population – those currently well, those at-risk and those experiencing mental illness.

The Department of Human Services Mental Health Branch provides a lead role in mental health promotion, and works collaboratively across Divisions, and with key stakeholders such as VicHealth to support mental health promotion, prevention and early intervention initiatives. In addition to those detailed in this Edition, they also include:

- Primary Mental Health & Early Intervention Teams.
- A range of collaborative projects with primary & secondary schools.
- The Compass Project is a community awareness campaign aimed at promoting early help seeking amongst young people experiencing signs of depression and psychosis.
- The Stargate Children in Care Project is a collaborative project between Child Protection and Mental Health that targets

children and young people with no previous placement history who have been removed from their families and placed in out of home care.

Other significant DHS initiatives undertaking mental health promotion activity are Primary Care Partnerships (PCPs), Best Start and the Secondary School Nurse Program.

Primary Care Partnerships (PCPs) have used population data, local data and community consultations to set local health promotion priorities. Mental health was strongly identified in many PCPs—particularly in the areas of youth mental health, partnerships in mental health promotion, links between primary care and specialist mental health services, and improved service coordination.

The Secondary School Nurse Program places nurses in school communities that have a demonstrated high risk of significant mental, social and health risk factors, such as low school retention rates, unemployment, and poor family and community support. A key role is health promotion, and this encompasses adolescent mental health.

Best Start, a joint initiative of DHS and Department of Education and Training aims to improve the health, development, education and well being of all Victorian children from pregnancy through till 8 years of age. The project stems from compelling body evidence on the importance of the early years of life for all children, and in particular the vulnerable children and those not accessing universal childhood services.

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# Current Mental Health Branch Initiatives

The Mental Health Branch is currently supporting a number of initiatives related to Mental Health Promotion, Prevention & Early Intervention. These include the Primary Mental Health & Early Intervention Initiative, ongoing funding for Mental Health Promotion Officers, support for a range of mental health promotion resources, and a partnership with Vichealth and beyondblue targeting adolescents who have a parent with a mental illness.

## Primary Mental Health & Early Intervention Teams

These teams will engage in consultation and liaison; short-term treatment; crisis prevention; early intervention in psychosis and education and training to primary health care providers. The team will also participate in community mental health planning and network building, especially between primary and specialist mental health services. The initiative is being implemented utilizing a partnership approach. The clinical mental health services will provide day-to-day management and clinical support to the new teams whilst the strategic management of the teams will be carried out by a partnership of clinical services, community health services, Divisions of General Practice and Psychiatric Disability support services.

## Mental Health Promotion Officers

There are twelve Mental Health Promotion Officers auspiced by Child & Adolescent Mental Health Services across Victoria. The Mental Health Promotion Officers' primary focus is facilitating collaboration between agencies to promote mental health in young people. Mental Health

Promotion Officers respond to the specific needs within their respective regions.

The Mental Health Promotion Officers support primary care providers and schools by facilitating, or directly providing, training and secondary consultation regarding young people.

## STEP ON IT video

*STEP ON IT* is a training video for professionals whose work brings them into contact with young people. This video endeavours to raise awareness and promote discussion about the issues affecting and impacting on same sex attracted (SSA) young people.

The *STEP Training Manual* is available at [www.youthmentalhealth.org](http://www.youthmentalhealth.org), or from the Mental Health Promotion Officer based within each Child & Adolescent Mental Health Service from September 2002.

## MindMatters

MindMatters is a program developed by the Commonwealth Department of Health & Aged Care to enhance school environments so young people feel safe, valued, engaged and purposeful. The Program provides a range of resources, supported by professional development activities and a dedicated website.

MindMatters is being adopted in a large number of Victorian secondary schools.

Mental health promotion networks have been established in each region to support the implementation of MindMatters and to facilitate ongoing collaboration between a range of agencies and community services working with young people.

## The Mental Health Branch, Vichealth & beyondblue joint project for Adolescents who have a Parent with a Mental Illness

A number of recommendations have arisen from recent work in Australia regarding the development of a response to children who have a parent with a mental illness and their families.

The *Children of Parents Affected by a Mental Illness Scoping Project Report 2001* prepared by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) indicates that a number of risk factors have been identified which could be addressed through programs that focus on building resilience.

This joint project will focus on developing support for adolescent children who have a parent with a mental illness. It will have a clear primary focus on the young person and be provided independently of the mental health service system. It will build on the peer support work that has been undertaken to date and have a strong emphasis on evaluation.

Project specifications can be located on the Vichealth website:

[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

### Further information

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The STEP ON IT video will be available from the Mental Health Promotion Officer based in each Child and Adolescent Mental Health Service from August 2002.

MindMatters website:  
[www.curriculum.edu.au/mindmatters](http://www.curriculum.edu.au/mindmatters)

# Koori Community Leadership Program

## VicHealth Mental Health Promotion Plan

Koori communities are one of five target groups of VicHealth’s Mental Health Promotion Plan. A new plan focuses on the emotional and spiritual wellbeing of Koori communities.

While there was a commitment to comprehensive discussion and negotiation with Koori community leaders and long-term planning, there were no preconceived ideas of how the program would take shape.

The three main themes of the Plan are:

- Social connectedness.
- Affirming diversity and freedom from discrimination and violence.
- Economic participation.

A Koori Task Group provided a framework for program development, which included self-determination, ‘bottom-up’ planning, community control of process and outcomes, and a commitment to addressing issues that underpin emotional and spiritual wellbeing in Koori communities.

The program has produced innovative and exciting projects that provide a vision for the future of Indigenous communities in Victoria. The projects challenge established ways of funding Indigenous initiatives and demonstrate leadership models which will contribute to the survival of culture and the sustainable promotion of health and vitality of Koori communities.

Community leadership is the core element in each of the program areas, aiming to strengthen communities, foster an environment in which individuals, families

and communities increase self-reliance and further develop the coping skills to deal with the many challenges faced by the Koori population.

### Major Components of the Program

#### The Victorian Koori Leadership for the Future Network

A broad ‘think tank’ future planning group.

Participants: Koori community leaders, academics, workers, elders, all Koori community members in Victoria.

Structure: a secretariat, a working group, and membership representing peak bodies from arts, culture, sports, education, child care, legal, justice, economic development and health sectors.

#### The Imaging of Victorian Koori Leadership and Achievements Project (Centre for Australian Indigenous Studies Monash University)

Works with Victorian Kooris to develop and promote preferred images.

Disseminates ideas and images through a communications strategy to both mainstream and Indigenous communities.

Strategy uses print and electronic media, and provides skills and resources to deal with media demands.

#### Five Victorian Koori Community Leadership Projects

Community-based leadership training for young Kooris, mentoring by senior community members.

Provides support and resources to develop leadership skills through planning and implementing community activities.

Strengthening and enhancement of family structure and broader community leadership through developing young community members’ skills.

Projects:

- Winda Mara Aboriginal Cooperative—Community Dreaming Project.
- Victorian Aboriginal Youth Sport And Recreation (VAYSAR)—Three Tribes Project.
- Rumbalara Football/Netball Club—Developing Young Leaders from Within Our Community.
- Ballarat Aboriginal Cooperative—Leadership: Establishing and Maintaining our Identity.
- Victorian Aboriginal Community Services Association Ltd (VACSAL)—Step Up Project.

#### The Multi-Site Evaluation and Support of the Community Leadership Projects (Centre for Australian Indigenous Studies Monash University)

A multi-site evaluation of the five community leadership projects (above).

Support for the projects in their monitoring, process and impact evaluation.

Evaluation of the projects’ processes and outcomes to identify models of best practice and contribute to future planning and infrastructure development in Koori communities.

#### Further information

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# Mental Health Promotion at Darebin Community Health

According to Burden of Disease Data (1996), Darebin has the second-highest level of disability adjusted life years for mental illness in the Northern Metropolitan Region. Among mental illnesses in Darebin, depression is the most significant.

Darebin Community Health operates many mental health promotion strategies. Current programs and projects include social support programs for Iraqi refugees, work with young people at risk, and a range of counselling groups, including a group for survivors of domestic violence. The Peer Led Drug Ed, and the Men's Shed are two significant initiatives.

## Peer Led Drug Ed

Darebin Community Health, in partnership with local schools, manages the Peer Led Drug Ed project, a drug prevention program that involves young people in creative and informal drug education activities.

The project focuses on building protective factors against youth drug use and encouraging skill development, leadership and positive involvement in school. Young people from culturally and linguistically diverse communities (CALD) are a key focus of the project.

The project assists schools to respond to drug issues by providing teachers, nurses, students and welfare coordinators with information and strategies, including:

- Information about protective factors for adolescent drug use.

- Promoting and developing healthy drug policies.
- Drug education resources.
- Links for students and staff to local services.

## Achievements to Date

The project has already achieved a partnership between local secondary schools, the health service and community agencies.

Two schools have established specialist programs: a Vietnamese youth support program, and an Arabic drama program, which have successfully challenged the schools to review their drug education approach for CALD students.

Other schools have developed a varied peer-skilling program, which includes meetings with young people from the Juvenile Justice System, learning CPR, discussing diversity and stress, learning relaxation techniques, participating in tours of Darebin Community Health Service, and meeting staff from other local agencies. Students involved share knowledge and skills with other students through drug forums and health class activities.

## The Men's Shed

The Men's Shed is an exciting new Darebin Community Health project aimed at men over 50 who experience depression or are socially isolated. It assists participants to access health and welfare services, and improve their knowledge of men's health issues.

The project grew out of research by the Men's Health Strategic Framework (VicHealth, 2000) and Men's Access to Health and Welfare Services (MAHRS) project (Older Men's Access to Health and Welfare Services, Draft Final Project Report, November 2001). Consultations with Darebin men identified the need for a men's meeting space, where they felt comfortable and could express their views. The project takes a community development approach, and emphasises group building, encouraging the men to decide how the Shed will be used, and what activities will take place there.

There are now some 20–25 regular attendees, and project worker is an older man who relates very well to them. Before the recent project launch, the Shed was a hive of activity, with the men painting, arranging displays, organising speeches and catering. The Shed also has a referral system that encourages GPs, health and welfare workers to refer clients, or clients to self-refer.

### Further information

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# South Coast Health Services Consortium

## Mental Health Promotion Strategy

A mental health forum held in Korumburra, combined with several community feedback forums, has helped develop a new Mental Health Action Plan (MHAP).

The forums brought together over 18 service providers and over 200 consumers to discuss mental health ideas and share knowledge of agencies' services in the South Coast. Agency attendance at the forums underlined the need for service providers to meet, and participants were eager to improve communication between agencies. For some, this was the first time they had sat in a room together and heard the work of other agencies and practitioners.

Each service had the opportunity to describe their work, their position on the spectrum of prevention, intervention and crisis, and suggest future mental health strategies and practices in the South Coast. Some concern was expressed about

service overlap and gaps. At the end of the forum, a long list of ideas was presented, and each agency ranked their most important. The ranking exercise developed the following actions:

1. Develop a list of local mental health services, map and analyse services to identify gaps.
2. Hold mental health forums to increase the community's awareness of mental health.
3. Improve cooperation and communication between agencies and improve linkages. Also, 'get shared care right'.
4. Explore models and ideas that target youth (from six years old to 25).
5. Promote 'get well' strategies.
6. Develop a mental health media strategy.

These processes helped form the South Coast MHAP, which has been developed and shared with the community to gain feedback and ideas. The South Gippsland Shire Council has become the lead agency in the community to facilitate the MHAP. The Action Plan addresses the actions identified in the forum, and links with all

local mental health agencies, beyondblue, Rotary, the South Coast Health Services Consortium (SCHSC), South Gippsland Division of General Practice, Infoxchange, the Primary Mental Health Early Intervention Initiatives, VicHealth and the community.

There is currently a lack of resources committed to preventing mental illness or facilitating cooperation amongst mental health agencies. The SCHSC aims to address this by providing resources to ensure actions identified are taken.

The redesign of a brochure about stress is already underway, and the council plans to send this to every South Gippsland resident. In addition, a new GROW mental health support group has been established in Leongatha, which alleviates transport and access difficulties for this group.

### Further information

Obtain a copy of the MHAP  
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# A Common Assessment and Referral System to Achieve Earlier Intervention with High Risk Adolescents

High risk adolescents (HRAs) are defined as 'young people posing a serious personal or community risk, with their risk issues being likely to increase without intervention.'

HRAs often have complex and multiple needs contributing to their risk behaviours, including alcohol and drug use, offending or violent behaviour, learning difficulties, family or peer conflict, emotional disorders, inadequate supervision or support, unsuitable accommodation or early school leaving.

## HRA Reference Group

In response to increasing numbers of HRAs, more extreme risk behaviours and consumer complaints about services, an HRA Reference Group was established. The group comprises government and non-government agencies from the health, welfare, education, justice, housing and employment sectors, and provides a forum to discuss issues such as service fragmentation and multi-service strategies for HRAs. A pilot project was undertaken in May 1999 that involved the implementation of the common assessment and referral system, to:

- Identify HRAs as early as possible in their risk behaviours.
- Connect HRAs to support services.
- Increase the level of coordination between services to provide a more effective and prompt response.

The partnerships created through the HRA Reference Group have been extremely beneficial in case coordination of multi-service clients, both within and outside crisis situations. The partnerships have also facilitated the development of protocols across departments and a greater understanding of the role, responsibility and mandate of each service.

## The Common Assessment and Referral System

The common assessment and referral process consists of a one-page referral form for connecting HRAs to support services.

Professionals identified as having earlier awareness of high risk adolescents than other support services, for instance, police, teachers and general practitioners, are encouraged to use the form. The system ensures that the referral is promptly brought to the attention of someone with an intimate knowledge of services available for the identified risk type. The negotiation of primary contacts effectively matches a specified service to the risk, therefore creating a time-efficient system for police and schools to refer HRAs into services.

After the initial pilot study, the system was expanded to all police stations in the Gippsland Region and several primary schools, secondary colleges and medical centres. Over 80 per cent of the 263

referrals sent between August 1999 and July 2001 did not have current involvement with support services at the time of the referral.

The attitudes of HRAs being referred to services was more positive than would be expected with such a challenging client group. Of the known attitudes, 47 per cent had a positive attitude towards being referred to a support service, 28 per cent had a negative attitude and 25 per cent were indifferent. Analysis provided many examples of how the system has benefited relationships between police and young people, by facilitating interaction outside the typical adversarial role. Importantly, police perception of risk has changed from judgment to assessment.

The proportion of HRAs with mental health issues and other risk types that exacerbates mental health problems is significant. This program has emphasised early intervention and prevention, and has been successful in achieving earlier identification, greater connection of HRAs to support services and improved collaboration of service agencies. The system is now used broadly in Gippsland, and has been adopted by other Victorian Regions, other states and in New Zealand.

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# Health Promoting Services for Non-English Speaking People with a Mental Illness

Psychiatric patients from culturally and linguistically diverse (CALD) backgrounds are often isolated and have language difficulties. They also have a low utilisation of community mental health services (Ziguras, 2000).

After consultations with the ADEC Chinese Mental Health Mutual Support and Self-Help Group, several common characteristics emerged. People from CALD backgrounds who have a mental illness:

- Are very lonely.
- Have almost no social life.
- Lack support.
- Have language barriers that create difficulties in their daily life.
- Suffer stigmatisation.
- Are largely unaware of the services they could access in the mental health system.
- Get support mainly from family members, which in turn places pressure on families.

## Targeting Ethnic People

Mental health services need to consider ways they can reach people from CALD backgrounds, in order to assist them to access mental health and other health services.

ADEC has worked with ethnic communities for many years, and runs a very successful service that provides assistance for new immigrants from Mainland China who have a mental illness. The model uses culture-friendly methods and positive approaches that could be modelled, adapted by and introduced into other community and disability services. ADEC continuously monitors and develops the model, using feedback, documentation and comments from service providers and participants.

## Aims and Objectives

The Chinese Mental Health Mutual Support and Self-Help Group aims to assist people from CALD backgrounds who have a mental illness, by:

- Offering support services.
- Helping them access different services in the community.
- Improving their quality of life.
- Increasing their knowledge about available mental health and services.

Under the auspices of the Action on Disability within Ethnic Communities Strategy, the Self-Help Group hopes to:

- Set up a network of peer support and information exchanges for non-English speaking Chinese participants and their families/carers.
- Help them to gain information and education about their conditions in their own language.
- Increase their independence and living skills, such as English, cooking, and so on.
- Help them to socialise, move away from isolation, build up confidence and overcome stigma.
- In the near future, set up a self-help group for people from other ethnic communities.

## Developing a Model Service

The following criteria outline good practice for setting up a model service, based on the Self-Help Group's practice:

- Mental health education
- Developing contacts and networks
- Organising
- Planning and promotion.

## Measuring the Project's Effectiveness

ADEC is responsible for managing and resourcing the bilingual support workers, as well as overseeing the project, as an expansion of ADEC services.

In order to determine the success or otherwise of the project, these issues are considered:

- How many consumers have utilised the group, both regularly and irregularly?
- How many referrals have been made from the group to other services?
- Is there documentation of the issues that arise from the group?
- How responsive is the facilitator to meeting the group's needs?
- Are the group's activities evolving and improving?

## Reference

Ziguras, Stuart, Klimidis, Minas, Lewis, Pennella and Jackson, 2000, *Evaluation of the bilingual case management program*, Victorian Transcultural Psychiatry Unit, pp 6–7.

### Further information

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# Issues Faced by Same-Sex Attracted Victorians

The Department of Human Services, on behalf of the Ministerial Advisory Committee on Gay and Lesbian Health, commissioned five Discussion Papers to address areas of major health concerns for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians. The Papers explore the rates and patterns of mental illness among GLBTI people, and their shared experience of sexuality and gender identity-based discrimination. Via community consultations, discussion areas were identified, including mental health, and revealed considerable concern about issues such as depression, anxiety, suicide and isolation. The Papers are online, at: <http://www.dhs.vic.gov.au/phd/macglh/stageone.htm>

## Same-Sex Attracted Youth in Rural Areas

The Victorian Health Promotion Foundation (VicHealth) Mental Health Promotion Plan identified that young, same-sex attracted young people living in rural areas face significant mental health challenges. These include disclosure of sexual identity, suicide, victimisation and bullying, violence, harassment and homophobia—in both their community and educational settings.

VicHealth and the Rural Health and Development Branch of Department of

Human Services jointly funded a series of projects to support this target group in all three social determinants of health (social connectedness, freedom from discrimination and violence, and economic participation). Project findings are contained in the online document *Our town: working with same-sex attracted young people in rural communities*.

### Further information

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# Mental Health Initiatives

## The North East Mental Health Promotion Network

The NEMHP began in 1997, with representatives from primary care and mental health services in the north-eastern region, including local government, community health services, Divisions of General Practice and service agencies. The Network undertook a project to identify the experiences and challenges for primary care and mental health workers that addressed depression from a health promotion perspective. The findings are documented in *Dealing with Depression*.

### *Dealing with Depression*

Health Promotion North website  
<http://www.hpnorth.infoexchange.net.au/>

## The Clifford Beers International Centre for Mental Health Promotion

The Clifford Beers website includes details of the Second World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders (London, September 2002), as well as the International Journal of Mental Health Promotion, and their efforts in promoting mental health developing mental health promotion initiatives.

### *Clifford Beers International Centre for Mental Health Promotion*

<http://www.charity.demon.co.uk>

## The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)

Auseinet is a national project funded by the Commonwealth Department of Health and Aged Care, under the Mental Health Strategy and the National Suicide Prevention Strategy. Auseinet informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention and suicide prevention throughout people's lives.

### *Auseinet*

<http://auseinet.flinders.edu.au>

## VicHealth

VicHealth moderates an electronic Promoting Mental Health Network.

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The topic of the next Health Promotion Strategies bulletin is Healthy Ageing. Contributions for this issue will be accepted up to 12 August 2002. Ask for a copy of the Guidelines for Authors, or direct other editorial matters and requests for reprints to:

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