



# **Brisbane South PHN**

## **Needs Assessment 2019-2022**

# Section 1 – Narrative

**Needs Assessment process and issues**

This document builds upon the previous Needs Assessment submitted to the Department of Health in November 2017. The needs assessment process involved analysis and triangulation of quantitative and qualitative information sourced from various key agencies and stakeholder consultation. The evidence has been reviewed to reflect recent data updates and releases, and contemporary stakeholder views. Results for the Brisbane South PHN region were compared against the results of other metropolitan Queensland PHNs, Queensland and Australia across a number of indicators. Results for population sub-groups and defined locations within the region (Population Health Areas, Statistical Area Levels 2 and 3, and Local Government Areas) were also compared against results for the Brisbane South PHN region. Where results were less favourable, or below national recommendations/targets, the relevant indicators were noted under *Section 2 and 3 – Identified Need, Key Issue and Description of the Evidence*. A number of identified needs were then selected for prioritisation under *Section 4 – Priority*. Alignment between the selected priority areas and Brisbane South PHN's current activities was cross-checked under *Section 4 – Possible Options, Expected Outcome and Potential Lead*.

Acronym	Expanded form
ABS	Australian Bureau of Statistics
ACPR	Aged Care Planning Region
AIHW	Australian Institute of Health and Welfare
ASR	Age-standardised rate
DALY	Disability adjusted life years
DATSIP	Department of Aboriginal and Torres Strait Islander Partnerships
LGA	Local Government Area
NDIS	National Disability Insurance Scheme
NHMRC	National Health and Medical Research Council
PHA	Population Health Areas
PHIDU	Public Health Information Development Unit
SA2	Statistical Areas Level 2
SA3	Statistical Areas Level 3
SSB	Statistical Services Branch
QGSO	Queensland Government Statistician's Office

**Additional Data Needs and Gaps**

- Some information is only available at PHN, state or national level – locations within the PHN region with higher relative health and service needs may not be reflected
- Some information is relatively dated (despite being the most up-to-date source available) – recent changes to health and service needs within the region may not be reflected
- Changes to how data elements are defined, treated and/or presented (e.g. age groups, geographical units) between different agencies and over time – limited ability to compare data between sources and over time
- Some information is presented by consumer location while other information is presented by service provider location – limited ability to overlay data to reflect the consumer journey

Information provided (PHN website)	Limitation	GPH	MH	AOD	IH
Population Health	Relatively dated	X	X	X	X
Chronic Conditions	Relatively dated	X	X	X	X
Admitted Patient Services	Consumer/admission details not presented	X	X	X	X
Medicare Benefits Schedule	Consumer location (by SA3) not presented	X	X	X	X
Pharmaceutical Benefits Scheme	Consumer location (by SA3) not presented	X	X	X	X
Practice Incentive Program	Provider location (by SA3) not presented	X			X
Health Workforce	Difficult to use/interpret	X	X	X	X
Additional information required	Limitation	GPH	MH	AOD	IH
Police/other emergency services	Available by formal request only	X	X	X	X
General practice accreditation	Available by formal request only	X			
Child and youth mental health	Difficult to access		X		X
Indigenous health	Not presented by Indigenous status		X	X	X
Cultural/ethnic background	Not collected and/or presented in data sets	X	X	X	

***Additional comments or feedback***

PHNs undertake the needs assessment process to identify local health and service needs, and prioritise activities to address those needs. The Needs Assessment informs annual planning and commissioning processes, and the development of Activity Work Plans. PHNs were often required to submit Activity Work Plans to the Department of Health before the Needs Assessment, with limited opportunity to incorporate findings and re-scope activities to better meet emerging community needs. The Needs Assessment schedule has been revised by the Department of Health, and will now be completed once every three years, with interim population health planning and updates to needs assessments as required.

Please note, titles of evidence that have grey shading denote sensitive information to be removed prior to publication on the Brisbane South PHN website.

# Section 2 – Outcomes of the health needs analysis

## General Population Health

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
<b>Socio-economic health determinants</b>		
<b>Socio-economic disadvantage and various demographic factors may affect health</b>	<b>Socio-economic disadvantage</b> Socio-economic disadvantage summarises a range of information about the social and economic circumstances of people living within a defined area. People living in areas of relative socio-economic disadvantage tend to experience poorer health outcomes, often due to a higher prevalence of health risk factors and lower prevalence of protective factors.  <i>A number of locations within the Brisbane South PHN region had higher levels of disadvantage based on the Index of Relative Socio-Economic Disadvantage, when compared to the region.</i>	<i>Queensland Government Statistician's Office (QGSO) Resident Profile created Aug 2018, using Australian Bureau of Statistics (ABS) Census of Population and Housing 2016</i> - Statistical Areas Level 3 (SA3s) with the highest levels of disadvantage based on the Index of Relative Socio-Economic Disadvantage – quintile 1: Beaudesert (55%), Springwood – Kingston (50%), Beenleigh (50%), Browns Plains (40%), Forest Lake – Oxley (36%), and Loganlea – Carbrook (24%)  Brisbane South PHN: 16% QLD: 20% (quintiles derived from QLD results)
	<b>Education levels and English language proficiency</b> Education levels and English language proficiency are considered when determining an area's relative socio-economic disadvantage. Lower education levels and language proficiency may affect a person's ability to access appropriate healthcare.  <i>A number of locations within the Brisbane South PHN region had higher proportions of people who did not go to school or finished schooling in year 10 or below, when compared to the region.</i>  <i>A number of locations within the Brisbane South PHN region had higher proportions of people who spoke another language at home and spoke English not well or not at all, when compared to the region.</i>	<i>QGSO Resident Profile created Aug 2018, using ABS Census of Population and Housing 2016</i> - SA3s with the highest proportion of people who did not go to school or finished schooling in year 10 or below: Beaudesert (45%), Beenleigh (40%), Jimboomba (38%), and Cleveland – Stradbroke (35%)  Brisbane South PHN: 27% QLD: 32%  - SA3s with the highest proportion of people who speak another language at home and speak English not well or not at all: Sunnybank (13%), Forest Lake – Oxley (9%), Rocklea – Acacia Ridge (8%), Mt Gravatt (6%), and Springwood – Kingston (6%)  Brisbane South PHN: 4% QLD: 2%
	<b>Unemployment and income</b> Employment and income levels are considered when determining an area's relative socio-economic disadvantage. Unemployment and lower income levels may affect a person's ability to access appropriate	<i>QGSO Resident Profile created Aug 2018, using Australian Government Department of Employment Small Area Labour Markets Australia Jan – Mar 2018</i> - SA3s with the highest unemployment rates: Springwood – Kingston (9%), Forest Lake – Oxley (9%), and Beenleigh (9%)

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	<p>healthcare.</p> <p><i>A number of locations within the Brisbane South PHN region had higher unemployment rates, when compared to the region.</i></p> <p><i>A number of locations within the Brisbane South PHN region had lower median household incomes, when compared to Queensland.</i></p>	<ul style="list-style-type: none"> <li>- Statistical Areas Level 2 (SA2s) with the highest unemployment rates: Wacol (25%), Logan Central (24%), Inala – Richlands (22%), Woodridge (20%), and Redland Islands (19%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 6% QLD: 6%</p> <p><i>QGSO Resident Profile created Aug 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the lowest median total household income: Beaudesert (\$1,088), Beenleigh (\$1,174), Springwood – Kingston (\$1,285), and Forest Lake – Oxley (\$1,354).</li> <li>- SA2s with the lowest median total household income: Redland Islands (\$735), Logan Central (\$864), Inala – Richlands (\$929), and Woodridge (\$937)</li> </ul> <p style="text-align: right;">QLD: \$1,402 per week</p>
	<p><b>Geographic factors – regional and remote areas</b></p> <p>Remoteness is a measure an area’s relative access to services, including health services. People living in regional or remote areas generally have poorer access to health services than people living in major cities.</p> <p><i>The Brisbane South PHN region is primarily classified as a metropolitan area, but also includes regional and remote locations.</i></p>	<p><i>QGSO Resident Profile created Aug 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- SA2 of Redland Islands had the highest proportion of the population living in outer regional (38%) and remote areas (23%) based on the ABS Remoteness Area classification</li> </ul> <p style="text-align: right;">Brisbane South PHN: &lt;1% outer regional and &lt;1% remote QLD: 14% outer regional, 2% remote and 1% very remote</p> <p><i>Public Health Information Development Unit (PHIDU) Social Health Atlas of Australia Jul 2018, using ABS General Social Survey 2014</i></p> <ul style="list-style-type: none"> <li>- Population Health Areas (PHAs) with the highest rate of people who often have a difficulty or cannot get to places needed with transport: Inala – Richlands / Wacol (7 age standardised rate (ASR) per 100 persons), Logan Central / Woodridge (6 ASR per 100 persons), Redland Islands (6 ASR per 100 persons), and Kingston / Slacks Creek (6 ASR per 100 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 4 ASR per 100 persons QLD: 4 ASR per 100 persons</p>
Health behaviours and risk factors		
<p><b>Poorer maternal, familial and early childhood health indicators</b></p>	<p><b>Education level of mother</b></p> <p>Children's educational outcomes including cognitive skills, and educational attainment are closely linked to their parents, in particular mothers, education level.</p> <p><i>A number of locations within the Brisbane South PHN region had higher proportions of children aged under 15 years in families where the mother has low educational attainment, when compared to the region.</i></p>	<p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Census of Population and Housing 2016 (rolled from PHA to SA3)</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of children aged under 15 years in families where the mother has low educational attainment: Loganlea – Carbrook (28%), Mt Gravatt (24%), Browns Plains (24%), Brisbane Inner – East (22%), and Beaudesert (19%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 16% QLD: 18%</p>

## Outcomes of the health needs analysis

<p><b>Parental employment and familial income</b> Parental unemployment and lower familial income levels may affect a child's ability to access appropriate healthcare.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of families with children aged under 15 years where no parent was employed, when compared to the region.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of families with lower median total family income, when compared to Queensland.</i></p>	<p><i>QGSO Resident Profile created Aug 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of families with children aged under 15 years where no parent was employed: Springwood – Kingston (24%), Beaudesert (24%), Beenleigh (23%), Forest Lake – Oxley (20%), and Browns Plains (19%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 13% QLD: 14%</p> <p>SA3s with the lowest median total family income: Beaudesert (\$1,283), Beenleigh (\$1,356), Springwood – Kingston (\$1,435), Forest Lake – Oxley (\$1,482), and Sunnybank (\$1,495)</p> <p style="text-align: right;">QLD: \$1,661 per week</p>
<p><b>Smoking during pregnancy</b> Smoking during pregnancy is associated with poorer maternal and child health outcomes, including miscarriage, other complications, and low birthweight. Low birthweight babies are at increased risk of Sudden Infant Death Syndrome, and are more vulnerable to infection, breathing difficulties, and long-term health problems.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of mothers who smoked during pregnancy, when compared to the region.</i></p> <p><i>Younger mothers in the Brisbane South PHN region were more likely to smoke during pregnancy.</i></p> <p><i>Birth rates were highest in locations that also had the highest rates of smoking during pregnancy.</i></p>	<p><i>Australian Institute of Health and Welfare (AIHW) My Healthy Communities 2018, using National Perinatal Data Collection 2014–2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of mothers who smoked during pregnancy: Beenleigh (24%), Beaudesert (23%), Browns Plains (18%), Springwood – Kingston (17%), and Loganlea – Carbrook (15%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 9% AUS: 10%</p> <p><i>Queensland Health Perinatal Data Collection 2016 (requested via Statistical Services Branch (SSB) 2017)</i></p> <ul style="list-style-type: none"> <li>- 1 in 8 (13%) mothers aged under 29 years in the Brisbane South PHN region smoked during pregnancy</li> <li>- 1 in 20 (6%) mothers aged 30+ years in the Brisbane South PHN region smoked during pregnancy</li> </ul> <p><i>QGSO Resident Profile created Aug 2018, using ABS Births 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest birth rates: Springwood – Kingston (17 per 1,000 persons), Rocklea – Acacia Ridge (16 per 1,000 persons), Browns Plains (16 per 1,000 persons), Forest Lake – Oxley (16 per 1,000 persons), Loganlea – Carbrook (15 per 1,000 persons), and Beenleigh (15 per 1,000 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 14 per 1,000 persons QLD: 13 per 1,000 persons</p>
<p><b>Antenatal care</b> Antenatal care is recommended throughout pregnancy to monitor both maternal and child health and wellbeing, and to provide extra assistance where special needs are identified. Uptake of antenatal care</p>	<p><i>AIHW My Healthy Communities 2018, using National Perinatal Data Collection 2014–2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the lowest proportion of mothers who had at least one antenatal visit in the first trimester: Cleveland – Stradbroke (48%), Capalaba (50%), Beaudesert (55%), Springwood – Kingston (55%), and Beenleigh (56%)</li> </ul>

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<p>is known to contribute to better maternal health in pregnancy, fewer interventions in late pregnancy, and positive child health outcomes.</p> <p><i>A number of locations within the Brisbane South PHN region had a lower proportion of mothers who had at least one antenatal visit in the first trimester, when compared to the region.</i></p>	<p>Brisbane South PHN: 71% AUS: 65%</p>
<p><b>Low birthweight</b> Low birthweight is associated with infant mortality, impaired physical and cognitive development, and an increased risk of developing chronic conditions later in life.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of low birthweight babies, when compared to the region.</i></p>	<p><i>AIHW My Healthy Communities 2018, using National Perinatal Data Collection 2014–2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of low birthweight babies: Beenleigh (7%), Springwood – Kingston (6%), Beaudesert (6%), Browns Plains (6%), and Brisbane Inner (6%)</li> </ul> <p>Brisbane South PHN: 5% AUS: 5%</p>
<p><b>Immunisation</b> Immunisation is a safe and effective way to control the spread of communicable conditions. Immunisation protects an individual from infection and when herd immunity is achieved (i.e. at least 95% of the population is immunised), protects those who cannot be immunised themselves.</p> <p><i>Brisbane South PHN and a number of locations within the Brisbane South PHN region did not meet the national immunisation target.</i></p> <p><i>A number of locations within the Brisbane South PHN region had less favourable HPV immunisation coverage, when compared to the region.</i></p>	<p><i>Australian Immunisation Register Oct 2017 – Sept 2018</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN did not meet the national immunisation target for children aged one, two and five years old (94%, 91%, and 94%, respectively)</li> <li>- SA3s that did not meet the national immunisation target for children aged one, two and five years old: Beenleigh, Brisbane Inner, Brisbane Inner – East, Browns Plains, Loganlea – Carbrook, Mt Gravatt, Nathan, Rocklea – Acacia Ridge, Sherwood – Indooroopilly, Springwood – Kingston, Sunnybank, and Wynnum – Manly</li> </ul> <p>National target: 95%</p> <p><i>PHIDU Social Health Atlas of Australia Jul 2018, using National HPV Vaccination Program Register 2018 (rolled from PHA to SA3)</i></p> <ul style="list-style-type: none"> <li>- SA3s that had low HPV immunisation rates for males aged 15 years: Mt Gravatt (61%), Browns Plains (61%), Loganlea – Carbrook (62%), Beenleigh (64%), and Forest Lake – Oxley (65%)</li> <li>- SA3s that had low HPV immunisation rates for females aged 15 years: Beenleigh (67%), Loganlea – Carbrook (67%), Rocklea – Acacia Ridge (71%), Sunnybank (73%), and Forest Lake – Oxley (73%)</li> </ul> <p>Brisbane South PHN: 70% males   78% females AUS: 67% males   78% females</p>
<p><b>Developmental vulnerability</b> The Australian Early Development Census measures five domains of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and</p>	<p><i>Australian Early Development Census 2015</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of children who were developmentally vulnerable across two or more domains: Beenleigh (20%), Browns Plains (18%), Springwood – Kingston (18%), Forest Lake – Oxley (17%), and Loganlea – Carbrook (16%)</li> </ul>

## Outcomes of the health needs analysis

<p>communication skills and general knowledge. Developmental vulnerability is associated with poor learning outcomes while at school, and poor education, employment and health after school.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of developmentally vulnerable children, when compared to the region.</i></p>	<p style="text-align: right;">Brisbane South PHN: 13% QLD: 14%</p> <ul style="list-style-type: none"> <li>- SA3s where the proportion of children who were developmentally vulnerable across one or more domains was higher than the regional proportion: Sunnybank (30%), Brisbane Inner (27%), and Mt Gravatt (27%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 26% QLD: 26%</p>
<p><b>Disability</b></p> <p>Disability may impact on a person’s daily activities (such as tasks relating to self-care, mobility and communication), or impact participation in other ways (such as in social and economic life). Disability may affect a person’s ability to access appropriate healthcare and/or use health information. Disability and health have a complex relationship –long-term health conditions might cause disability, and disability can contribute to health problems. The nature and extent of a person’s disability can also influence their health experiences</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of people with a profound or severe disability, when compared to the region.</i></p>	<p><i>QGSO Resident Profile created Aug 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest proportion of people with a profound or severe disability: Beaudesert (8%), Beenleigh (7%), Cleveland – Stradbroke (6%), Loganlea – Carbrook (6%), and Browns Plains (6%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 5% QLD: 5%</p> <p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Census of Population and Housing 2016 (rolled from PHA to SA3)</i></p> <ul style="list-style-type: none"> <li>- SA3s that had a high proportion of people aged under 64 years with a profound or severe disability and living in the community: Beaudesert (5%), and Beenleigh (5%)</li> <li>- SA3s that had a high proportion of people aged 65+ years with a profound or severe disability and living in the community: Browns Plains (19%), Forest Lake – Oxley (19%), Beenleigh (17%), Jimboomba (17%), and Loganlea – Carbrook (17%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 3% persons under 64 years   15% persons 65+ years AUS: 3% persons under 64 years   14% persons 65+ years</p>
<p><b>Domestic and family violence</b></p> <p>Domestic and family violence occurs when a person uses violence or abuse to control another person. It is usually an ongoing pattern of behavior aimed at controlling a partner or family member through fear. Domestic and family violence is associated with a variety of poor health outcomes, both immediate and long-term.</p> <p><i>Rate of Breach of Domestic Violence Protection Orders in the Logan and South Brisbane Police Districts notably increased between 2013-14 and 2017-18.</i></p> <p><i>Logan Police District recorded a higher rate of Breach of Domestic Violence Protection Orders, when compared to Queensland, which may</i></p>	<p><i>Queensland Police Service Reported Crime Trend Data 2017-18</i></p> <ul style="list-style-type: none"> <li>- Breach of Domestic Violence Orders rates notably increased within the Logan Police District (367 per 100,000 persons to 680 per 100,000 persons) between 2013-14 and 2017-18 <ul style="list-style-type: none"> <li>o Divisions in Logan Police District with high rates of Breach of Domestic Violence Protection Orders: Logan Central (1,334 per 100,000 persons), Crestmead (931 per 100,000 persons), and Beenleigh (797 per 100,000 persons)</li> </ul> </li> <li>- Breach of Domestic Violence Orders rates notably increased within the South Brisbane Police District (153 per 100,000 persons to 255 per 100,000 persons) between 2013-14 and 2017-18 <ul style="list-style-type: none"> <li>o Divisions in South Brisbane Police District with high rates of breach of domestic violence protection orders: Annerley (368 per 100,000 persons), and Inala (366 per 100,000 persons)</li> </ul> </li> </ul>

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	<p><i>indicate a higher prevalence of domestic and family violence in the Logan and Scenic Rim Local Government Areas (LGAs).</i></p> <p><i>A number of locations within the Logan and South Brisbane Police Districts recorded a higher number of Breach of Domestic Violence Protection Orders, when compared to their respective District, which may indicate a higher prevalence of domestic and family violence in these locations.</i></p>	<p>QLD: 526 per 100,000 persons</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Domestic and family violence was a common priority area identified by online survey respondents (18 of 115 responses; 16%)</li> </ul>
	<p><b>Homelessness</b></p> <p>Homelessness is a complex issue, involving more than just a lack of housing. Other factors such as unemployment, poor physical and/or mental health, drug and alcohol misuse, or domestic and family violence may increase a persons' risk of becoming or remaining homeless.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of homelessness, when compared to the region.</i></p>	<p><i>QGSO resident profile created Aug 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of homelessness: Brisbane Inner (294 per 10,000 persons), Springwood – Kingston (78 per 10,000 persons), Holland Park – Yeronga (66 per 10,000 persons), Sunnybank (59 per 10,000 persons), and Nathan (55 per 10,000 persons)</li> </ul> <p>Brisbane South PHN: 40 per 10,000 persons QLD: 46 per 10,000 persons</p> <p><i>Micah 500 Lives, 500 Homes Campaign Outcomes 2014-17</i></p> <ul style="list-style-type: none"> <li>- 71% of adult consumers accessing the service/campaign in the Brisbane LGA identified as male, 28% identified as female, and 1% identified as transgender, intersex, X or unspecified</li> <li>- 6% of adult consumers in the Brisbane LGA identified as lesbian, gay, bisexual or unsure</li> <li>- 53% of young consumers in the Brisbane LGA identified as female, 45% identified as female, and 2% identified as transgender, intersex, X or unspecified</li> <li>- 13% of young consumers in the Brisbane LGA identified as lesbian, gay, bisexual or unsure</li> </ul>
<b>Increased risk of developing chronic conditions due to health risk factors</b>	<p><b>High blood pressure</b></p> <p>High blood pressure is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and chronic kidney disease.</p> <p><i>Brisbane South PHN, particularly Logan LGA, had a high proportion of people with high blood pressure.</i></p>	<p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS National Health Survey 2014-15</i></p> <ul style="list-style-type: none"> <li>- Logan LGA had a higher proportion of people with high blood pressure (26 ASR per 100 persons)</li> </ul> <p>Brisbane South PHN: 25 ASR per 100 persons AUS: 23 ASR per 100 persons</p>
	<p><b>Nutrition</b></p> <p>Poor nutrition is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and diabetes.</p> <p><i>A high proportion of people in the Brisbane South PHN region did not meet the national recommendations for fruit and vegetable intake.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- 31% of children aged 5-17 years in the Brisbane South PHN region did not meet the national recommendations for fruit intake, and 98% did not meet the national recommendations for vegetable intake</li> <li>- 42% of adults aged 18+ years in the Brisbane South PHN region did not meet the national recommendations for fruit intake, and 94% did not meet the national</li> </ul>

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<p><i>A high proportion of the chronic condition burden in Queensland was attributed to dietary risks.</i></p>	<p>recommendations for vegetable intake Based on National Health and Medical Research Council (NHMRC) Australian Dietary Guidelines 2013</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 56% of the coronary heart disease burden, 44% of stroke, 35% of diabetes, 29% of bowel cancer, and 8% of lung cancer was attributed to dietary risks in Queensland</li> </ul>
<p><b>Physical activity</b> Physical inactivity and sedentary behaviour are associated with an increased risk of developing chronic conditions, including cardiovascular conditions and diabetes.</p> <p><i>A high proportion of people in the Brisbane South PHN region did not meet the national recommendations for physical activity.</i></p> <p><i>A number of locations within the Brisbane South PHN had a higher proportion of adults who performed insufficient physical activity, when compared to the region.</i></p> <p><i>Children aged 12-17 years, and adults aged 65+ years, in the Brisbane South PHN region were less likely to have met national recommendations for physical activity.</i></p> <p><i>A high proportion of the chronic condition burden in Queensland was attributed to physical inactivity.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- 63% of children aged 5-17 years in the Brisbane South PHN region did not meet the national recommendations for physical activity</li> <li>- Children aged 12-17 years within the Brisbane South PHN region were more likely to have performed insufficient physical activity, when compared to children aged 5-11 years</li> <li>- 41% of adults aged 18+ years in the Brisbane South PHN region did not meet the national recommendations for physical activity</li> <li>- LGAS with a higher proportion of adults who engaged in insufficient physical activity: Scenic Rim LGA (51%), Redland LGA (45%), and Logan LGA (45%)</li> <li>- Over half (55%) of adults aged 65+ years within the Brisbane South PHN region were engaging in insufficient physical activity levels</li> </ul> <p>Based on Department of Health Australia's Physical Activity and Sedentary Behaviour Guidelines 2014</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 34% of the breast cancer burden, 33% of coronary heart disease, 32% diabetes, 31% bowel cancer, and 19% of stroke was attributed to physical inactivity in Queensland</li> </ul>
<p><b>Obesity</b> Obesity is associated with an increased risk of developing chronic conditions, including cardiovascular disease, type 2 diabetes, some musculoskeletal conditions and some cancers.</p> <p><i>A high proportion of children aged 5-17 years in the Brisbane South PHN region were overweight or obese.</i></p> <p><i>Children aged 5-11 years were also more likely to be obese.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- Almost 1 in 4 (24%) children aged 5-17 years in the Brisbane South PHN region were overweight or obese; although similar to the Queensland result, overweight and obesity is associated with adverse health outcomes (as indicated under Key Issue &gt; Obesity)</li> <li>- Children aged 5-11 years within the Brisbane South PHN region were twice as likely to be obese, when compared to children 12-17 years</li> </ul> <p style="text-align: right;">QLD: 24%</p> <ul style="list-style-type: none"> <li>- Almost 1 in 3 adults (31%) in Logan LGA were obese</li> <li>- Adults living in disadvantaged locations within the Brisbane South PHN region were 1.5 times as likely to be obese, when compared to advantaged locations</li> </ul>

Outcomes of the health needs analysis	
<p><i>Logan LGA had a higher proportion of people who were obese, when compared to the region.</i></p> <p><i>Adults living in disadvantaged, and/or regional locations in the Brisbane South PHN region were more likely to be obese.</i></p> <p><i>A high proportion of the chronic condition burden in Queensland was attributed to high body mass index.</i></p>	<ul style="list-style-type: none"> <li>- Adults living in inner regional locations within the Brisbane South PHN region were almost 1.5 times as likely to be obese, when compared to major cities Brisbane South PHN: 24% QLD: 24%</li> </ul> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 54% of the diabetes burden, 41% of chronic kidney disease, 25% of coronary heart disease, and 18% of stroke was attributed to high body mass index in Queensland</li> </ul>
<p><b>Smoking</b></p> <p>Smoking is associated with an increased risk of developing chronic conditions, including cardiovascular conditions, respiratory conditions, diabetes, and cancer.</p> <p><i>Logan LGA had a higher proportion of people who were smokers, when compared to the region.</i></p> <p><i>People living in disadvantaged locations in the Brisbane South PHN region were more likely to smoke.</i></p> <p><i>A high proportion of the chronic condition burden in Queensland was attributed to tobacco use.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- 1 in 5 people (21%) in Logan LGA were smokers</li> <li>- People living in disadvantaged locations were more likely to smoke Brisbane South PHN: 15% QLD: 16%</li> </ul> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 81% of the lung cancer burden, 74% of COPD, 15% of coronary heart disease, and 12% of stroke was attributed to tobacco use in Queensland</li> </ul>
<p><b>Alcohol intake</b></p> <p>Excessive alcohol intake is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and some cancers.</p> <p><i>A high proportion of adults in the Brisbane South PHN region exceeded the national recommendations for alcohol intake.</i></p> <p><i>Males in the Brisbane South PHN region were more likely to have exceeded national recommendations for alcohol intake.</i></p> <p><i>A high proportion of the chronic condition burden in Queensland was attributed to alcohol use.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- 20% of adults aged 18+ years in the Brisbane South PHN region exceeded the national recommendations for alcohol intake</li> <li>- Males in the Brisbane South PHN region were 2.5 times as likely to exceed the national recommendations for alcohol intake, when compared to females</li> </ul> <p>Based on NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 24% of the chronic liver disease burden, 21% of suicide and self-inflicted injuries, and 4% of coronary heart disease were attributed to alcohol use in Queensland</li> </ul>
<p><b>Illicit drug use</b></p> <p>Harms from illicit drugs affect all communities, families and individuals,</p>	<p><i>AIHW National Drug Strategy Household Survey 2016: detailed findings</i></p> <ul style="list-style-type: none"> <li>- 1 in 6 (17%) people aged 14+ years in the Brisbane South PHN region had recently used</li> </ul>

Outcomes of the health needs analysis		
	<p>either directly or indirectly. Health impacts such as injury, poisoning and mental illness; and social impacts such as violence, crime and trauma may occur as a result of illicit drug use.</p> <p><i>Males and people aged 20-29 years, in Queensland were more likely to use illicit drugs.</i></p>	<p>illicit drugs</p> <p>QLD: 17% AUS: 16%</p> <ul style="list-style-type: none"> <li>- Males (20%) were more likely to use illicit drugs compared to females (13%) in Queensland</li> <li>- Illicit drug use was most common among people aged 20-29 years (33%), compared to other age groups in Queensland</li> </ul> <p>AUS: 18% males and 13% females   28% people aged 20-29 years</p>
	<p><b>Sun exposure</b> Excessive sun exposure is associated with an increased risk of skin cancer, including melanoma.</p> <p><i>Brisbane South PHN had a high proportion of people who reported being sunburnt in the last 12 months.</i></p> <p><i>Children aged 12-17 years, children in regional locations, and adults aged 18-44 years, were also more likely to have been sunburnt in the last 12 months.</i></p> <p><i>A high proportion of the chronic condition burden in Queensland was attributed to sun exposure.</i></p>	<p><i>Queensland Health Queensland Survey Analytics System 2015-16</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN had a high proportion of people who reported being sunburnt in the last 12 months across both children (57%) and adults (50%); although similar to the Queensland results, excessive sun exposure is associated with adverse health outcomes (as indicated under Key Issue &gt; Sun exposure)</li> <li>- In 2013-14, children aged 12-17 years in the Brisbane South PHN region were more likely to have been sunburnt in the last 12 months, when compared to children aged 5-11 years</li> <li>- In 2013-14, children in regional locations were more likely to have been sunburnt in the last 12 months, when compared to children in major cities</li> <li>- Adults aged 18-44 years were more likely to have been sunburnt in the last 12 months, when compared to adults aged 45+ years</li> </ul> <p>Other Metro QLD PHNs: Child 48% – 53%   Adult 54% – 55% QLD: Child 59%   Adult 54%</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 90% of the melanoma skin cancer burden, and 66% of non-melanoma skin cancer was attributed to high sun exposure in Queensland.</li> </ul>
Chronic conditions and other health considerations		
<p><b>Burden of disease largely attributed to chronic conditions</b></p>	<p><b>Chronic conditions</b> Chronic conditions are long-term health conditions that tend to worsen over time, cannot be passed from person to person, often lead to a gradual deterioration in health, and premature death.</p> <p><i>Cancer, cardiovascular conditions, musculoskeletal conditions, mental health, and respiratory conditions accounted for almost two thirds of the disease burden in Queensland.</i></p>	<p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- Almost 1 in 2 (49%) people within the Brisbane South PHN region reported having a long-term health condition</li> </ul> <p>Other Metro QLD PHNs: 41% – 50% AUS: 50%</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Top broad causes of disease and injury burden in Queensland: cancer (18%),</li> </ul>

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	<p>cardiovascular (15%), musculoskeletal (12%), mental (11%), and respiratory (8%) conditions, which accounted for 64% of the total burden of disease and injury</p> <p><i>AIHW Australia's Health 2018 – in brief</i></p> <ul style="list-style-type: none"> <li>- 87% of deaths in Australia were attributed to chronic conditions</li> <li>- 61% of total disease and injury burden in Australia were attributed to chronic conditions</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Chronic conditions were the most common health priority identified by online survey respondents (80 of 115 responses; 70%)</li> </ul>
<p><b>Cardiovascular conditions</b></p> <p>Cardiovascular conditions, such as coronary heart disease and stroke, affect the heart and blood vessels. Poor nutrition, physical inactivity, tobacco smoking, and excessive alcohol use may increase the risk of developing cardiovascular conditions.</p> <p><i>A high proportion of the burden of disease in Queensland was attributed to cardiovascular conditions.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of mortality for coronary heart disease, when compared to the region.</i></p>	<p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Cardiovascular conditions accounted for 15% of disease burden in Queensland</li> <li>- Coronary heart disease was the highest specific cause (16 crude per 1,000 persons)</li> </ul> <p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for coronary heart disease: Browns Plains (109 ASR per 100,000 persons), Holland Park – Yeronga (105 ASR per 100,000 persons), Beenleigh (104 ASR per 100,000 persons), Rocklea – Acacia Ridge (100 ASR per 100,000 persons), and Carindale (91 ASR per 100,000 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 82 ASR per 100,000 persons AUS: 68 ASR per 100,000 persons</p>
<p><b>Respiratory conditions</b></p> <p>Respiratory conditions, such as chronic obstructive pulmonary disease, affect the lungs and airways. Tobacco smoking may increase the risk of developing respiratory conditions.</p> <p><i>A high proportion of the burden of disease in Queensland was attributed to respiratory conditions.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of mortality for chronic obstructive pulmonary disease, when compared to the region.</i></p>	<p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Respiratory conditions accounted for 8% of disease burden in Queensland</li> <li>- Chronic obstructive pulmonary disease was the highest specific cause (8 crude per 1,000 persons), followed by asthma (5 crude per 1,000 persons)</li> </ul> <p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Australian Health Survey 2011-12</i></p> <ul style="list-style-type: none"> <li>- PHAs with the highest estimated prevalence of asthma: Beaudesert (12 ASR per 100 persons), Redland Islands (11 ASR per 100 persons), Redland Bay / Sheldon – Mount Cotton (11 ASR per 100 persons), Victoria Point (11 ASR per 100 persons), Holland Park / Holland Park West (11 ASR per 100 persons), Morningside / Seven Hills (11 ASR per 100 persons), and Chelmer – Graceville / Corinda / Sherwood (11 ASR per 100 persons).</li> </ul> <p style="text-align: right;">Brisbane South PHN: 9 ASR per 100 persons AUS: 10 ASR per 100 persons</p>

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		<ul style="list-style-type: none"> <li>- PHAs with the highest estimated prevalence of chronic obstructive pulmonary disease: Beenleigh / Eagleby (4 ASR per 100 persons), Inala – Richlands / Wacol (4 ASR per 100 persons), Logan Central / Woodridge (3 ASR per 100 persons), Rocklea – Acacia Ridge (3 ASR per 100 persons), and Kingston / Slacks Creek (3 ASR per 100 persons) Brisbane South PHN: 3 ASR per 100 persons AUS: 2 ASR per 100 persons</li> </ul> <p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for COPD: Browns Plains (36 ASR per 100,000 persons), Springwood – Kingston (35 ASR per 100,000 persons), Rocklea – Acacia Ridge (33 ASR per 100,000 persons), and Loganlea – Carbrook (30 ASR per 100,000 persons) Brisbane South PHN: 23 ASR per 100,000 persons AUS: 24 ASR per 100,000 persons</li> </ul>
	<p><b>Diabetes</b> Diabetes occurs when the pancreas is unable to produce enough insulin, or the body becomes resistant to insulin, or both. Poor nutrition, physical inactivity, and tobacco smoking may increase the risk of developing diabetes.</p> <p><i>A number of locations within the Brisbane South PHN had a higher prevalence of diabetes, when compared to the region.</i></p> <p><i>A high proportion of the burden of disease in Queensland was attributed to diabetes.</i></p> <p><i>The Brisbane South PHN region had a relatively high incidence of insulin-treated type 2 diabetes. There were a number of locations within the region that demonstrated an incidence rate above the regional rate, typically located in the outer-west Brisbane LGA and Logan LGA.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of mortality for diabetes, when compared to the region.</i></p>	<p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Australian Health Survey 2011-12</i></p> <ul style="list-style-type: none"> <li>- PHAs with the highest rate of diabetes: Inala – Richlands / Wacol (14 ASR per 100 persons), Logan Central / Woodridge (10 ASR per 100 persons), Kingston / Slacks Creek (9 ASR per 100 persons) Brisbane South PHN: 6 ASR per 100 persons AUS: 5 ASR per 100 persons</li> </ul> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Endocrine disorders accounted for 2% of disease burden in Queensland</li> <li>- Diabetes was the highest specific cause (5 crude per 1,000 persons)</li> </ul> <p><i>AIHW Incidence of Insulin-treated diabetes 2018 (reference years: 2012-16)</i></p> <ul style="list-style-type: none"> <li>- The Brisbane South PHN region had the fifth highest incidence rate of insulin-treated type 2 diabetes nationally over the period of 2012-16</li> <li>- SA3s with the highest insulin-treated type 2 diabetes: Beenleigh (134 ASR per 100,000 persons), Jimboomba (132 ASR per 100,000 persons), Springwood – Kingston (131 ASR per 100,000 persons), Browns Plains (129 ASR per 100,000 persons), Beaudesert (117 ASR per 100,000 persons), Rocklea – Acacia Ridge (114 ASR per 100,000 persons), Forest Lake – Oxley (110 ASR per 100,000 persons), and Loganlea – Carbrook (107 ASR per 100,000 persons). Brisbane South PHN: 94 ASR per 100,000 persons</li> </ul> <p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p>

## Outcomes of the health needs analysis

		<ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for diabetes: Browns Plains (27 ASR per 100,000 persons), and Rocklea – Acacia Ridge (27 ASR per 100,000 persons) Brisbane South PHN: 15 ASR per 100,000 persons AUS: 16 ASR per 100,000 persons</li> </ul>
	<p><b>Musculoskeletal conditions</b> Musculoskeletal conditions, such as arthritis, and back problems, affect the bones, muscles and joints. Poor nutrition, physical inactivity, tobacco smoking and excessive alcohol use may increase the risk of developing musculoskeletal conditions.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher prevalence of musculoskeletal conditions, including arthritis, when compared to the region.</i></p> <p><i>A high proportion of the burden of disease in Queensland was attributed to musculoskeletal conditions.</i></p>	<p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Australian Health Survey 2011-12</i></p> <ul style="list-style-type: none"> <li>- PHAs with the highest rate of musculoskeletal conditions: Beaudesert (30 ASR per 100 persons), Victoria Point (29 ASR per 100 persons), Bethania – Waterford / Loganlea / Waterford West (29 ASR per 100 persons), Redland Islands (29 ASR per 100 persons), and Kingston / Slacks Creek (29 ASR per 100 persons). Brisbane South PHN: 26 ASR per 100 persons AUS: 28 ASR per 100 persons</li> <li>- PHAs with the highest rate of arthritis: Redland Islands (17 ASR per 100 persons), Beaudesert (16 ASR per 100 persons), Beenleigh / Eagleby (16 ASR per 100 persons), Kingston / Slacks Creek (16 ASR per 100 persons) Brisbane South PHN: 13 ASR per 100 persons AUS: 15 ASR per 100 persons</li> </ul> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Musculoskeletal conditions accounted for 12% of disease burden in Queensland</li> <li>- Back pain problems was among the highest specific causes (7 crude per 1,000 persons), followed by rheumatoid arthritis (4 crude per 1,000 persons)</li> </ul>
	<p><b>Cancer</b> Cancer occurs when some of the body's cells become abnormal and begin to multiply out of control. The types of cancer that have been selected for analysis include: bowel, breast, cervical, lung, prostate and skin.</p> <p><i>A number of locations within the Brisbane South PHN region had higher mortality rate for bowel cancer, breast cancer, lung cancer and prostate cancer.</i></p> <p><i>Cancer also accounted for a larger proportion of the disease burden among non-Indigenous people aged 45-74 years in the Brisbane South PHN region, when compared to the region.</i></p>	<p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Cancer accounted for 18% of disease burden in Queensland</li> <li>- Lung cancer was the highest specific cause (7 crude per 1,000 persons), followed by breast cancer (6 crude per 1,000 females), prostate cancer (5 crude per 1,000 males), and bowel cancer (4 crude per 1,000 persons)</li> </ul> <p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for colorectal cancer: Loganlea – Carbrook (22 ASR per 100,000 persons), Holland Park – Yeronga (21 ASR per 100,000 persons), Browns Plains (21 ASR per 100,000 persons) Brisbane South PHN: 18 ASR per 100,000 persons AUS: 16 ASR per 100,000 persons</li> <li>- SA3s with the highest rate of mortality for breast cancer: Forest Lake – Oxley (26 ASR per 100,000 females)</li> </ul>

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		<p>Brisbane South PHN: 20 ASR per 100,000 females AUS: 20 ASR per 100,000 females</p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for lung cancer: Springwood – Kingston (44 ASR per 100,000 persons), Loganlea – Carbrook (44 ASR per 100,000 persons), Browns Plains (42 ASR per 100,000 persons), Forest Lake – Oxley (42 ASR per 100,000 persons), and Beaudesert (42 ASR per 100,000 persons)</li> </ul> <p>Brisbane South PHN: 33 ASR per 100,000 persons AUS: 31 ASR per 100,000 persons</p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for prostate cancer: Brisbane Inner (39 ASR per 100,000 males), and Browns Plains (36 ASR per 100,000 males)</li> </ul> <p>Brisbane South PHN: 30 ASR per 100,000 males AUS: 26 ASR per 100,000 males</p>
	<p><b>Hepatitis B</b> Hepatitis B is a viral infection that causes inflammation of the liver. It is transmitted through contaminated blood and other bodily fluids, and if left untreated, may lead to long-term infection (chronic hepatitis B or CHB), liver cirrhosis, liver cancer, and death. Hepatitis B may be prevented with immunisation, which is approximately 95% effective. It is estimated that half of people living with hepatitis B have not been diagnosed.</p> <p><i>Within Queensland, the prevalence of people living with CHB in Brisbane South PHN was nearly double that observed in the lowest Queensland PHN. The Brisbane South PHN region experiences a higher proportion of people living with CHB, a higher diagnosis rate, and a relatively lower proportion of those people living with CHB are receiving treatment or monitoring. Within the Brisbane South PHN region, the six SA3s with the highest prevalence of people living with CHB comprised more than half of all people living with CHB in the PHN.</i></p>	<p><i>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). Hepatitis B Mapping Project: Estimates of geographic diversity in chronic hepatitis B prevalence, diagnosis, monitoring and treatment - National Report 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest prevalence of CHB: Sunnybank (3%, note: this is the third highest prevalence of any SA3 in Australia), Forest Lake – Oxley (2%), Rocklea – Acacia Ridge (2%), and Mt Gravatt (2%)</li> </ul> <p>Brisbane South PHN: 1% AUS: 1%</p> <ul style="list-style-type: none"> <li>- SA3s with the highest notifications: Forest Lake – Oxley (103 per 100,000 persons), Sunnybank (97 per 100,000 persons), Rocklea – Acacia Ridge (62 per 100,000 persons), and Springwood – Kingston (55 per 100,000 persons)</li> </ul> <p>Brisbane South PHN: 35 per 100,000 persons AUS: 26 per 100,000 persons</p> <ul style="list-style-type: none"> <li>- Treatment uptake was high in most of the SA3s with the highest prevalence: Forest Lake – Oxley (11%), Nathan (9%), and Sunnybank (9%). However, this was not the case for Rocklea – Acacia Ridge, where treatment uptake was similar to the Brisbane South PHN region at 7%</li> </ul> <p>Brisbane South PHN: 7% AUS: 7%</p>
	<p><b>Hepatitis C</b> Hepatitis C is a virus that causes liver inflammation and damage. Hepatitis C is typically transmitted through the sharing of unclean drug injecting equipment. Approximately two-thirds of people infected with hepatitis C live with chronic hepatitis C (CHC) – hepatitis C infection for six or more months. Many people living with CHC do not develop health</p>	<p><i>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). Hepatitis C Mapping Project: Estimates of geographic diversity in chronic hepatitis C prevalence, diagnosis, monitoring and treatment - National Report 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest prevalence of CHC: Forest Lake – Oxley (8%), and Springwood – Kingston (2%). Please note that Forest Lake – Oxley has a higher than average proportion of its population residing in correctional facilities, which may contribute</li> </ul>

## Outcomes of the health needs analysis

<p>problems until years after infection. These health problems may include liver cirrhosis.</p> <p><i>The proportion of people living with CHC in the Brisbane South PHN region is slightly above the national proportion. The notification rate of CHC is also slightly above the national rate, and the proportion of people living with CHC in the region taking up treatment is below the national proportion. Treatment uptake in the Brisbane South PHN region was the second lowest in Australia, at approximately half of the national average.</i></p>	<p>towards relatively high numbers of cases in this area</p> <p style="text-align: right;">Brisbane South PHN: 1% AUS: 1%</p> <ul style="list-style-type: none"> <li>- Forest Lake – Oxley SA3 had a notably higher notification rate (350 per 100,000 persons), potentially due to the relatively high proportion of residents within correctional facilities. Rates were lower across all other SA3s, with the second highest rate noted in Springwood – Kingston (73 per 100,000 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 55 per 100,000 persons AUS: 54 per 100,000 persons</p> <ul style="list-style-type: none"> <li>- It is likely that this poor treatment uptake is driven by low uptake within Forest Lake – Oxley (2%), which accounts for the vast majority of people living with CHC in the region</li> <li>- SA3s with low treatment uptake: Springwood – Kingston (13%), Jimboomba (13%), Sunnybank (14%), Loganlea – Carbrook (14%), Holland Park – Yeronga (15%), and Beenleigh (15%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 11% AUS: 19%</p>
<p><b>Chronic kidney disease</b></p> <p>The kidneys have an essential role in the body of filtering blood, and removing waste, unwanted chemicals, and excess water to form urine. Chronic kidney disease is often thought described as a silent disease, as its symptoms can go unnoticed for a long period of time. A person may lose up to 90% of their kidney’s function before experiencing symptoms. Waste and excess fluid can build up in the body, and cause many health issues. Chronic kidney disease is a progressive illness, leading to deterioration kidney function. End stage chronic kidney disease often requires treatment with dialysis or kidney transplant.</p> <p><i>The prevalence of chronic kidney disease is likely to be higher in some locations across the Brisbane South PHN region.</i></p>	<p><i>Kidney Health Australia Statistics 2018</i></p> <ul style="list-style-type: none"> <li>- Chronic kidney disease is associated with several other chronic conditions including cardiovascular conditions and diabetes</li> <li>- Mortality rates for kidney failure are comparatively low, however this may be due to people with chronic kidney disease being 2-3 times more likely to die as a result of cardiovascular complications than those without the condition</li> </ul> <p><i>AIHW Australia’s Health 2018 – in brief</i></p> <ul style="list-style-type: none"> <li>- Chronic kidney disease was estimated to contribute to approximately 11% (or 1 in 9) deaths nationally in 2016. Approximately 75% of these deaths recorded chronic kidney disease as an associated cause of death, typically with the primary causes of death listed as a cardiovascular conditions or dementia and Alzheimer disease.</li> </ul> <p><i>AIHW Chronic kidney disease web pages and data tables 2017 (rolled from PHA to SA3, reference years 2011-12)</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest prevalence of chronic kidney disease in the Brisbane South PHN region: Cleveland – Stradbroke (11%), Beaudesert (11%), Nathan (10%), Forest Lake – Oxley (10%), Beenleigh (10.1%), Carindale (10%), Sherwood – Indooroopilly (10%), and Wynnum – Manly (10%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 9%</p>

Outcomes of the health needs analysis		QLD: 10%
<p><b>Co-morbidities, and complex conditions</b></p> <p>A number of chronic conditions share common risk factors. Having one chronic condition may increase the risk of developing another, and the likelihood of developing more than one chronic condition also increases with age. Having co-morbidities is likely to result in more complex care needs.</p> <p><i>Half of people in Australia reported living with at least one chronic condition. In the Brisbane South PHN region, this equates to an estimated 560,024 people.</i></p> <p><i>Co-morbidities such as chronic kidney disease, may go undetected, undiagnosed and/or be sub-optimally managed for an extended period of time as the consumer's primary health condition is often prioritised during care. Delayed provision of appropriate care is also common among consumers experiencing co-morbid mental health, and alcohol and other drug concerns.</i></p>	<p><i>AIHW Australia's Health 2018 – in brief</i></p> <ul style="list-style-type: none"> <li>- 1 in 2 people (50%) reported living with at least one chronic condition</li> <li>- Almost 1 in 4 people (23%) reported living with two or more chronic conditions</li> </ul>	
<p><b>Ageing</b></p> <p>Older adults often have more complex health needs than younger people. The transition into older adulthood varies between individuals and may bring many new challenges.</p> <p><i>A number of locations within the Brisbane South PHN region had higher rates of overnight hospitalisations for dementia, when compared to the region.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of mortality for dementia and Alzheimer disease, when compared to the region.</i></p>	<p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Community representatives across various cultural groups recognised the growth in the older adult population and commented on various health matters, and family impacts (e.g. people caring for/living with elderly parents while raising children)</li> <li>- There was a view among community representatives that abuse directed toward older people had increased, and was often related to financial matters (e.g. aged care service fees, end-of-life planning)</li> </ul> <p><i>AIHW My Healthy Communities 2018, using AIHW National Hospital Morbidity Database 2015–16</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rates of overnight hospitalisations for dementia: Rocklea – Acacia Ridge (10 ASR per 10,000 persons), Centenary (7 ASR per 10,000 persons), and Loganlea – Carbrook (7 ASR per 10,000 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 6 ASR per 10,000 persons AUS: 6 ASR per 10,000 persons</p> <p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest rate of mortality for dementia and Alzheimer disease: Centenary (97 ASR per 100,000 persons), Rocklea – Acacia Ridge (85 ASR per 100,000 persons),</li> </ul>	

Outcomes of the health needs analysis		
		Beaudesert (60 ASR per 100,000 persons), Brisbane Inner (59 ASR per 100,000 persons) Brisbane South PHN: 41 ASR per 100,000 persons AUS: 39 ASR per 100,000 persons

## Primary Mental Health Care (including Suicide Prevention)

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
<b>Mental health of children and young people</b>		
Ensuring children and young people experiencing <i>mild and moderate</i> mental health concerns are supported.	<p>Early identification and treatment of, mental health conditions in childhood and adolescence is key to reducing longer-term poor outcomes in adulthood. These may include poor mental health, poor social relationships, suboptimal economic participation and educational attainment, and increased risk of alcohol and other drug misuse.</p> <p><i>It is difficult to determine the number of children and youth who have mental health concerns. However, estimates of the proportion of children and youth who may experience mild, moderate, and severe mental health conditions show that typically, the Brisbane South PHN region may have more young people with mental health concerns compared to the average across Australia.</i></p> <p><i>A number of locations within the Brisbane South PHN region may have a higher proportion of children and young people with mild to moderate mental health needs.</i></p>	<p><i>Queensland Health Burden of disease and injury 2017, using Australian Institute of Health and Welfare (AIHW) Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- Mental and substance use disorders are among the leading burdens of disease for female and male children and young people</li> </ul> <p><i>Young Minds Matter 2014</i></p> <ul style="list-style-type: none"> <li>- Estimated prevalence of mental disorders among 4-17 year olds in the Brisbane South PHN region indicate that the proportion of children and young people experiencing mild (16,600 children and young people; 8.6%) and moderate (7,700 children and young people; 4.0%) mental health concerns is greater than the estimated national prevalence (8.6% and 3.6% respectively). There were some geographic areas where there may be more children and young people experiencing mild and moderate mental health and behavioural concerns in the region. These are noted below: <ul style="list-style-type: none"> <li>o Beenleigh: Mild – 860 persons (11.0%)   Moderate – 450 persons (5.8%)</li> <li>o Springwood – Kingston: Mild – 1,090 persons (9.9%)   Moderate – 900 persons (5.6%)</li> <li>o Browns Plains: Mild – 1,700 persons (9.8%)   Moderate – 690 persons (4.0%)</li> <li>o Loganlea – Carbrook: Mild – 1,090 persons (9.6%)   Moderate – 470 persons (4.2%)</li> <li>o Beaudesert: Mild – 270 persons (10.2%)   Moderate – 120 persons (4.3%)</li> </ul> </li> </ul> <p>Brisbane South PHN: 16,580 persons (8.6%)   7,660 persons (4.0%)</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Feedback has been received regarding identification, diagnosis and treatment of early childhood (0-11 years) behavioural issues, particularly related to the commencement and impacts on schooling that these undiagnosed concerns may have.</li> </ul>
Ensuring children and young people experiencing severe and or complex mental health concerns are supported.	Timely access to care for children and young people experiencing signs and symptoms of severe mental health conditions is imperative, to best influence the trajectory of their future health.	<p><i>Young Minds Matter 2014</i></p> <ul style="list-style-type: none"> <li>- The estimated prevalence of mental disorders among 4-17 year olds in the Brisbane South PHN region indicate that the proportion of children and young people experiencing severe mental and behavioural concerns is approximately 2.3% of the population (above the national average of 2.1%), amounting to approximately 4,500 children and young people. The geographic areas with a notably higher estimated proportion of children and young people experiencing severe mental health and behavioural concerns are noted below, and are somewhat similar to those listed above for high prevalence of mild and moderate</li> </ul>

## Outcomes of the health needs analysis

*Key themes emerging around severe and complex mental health concerns included children and young people experiencing first episode psychosis (and young people at ultra-high risk) and eating disorders. While high levels of support and intervention are required for these young people across the region, particular geographies may require an increased focus.*

concerns. Statistical Areas Level 3 (SA3s) with the highest proportion of 12-month (estimated) prevalence of severe mental disorders among 4-17 year olds: Beenleigh (3.9%, 300 persons), Browns Plains (3.0%, 520 persons), Springwood – Kingston (3.0%, 480 persons), Forest Lake – Oxley (2.9%, 400 persons), Loganlea – Carbrook (2.7%, 300 persons), and Beaudesert (2.8%, 80 persons).

Brisbane South PHN: 4,460 persons (2.3%)

AUS: 83,300 persons (2.1%)

*Brisbane South PHN Mental health, suicide prevention, and alcohol and other drugs (MHSPAOD) strategy consultation 2018*

Key themes emerging from the children and young people consultation carried out as part of the Regional MHSPAOD Strategy included:

- Eating disorders: service providers engaged in this consultation in the region noted an increase in referrals for young people experiencing eating disorders. It was felt that this increase was driven by “contagion effects” from peers and “pro-anorexia” websites.

*AIHW Australia’s Health 2018*

- Estimates of the prevalence of eating disorders is difficult to obtain, and is variable dependent on the type of eating disorder
- For Australian’s aged 15+ years, the estimated prevalence of any eating disorder is 4-16% (dependent on whether broader behavioural criteria or narrower clinical diagnostic criteria are used)
- While a person may experience an eating disorder at any stage of life, data from hospital admissions with a principal diagnosis of an eating disorder indicates that the most hospitalisations occur for women aged 15-24 years (57% of all eating disorder hospitalisations)

*McGorry et al, 20018, Early intervention in psychosis: concepts, evidence and future directions. World Psychiatry, 7:148-156.*

- Psychotic disorders (including, and particularly, schizophrenia) tend to emerge during the developmental periods of adolescence and early adulthood. Early intervention in psychosis is inclusive of three clinical stages – ultra-high risk, first episode psychosis, and the recovery or critical period; each stage of which related to the underlying risk of chronicity and associated recommended clinical interventions.

*Orygen, Australian Clinical Guidelines for Early Psychosis 2nd Ed, 2016*

An early intervention approach to psychosis is likely to note the following benefits:

- Facilitates a timely reduction of distressing experiences
- Potential reduction in the duration of untreated psychosis, subsequently improving short-term outcomes

Outcomes of the health needs analysis		
		- Cost-effective compared to alternative treatment models
Mental health of adults		
Support for people experiencing mild-moderate mental health concerns	<p>Mental health has a large impact on the health of the Queensland and Brisbane South PHN populations. While rates of estimated prevalence of psychological distress and mental and behavioural concerns may be similar to national rates, this represents a large number of people living within the region, and was identified in consultation as a key health issue.</p> <p><i>A number of locations within the Brisbane South PHN region may experience an increased prevalence of mental health and behavioural problems, and high or very high psychological distress.</i></p>	<p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- In Queensland, mental and substance use disorders are a leading contributor to the burden of disease for both males and females between the ages of 15-44 years.</li> </ul> <p><i>The University of Queensland. 2016. The National Mental Health Service Planning Framework – Care Profiles – All Ages – Commissioned by the Australian Government Department of Health. The University of Queensland, Brisbane</i></p> <ul style="list-style-type: none"> <li>- Approximately 9% and 5% of Australians aged 18-64 years are estimated to have mild and moderate mental health concerns respectively. This reflects a relatively large proportion of the population that require mental health support, particularly sourced from the primary mental health care system.</li> </ul> <p><i>Public Health Information Development Unit (PHIDU) Social Health Atlas of Australia Jul 2018, using Australian Bureau of Statistics (ABS) National Health Survey 2014-15</i></p> <ul style="list-style-type: none"> <li>- Over 100,000 adults (18+ years) were estimated to experience high or very high psychological distress in the Brisbane South PHN region (12.3 age-standardised rate (ASR) per 100 persons). This rate was slightly above the national rate (11.7 ASR per 100 persons), and the rate of Greater Capital Cities (11.6 ASR per 100 persons)</li> <li>- Population Health Areas (PHAs) with an increased estimated prevalence of adults living with high or very high psychological distress: Logan Central / Woodridge (20.7 ASR per 100 persons), Kingston / Slacks Creek (20.5 ASR per 100 persons), Browns Plains / Crestmead / Marsden (19.9 ASR per 100 persons), Beenleigh / Eagleby (19.8 ASR per 100 persons), and Inala – Richlands / Wacol (19.3 ASR per 100 persons).</li> </ul> <p style="text-align: right;">Brisbane South PHN: 12.3 ASR per 100 persons AUS: 11.7 ASR per 100 persons</p> <p><i>PHIDU Social Health Atlas of Australia Jul 2018, using ABS Australian Health Survey 2011-12</i></p> <ul style="list-style-type: none"> <li>- Approximately 144,000 persons were estimated to experience mental health and behavioural concerns in the Brisbane South PHN region (13.8 ASR per 100 persons)</li> </ul> <p style="text-align: right;">Greater Capital Cities: 13.1 ASR per 100 persons AUS: 13.6 ASR per 100 persons</p> <ul style="list-style-type: none"> <li>- PHAs with an increased estimated prevalence of mental health and behavioural problems: Redland Islands (19.3 ASR per 100 persons), Beenleigh / Eagleby (18.4 ASR per 100 persons), Rocklea – Acacia Ridge (18.4 ASR per 100 persons), Logan Central / Woodridge (17.9 ASR per 100 persons), and Inala – Richlands / Wacol (17.6 ASR per 100 persons).</li> </ul> <p style="text-align: right;">Brisbane South PHN: 13.8 ASR per 100 persons AUS: 13.6 ASR per 100 persons</p>

Outcomes of the health needs analysis		
		<p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Mental health was a common priority area identified by online survey respondents (79 of 115 responses; 69%)</li> </ul>
<p><i>People experiencing severe and/or complex mental health conditions.</i></p>	<p>People who are experiencing severe and/or complex mental health concerns are more likely to encounter difficulties in day to day functioning, and have an increased use of more acute mental health services. Additionally, people experiencing more severe and complex mental health concerns are likely to experience poor physical health.</p> <p><i>A number of locations within the Brisbane South PHN region may experience an increased prevalence of more severe and/or complex mental health concerns.</i></p>	<p><i>The University of Queensland. 2016. The National Mental Health Service Planning Framework – Care Profiles – All Ages – Commissioned by the Australian Government Department of Health. The University of Queensland, Brisbane</i></p> <ul style="list-style-type: none"> <li>- Approximately 3% of Australians aged 18-64 years are estimated to have mental health concerns that are severe in nature</li> </ul> <p><i>AIHW My Healthy Communities 2018, Mental health overnight hospitalisations 2015-16</i></p> <ul style="list-style-type: none"> <li>- SA3s with higher rates of overnight hospitalisations: Brisbane Inner (213 ASR per 10,000 persons), Holland Park – Yeronga (150 ASR per 10,000 persons), Forest Lake – Oxley (123 ASR per 10,000 persons), Beenleigh (114 ASR per 10,000 persons), and Springwood – Kingston (109 ASR per 10,000 persons). <ul style="list-style-type: none"> <li>Brisbane South PHN: 97 ASR per 10,000 persons</li> <li>Metropolitan PHNs: 96 ASR per 10,000 persons</li> <li>AUS: 102 ASR per 10,000 persons</li> </ul> </li> <li>- Within these SA3s of note, Forest Lake – Oxley reported the highest bed days rate (4,846 ASR per 10,000 persons), followed by Brisbane Inner (2,402 ASR per 10,000 persons), and Holland Park – Yeronga (2,320 ASR per 10,000 persons). This suggests that residents experiencing mental health concerns from these areas typically have an increased length of stay, and therefore may be experiencing more severe mental health concerns. <ul style="list-style-type: none"> <li>Brisbane South PHN: 1,520 ASR per 10,000 persons</li> <li>Metropolitan PHNs: 1,376 ASR per 10,000 persons</li> <li>AUS: 1,401 ASR per 10,000 persons</li> </ul> </li> <li>- These trends were also seen for overnight hospitalisations associated with Schizophrenia and Delusional Disorders, with Brisbane Inner (59 hospitalisations ASR per 10,000 persons; 1,046 bed days ASR per 10,000 persons), Forest Lake – Oxley (38 hospitalisations ASR per 10,000 persons; 3,571 bed days ASR per 10,000 persons), and Holland Park – Yeronga (34 hospitalisations ASR per 10,000 persons; 946 bed days ASR per 10,000 persons) recording relatively high rates of overnight hospitalisations and associated bed days compared to Brisbane South PHN, Metropolitan PHNs and national rates. <ul style="list-style-type: none"> <li>Brisbane South PHN: 20 hospitalisations ASR per 10,000 persons; 652 bed days ASR per 10,000 persons</li> <li>Metropolitan PHNs: 18 hospitalisations ASR per 10,000 persons; 457 bed days ASR per 10,000 persons</li> <li>AUS: 19 hospitalisations ASR per 10,000 persons; 471 bed days ASR per 10,000 persons</li> </ul> </li> </ul> <p><i>Fifth National Mental Health and Suicide Prevention Plan 2017</i></p>

Outcomes of the health needs analysis		
		<ul style="list-style-type: none"> <li>- This plan highlights the diversity in experiences and needs of people living with severe mental health concerns. Whereas some people may experience illness in episodic periods, others may experience more persistent illness that can have an impact on their functional capacity. Service needs may range from time-limited clinical services to hospital-based services and community support.</li> <li>- The plan also highlights the importance of improving the physical health of people experiencing mental health concerns, with physical health treatment rates in people experiencing mental health concerns notably lower than people living with only physical health concerns. People experiencing mental health concerns are more likely to die at a younger age, and experience a range of chronic conditions (such as cardiovascular disease, respiratory disease, diabetes, and cancer). This is particularly the case for people living with a psychotic disorders. People living with substantial physical health conditions are also more likely to experience mental ill health.</li> <li>- Recent indicators for monitoring the plan noted that approximately 56.5% of people in Queensland living with mental health concerns experienced long-term health conditions.</li> </ul>
Psychosocial Support		
<p><i>Psychosocial support needs for people experiencing severe (and/or complex) mental health concerns</i></p>	<p>People experiencing psychosocial disability have varied needs that are likely to change over time.</p> <p><i>The recent reform of the disability sector through the shift towards the National Disability Insurance Scheme (NDIS), and cessation of programs such as Partners in Recovery and Personal Helpers and Mentors is likely to leave gaps in service needs for people experiencing psychosocial disability.</i></p>	<p><i>National Mental Health Consumers and Carers Forum, 2011, Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer and Carer Forum on Psychosocial Disability Associated with Mental Health Conditions</i></p> <ul style="list-style-type: none"> <li>- Psychosocial disability refers to the “disability experience of people with impairments and participation restrictions related to mental health conditions” (p.16). These impairments and/or restrictions may include reduced abilities to function, manage social and emotional aspects of their lives, and experience good physical health. Supports that mitigate these negative effects of psychosocial disability may improve a person’s ability to engage and participate in the community, and improve their quality of life.</li> </ul> <p><i>MIND Australia, n.d., People Making Choices: The Support Needs and Preferences of People with Psychosocial Disability</i></p> <ul style="list-style-type: none"> <li>- MIND Australia highlight that the move from block funding of disability support services to individualised support under the NDIS is a dramatic shift. This shift will improve consumer choice, however, the support needs of people requiring psychosocial support were previously not well understood in the context of the NDIS.</li> </ul> <p><i>Fifth National Mental Health and Suicide Prevention Plan 2017</i></p> <ul style="list-style-type: none"> <li>- Concerns are highlighted regarding continuity of support for people experiencing severe and complex mental health concerns who will not be eligible for the National Disability Insurance Scheme.</li> </ul> <p><i>Consultation with current Personal Helpers and Mentors (PHaMS) and Day to Day Living (D2DL) providers in the Brisbane South PHN region, and data analysis and discussion with Partners in Recovery organisations</i></p>

Outcomes of the health needs analysis		
		<ul style="list-style-type: none"> <li>- There is likely to be a notable proportion of people experiencing severe and complex mental health concerns that may be ineligible for the NDIS. Reasons for ineligibility related to the complexities with meeting the NDIS criteria of having a “permanent” disability, whereby consumers’ resultant disability is likely to be episodic in nature. Additional concerns included difficulties associated with obtaining adequate supporting evidence for an NDIS application, ineligibility due to Australian residency status, and the person’s choice to not apply for the NDIS (for personal reasons or due being too unwell to apply).</li> </ul>
Suicide prevention		
<p>High prevalence of non-fatal suicidal behaviours in the Brisbane South PHN region, and smaller geographic areas.</p>	<p>Non-fatal suicidal behaviours are defined as “a non-habitual act with nonfatal outcome that the individual, expecting to, or taking the risk to die or to inflict bodily harm, initiated and carried out with the purpose of bringing about wanted changes” (De Leo, Burgis, Bertolote, Kerkhod, &amp; Bille-Brahe, 2006).</p> <p><i>The Brisbane South PHN region demonstrates a relatively high rate of hospitalisation for intentional self-harm compared to national rates, highlighting an emerging need. It has been found that intentional self-harm and non-fatal suicidal behaviours are most prominent in young adult females, and hospitalisation rates for intentional self-harm higher in a number of locations within the Brisbane South PHN region.</i></p>	<p><i>Australian Institute for Suicide Research and Prevention, 2016, Non-fatal Suicidal Behaviour in Brisbane South PHN</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN commissioned the Australian Institute for Suicide Research and Prevention to undertake analysis of the World Health Organization Suicide Trends in At-Risk Territories (WHO/START) Study for the Princess Alexandra Hospital, Logan Hospital and Griffith University Hospital (located within the Gold Coast PHN) to provide insight into non-fatal suicidal behaviours in the region. The WHO/START Study began monitoring data at the Gold Coast University Hospital in 2005. The Princess Alexandra Hospital and Logan Hospital were included as study sites in late 2011.</li> </ul> <p>Results from this analysis revealed:</p> <ul style="list-style-type: none"> <li>- During the period January 2012 to December 2015, there were 3,679 presentations for non-fatal suicide behaviours – 2,447 by females (66.5%) and 1,232 by males (33.5%) at the Logan Hospital emergency department.</li> <li>- Persons (based on age at the time of their first presentation during the 4-year study period) presenting with non-fatal suicide behaviours were most frequently aged between 15 and 19 years for both genders, followed by 20-24 year olds.</li> <li>- 18.8% of males and 21.6% of females repeated non-fatal suicide behaviours after their index presentation during the study period.</li> <li>- The average age at the index presentation was 34.3 years at the Logan Hospital, and 34.7 years at the Princess Alexandra Hospital.</li> </ul> <p><i>AIHW My Healthy Communities 2018, Mental health overnight hospitalisations 2015-16</i></p> <ul style="list-style-type: none"> <li>- The rate of overnight hospitalisations (and associated bed days) due to intentional self-harm in the Brisbane South PHN region was relatively high compared to metropolitan PHN and national rates. There were smaller geographic areas with notably higher rates of overnight hospitalisations. These were Holland Park – Yeronga (33 ASR per 10,000 persons), Forest Lake – Oxley (31 ASR per 10,000 persons), and Brisbane Inner (30 ASR per 10,000 persons).</li> </ul> <p style="text-align: right;">Brisbane South PHN: 22 ASR per 10,000 persons Metropolitan PHNs: 15 ASR per 10,000 persons AUS: 17 ASR per 10,000 persons</p> <ul style="list-style-type: none"> <li>- These SA3s also demonstrated a bed day ASR notably higher than comparative rates – Holland Park – Yeronga</li> </ul>

Outcomes of the health needs analysis		
		<p>(137 ASR per 10,000 persons), Forest Lake – Oxley (123 ASR per 10,000 persons), and Brisbane Inner (185 ASR per 10,000 persons). Additional SA3s with notably high bed day ASR were Capalaba (167 ASR per 10,000 persons; 24 overnight hospitalisations ASR per 10,000 persons) and Springwood – Kingston (166 ASR per 10,000 persons; 23 overnight hospitalisations ASR per 10,000 persons).</p> <p>Brisbane South PHN: 113 ASR per 10,000 persons  Metropolitan PHNs: 76 ASR per 10,000 persons  AUS: 81 ASR per 10,000 persons</p> <p><i>Queensland Health Burden of disease and injury 2017, using AIHW Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- 10% of suicide and self-inflicted injuries, and 8% of depressive disorders were attributed to domestic violence in Queensland</li> </ul>
<p>Suicide prevention, intervention, and aftercare.</p>	<p>Suicide is a tragedy that affects families and the wider community, and has long-lasting effects on the people left behind. People living with a mental health and/or alcohol and other drug concerns are more likely to suicide, however, these conditions are not always precursors of suicide. Suicide may also be influenced by factors such as drug and alcohol misuse, chronic and unmanageable pain (psychological and/or physical), or an expression of a person's right to choose their manner of death.</p> <p><i>A number of locations within the Brisbane South PHN region had notably higher rates of deaths due to suicide.</i></p> <p><i>Deaths due to suicide in the region typically occurred in males.</i></p>	<p><i>AIHW Mortality Over Regions and Time (MORT) books 2012-16</i></p> <ul style="list-style-type: none"> <li>- Suicide was the eighth leading cause of death in the Brisbane South PHN region, accounting for 2.2% of deaths of all causes (655 deaths, 12.0 ASR per 100,000 persons). This was slightly above the national ranking, placing suicide as the thirteenth leading cause of death, responsible for 1.8% of all causes of death and a mortality rate of 11.7 ASR per 100,000 male persons.</li> <li>- Suicide was also the eighth leading cause of death for males in the region, attributing 3.3% of deaths of all causes (430 deaths, 18.5 ASR per 100,000 persons), and accounting for approximately 75% of all suicides in the region. This was slightly above the national ranking, placing suicide as the ninth leading cause of death, responsible for 2.7% of all causes of death and a mortality rate of 17.9 ASR per 100,000 male persons.</li> <li>- Within the Brisbane South PHN region, the SA3s with the highest rate ratio (RR, relative to Australia) were Brisbane Inner (RR 1.98, 23.3 ASR per 100,000 persons), Beenleigh (RR 1.53, 17.9 ASR per 100,000 persons), and Jimboomba (RR 1.49, 17.5 ASR per 100,000 persons).</li> </ul> <p><i>Australian Institute for Suicide Research and Prevention, 2016, Queensland Suicide Register and Interim Queensland Suicide Register Data Report for Brisbane South PHN</i></p> <p>A report commissioned from the Australian Institute for Suicide Research and Prevention revealed the following findings from the Queensland Suicide Register (2011-13) and Interim Queensland Suicide Register (2014-15) about suicide in the Brisbane South PHN region:</p> <ul style="list-style-type: none"> <li>- Among males, the highest age-specific suicide rates were in the 35-39 and 40-44 age groups (29.1 and 34.9 per 100,000 respectively)</li> <li>- Females age 45-49 presented the highest age-specific rate of 11.08 per 100,000 persons, followed by the 70-74 age group with 10.6 per 100,000 persons</li> <li>- For all suicide deaths in the region, there was a weak relationship between an area's socioeconomic advantage and suicide rate</li> <li>- The highest proportion of deaths due to suicide were attributed to persons born in Australia (72.2%), followed by New Zealand (6.7%), and England (2.2%).</li> </ul>

## Outcomes of the health needs analysis

### Mental health and suicide prevention for Aboriginal and Torres Strait Islander peoples

<p>Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples</p>	<p>The term social and emotional wellbeing is used by many Aboriginal and Torres Strait Islander peoples to describe the holistic view of the social, emotional, spiritual, and cultural wellbeing of a person. Social and emotional wellbeing acknowledges the influences of the events of the past on a person's present wellbeing, and highlights the importance of connection to land, culture, spirituality, family and community to wellbeing.</p> <p><i>Within the Brisbane South PHN region, Aboriginal and Torres Strait Islander peoples experience a notable burden of disease due to mental health and suicide.</i></p>	<p><i>Queensland Health, 2017, AIHW The Burden of Disease and Injury in Queensland's Aboriginal and Torres Strait Islander People 2017 (reference year 2011)</i></p> <ul style="list-style-type: none"> <li>- Anxiety and depression (11% for both Aboriginal and Torres Strait Islander children and non-Indigenous children) were among the leading causes to the burden and disease and injury of children aged 0-14 years in Queensland</li> <li>- Anxiety and depression (29% for Aboriginal and Torres Strait Islander young peoples and 25% non-Indigenous young people) and schizophrenia (7% for both Aboriginal and Torres Strait Islander young peoples and non-Indigenous young people) were among the leading causes to the burden and disease and injury of young people aged 15-29 years in Queensland</li> <li>- Suicide and self-inflicted injuries were the second leading contributor to the burden of disease and injury to 15-29 Aboriginal and Torres Strait Islander young people in Queensland (8%, compared to 3% in non-Indigenous young people).</li> </ul> <p><i>Queensland Government, 2017, Queensland Indigenous and non-Indigenous Burden of Disease study 2011</i></p> <ul style="list-style-type: none"> <li>- Mental disorders was the leading contributor to the burden of disease among Aboriginal and Torres Strait Islander peoples aged 15-29 years (56.7%) in the Brisbane South PHN region; a higher proportion when compared to non-Indigenous people (51.6%)</li> </ul> <p><i>National Mental Health Commission, 2018, Monitoring Mental Health and Suicide Prevention Reform: Fifth National Mental Health and Suicide Prevention Plan, 2018: Performance indicators</i></p> <p>National performance indicators for the Fifth National Mental Health and Suicide Prevention Plan (2018) show:</p> <ul style="list-style-type: none"> <li>- A notably higher proportion of Aboriginal and Torres Strait Islander peoples living in Queensland (31.4%, age-standardised proportion) experienced high and very high levels of psychological distress compared to non-Indigenous peoples (11.9%)</li> <li>- In Queensland in 2015-16, a higher proportion of Aboriginal and Torres Strait Islander peoples (4.9%) accessed public mental health care services compared to non-Indigenous peoples (1.9%). The proportion of Aboriginal and Torres Strait Islander peoples (9.8%) accessing MBS and DVA clinical mental health services was relatively equal to the proportion of non-Indigenous peoples (9.9%) accessing these services.</li> <li>- While the proportion of adults (aged 18+ years) living with mental health concerns who experienced discrimination was relatively high (28.3%), this was notably higher for Aboriginal and Torres Strait Islander adults who experienced mental health concerns (44.5%).</li> </ul> <p><i>Policy context</i></p> <ul style="list-style-type: none"> <li>- The <i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023</i> outlines nine guiding principles for social and emotional wellbeing. These highlight the importance of self-determination as being central to the provision of health services, and</li> </ul>
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Outcomes of the health needs analysis		
		<p>the holistic view of health that includes mental, physical, cultural, and spiritual health.</p> <ul style="list-style-type: none"> <li>- The <i>National Aboriginal and Torres Strait Islander Health Plan 2013-2023</i> notes that social and emotional wellbeing should be the central platform for prevention and clinical care for Aboriginal and Torres Strait Islander peoples. Social and emotional wellbeing may be influenced by many factors, such as the social determinants of health, experiences of trauma, abuse, grief, loss, racism, discrimination, and removal from family and culture.</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander representatives highlighted the importance of adopting a more holistic approach, encompassing not just physical health, but also social and emotional wellbeing</li> <li>- Elders within the Aboriginal and Torres Strait Islander community highlighted the need for greater mental health services for children aged 9-11 years whose needs are not being sufficiently met through existing programs and services</li> </ul> <p><i>Australian Institute for Suicide Research and Prevention, Queensland Suicide Register and Interim Queensland Suicide Register Data Report for Brisbane South PHN 2016</i></p> <ul style="list-style-type: none"> <li>- A report commissioned to the Australian Institute for Suicide Research and Prevention revealed the following findings from the Queensland Suicide Register (2011-13) and Interim Queensland Suicide Register (2014-15) about suicide in the Brisbane South PHN region noted that the suicide rate among Aboriginal and Torres Strait Islander peoples was approximately two times that of non-Indigenous peoples</li> <li>- For all suicide deaths in the region, there was a weak relationship between an area's socioeconomic advantage and suicide rate. This result, however, did not hold when examining deaths due to suicide in Aboriginal and Torres Strait Islander persons in the region (Aboriginal and Torres Strait Islander peoples living in relative socioeconomic disadvantage were more likely to die due to suicide than those in less socioeconomically disadvantaged areas)</li> </ul> <p>Concerns related to alcohol and other drugs are presented in "Alcohol and Other Drug Treatment Needs", however, are considered in the context of social and emotional wellbeing.</p>
<b>Vulnerable/hard to reach groups</b>		
Multicultural communities and people from refugee backgrounds	<p>The mental health and service needs of people from diverse cultural backgrounds, including refugee backgrounds, is an important issue for Brisbane South PHN.</p> <p>Key considerations are:</p> <ul style="list-style-type: none"> <li>- The high population and variety of cultural and language groups in the region</li> </ul>	<p>The Brisbane South PHN region has wide cultural diversity, with many different languages spoken.</p> <p><i>AIHW Australia's Health 2018 – in brief</i></p> <ul style="list-style-type: none"> <li>- Recent research demonstrates that 10 years following arrival in Australia, migrants from non-English speaking countries rate their mental health less favourably than people born in Australia</li> <li>- Migration may be a source of trauma, and refugees may be more likely to experience mental health concerns</li> </ul>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> <li>- Culturally responsive, inclusive, and appropriate health (and other) service needs</li> <li>- Additional considerations for people who have experienced torture and trauma</li> </ul>	<p><i>Regional MHSPAOD Strategy Consultation 2018</i></p> <ul style="list-style-type: none"> <li>- Consultation with local service providers and consumers highlighted the issue of stigma and discrimination regarding mental health in culturally diverse communities.</li> </ul> <p><i>VicHealth, Refugee and asylum seeker health and wellbeing</i></p> <ul style="list-style-type: none"> <li>- Refugees and asylum seekers often experience numerous and complex health concerns, particularly related to chronic health conditions, including mental health and wellbeing. These may be influenced by pre-settlement experiences, including a lack of access to health care and other resources, and torture, trauma and deprivation, throughout migration.</li> </ul> <p><i>Refugee Health Network Queensland, 2018, Refugee Health Snapshot in Qld</i></p> <ul style="list-style-type: none"> <li>- Data shows that over 2017-18, the Brisbane and Logan regions have the highest numbers of Humanitarian Settlement in Queensland. While absolute numbers have reduced from the previous year, this is consistent with 2016-17 data <ul style="list-style-type: none"> <li>o NB: the Brisbane region will include people settling in both the Brisbane South and Brisbane North PHNs.</li> </ul> </li> </ul>
<p>People who identify as Lesbian, Gay, Bisexual, Trans/Transgender, Intersex, and/or Queer/Questioning</p>	<p>People who identify as Lesbian, Gay, Bisexual, Trans/Transgender, Intersex, and/or Queer/Questioning (LGTIQ) may be at higher risk of experiencing mental health and suicide concerns.</p>	<p><i>Australian Human Rights Commission</i></p> <ul style="list-style-type: none"> <li>- 11 in 100 Australians are of diverse sexual orientation, sex, or gender identity</li> </ul> <p><i>National LGBTI Health Alliance, "The Statistics at a Glance" 2016</i></p> <ul style="list-style-type: none"> <li>- Lesbian, gay, and bisexual peoples aged 16+ years are nearly six times more likely to meet the criteria for a depressive episode than their general population peers, and twice as likely to meet criteria for an anxiety disorder.</li> <li>- LGBTIQ youth aged 16-27 years are five times more likely to attempt suicide than their peers in the general population, with 16% attempting suicide. This is slightly higher in people with an intersex variation. When examining suicide attempts in transgendered adults (aged 18 years and older), the rate of suicide attempt is over ten times more likely than their cisgender peers, at 35%.</li> </ul> <p><i>Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., &amp; Patel, S. "tranZnation: A report on the health and wellbeing of transgender people in Australia and New Zealand. Australian Research Centre in Sex, Health &amp; Society" 2007</i></p> <ul style="list-style-type: none"> <li>- Almost two thirds of participants in the tranZnation study reported feeling "mostly happy" or "extremely happy" with their lives</li> <li>- Nearly half of all participants (49%) reported that they had a previous diagnosis of depression.</li> <li>- Almost twice as many assigned males (41%) were living with a depressive episode at the time of the tranZnation survey, compared to assigned females (21%)</li> <li>- Over one third (36%) of transgender peoples who participated in the tranZnation survey were also found to have a current major depressive episode, compared to 7% of the general population.</li> </ul>

## Outcomes of the health needs analysis

<p><i>Parents in the perinatal period</i></p>	<p>Perinatal mental health has been identified as a specific mental health need throughout the Brisbane South PHN region, due to a relatively high estimated prevalence, and stakeholder feedback regarding a lack of dedicated services.</p> <p>Consideration for geographic areas should be given to those with the highest birth rates.</p>	<p><i>Centre of Perinatal Excellence, Mental Health Care in the Perinatal Period Australian Clinical Practice Guideline, 2017</i></p> <ul style="list-style-type: none"> <li>- Up to 1 in 10 women experience depression during pregnancy</li> <li>- 1 in 7 women experience depression in the year following pregnancy</li> <li>- Approximately 1 in 5 women experience anxiety disorders in the antenatal and postnatal periods, and comorbidity with depression is high</li> <li>- Severe mental health concerns, such as schizophrenia, bipolar disorder, and borderline personality disorder, are less common than depression and anxiety</li> <li>- Women from migrant backgrounds (including refugee and asylum seekers) experience higher rates of perinatal depression than their non-migrant peers. Fathers from refugee backgrounds also identified changing gender roles as a stressor</li> <li>- Women experiencing intimate partner violence during pregnancy were four times more likely to report depressive symptoms and ten times more likely to report anxiety symptoms during pregnancy</li> <li>- LGBTIQ parents may encounter discrimination, or have their roles, methods of conception, or abilities to parent questioned</li> <li>- Depression and anxiety in fathers is less well-understood, however, the prevalence of depression between the first trimester and one year postpartum is estimated at 1 in 10 men, 1 in 6 for anxiety in the prenatal period, and up to 1 in 5 for anxiety in the postnatal period.</li> </ul> <p><i>Queensland Government Statistician's Office (QGSO) Resident Profile created Aug 2018, using ABS Births 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest birth rates: Springwood – Kingston (17 per 1,000 persons), Rocklea – Acacia Ridge (16 per 1,000 persons), Browns Plains (16 per 1,000 persons), Forest Lake – Oxley (16 per 1,000 persons), Loganlea – Carbrook (15 per 1,000 persons), and Beenleigh (15 per 1,000 persons)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 14 per 1,000 persons QLD: 13 per 1,000 persons</p> <p><i>Queensland Centre for Perinatal and Infant Mental Health, The Perinatal Mental Health and Wellness Project, 2017.</i></p> <ul style="list-style-type: none"> <li>- Perinatal mental health data at a state level estimates that 15% of mothers and 5% of fathers experience some form of clinically significant perinatal depression or anxiety.</li> </ul> <p><i>Brisbane South PHN, Evaluation of the Post Natal Visiting Service 2016</i></p> <ul style="list-style-type: none"> <li>- A recent independent report on the <i>Evaluation of the Post Natal Visiting Service (2016)</i> confirmed levels of perinatal mental health issues for women living in the Brisbane South PHN region, with a rate of 13% for this sample. Further to this identified need in 2016, Brisbane South PHN convened a Perinatal Mental Health Reference Group to examine avenues for further action. This Reference Group has led to the development of a Request for Proposal for a low intensity perinatal mental health service. This Request for Proposal following</li> </ul>
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Outcomes of the health needs analysis		
		consultation highlighted the geographic area of Cleveland as a suitable pilot region, based upon consultation and previous Mental Health Needs Assessments demonstrating that Cleveland/Stradbroke SA3 had the 3rd highest total number of people aged 18 years and over with high or very high psychological distress (6,236). Springwood/Kingston (7,669) and Browns Plains (6,343) had the 1st and 2nd highest total volume of psychological distress but were deemed to be better serviced or didn't meet the conditions to facilitate a place based initiative.
Older adults	While limited data exist at a local level for the mental health of older adults, it is very likely that particular subgroups of older adults may be at an increased risk of poor mental health.	<i>AIHW, Older Australia at a glance, 2018</i> While the prevalence of mental health concerns tends to decline in older age, within this age group, there are particular sub-groups that are at a higher risk of mental health concerns. These include adults in hospital, supported accommodation, people living with dementia, and older carers.
People experiencing, or at risk of, homelessness	People experiencing, or at risk of, homelessness may experience mental health concerns more frequently (and to a greater severity).	<i>Homelessness Australia 2011, States of being: exploring the links between homelessness, mental illness and psychological distress</i> <ul style="list-style-type: none"> <li>- The interconnectedness between homelessness and mental health is well-established</li> <li>- Many people experiencing homelessness and mental health concerns have complex needs, yet may struggle to receive appropriate treatment in an inpatient setting</li> <li>- The relationship between mental health concerns and homelessness varies person to person, where one concern does not necessarily cause another. The experience of mental health concerns, particularly those severe in nature, and/or living with comorbid substance use concerns, may increase the difficulty in sustaining tenancy</li> </ul> <i>AIHW, Mental Health Services in Australia – Specialist homelessness services, 2016-17</i> <ul style="list-style-type: none"> <li>- Data available from the Specialist Homelessness Services collection indicate that between 16-23% of people aged 18-54 years accessing these services also have a mental health condition.</li> </ul> As noted earlier, while the Brisbane South PHN homelessness rate is below that of Queensland, there are smaller geographic areas where this rate is notably higher. These include Brisbane Inner and Holland Park – Yeronga, which are also areas with a higher rate of clients receiving Specialist Homelessness Services support, and higher overnight hospitalisation rates for mental health conditions.
Veterans	While information specific to the Brisbane South PHN region is not available, a population group that may be at higher risk of suicide in the region is ex-serving men aged under 30 years.  This has implications for commissioned mental health providers, and also the promotion of specific care pathways to the primary health	<i>AIHW, 2018, Causes of death among serving and ex-serving Australian Defence Force personnel: 2002–2015</i> <ul style="list-style-type: none"> <li>- Men who were serving full time and in the reserves had significantly lower age-adjusted rates of suicide than Australian men in the same age range. However, the rate of death due to suicide was significantly higher for ex-serving men aged under 30 than for Australian men in the same age range</li> </ul> <i>AIHW, National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2018 update</i> <ul style="list-style-type: none"> <li>- From 2012-2016, the age-specific rate of suicide (per 100,000 population) in ex-serving men aged under 30 years was higher than an age-matched non-serving population. This difference was statistically significant</li> </ul>

### Outcomes of the health needs analysis

	workforce for Veterans, such as the ADF All-hours Support Line, Veterans and Veterans Families Counselling Service, and DVA White Card.	- Ex-serving men aged under 30 had a suicide rate 2.2 times that of Australian men the same age, for 2014–2016
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# Alcohol and Other Drug Treatment Needs

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Young people more likely to consume alcohol and use illicit drugs	<p><b>Alcohol and illicit drug use</b> Alcohol and illicit drug use has a large impact on the health of the Queensland and Brisbane South PHN populations.</p> <p><i>Young people, particularly males, living in Queensland were more likely to drink at risky levels over their lifetime and use illicit drugs.</i></p>	<p><i>Australian Institute of Health and Welfare (AIHW): National Drug Strategy Household Survey 2016: detailed findings</i></p> <ul style="list-style-type: none"> <li>- 16% of people aged 14+ years in Brisbane South PHN drink at risky levels over their lifetime QLD: 19% AUS: 17%</li> <li>- Males (30%) were three times as likely to drink at risky levels over their lifetime compared to females (9%) in Queensland</li> <li>- 17% of people aged 14+ years in Brisbane South PHN had recently used illicit drugs QLD: 17% AUS: 16%</li> <li>- Illicit drug use was most common among people aged 20-29 years (33%), compared to other age groups in Queensland</li> <li>- Males (20%) were more likely to use illicit drugs compared to females (13%) in Queensland AUS: 28% for people aged 20-29 years AUS: 18% males   13% females</li> </ul>
Location-based needs may be reflected in higher rates of overnight hospitalisations due to alcohol and drug use.	<p><b>Location-based needs</b> Differences in hospitalisation rates may reflect differences in the proportion of people with mental health conditions and the severity of these conditions as well as differences in access to community-based care.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher rates of overnight hospitalisations (for drug and alcohol episodes) and use of specialised drug and alcohol treatment services, when compared to the region.</i></p>	<p><i>AIHW My Healthy Communities 2018, using AIHW National Hospital Morbidity Database 2015–16</i></p> <ul style="list-style-type: none"> <li>- Statistical Areas Level 3 (SA3s) with the highest rates of overnight hospitalisations for drug and alcohol episodes: Brisbane Inner (53 age-standardised rate (ASR) per 10,000 persons), and Holland Park – Yeronga (29 ASR per 10,000 persons) Brisbane South PHN: 17 ASR per 10,000 persons AUS: 20 ASR per 10,000 persons</li> </ul> <p><i>AIHW, 2018, Alcohol and Other Drugs Treatment Services National Minimum Data Set: 2015-16 and 2016-17</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest number of closed alcohol and other drug treatment episodes (by provider location) were Holland Park – Yeronga (31% and 33% of total episodes in 2015-16 and 2016-17, respectively) and Brisbane Inner (17% and 18% of total episodes in 2015-16 and 2016-17, respectively)</li> <li>- Closed treatment episodes in Holland Park – Yeronga, Brisbane Inner, Browns Plains, Forest Lake – Oxley, and Springwood – Kingston accounted for approximately 84% of total episodes in Brisbane South PHN across both 2015-16 and 2016-17 (8,176 episodes and 6,588 episodes respectively)</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- There was a view among community representatives that issues related to alcohol and other drug use had increased within the Logan Local Government Area (LGA)</li> </ul>

Outcomes of the health needs analysis		
<p>Treatment services responsive to consumers' needs</p>	<p><b>Consumer needs</b> Alcohol and other drug treatment services provide a broad range of treatment services and support to people using drugs, and to their families and friends.</p> <p><i>A number of locations within the Brisbane South PHN region had a higher proportion of closed episodes of alcohol and other drugs treatment services, when compared to the Brisbane South PHN region.</i></p> <p><i>People aged 20-29 years reported the highest overall proportion of closed episodes of treatment for both 2015-16 and 2016-17, compared to other age groups in the Brisbane South PHN region.</i></p> <p><i>The most common principal drug of concern varied by age groups – cannabis was the most frequently noted drug in younger age groups, amphetamines in the middle age groups, and alcohol in the older age groups.</i></p> <p><i>The proportional use of amphetamines increased for consumers aged 20-39 years, and alcohol for consumers aged 40+ years.</i></p>	<p><i>AIHW, 2018, Alcohol and Other Drugs Treatment Services National Minimum Data Set 2015-16 and 2016-17</i></p> <ul style="list-style-type: none"> <li>- Highest proportion of closed treatment episodes in the Brisbane South PHN, by principal drug of concern: cannabis (2015-16: 33%, 2016-17: 35%), amphetamines (increased from 13% in 2013-14 to 26% in 2015-16, 2016-17: 23%), and alcohol (decreased from 30% in 2013-14 to 25% in 2015-16, and further decreased to 23% in 2016-17)</li> <li>- SA3s with the highest number of closed alcohol and other drug treatment episodes (by provider location, shown as 2015-16 and 2016-17): Holland Park – Yeronga (31% and 33% of total episodes), Brisbane Inner (17% and 18% of total episodes), Browns Plains (13% and 13% of total episodes), Forest Lake – Oxley (12% and 12% of total episodes), and Springwood – Kingston (10% and 9% of total episodes). These were relatively stable between the 2015-16 and 2016-17 periods.</li> <li>- In 2016-17, Holland Park – Yeronga, Brisbane Inner, Browns Plains, Forest Lake – Oxley, and Springwood - Kingston accounted for 85% of episodes (6,588 closed episodes) in Brisbane South PHN (7,793 total closed episodes). This is relatively stable from 2015-16, where these SA3s accounted for 84% (6,831 closed episodes) of the 8,176 total closed episodes of treatment across the region.</li> <li>- 70% of consumers were male in 2016-17, a slight reduction from 72% in 2015-16</li> <li>- Cannabis was reported as the principal drug of concern in 59% of all closed treatment episodes for consumers aged 19 years and younger, relatively stable from 2015-16 at 60%. Alcohol as principal drug of concern noted a slight decrease from 19% in 2015-16 to 17% in 2016-17.</li> <li>- Cannabis saw a reduction as the principal drug of concern between 2015-16 and 2016-17 for consumers aged 20-29 years, falling from 46.9% to 41% of total closed treatment episodes within this age group. Amphetamines were noted to increase from 25% to 28% of total closed treatment episodes within the age group.</li> <li>- Amphetamines as principal drug of concern similarly noted a proportional increase in the 30-39 year age group, from 28% in 2015-16 to 35% in 2016-17. Cannabis as the principal drug of concern also saw a reduction in this age group, from 28% in 2015-16 to 22% in 2016-17.</li> <li>- Alcohol was reported as the principal drug of concern in the highest proportion of closed treatment episodes for consumers aged 40+ years, noting proportional increases from 2015-16 to 2016-17: <ul style="list-style-type: none"> <li>o 40-49 years – 2015-16: 34%, 2016-17: 42%</li> <li>o 50-59 years – 2015-16: 52%, 2016-17: 58%</li> <li>o 60+ years – 2015-16: 73%, 2016-17: 81%</li> </ul> </li> </ul>
<p>Some population sub-groups may be at increased risk of alcohol and other drug misuse.</p>	<p><b>Population sub-groups</b> <i>There are population sub-groups which may be at an increased risk of alcohol and other drug misuse. These include people with diverse sexual orientations and people experiencing homelessness. Services need to be responsive to, and inclusive of, the needs of these population sub-</i></p>	<p><i>AIHW, 2017, National Drug Strategy Household Survey 2016: detailed findings</i></p> <ul style="list-style-type: none"> <li>- 24% of Lesbian, Gay and Bisexual (LGB) people were current smokers, compared to 15% of heterosexuals</li> <li>- 28% of LGB people drank at risky levels over their lifetime, compared to 17% of heterosexuals</li> <li>- 38% of LGB people used illicit drugs recently, compared to 15% of heterosexuals</li> </ul> <p><i>Micah 500 Lives, 500 Homes Campaign Outcomes 2014-17</i></p> <ul style="list-style-type: none"> <li>- 71% of adult consumers accessing the service/campaign in the Brisbane LGA had substance misuse issues</li> </ul>

Outcomes of the health needs analysis		
	<i>groups.</i>	- 65% of young consumers accessing the service/campaign in the Brisbane LGA has substance misuse issues
Alcohol and other drugs concerns for Aboriginal and Torres Strait Islander peoples		
Treatment services must be culturally appropriate and responsive to the needs of Aboriginal and Torres Strait Islander peoples.	<p><b>Cultural appropriateness</b>  <i>Aboriginal and Torres Strait Islander populations are over-represented in specialised alcohol and other drugs treatment services. Amphetamines, cannabis, and alcohol were the three most commonly noted principal drugs of concern for consumers who identified as Aboriginal and Torres Strait Islander.</i></p>	<p><i>Alcohol and Other Drugs Treatment Services National Minimum Data Set 2015-16 and 2016-17</i></p> <ul style="list-style-type: none"> <li>- 10% of closed treatment episodes were attributed to people who identified as being of Aboriginal and Torres Strait Islander origin, relatively stable from 9% in 2015-16.</li> <li>- The most frequently noted principal drug of concern for consumers who identified as Aboriginal and Torres Strait Islander in 2016-17 was amphetamines (35% of all closed treatment episodes for Aboriginal and Torres Strait Islander consumers), followed by cannabis (29% of all closed treatment episodes for Aboriginal and Torres Strait Islander consumers), and alcohol (22% of all closed treatment episodes for Aboriginal and Torres Strait Islander consumers).</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017 (Aboriginal and Torres Strait Islander communities in the region noted the following key findings for mental health and alcohol and other drug services)</i></p> <ul style="list-style-type: none"> <li>- Culturally identified and gender specific roles</li> <li>- Specific and main stream services and workforce capacity building activities</li> <li>- Communication and coordination between services and systems</li> <li>- After hour support</li> <li>- Family and elders support in general because they are the support for their families and communities when no services are available or individuals are not ready to use services</li> <li>- Safe space for people to have a yarn when needed</li> <li>- Increase cultural and historical awareness for service delivery, treatment and interventions</li> <li>- Acknowledged the high level of healing can come through artistic activities related to music, art and theatre</li> </ul>

# Indigenous Health

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
<b>Socio-economic health determinants</b>		
<b>Socio-economic disadvantage and variable demographic factors may affect health</b>	<p><b>Socio-economic disadvantage</b> Socio-economic disadvantage summarises a range of information about the social and economic circumstances of people and households within a location. People living in locations of relative socio-economic disadvantage tend to experience poorer health outcomes, often due to a higher prevalence of health risk factors and lower prevalence of protective factors.</p> <p><i>A number of locations within the Brisbane South PHN region had higher levels of disadvantage based on the Index of Relative Socio-Economic Disadvantage, when compared to the region. These locations also had the highest number of Aboriginal and Torres Strait Islander residents in the Brisbane South PHN region.</i></p>	<p><i>Queensland Government Statistician’s Office (QGSO) Resident Profile created Aug 2018, using Australian Bureau of Statistics (ABS) Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- Statistical Areas Level 3 (SA3s) with the highest levels of disadvantage based on the Index of Relative Socio-Economic Disadvantage – quintile 1: Beaudesert (55%), Springwood – Kingston (50%), Beenleigh (50%), Browns Plains (40%), Forest Lake – Oxley (36%), and Loganlea – Carbrook (24%) Brisbane South PHN: 16% quintile 1 QLD: 20% quintile 1 (note: state based quintile)</li> <li>- SA3s with the highest proportion of Aboriginal and Torres Strait Islander peoples (as a proportion of the total SA3 population): Beaudesert (5%), Beenleigh (4%), Forest Lake – Oxley (4%), Springwood – Kingston (4%), and Browns Plains (3%) Brisbane South PHN: 2% QLD: 4%</li> <li>- SA3s with the highest estimated population of Aboriginal and Torres Strait Islander peoples (as absolute numbers, and a proportion of the region’s Aboriginal and Torres Strait Islander population): Springwood – Kingston (2,719 peoples; 12%), Browns Plains (2,548 peoples; 11%), Forest Lake – Oxley (2,528 peoples; 11%), Cleveland – Stradbroke (1,954 peoples; 8%), and Loganlea – Carbrook (1,654 peoples; 7%)</li> </ul>
	<p><b>Education levels, and English language proficiency</b> Education levels and English language proficiency of residents are considered when determining a location’s relative socio-economic disadvantage. Education levels and English language proficiency may affect a person’s ability to access appropriate healthcare.</p> <p><i>Brisbane South PHN had a higher proportion of Aboriginal and Torres Strait Islander peoples who did not go to school or finished schooling in year 10 or below, when compared to non-Indigenous people in the region, and Aboriginal and Torres Strait Islander peoples in Queensland.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples in Australia with higher education levels were more likely to have reported excellent or very good health.</i></p>	<p><i>QGSO Resident Profile Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP) created Oct 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- Over a third (39%) of Aboriginal and Torres Strait Islander peoples aged 15+ years in the Brisbane South PHN region did not go to school or finished schooling in year 10 or below Brisbane South PHN non-Indigenous: 28% QLD Indigenous: 20%</li> </ul> <p><i>Australian Institute of Health and Welfare (AIHW) Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander peoples in Australia who completed year 12 were more likely to have reported their health as excellent or very good (49%), when compared to those who completed year 9 or below (40%)</li> </ul>

Outcomes of the health needs analysis		
	<p><b>Unemployment</b> Employment and income levels of residents are considered when determining a location's relative socio-economic disadvantage. Unemployment and lower income levels may affect a person's ability to access appropriate healthcare.</p> <p><i>Brisbane South PHN region had a higher proportion of Aboriginal and Torres Strait Islander peoples who were unemployed, when compared to non-Indigenous people.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples who were employed were more likely to report very good/excellent health, when compared to those unemployed.</i></p>	<p><i>QGSO Resident Profile (DATSIP) created Oct 2018, using ABS Census of Population and Housing 2016</i></p> <ul style="list-style-type: none"> <li>- 1 in 7 (16%) Aboriginal and Torres Strait Islander peoples in the Brisbane South PHN region were unemployed</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous: 8% QLD Indigenous: 20%</p> <p><i>AHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Almost half (46%) of employed Aboriginal and Torres Strait Islander peoples in Australia reported their health as excellent/very good, compared to those unemployed (40%).</li> <li>- A third (34%) of Aboriginal and Torres Strait Islander peoples in Australia not in the labour force reported their health as fair/poor</li> </ul>
Health behaviours and risk factors		
<p><b>Poorer maternal, familial and early childhood health indicators</b></p>	<p><b>Parental unemployment and familial income</b> Parental unemployment, and lower familial income levels may affect a child's ability to access appropriate healthcare.</p> <p><i>Brisbane South PHN region had a higher proportion of dependent children in families with Aboriginal and Torres Strait Islander peoples were from jobless families, when compared to non-Indigenous people.</i></p>	<p><i>QGSO Resident Profile (DATSIP) created Oct 2018, using ABS Census of Population and Housing data 2016</i></p> <ul style="list-style-type: none"> <li>- 1 in 3 (35%) dependent children in families with Aboriginal and Torres Strait Islander peoples in the Brisbane South PHN region were from jobless families</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous: 13% QLD Indigenous: 39%</p> <ul style="list-style-type: none"> <li>- 1 in 3 (38%) Aboriginal and Torres Strait Islander households in the Brisbane South PHN region were low income households (i.e. earning less than \$650 per week)</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous: 29% QLD Indigenous: 45%</p>
	<p><b>Smoking during pregnancy</b> Smoking during pregnancy is associated with poorer maternal and child health outcomes, including miscarriage, other complications, and low birthweight. Low birthweight babies are at increased risk of Sudden Infant Death Syndrome, and are more vulnerable to infection, breathing difficulties, and long-term health problems.</p> <p><i>A large proportion of Aboriginal and Torres Strait Islander women in the Brisbane South PHN smoked during pregnancy. Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region were more likely to smoke during pregnancy than non-Indigenous mothers, across all age groups.</i></p>	<p><i>Queensland Health Perinatal Data Collection for 2016 (requested via SSB 2017)</i></p> <ul style="list-style-type: none"> <li>- 39% of Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region aged under 29 years smoked during pregnancy</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous mothers: 12%</p> <ul style="list-style-type: none"> <li>- 39% of Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region aged 30+ years smoked during pregnancy</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous mothers: 5%</p> <p><i>QGSO Resident Profile created Aug 2018, using ABS Births 2016</i></p> <ul style="list-style-type: none"> <li>- SA3s with the highest birth rates: Springwood – Kingston (17 per 1,000 persons), Rocklea – Acacia Ridge (16 per 1,000 persons), Browns Plains (16 per 1,000 persons), Forest Lake – Oxley (16 per 1,000 persons), Loganlea – Carbrook (15 per 1,000 persons), and Beenleigh (15 per 1,000 persons)</li> </ul>

Outcomes of the health needs analysis	
<p><i>Birth rates were highest in the locations that had the highest rates of smoking during pregnancy.</i></p>	<p>Brisbane South PHN: 14 per 1,000 persons QLD: 13 per 1,000 persons</p>
<p><b>Antenatal care</b> Antenatal care is recommended throughout pregnancy to monitor both maternal and child health and wellbeing, and to provide extra assistance where special needs are identified. Uptake of antenatal care is known to contribute to better maternal health in pregnancy, fewer interventions in late pregnancy, and positive child health outcomes.</p> <p><i>Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region were less likely to have had at least one antenatal visit in the first trimester, when compared to non-Indigenous mothers.</i></p>	<p><i>AIHW My Healthy Communities 2018, using National Perinatal Data Collection 2014–2016</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN had a lower proportion of Aboriginal and Torres Strait Islander mothers who had at least one antenatal visit in the first trimester (52%)</li> </ul> <p>Other Metro QLD PHNs: 58% – 76% AUS: 58%</p>
<p><b>Low birthweight, and infant mortality</b> Low birthweight is associated with infant mortality, impaired physical and cognitive development, and an increased risk of developing chronic conditions later in life.</p> <p><i>Aboriginal and Torres Strait Islander mothers aged under 29 years in Brisbane South PHN were more likely to give birth to low birth weight babies than non-Indigenous mothers.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples in Queensland had a higher rate of infant mortality, when compared to non-Indigenous people.</i></p>	<p><i>AIHW My Healthy Communities 2018, using National Perinatal Data Collection 2014–2016</i></p> <ul style="list-style-type: none"> <li>- Almost 1 in 10 (9%) Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region gave birth to low birthweight babies</li> </ul> <p>AUS: 10%</p> <p><i>Queensland Health Perinatal Data Collection for 2016 (requested via SSB 2017)</i></p> <ul style="list-style-type: none"> <li>- 1 in 10 (12%) Aboriginal and Torres Strait Islander mothers in the Brisbane South PHN region aged under 29 years gave birth to low birth weight babies</li> </ul> <p>Brisbane South PHN non-Indigenous mothers: 6%</p> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Higher rate of infant mortality in Aboriginal and Torres Strait Islander peoples in Queensland (7 per 1,000 live births)</li> </ul> <p>QLD non-Indigenous: 4 per 1,000 live births AUS Indigenous: 6 per 1,000 live births</p>
<p><b>Immunisation</b> Immunisation is a safe and effective way to control the spread of communicable conditions. Immunisation protects an individual from infection and when herd immunity is achieved (i.e. at least 95% of the population is immunised), protects those who cannot be immunised themselves.</p> <p><i>Brisbane South PHN region did not meet the national immunisation target for Aboriginal and Torres Strait Islander children in certain age groups.</i></p>	<p><i>Australian Immunisation Register Oct 2017 – Sept 2018</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN did not meet the national immunisation target for Aboriginal and Torres Strait Islander children aged 1 and 2 years old (91% and 88%, respectively)</li> </ul> <p>National target: 95%</p>

Outcomes of the health needs analysis		
	<p><b>Disability</b> Disability may impact on a person's daily activities (such as tasks relating to self-care, mobility and communication), or impact participation in other ways (such as in social and economic life). Disability may affect a person's ability to access appropriate healthcare and/or use health information.</p> <p><i>A higher proportion of Aboriginal and Torres Strait Islander peoples in Brisbane South PHN had a profound or severe disability, when compared to non-Indigenous people.</i></p>	<p><i>QGSO Resident Profile (DATSIP) created Oct 2018, using ABS Census of Population and Housing data 2016</i></p> <ul style="list-style-type: none"> <li>- 1 in 13 (8%) Aboriginal and Torres Strait Islander peoples in the Brisbane South PHN region had a profound or severe disability</li> </ul> <p style="text-align: right;">Brisbane South PHN non-Indigenous: 5% QLD Indigenous: 6%</p>
	<p><b>Domestic and family violence</b> Domestic and family violence occurs when one person in a relationship uses violence of abuse to control the other person. It is usually an ongoing pattern of behavior aimed at controlling a partner or family member through fear. Domestic and family violence is associated with a variety of poor health outcomes, both immediate and long-term.</p> <p><i>Aboriginal and Torres Strait Islander peoples in Queensland were more likely to experience domestic and family violence, when compared to non-Indigenous people.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- 1 in 5 (20%) domestic homicide victims nationally were Aboriginal and Torres Strait Islander peoples in 2010–12 (6 times the expected proportion based on population share)</li> <li>- 1 in 5 (22%) Aboriginal and Torres Strait Islander peoples in Queensland aged 15 years and older experienced any violence in the previous 12 months (compared with 8% of all people in Queensland)</li> <li>- 1 in 3 (36%) domestic assault hospitalisations in Queensland in 2014–15 were Aboriginal and Torres Strait Islander peoples (13 times the non-Indigenous rate)</li> </ul>
	<p><b>Homelessness</b> Homelessness is a complex issue, involving more than just a lack of housing. Other factors such as unemployment, poor physical and/or mental health, drug and alcohol misuse, or domestic and family violence may increase a persons' risk of becoming or remaining homeless.</p> <p><i>Aboriginal and Torres Strait Islander peoples in the Brisbane Local Government Area (LGA) were more likely to experience homelessness, when compared to non-Indigenous people.</i></p>	<p><i>Micah: 500 Lives, 500 Homes Campaign Outcomes 2014-17</i></p> <ul style="list-style-type: none"> <li>- 1 in 5 (20%) adult consumers accessing the service/campaign in the Brisbane LGA identified as being of Aboriginal and/or Torres Strait Islander origin</li> <li>- 1 in 5 (22%) young consumers accessing the service/campaign in the Brisbane LGA identified as being of Aboriginal and/or Torres Strait Islander origin</li> </ul>
<b>Increased risk of developing chronic conditions due to health risk factors</b>	<p><b>High blood pressure</b> High blood pressure is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and chronic kidney disease.</p> <p><i>A large proportion of Aboriginal and Torres Strait Islander peoples in the Brisbane South PHN region had high blood pressure.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Almost 1 in 5 Aboriginal and Torres Strait Islander adults in Queensland had high blood pressure</li> <li>- Aboriginal and Torres Strait Islander peoples in Australia were 17% more likely to have high blood pressure than non-Indigenous Australians</li> <li>- 5% of the total burden of disease and injury for Aboriginal and Torres Strait Islander peoples in Australia was attributed to high blood pressure</li> </ul>

Outcomes of the health needs analysis	
<p><i>Aboriginal and Torres Strait Islander peoples in Queensland were more likely to have high blood pressure, when compared to non-Indigenous people.</i></p>	
<p><b>Nutrition</b>            Poor nutrition is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and diabetes.</p> <p><i>Aboriginal and Torres Strait Islander children in Queensland were more likely to consume sugar sweetened drinks on a daily basis, when compared to non-Indigenous children.</i></p> <p><i>Aboriginal and Torres Strait Islander adults in Queensland were less likely to consume the recommended daily fruit intake, when compared to non-Indigenous adults.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Half (50%) of Aboriginal and Torres Strait Islander children aged two years and older in Australia consumed sugar sweetened drinks daily</li> </ul> <p style="text-align: right;">AUS non-Indigenous: 34%</p> <ul style="list-style-type: none"> <li>- 2 in 5 (41%) Aboriginal and Torres Strait Islander adults in Queensland adults consumed the recommended serves of fruit per day (12% lower than non-Indigenous adults)</li> </ul>
<p><b>Physical activity</b>            Physical inactivity and sedentary behaviour are associated with an increased risk of developing chronic conditions, including cardiovascular conditions and diabetes.</p> <p><i>A large proportion of Aboriginal and Torres Strait Islander peoples in Australia did not meet the physical activity guidelines.</i></p> <p><i>Aboriginal and Torres Strait Islander adults in Australia were less likely to meet the physical activity guideline, when compared to non-Indigenous adults.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- 6% of the total burden of disease and injury for Aboriginal and Torres Strait Islander peoples in Australia was attributed to physical inactivity</li> </ul> <p><i>AIHW Physical activity across the life stages 2018</i></p> <ul style="list-style-type: none"> <li>- 38% of Aboriginal and Torres Strait Islander adults in Australia aged 18–64 years met the physical activity guideline</li> </ul> <p style="text-align: right;">AUS non-Indigenous: 46%</p> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Almost half (44%) of Aboriginal and Torres Strait Islander people in Australia did not meet physical activity guidelines were obese</li> </ul>
<p><b>Obesity</b>            Obesity is associated with an increased risk of developing chronic conditions.</p> <p><i>A large proportion of Aboriginal and Torres Strait Islander peoples in Australia were obese.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples were more likely to be obese, when compared to non-Indigenous people in Queensland.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- 8% of the total burden of disease and injury for Aboriginal and Torres Strait Islander peoples in Australia was attributed to high body mass</li> <li>- 2 in 5 (40%) Aboriginal and Torres Strait Islander adults in Queensland were obese (39% more likely to be obese than non-Indigenous adults)</li> <li>- 13% of Aboriginal and Torres Strait Islander children aged 5–17 years in Queensland were obese</li> </ul>
<p><b>Smoking</b>            Smoking is associated with an increased risk of developing chronic</p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Almost half (45%) of Aboriginal and Torres Strait Islander adults in Queensland smoked</li> </ul>

Outcomes of the health needs analysis		
	<p>conditions, including cardiovascular conditions, respiratory conditions, diabetes, and cancer.</p> <p><i>Aboriginal and Torres Strait Islander peoples in Queensland were over twice as likely to smoke, when compared to non-Indigenous people.</i></p>	<p>daily (2.5 times the non-Indigenous rate)</p> <ul style="list-style-type: none"> <li>- 12% of the total burden of disease and injury for Aboriginal and Torres Strait Islander peoples in Australia was attributed to tobacco use</li> </ul> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Over half (57%) of Aboriginal and Torres Strait Islander children aged 0-14 years in Queensland lived in households with a daily smoker</li> </ul> <p style="text-align: right;">QLD non-Indigenous: 24%</p>
	<p><b>Alcohol intake</b></p> <p>Excessive alcohol intake is associated with an increased risk of developing chronic conditions, including cardiovascular conditions and some cancers.</p> <p><i>Aboriginal and Torres Strait Islander young peoples in Queensland were more likely to be exceed the alcohol consumption guidelines for single occasion drinking when compared to non-Indigenous young people.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- 8% of the total burden of disease and injury for Aboriginal and Torres Strait Islander peoples in Australia was attributed to alcohol use</li> <li>- Due to their younger age profile Aboriginal and Torres Strait Islander peoples in Queensland (59%) were more likely to have exceeded single occasion risk guidelines for alcohol consumption than non-Indigenous people (46%)</li> </ul>
	<p><b>Illicit drug use</b></p> <p>Harms from illicit drugs affect all communities, families and individuals, either directly or indirectly. Health impacts such as injury, poisoning and mental illness; and social impacts such as violence, crime and trauma may occur as a result of illicit drug use.</p> <p><i>Aboriginal and Torres Strait Islander young peoples in Queensland were more likely to use illicit drugs when compared to non-Indigenous young people.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017: QLD</i></p> <ul style="list-style-type: none"> <li>- In 2014–15, 1 in 4 (29%) Aboriginal and Torres Strait Islander peoples aged 15 and over in Australia reported using substances in the last 12 months</li> <li>- Substance use was more prevalent for Aboriginal and Torres Strait Islander males (32%) than females (26%)</li> </ul>
Chronic conditions and other health considerations		
<b>Burden of disease largely attributed to chronic conditions</b>	<p><b>Chronic conditions</b></p> <p>Chronic conditions are long-term health conditions that tend to worsen over time, cannot be passed from person to person, often lead to a gradual deterioration in health, and premature death.</p> <p><i>Aboriginal and Torres Strait Islander peoples experience chronic conditions at a higher rate, and often at a younger age, than non-Indigenous people.</i></p>	<p><i>AIHW Indigenous Australians 2018</i></p> <ul style="list-style-type: none"> <li>- 64% of disease burden and injury among Aboriginal and Torres Strait Islander peoples in Australia in 2011 was caused by chronic conditions</li> </ul> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017: QLD</i></p> <ul style="list-style-type: none"> <li>- In 2011–2015, the age-standardised death rate for chronic diseases for Aboriginal and Torres Strait Islander peoples in Australia aged 0–74 years was 2.5 times the rate for non-Indigenous Australians (401 compared with 161 per 100,000 persons)</li> </ul>
	<p><b>Cardiovascular conditions</b></p> <p>Cardiovascular conditions, such as coronary heart disease and stroke, affect the heart and blood vessels. Poor nutrition, physical inactivity,</p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Cardiovascular disease was the third leading broad cause of health loss for Aboriginal and Torres Strait Islander peoples in Queensland (11%)</li> </ul>

Outcomes of the health needs analysis		
	<p>tobacco smoking and excessive alcohol use may increase the risk of developing cardiovascular conditions.</p> <p><i>Aboriginal and Torres Strait Islander peoples experience cardiovascular conditions at a higher rate, when compared to non-Indigenous people.</i></p>	<ul style="list-style-type: none"> <li>- Cardiovascular disease was the second largest broad cause of premature death burden (19%)</li> <li>- Coronary heart disease was the top leading cause of death for Aboriginal and Torres Strait Islander peoples in Queensland – 50% higher than the non-Indigenous rate</li> </ul>
	<p><b>Respiratory conditions</b></p> <p>Respiratory conditions, such as chronic obstructive pulmonary disease, affect the lungs and airways. Tobacco smoking may increase the risk of developing respiratory conditions.</p> <p><i>Aboriginal and Torres Strait Islander peoples experience respiratory conditions at a higher rate, when compared to non-Indigenous people.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Chronic lower respiratory disease was the third leading cause of death for Aboriginal and Torres Strait Islander peoples in Queensland – 2.9 times the non-Indigenous rate</li> <li>- Lung cancer was the fourth leading cause of death for Aboriginal and Torres Strait Islander peoples in Queensland – 1.7 times non-Indigenous rates</li> </ul> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Higher rate of mortality for chronic obstructive pulmonary disease in Aboriginal and Torres Strait Islander peoples in Australia (7 ASR percentage of total deaths) AUS non-Indigenous: 4 ASR percentage of total deaths</li> </ul>
	<p><b>Diabetes</b></p> <p>Diabetes occurs when the pancreas is unable to produce enough insulin, or the body becomes resistant to insulin, or both. Poor nutrition, physical inactivity, and tobacco smoking may increase the risk of developing diabetes.</p> <p><i>Aboriginal and Torres Strait Islander peoples experience diabetes at a higher rate, when compared to non-Indigenous people.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Diabetes was the second leading cause of death for Aboriginal and Torres Strait Islander peoples in Queensland – 5.2 times higher than the non-Indigenous rate</li> </ul> <p><i>AIHW The Burden of Disease and Injury in Queensland's Aboriginal and Torres Strait Islander People 2017 (reference year 2011)</i></p> <ul style="list-style-type: none"> <li>- Diabetes was the third leading broad cause of burden of disease and injury in Aboriginal and Torres Strait Islander peoples in Queensland and was responsible for almost 11% of disease and injury burden</li> <li>- Type 2 is the overwhelming contributor to the Aboriginal and Torres Strait Islander diabetes burden, with only 5% being due to Type 1 diabetes</li> </ul>
	<p><b>Musculoskeletal conditions</b></p> <p>Musculoskeletal conditions, such as arthritis, and back problems, affect the bones, muscles and joints. Poor nutrition, physical inactivity, tobacco smoking and excessive alcohol use may increase the risk of developing musculoskeletal conditions.</p> <p><i>Higher level of musculoskeletal burden among Aboriginal and Torres Strait Islander peoples in Australia compared to non-Indigenous Australians.</i></p>	<p><i>Queensland Health, Indigenous health factsheet (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Musculoskeletal conditions was the fifth leading broad cause of health loss for Aboriginal and Torres Strait Islander peoples in Queensland (7%)</li> </ul> <p><i>AIHW The burden of musculoskeletal conditions in Australia: a detailed analysis of the Australian Burden of Disease Study 2011</i></p> <ul style="list-style-type: none"> <li>- The rate of total burden due to musculoskeletal conditions was 1.4 times higher for Aboriginal and Torres Strait Islander peoples in Australia (31 disability adjusted life years (DALYs) per 1,000 people) compared with non-Indigenous Australians (22 DALYs per 1,000 people)</li> <li>- Fatal burden (years of life lost) was 2.7 times higher for Aboriginal and Torres Strait</li> </ul>

Outcomes of the health needs analysis		
		<p>Islander peoples in Australia</p> <ul style="list-style-type: none"> <li>- Non-fatal burden (years lived with disability) was 1.4 times higher for Aboriginal and Torres Strait Islander peoples in Australia</li> </ul>
	<p><b>Cancer</b></p> <p>Cancer occurs when some of the body's cells become abnormal and begin to multiply out of control. The types of cancer that have been selected for analysis include: bowel, breast, cervical, lung, prostate and skin.</p> <p><i>Cancer mortality was more likely in Aboriginal and Torres Strait Islander people compared to non-Indigenous people.</i></p>	<p><i>Queensland Health, Indigenous health factsheet 2014 (Chief Health Officer's Report 2016)</i></p> <ul style="list-style-type: none"> <li>- Cancers were the fourth leading broad cause of health loss for Aboriginal and Torres Strait Islander peoples in Queensland (10%)</li> </ul> <p><i>AIHW Cancer in Aboriginal &amp; Torres Strait Islander people of Australia 2018</i></p> <ul style="list-style-type: none"> <li>- In 2011–15, Aboriginal and Torres Strait Islander peoples in Australia were 1.4 times as likely to die from cancer as non-Indigenous Australians</li> </ul>
	<p><b>Chronic kidney disease</b></p> <p>The kidneys have an essential role in the body of filtering blood, and removing waste, unwanted chemicals, and excess water to form urine. Chronic kidney disease is often thought described as a silent disease, as its symptoms can go unnoticed for a long period of time. A person may lose up to 90% of their kidney's function before experiencing symptoms. Waste and excess fluid can build up in the body, and cause many health issues. Chronic kidney disease is a progressive illness, leading to deterioration kidney function. End stage chronic kidney disease often requires treatment with dialysis or kidney transplant.</p> <p><i>Chronic kidney disease was more likely in Aboriginal and Torres Strait Islander peoples compared to non-Indigenous people.</i></p>	<p><i>AIHW Australia's Health 2018 – in brief</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander peoples experienced chronic kidney disease at a rate 2.1 times that of non-Indigenous Australians, were 5 times more likely to be hospitalized due to chronic kidney disease (excluding dialysis), contributed to the burden of disease 7.3 times, and 3.7 times more likely to die from chronic kidney disease than non-Indigenous Australians</li> </ul>
	<p><b>Co-morbidities, and complex conditions</b></p> <p>A number of chronic conditions share common risk factors. Having one chronic condition may increase the risk of developing another, and the likelihood of developing more than one chronic condition also increases with age. Having co-morbidities is likely to result in more complex care needs.</p> <p><i>Half of people in Australia reported living with at least one chronic condition. This equates to an estimated 11,633 Aboriginal and Torres Strait Islander peoples in the Brisbane South PHN region.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Over half (58%) of Aboriginal and Torres Strait Islander peoples in Australia with no long term health condition reported their health as excellent/very good</li> <li>- Excellent/very good health status decreased with the number of long term health conditions: one condition (46%), two conditions (32%), and three or more conditions (17%)</li> <li>- Half (51%) of Aboriginal and Torres Strait Islander peoples in Australia with three or more health conditions reported their health as fair/poor</li> </ul>

# Section 3 – Outcomes of the service needs analysis

## General Population Health

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
<b>Health literacy, and service navigation</b>	<p><b>Emergency department presentations of low triage priority</b> Emergency departments use a triage system so people with the most urgent needs are seen first. The triage system assesses a person and ranks their needs on a scale of 1 to 5. Triage priority 1 describes a life-threatening presentation that requires immediate attention, while triage priorities 4 or 5 describe “non-emergency” presentations. Some of these presentations may be more appropriately managed within the primary care setting, at a reduced cost to the health system.</p> <p><i>A large proportion of emergency department presentations within the Brisbane South PHN region were of low acuity, and may have been more appropriately managed in the primary care system.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher emergency department relative utilisation rate (i.e. higher rate of emergency department presentations among the resident population), when compared to the region.</i></p>	<p><i>Queensland Health Emergency Department 2017-18</i></p> <ul style="list-style-type: none"> <li>- Public hospitals in the Brisbane South PHN region recorded 126,051 (32%) emergency department presentations of triage priority 4, and 16,162 (4%) presentations of triage priority 5</li> </ul> <p><i>Department of Health Secure Data Area Emergency Department Data 2016-17</i></p> <ul style="list-style-type: none"> <li>- Statistical Areas Level 3 (SA3s) with the highest emergency department relative utilisation rates for triage priority 4 and 5: Capalaba (110), and Brisbane Inner (103), Cleveland – Stradbroke (99), Nathan (96), and Wynnum – Manly (92)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 83 AUS: 100 (utilisation rate comparator)</p> <p>Note: Relative utilisation is an age/sex standardised comparison of attendance rates as compared to Australia, where the average is set to 100 (i.e. locations with a relative utilisation rate above 100 have a higher average attendance rate than Australia)</p>
	<p><b>Potentially preventable hospital admissions</b> Based on diagnoses recorded in hospital admissions data, some hospital admissions are termed “potentially preventable”. The rate of potentially preventable hospitalisations (PPHs) are considered to be an indicator of the accessibility and effectiveness of the health system, including primary care services. A higher rate of PPHs may indicate that consumers are not receiving, or accessing, optimum management in primary care and ending up in hospital.</p> <p><i>Brisbane South PHN had a higher rate of potentially preventable hospitalisations for chronic conditions, particularly cardiovascular and</i></p>	<p><i>Australian Institute of Health and Welfare (AIHW) My Healthy Communities 2018, using AIHW National Hospital Morbidity Database 2016-17</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN recorded 1,393 PPHs age-standardised rate (ASR) per 100,000 persons for chronic conditions, and the SA3s with the highest rates were Browns Plains (2,173 ASR per 100,000 persons), Loganlea – Carbrook (2,009 ASR per 100,000 persons), Springwood – Kingston (1,858 ASR per 100,000 persons), Beenleigh (1,784 ASR per 100,000 persons), and Forest Lake - Oxley (1,567 ASR per 100,000 persons)</li> <li style="padding-left: 40px;">Other Metro QLD PHNs: 1,316 – 1,401 PPHs ASR per 100,000 persons AUS: 1,249 PPHs ASR per 100,000 persons</li> <li>- Brisbane South PHN recorded 233 PPHs ASR per 100,000 persons for congestive heart failure, and the SA3s with the highest rates were Loganlea – Carbrook (348 ASR per</li> </ul>

## Outcomes of the service needs analysis

<p><i>respiratory conditions, when compared to the region.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher rate of potentially preventable hospitalisations for diabetes, when compared to the region.</i></p> <p><i>Brisbane South PHN had a higher hospital admission relative utilisation rate for potentially avoidable diagnosis related group (DRG) clusters (i.e. higher rate of potentially avoidable hospitalisations among the resident population), when compared to the region.</i></p> <p><i>Many consumers in the Brisbane South PHN region did not, or were unable to, access GP care when required.</i></p>	<p>100,000 persons), Browns Plains (314 ASR per 100,000 persons), Springwood – Kingston (310 ASR per 100,000 persons), Capalaba (268 ASR per 100,000 persons), and Forest Lake – Oxley (268 ASR per 100,000 persons)</p> <p>Other Metro QLD PHNs: 181 – 209 PPHs ASR per 100,000 persons AUS: 213 PPHs ASR per 100,000 persons</p> <ul style="list-style-type: none"> <li>- Brisbane South PHN recorded 174 PPHs ASR per 100,000 persons for asthma, and the SA3s with the highest rates were Loganlea – Carbrook (290 ASR per 100,000 persons), Browns Plains (246 ASR per 100,000 persons), Springwood – Kingston (246 ASR per 100,000 persons), Forest Lake – Oxley (206 ASR per 100,000 persons), and Beaudesert (205 ASR per 100,000 persons)</li> <li>Other Metro QLD PHNs: 152 – 159 PPHs ASR per 100,000 persons AUS: 144 PPHs ASR per 100,000 persons</li> <li>- Brisbane South PHN recorded 314 PPHs ASR per 100,000 persons for COPD, and the SA3s with the highest rates were Browns Plains (599 ASR per 100,000 persons), Beenleigh (515 ASR per 100,000 persons), Springwood – Kingston (446 ASR per 100,000 persons), Loganlea – Carbrook (413 ASR per 100,000 persons), and Forest Lake – Oxley (398 ASR per 100,000 persons)</li> <li>Other Metro QLD PHNs: 269 – 280 PPHs ASR per 100,000 persons AUS: 276 PPHs ASR per 100,000 persons</li> <li>- SA3s with the highest rate of PPHs for diabetes were Browns Plains (321 ASR per 100,000 persons), Beenleigh (266 ASR per 100,000 persons), Loganlea – Carbrook (229 ASR per 100,000 persons), Springwood – Kingston (226 ASR per 100,000 persons), and Jimboomba (214 ASR per 100,000 persons)</li> <li>Brisbane South PHN: 179 PPHs ASR per 100,000 persons AUS: 183 PPHs ASR per 100,000 persons</li> </ul> <p><b>Department of Health Secure Data Area Admission Patients Services Data 2016-17</b></p> <ul style="list-style-type: none"> <li>- SA3s with the highest hospital admission relative utilisation rates for potentially avoidable DRG clusters in 2016-17: Beaudesert (155), Browns Plains (137), Springwood – Kingston (133), Beenleigh (133), and Loganlea – Carbrook (130)</li> <li>Brisbane South PHN: 112 AUS:100 (utilisation rate comparator)</li> </ul> <p>Note: Relative utilisation is an age/sex standardised comparison of attendance rates as compared to Australia, where the average is set to 100 (i.e. locations with a relative utilisation rate above 100 have a higher average attendance rate than Australia)</p> <p><i>AIHW My Healthy Communities 2018, using Australian Bureau of Statistics (ABS) Patient</i></p>
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Outcomes of the service needs analysis		
		<p><i>Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- For adults aged 15+ years in the Brisbane South PHN region:               <ul style="list-style-type: none"> <li>o 18% needed to see a GP but did not in the preceding 12 months</li> <li>o 19% felt they waited longer than acceptable to get a GP appointment</li> <li>o 27% were unable to access their preferred GP in the preceding 12 months</li> </ul> </li> </ul> <p style="text-align: right;">Other Metro QLD PHNs: 9% – 12%   15% – 16%   25% – 28% AUS: 14%   23%   29%</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Metro South Health representatives identified that significant health system costs were attributed to hospital-based care for chronic conditions, including potentially-preventable hospitalisations</li> </ul>
	<p><b>Poor health literacy</b></p> <p>Health literacy is recognised as the capacity of a person to access, interpret, understand and use health information and services to make informed decisions. Poor health literacy may result in delayed access to appropriate care and an impaired ability to comprehend and apply health information and advice, which may lead to poorer health outcomes.</p> <p><i>Many consumers in the Brisbane South PHN region did not understand explanations provided by their usual GP, or others in their usual place of care.</i></p> <p><i>Although poor health literacy may be experienced by people with high literacy levels, it is of particular concern among people who have recently arrived in Australia, and/or people from culturally- and linguistically-diverse backgrounds.</i></p>	<p><i>AIHW My Healthy Communities 2018, using ABS Survey of Health Care 2016</i></p> <ul style="list-style-type: none"> <li>- 95% of adults aged 45+ years in the Brisbane South PHN region felt that their usual GP or others in their usual place of care usually or always explained test results in a way they could understand</li> </ul> <p style="text-align: right;">AUS: 93%</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Stakeholder consultation identified the importance of improving the capacity of consumers to understand, navigate and make best use of the local health system (e.g. when to access particular services; how to locate and compare service providers, and request for health information to be transferred; process to obtain a referral for specialist services, and utilise private health insurance; and how to access community-based programs)</li> <li>- Opportunities to improve health literacy included improving the use of written and visual resources; and improving service providers' understanding and ability to provide culturally-appropriate care that acknowledges the wide diversity of cultural and lifestyle choices</li> </ul>
<b>Various barriers to access</b>	<p><b>Location of service, and concentration of health professionals</b></p> <p>General practice plays an integral role in the delivery of health care to the community and is most likely to be a person's first point of contact with the health care system. An insufficient number and/or uneven distribution of health services, and health professionals, can impede access to care.</p> <p><i>A number of locations within the Brisbane South PHN region had a lower concentration of general practices and pharmacies. These locations tended</i></p>	<p><i>Brisbane South PHN Client Relationship Management System as at Oct 2018</i></p> <p><i>National Health Services Directory via Healthdirect Australia 2018</i></p> <ul style="list-style-type: none"> <li>- 326 general practices located within the Brisbane South PHN region</li> <li>- SA3s that recorded a lower concentration of general practices per 100km<sup>2</sup>: Beaudesert (&lt;1), Jimboomba (2), and Cleveland – Stradbroke (6)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 9 general practices per 100km<sup>2</sup></p> <ul style="list-style-type: none"> <li>- 207 pharmacies located within the Brisbane South PHN region</li> <li>- SA3s that recorded a lower concentration of pharmacies per 100km<sup>2</sup>: Beaudesert (&lt;1),</li> </ul>

<b>Outcomes of the service needs analysis</b>	
<p><i>to be classified as regional or remote, and generally had poorer access to health and public transport infrastructure.</i></p> <p><i>A number of locations within the Brisbane South PHN region recorded a shortage of general practitioners and other specialist disciplines.</i></p> <p><i>A number of locations within the Brisbane South PHN region had a higher resident population per GP FTE, when compared to the region.</i></p>	<p>Jimboomba (1), and Cleveland – Stradbroke (4) Brisbane South PHN: 5 pharmacies per 100km<sup>2</sup></p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Stakeholder consultation identified transport difficulties as a key barrier to accessing appropriate healthcare</li> </ul> <p><i>Department of Health Doctor Connect 2018</i></p> <ul style="list-style-type: none"> <li>- SA3s that included Districts of Workforce Shortage for GPs: Beaudesert, Cleveland – Stradbroke, Forest Lake – Oxley, Jimboomba, Loganlea – Carbrook, Mt Gravatt, Rocklea – Acacia Ridge, and Sunnybank</li> <li>- SA3s that included Districts of Workforce Shortage across selected specialist disciplines: Beaudesert, Brisbane Inner – East, Browns Plains, Centenary, Cleveland – Stradbroke, Forest Lake – Oxley, Jimboomba, Rocklea – Acacia Ridge, and Wynnum – Manly</li> </ul> <p><i>Department of Health MBS Claims 2012-17</i></p> <ul style="list-style-type: none"> <li>- SA3s that recorded a higher resident population per GP FTE (on average): Mt Gravatt (1,236), Rocklea – Acacia Ridge (1,233), Jimboomba (1,213), Centenary (1,072), Browns Plains (1,005), and Nathan (937)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 870 residents per GP FTE</p>
<p><b>Operating hours of service</b></p> <p>Some general practices may operate after-hours, providing services at the general practice between 6pm and 8am and/or consumers' homes via a mobile medical deputising service. These services are supported by nurse-led telephone health advice hotline, 13HEALTH, available in Queensland.</p> <p><i>A number of locations within the Brisbane South PHN region had poorer access to after-hours general practices, when compared to the region.</i></p>	<p><i>Department of Health Practice Incentives Program Data 2011-17</i></p> <ul style="list-style-type: none"> <li>- 266 (82%) general practices (including associated medical deputising services) located within the Brisbane South PHN region provide services after-hours (i.e. between 6pm and 8am Mon-Fri, anytime Sat and Sun)</li> </ul> <p><i>Brisbane South PHN Client Relationship Management System as at Oct 2018</i></p> <p><i>National Health Services Directory via Healthdirect Australia 2018</i></p> <ul style="list-style-type: none"> <li>- SA3s that recorded a lower concentration of after-hours general practices per 100km<sup>2</sup>: Beaudesert (&lt;1), Jimboomba (2), and Cleveland – Stradbroke (4)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 8 general practices per 100km<sup>2</sup></p> <p><i>Queensland Government 13 HEALTH Call Data for Brisbane South PHN 2016</i></p> <ul style="list-style-type: none"> <li>- 1 in 2 (56%) calls received between 6pm and 8am (51,563 calls)</li> <li>- Almost 1 in 3 (32%) calls received on weekends (30,005 calls)</li> </ul>
<p><b>Direct costs of service</b></p> <p>Medicare is an Australian Government initiative which provides</p>	<p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- 1 in 20 (5%) adults in the Brisbane South PHN region delayed or did not see a GP in the</li> </ul>

**Outcomes of the service needs analysis**

<p>consumers with access to a range of free or lower cost health care services, and lower cost prescriptions. The health care provider may choose to accept the Medicare benefit as full payment for the service provided (i.e. “bulk-billed” with no out-of-pocket expense for the consumer) or charge an additional fee. The application of out-of-pocket costs may limit a person’s ability to access healthcare.</p> <p><i>Many consumers within the Brisbane South PHN region delayed or did not see a GP due to cost.</i></p> <p><i>A number of locations within the Brisbane South PHN region recorded a higher likelihood of out-of-pocket costs for GP attendances, when compared to the region.</i></p> <p><i>Likelihood of out-of-pocket costs for GP and specialist attendances were generally correlated with median out-of-pocket cost, and the location’s relative socio-economic status (i.e. financial hardship may be experienced across all socioeconomic groups).</i></p>	<p>preceding 12 months due to cost</p> <ul style="list-style-type: none"> <li>- 1 in 5 (22%) adults in the Brisbane South PHN region delayed or did not see a dentist or hygienist in the preceding 12 months due to cost Other Metro QLD PHNs: 4% – 5%   17% AUS: 4%   18%</li> </ul> <p><i>AIHW My Healthy Communities 2018, using Department of Health MBS Claims 2016-17</i></p> <ul style="list-style-type: none"> <li>- SA3s that recorded the highest proportion of consumers with out-of-pocket costs for GP attendances: Brisbane Inner – East (67%), Carindale (62%), Brisbane Inner (57%), Sherwood – Indooroopilly (57%), and Wynnum – Manly (52%); median out-of-pocket costs among these SA3s ranged from \$24 to \$29 Brisbane South PHN: 32%   \$21 AUS: 34%   \$20</li> <li>- SA3s that recorded the highest proportion of consumers with out-of-pocket costs for specialist attendances: Sherwood-Indooroopilly (83%), Centenary (81%), Brisbane Inner – East (80%), Carindale (80%), and Brisbane Inner (77%); median out-of-pocket cost among these SA3s ranged from \$73 to \$83 Brisbane South PHN: 70%   \$71 AUS: 72%   \$64</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Stakeholder consultation identified out-of-pocket costs associated with services and medications as a key barrier to accessing appropriate healthcare</li> </ul>
<p><b>Indirect costs of service</b></p> <p>In order to optimise care, GPs may prescribe medications, order diagnostic imaging, and coordinate referrals to other specialists and allied health professionals. Only selected prescriptions and imaging tests may be subsidised by Medicare, therefore out-of-pocket costs may limit a person’s ability to access the follow-up care recommended by their healthcare team.</p> <p><i>Many consumers within the Brisbane South PHN region delayed or did not see a GP or other specialist, or get pathology or diagnostic imaging, due to cost.</i></p> <p><i>A number of locations within the Brisbane South PHN region recorded a higher likelihood of out-of-pocket costs for diagnostic imaging, when</i></p>	<p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- 1 in 10 (10%) adults in the Brisbane South PHN region delayed or avoided filling a prescription due to cost in the preceding 12 months Other Metro QLD PHNs: 6% - 7% AUS: 7%</li> </ul> <p><i>Department of Health PBS Claims Data 2011-2017</i></p> <ul style="list-style-type: none"> <li>- 1 in 3 (68%) PBS prescriptions attracted a consumer co-payment with an average out-of-pocket expense of \$15 per script</li> <li>- SA3s that recorded the highest average out-of-pocket expenses: Brisbane Inner - East, Brisbane Inner, Sherwood - Indooroopilly, Centenary, and Carindale; out-of-pocket expenses among these SA3s ranged from \$3 - \$6 more per script</li> </ul> <p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p>

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	<p><i>compared to the region.</i></p> <p><i>Likelihood of out-of-pocket costs for diagnostic imaging was generally correlated with median out-of-pocket cost, and the location's relative socio-economic status (i.e. financial hardship may be experienced across all socioeconomic groups).</i></p>	<ul style="list-style-type: none"> <li>- 1 in 13 (8%) adults in the Brisbane South PHN region delayed or did not see a GP or other specialist, or get pathology or diagnostic imaging, in the preceding 12 months due to cost <ul style="list-style-type: none"> <li>Other Metro QLD PHNs: 4% – 6%</li> <li>AUS: 7%</li> </ul> </li> <li>- SA3s that recorded the highest proportion of consumers with out-of-pocket costs for diagnostic imaging: Brisbane Inner – East (36%), Carindale (34%), Brisbane Inner (34%), Holland Park – Yeronga (33%), and Sherwood – Indooroopilly (32%); median out-of-pocket cost among these SA3s ranged from \$64 to \$71 <ul style="list-style-type: none"> <li>Brisbane South PHN: 21%   \$59</li> <li>AUS: 24%   \$60</li> </ul> </li> </ul>
Consumer-provider relationship, and continuity of care	<p><b>Relationship with service providers</b></p> <p>Strong consumer-provider relationships are an essential component of person-centered care, where the consumer is engaged in shared decision-making and recognised as an expert in determining the care pathways that best meets their personal goals. The person is often better motivated to improve individual behaviours, building their skills and confidence in managing their own health.</p> <p><i>Many consumers within the Brisbane South PHN region did not have a usual GP or usual place of care, were not actively involved in their own care, and/or had poor experiences of care.</i></p>	<p><i>AIHW My Healthy Communities 2018, using ABS Survey of Health Care 2016</i></p> <ul style="list-style-type: none"> <li>- For adults aged 45+ years in the Brisbane South PHN region: <ul style="list-style-type: none"> <li>o 90% had a usual GP</li> <li>o 92% had a usual place of care</li> </ul> </li> <li>- For those with a usual GP or place of care: <ul style="list-style-type: none"> <li>o 90% were usually or always involved in decisions about their care</li> <li>o 85% were asked about things in their work or life that affect their health</li> <li>o 80% felt very or completely comfortable talking about personal problems related to their health</li> </ul> </li> </ul> <p>AUS: 87%   91%   89%   82%   81%</p> <p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- For consumers aged 15+ years in the Brisbane South PHN region: <ul style="list-style-type: none"> <li>o 91% felt their GP often or always listened carefully</li> <li>o 95% felt their GP often or always showed respect for what they had to say</li> <li>o 89% felt their GP often or always spent enough time</li> </ul> </li> </ul> <p>AUS: 92%   94%   91%</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- A number of service providers identified the importance of spending enough time listening and understanding consumers' individual needs</li> </ul>
	<p><b>Cultural-appropriateness of service</b></p> <p>Everyone has a right to respectful healthcare, regardless of their cultural background, gender identity, or personal beliefs or choices. Being aware of, and understanding, consumer preferences for care, particularly where they deviate from recommended clinical pathways, is a fundamental</p>	<p><i>National Health Services Directory via Healthdirect Australia 2018</i></p> <ul style="list-style-type: none"> <li>- 8 Aboriginal Community-Controlled health services and 3 Mums and Bubs clinics located within the Brisbane South PHN region (in SA3s with the largest Aboriginal and Torres Strait Islander populations)</li> </ul>

Outcomes of the service needs analysis		
	<p>component of person-centered care and essential in developing strong consumer-provider relationships.</p> <p><i>Uptake of the Practice Incentive Program Indigenous Health Incentive (PIIHI) in the Brisbane South PHN region could be improved in the Brisbane South PHN region.</i></p> <p><i>Cultural sensitivity among service providers, including particular health and service needs of population sub-groups, could be improved.</i></p>	<p><i>Department of Health Practice Incentive Program Data 2011-2017</i></p> <ul style="list-style-type: none"> <li>- 173 (53%) general practices in the Brisbane South PHN region received at least one PIP IHI payment</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander representatives identified the importance of cultural awareness training for health professional and non-clinical staff, and adopting a more holistic approach to healthcare (encompassing physical, social and emotional wellbeing)</li> <li>- Community representatives across a number of different cultural groups identified the importance of using qualified interpreters (despite it being perceived as a potentially time-consuming process), and addressing issues such as domestic and family violence</li> <li>- LGBTIQ community representatives identified the lack of services that understand, and are inclusive of, the unique needs of LGBTIQ community members as a key barrier to accessing appropriate healthcare</li> <li>- A number of service providers identified the importance of developing the Aboriginal and Torres Strait Islander workforce, providing culturally-appropriate care, and using qualified interpreters whenever language is a barrier to effective communication</li> </ul>
<b>Team-based care</b>	<p><b>Team-based care, and practicing at peak of scope</b></p> <p>The primary care workforce involves a broad range of health disciplines. GPs, nurses, specialists, allied health professionals, and community pharmacists often provide multidisciplinary care to people living with chronic, complex and/or terminal conditions. Empanelment (or the process of matching consumers to their own care team) allows providers to implement a team-based approach, clearly outline the responsibilities of each team member (work to the peak of their scope of practice), and better facilitate population health management (such as implementing proactive recall/review processes and ensuring prompt access to care). Sharing responsibility for a person's health between the consumers, and their care team may improve consumer and provider satisfaction, the comprehensiveness and quality of care provided.</p> <p><i>Some locations within the Brisbane South PHN region that had a higher resident population per GP FTE also had fewer GPs per practice, and fewer Nurses and/or Aboriginal and Torres Strait Islander Health Practitioners (providing chronic condition management services) per practice.</i></p>	<p><i>Department of Health MBS Claims 2012-17</i></p> <ul style="list-style-type: none"> <li>- SA3s with a lower number of GPs per general practice (on average): Rocklea – Acacia Ridge (3), Mt Gravatt (3), and Centenary (3) Brisbane South PHN: 4 GPs per general practice</li> <li>- SA3s with a lower number of Nurses and/or Aboriginal and Torres Strait Islander Health Practitioners per general practice (on average): Mt Gravatt (0), Nathan (0), Brisbane Inner – East (0), Carindale (0), Beenleigh (0), Sherwood – Indooroopilly (0), Beaudesert (2), Loganlea – Carbrook (2), Sunnybank (2), and Rocklea – Acacia Ridge (2) Brisbane South PHN: 3 Nurses and/or Aboriginal and Torres Strait Islander Health Practitioners per general practice</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Stakeholder consultation identified the importance of maintaining strong relationships between GPs, nurses and administrative staff within general practice to support the delivery of preventive health activities</li> <li>- A number of service providers identified the importance of understanding other health disciplines' scope of practice, utilising the existing workforce more effectively, and emphasising the role of GPs in promoting multidisciplinary care</li> </ul>

Outcomes of the service needs analysis	
	<p><i>Strong relationships between health care professionals were identified as key elements of team-based care, and efficient and effective delivery of population health activities.</i></p> <p><b>Coordination of care, collaboration and integration between sectors</b>            Collaboration refers to the connectedness between primary care and other relevant groups/sectors, which may be positioned across local, state and federal governments, community-based organisations, and private service providers. Strong relationships between service providers are fundamental in coordinated care, efficiency and effectiveness of service delivery, and ensuring the right care is provided at the right time in the right place by the right team.</p> <p><i>Strong relationships and meaningful collaboration between health and other sectors at the local, state and federal level, were identified as key elements in improving coordination and integration of services.</i></p>
<b>Activities to prevent or better manage specific conditions and/or health needs</b>	<p><b>Poor uptake of preventive health activities</b>            National cancer screening programs are effective in the early detection of some cancers. The Commonwealth Government currently supports national cancer screening programs for bowel, breast and cervical cancer.</p> <p><i>Many consumers in the Brisbane South PHN region did not see a GP in the last 12 months.</i></p> <p><i>A number of locations within the Brisbane South PHN region had lower participation rates in national cancer screening programs, when compared to the region.</i></p>
	<p><i>AIHW My Healthy Communities 2018, using MBS Claims 2016-17 and ABS Estimated Resident Population 2016</i></p> <ul style="list-style-type: none"> <li>- 1 in 9 (12%) people in the Brisbane South PHN region did not see a GP in the last 12 months</li> </ul> <p><i>AIHW My Healthy Communities 2018, using National Bowel Cancer Screening Program (NBCSP) Register 2015-16; BreastScreen Australia 2015-16; state and territory cervical screening register 2015-16.</i></p> <ul style="list-style-type: none"> <li>- SA3s with the lowest participation levels in the National Bowel Cancer Screening Program: Browns Plains (33%), Springwood – Kingston (34%), Beenleigh (36%), Brisbane Inner (36%), and Forest Lake – Oxley (37%)</li> <li>- SA3s with the lowest participation in the National Cervical Screening Program: Beenleigh (44%), Sunnybank (45%), Browns Plains (45%), Springwood – Kingston (48%), and Jimboomba (50%)</li> <li>- SA3s with the lowest participation level in BreastScreen Australia: Sherwood – Indooroopilly (46%), Brisbane Inner (46%), Brisbane Inner – East (49%), and Beenleigh (51%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 38%   55%   53%            AUS: 41%   55%   55%</p>
	<p><b>Demand management for chronic conditions</b>            People living with a chronic condition may access health services more often and, depending on the complexity of the condition, involve a</p>
	<p><i>AIHW My Healthy Communities 2018, using ABS Patient Experience Survey 2016-17</i></p> <ul style="list-style-type: none"> <li>- For adults aged 15+ years in the Brisbane South PHN region:               <ul style="list-style-type: none"> <li>o 1 in 2 (50%) reported having a long-term health condition</li> </ul> </li> </ul>

## Outcomes of the service needs analysis

<p>broader mix of health care disciplines. Most chronic conditions can be effectively managed in the primary care setting with self-care, the assistance of a multidisciplinary care team and medication (as required) to manage the progression of the condition.</p> <p><i>Many consumers in the Brisbane South PHN region reported having a long-term health condition, frequently accessing GPs, and/or accessing a range of other health professionals.</i></p>	<ul style="list-style-type: none"> <li>○ 1 in 9 (12%) saw a GP 12+ times in the preceding 12 months</li> <li>○ 1 in 8 (14%) saw 3+ health professionals for the same condition in the preceding 12 months</li> </ul> <p style="text-align: right;">Other Metro QLD PHNs: 41% – 50%   11% – 13%   14% – 15% AUS: 50%   12%   17%</p> <p><i>Department of Health MBS Claims 2012-17</i></p> <ul style="list-style-type: none"> <li>- SA3s that recorded the highest chronic disease management services (MBS item 721-732) as a proportion of total services provided within the SA3: Beaudesert (8%), Jimboomba (7%), Rocklea – Acacia Ridge (5%), Loganlea – Carbrook (5%), and Sunnybank (4%)</li> </ul> <p style="text-align: right;">Brisbane South PHN: 3%</p> <p><i>Department of Health PBS Claims 2011-17</i></p> <ul style="list-style-type: none"> <li>- Of the 10 most frequently dispensed prescriptions in the Brisbane South PHN region, six medications are primarily used in the management of cardiovascular conditions, pain, respiratory conditions, and diabetes</li> <li>- 40% of all PBS prescriptions in the Brisbane South PHN region were related to these six medications</li> <li>- Of these six medications, 74% prescriptions attracted a consumer co-payment with an average out-of-pocket expense of \$13.47</li> <li>- SA3s that recorded the highest dispensing rates for these six medications (adjusted for resident population size): Cleveland – Stradbroke (↑27%), Beaudesert (↑23%), Beenleigh (↑22%), Springwood – Kingston (↑15%), and Capalaba (↑14%)</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- A number of service providers identified opportunities to improve uptake of preventive health activities, chronic condition self-management, and integration and coordination of care</li> </ul>
<p><b>Aged care</b></p> <p>Aged care services may provide home care (i.e. services delivered in the consumer’s home) and/or residential care (i.e. services delivered within a residential aged care facility). The type and intensity of care is matched to the person’s level of need and preferences for care, and may change over time. Home care package levels range from Level 1, for people with basic care needs, to Level 4, for people with high-level care needs.</p>	<p><i>Department of Health Secure Data Area Aged Care Assessment Program Data 2017</i></p> <ul style="list-style-type: none"> <li>- SA3s that had the longest wait time between referral and end of assessment: Sherwood – Indooroopilly (43 days), Brisbane Inner (34 days), Wynnum – Manly (33 days), Cleveland – Stradbroke (32 days), and Capalaba (31 days)</li> </ul> <p style="text-align: right;">QLD: 30 days AUS: 19 days</p> <p><i>AIHW GEN Aged Care Data 2018 Aged Care Service List Jun 2018</i></p> <ul style="list-style-type: none"> <li>- 194 aged care services located within the Brisbane South PHN region; 92 residential</li> </ul>

## Outcomes of the service needs analysis

*A number of locations within the Brisbane South PHN region recorded a notably longer wait time for Aged Care Assessments, when compared to Queensland.*

*A number of locations within the Brisbane South PHN region recorded a lower concentration of residential care services and residential care places, when compared to the region.*

*Females in the Brisbane South PHN region were more likely to use aged care services.*

*Consumers in the Brisbane South Aged Care Planning Region (ACPR) were more likely to use residential care services, when compared to Logan River Valley ACPR.*

*Many consumers accessing residential care services in the Brisbane South PHN region were born in non-English speaking countries and/or mainly spoke/preferred to speak other languages.*

*Consumers in the Logan River Valley ACPR were more likely to access higher-level home care packages, when compared to Brisbane South ACPR.*

*People with dementia in aged care services had higher care needs than those that did not have dementia.*

- care services, 101 home care services, and one transition care service
- SA3s with the lowest concentration of residential care services per 100km<sup>2</sup>: Jimboomba (0 services per 100km<sup>2</sup>), Beaudesert (<1 services per 100km<sup>2</sup>), Cleveland – Stradbroke (2 services per 100km<sup>2</sup>), and Browns Plains (2 services per 100km<sup>2</sup>)  
Brisbane South PHN: 2 services per 100km<sup>2</sup>
- SA3s with the fewest residential care places per 1,000 residents aged 65+ years: Jimboomba (0 places per 1,000 people aged 65+ years), Nathan (27 places per 1,000 people aged 65+ years), Springwood – Kingston (33 places per 1,000 people aged 65+ years), Brisbane Inner – East (42 places per 1,000 people aged 65+ years), and Beenleigh (43 places per 1,000 people aged 65+ years)  
Brisbane South PHN: 56 places per 1,000 people aged 65+ years

### *AIHW GEN Aged Care Data 2018 People Using Aged Care 2016-17*

- Females accounted for two-thirds of consumers using aged care services in Brisbane South ACPR (68%) and Logan River Valley ACPR (67%)
- Brisbane South ACPR recorded a higher proportion of consumers accessing residential care (75%), when compared to the Logan River Valley ACPR (69%)
- Of those accessing residential care, the proportion of consumers born in non-English speaking were similar across the Brisbane South (16%) and Logan River Valley ACPRs (15%)
- Of those accessing residential care, the proportion of consumers who mainly spoke/preferred to speak other languages were similar across the Brisbane South (9%) and Logan River Valley ACPRs (6%)
- Logan River Valley ACPR recorded a higher proportion of consumers accessing home care (31%), when compared to the Brisbane South ACPR (25%)
- Of those accessing home care, the proportion of consumers accessing Level 1, 2 and 4 home care packages were similar across the Brisbane South (85%) and Logan River Valley ACPRs (83%)
- Logan River Valley ACPR recorded a higher proportion of consumers accessing Level 3 home care packages (15%), when compared to the Brisbane South ACPR (7%)

### *AIHW GEN Aged Care Data 2018 People's Care Needs in Aged Care 2016-17*

- 1 in 2 (52%) consumers accessing residential care in Queensland were living with dementia
- Consumers with dementia were twice as likely to be assessed as having a high need for assistance with behaviour (67%) than consumers without dementia (33%)
- Consumers with dementia were more likely to be assessed as having a high need for

Outcomes of the service needs analysis		
		<p>assistance with daily living (57%) than consumers without dementia (41%)</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Aged care was a common priority area identified by online survey respondents (41 of 115 responses; 36%)</li> <li>- Community representatives identified the importance of improving access to in-home aged care and palliative care services, and key issues impeding access to care such as having to use technology (e.g. My Aged Care website)</li> <li>- Community representatives across a number of different cultural groups discussed various cultural perspectives on the use of aged care services (e.g. some cultures view it as disrespectful to their elders), and the challenges posed by language barriers</li> </ul>
	<p><b>End-of-life care</b></p> <p>End-of-life care refers to health care that aims to improve quality of life for people whose life expectancy is reduced due to a known life-limiting condition (or who are approaching the end of their natural life), and their families. This is achieved through early identification, assessment, and treatment of pain and other concerns (such as physical, spiritual, and psychosocial issues).</p> <p><i>Awareness, provision and uptake of palliative care in the Brisbane South PHN region could be improved.</i></p>	<p><i>ABS Deaths 2017 &amp; Productivity Commission Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Draft Report 2017</i></p> <ul style="list-style-type: none"> <li>- 7,170 deaths approximated within the Brisbane South PHN region</li> <li>- Estimates of the proportion of people that may benefit from palliative care vary from 50-90%, which would equate to 3,585-6,453 people within the Brisbane South PHN region</li> <li>- It is difficult to quantify the number of people accessing palliative care services within the Brisbane South PHN region, however anecdotal evidence suggests that uptake could be improved</li> </ul>
<p><b>Quality improvement culture</b></p>	<p><b>General practice accreditation, and professional development</b></p> <p>General practice accreditation seeks to align general practices with recognised service delivery principles to reduce variation in care. Implementing a quality improvement culture within general practice and other health services supports the provision of safe and effective care, and continued development health professionals.</p> <p><i>Uptake of general practice accreditation and the Department of Human Services' Practice Incentive Program could be improved.</i></p>	<p><i>Brisbane South PHN Client Relationship Management System as at Oct 2018</i></p> <ul style="list-style-type: none"> <li>- 296 (91%) general practices in the Brisbane South PHN region were accredited, or working towards accreditation</li> </ul> <p><i>Department of Health Practice Incentives Program Data 2018</i></p> <ul style="list-style-type: none"> <li>- 49 (15%) general practices in the Brisbane South PHN received at least one Practice Incentives Program Teaching payment in 2017</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Service providers identified the importance of building the capacity and capability of the primary care workforce (recruitment, and education and training), and allowing for more flexibility in work options (e.g. following parental leave) in order to retain experience</li> </ul>

## Outcomes of the service needs analysis

**Uptake of digital technologies, and transfer of health information**  
 General practices are encouraged to keep up-to-date with developments in digital health, and adopt new digital health technology as it becomes available, to improve administration processes and consumer care. Digital clinical record-keeping systems can be used to upload/access Shared Health Summaries via My Health Record, and support data-driven improvements to better manage population health activities.

*Uptake of digital technologies and My Health Record could be improved.*

### *Brisbane South PHN Client Relationship Management System as at Oct 2018*

- 321 (98%) general practices within the Brisbane South PHN region use a digital clinical record-keeping system, and 178 (55%) are participating in data cleansing activities and/or regularly sharing data with the PHN

### *Department of Health Digital Health Data as at Jun 2018*

- 288 general practices, 140 pharmacies, 28 hospitals and health services/clinics, and 5 aged care services were registered for My Health Record
- 47 service providers had uploaded 4,506 shared health summaries, 37 service providers had uploaded 2,656 discharge summaries, and 9 services providers had uploaded 112 event summaries to My Health Record
- 25,898 prescription records and 7,509 dispense records were uploaded to My Health Record

### *Brisbane South PHN Stakeholder Consultation 2017*

- Stakeholder consultation identified the importance of the timely provision of data across sectors and respectful communication between parties, and the opportunity to develop accessible tools and resources to improve data sharing and use.

## Primary Mental Health Care (including Suicide Prevention)

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
<p><i>Mental health service for children and young people, and their families and carers</i></p>	<p>Mental health services for children and young people in the Brisbane South PHN region are well-distributed throughout the region, however, there may be difficulties accessing these services, or accessing more specific services.</p> <p><i>Service gaps identified through consultation revealed that family-based therapy programs, day treatment programs, and crisis and respite accommodation were lacking in the region. Additional service gaps included early intervention and assessment for infants and children, and care coordination and access to services for young people experiencing eating disorders.</i></p>	<p><i>Current services</i></p> <p>Four headspace centres currently operate in the Brisbane South PHN region, located in Capalaba, Inala, Meadowbrook, and Woolloongabba. headspace provides mental health, physical health, alcohol and other drugs, and work or study support to young people aged 12-25 years. The Meadowbrook centre additionally delivers the headspace Youth Early Psychosis Program for young people at ultra-high risk or experiencing first episode psychosis.</p> <p>Public specialised child and youth mental health services for children and young people that may be experiencing more severe and/or complex mental health concerns are delivered by Metro South Health and Children’s Health Queensland. Hospital-based services are available at Logan, Greenslopes and Lady Cilento Children’s Hospitals, with an outreach clinic to Beaudesert Hospital. Additionally, there are a number of community-based clinics across the region.</p> <p><i>MHSPAOD Strategy consultation 2018</i></p> <p>Initial consultation during the MHSPAOD co-design process revealed the following service gaps in mental health services for children and young people:</p> <ul style="list-style-type: none"> <li>- Early infant interventions and developmental paediatric assessment</li> <li>- Community-based mental health day treatment programs</li> <li>- Targeted youth services</li> <li>- Family-based therapy programs</li> <li>- Services for 18-25 year olds</li> <li>- Crisis and respite accommodation</li> <li>- Young people with eating disorders – access to services, and service coordination <ul style="list-style-type: none"> <li>o Young people with severe eating disorders and their families and carers frequently experience highly fragmented and poorly coordinated care. This involves navigating between general practice, paediatric services, child and youth mental health services, non-government organisations, and dietetics services in order to receive treatment.</li> </ul> </li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- A perceived gap in available services for children aged 9-11 years. Mental health services for young people tend to commence from 12 years of age, whereas child mental health and screening services are typically available for children up until (and including) 8 years of age.</li> <li>- Opportunities were identified to address domestic and family violence issues arising from alcohol and other drug misuse, and/or underlying mental health concerns</li> </ul>

Outcomes of the service needs analysis		
<p>Mental health services in the primary care sector</p>	<p>People with mild and moderate mental health concerns may be most appropriately managed in the primary mental health care system, with health providers such as General Practitioners and appropriately-qualified mental health practitioners.</p>	<p><i>Medicare Benefits Schedule Data 2016-17</i></p> <ul style="list-style-type: none"> <li>- A total of 110,880 patients access mental health services through the Medicare Benefits Schedule (MBS) in 2016-17, with 570,875 services delivered in this period.</li> <li>- A greater number of patients accessed MBS mental health services through a general practitioner (89,858 patients), totaling 160,189 services.</li> <li>- While the number of patients seen by psychiatrists (21,269 patients, 156,583 services) and allied mental health professionals (35,967 patients, 157,197 services) was fewer than those seen by general practitioners, the total number of services delivered was similar to that of general practitioners. As expected, this suggests that patients are attending a greater number of mental health-related appointments with psychiatrists and allied mental health providers (excluding clinical psychologists) than general practitioners.</li> <li>- The Statistical Areas Level 3 (SA3s) with the highest number of GP mental health providers were located in Forest Lake – Oxley (132 providers), Holland Park – Yeronga (118 providers), Cleveland – Stradbroke (112 providers) and Browns Plains (102 providers). Beaudesert (28 providers) and Centenary (40 providers) had the lowest number of providers.</li> <li>- Holland Park – Yeronga (130 providers) and Mount Gravatt (70 providers) had the highest number of allied mental health providers, whereas Rocklea – Acacia Ridge (5 providers), Beaudesert (6 providers), and Jimboomba (9 providers) had the lowest.</li> </ul> <p><i>Australian Institute of Health and Welfare (AIHW), Older Australia at a glance, 2018</i></p> <ul style="list-style-type: none"> <li>- Nationally in 2016-17, approximately 9% of MBS-subsidised mental health related services were attributable to older adults aged 65+ years</li> </ul> <p><i>Brisbane South PHN service mapping</i></p> <ul style="list-style-type: none"> <li>- Only few service providers indicate that online or telecommunication tools are used to deliver the mental health service. Whilst data is not yet available to Brisbane South PHN regarding telephone support line usage, these may offer a cost-effective method of support. Various mobile device applications exist relating to self-help for high prevalence mental health conditions (such as Mood Gym). However, these are not readily accessible to consumers in a comprehensive guide. Head to Health (Mental Health Digital Gateway) provides assistance in collating these resources for consumers and carers.</li> </ul>
<p>Services for people experiencing severe and/or complex mental health concerns.</p>	<p>A number of locations within the Brisbane South PHN region may have residents that experience severe and complex mental health concerns more-so than neighbouring geographic areas.</p> <p>For people experiencing severe and/or complex mental</p>	<p><i>Current services</i></p> <ul style="list-style-type: none"> <li>- As noted earlier, there are particular geographic areas within the Brisbane South PHN region that have higher rates of overnight hospitalisations due to mental health conditions, and higher bed day rates than regional rates. These areas are Brisbane Inner, Holland Park – Yeronga, Forest Lake – Oxley, and Springwood – Kingston. As such, these areas may be reflective of having higher needs for accessing non-hospital based services for people experiencing a higher severity of mental health</li> </ul>

Outcomes of the service needs analysis		
	<p>health concerns, a comprehensive, person-centred recovery approach, including psychosocial support where appropriate, is a priority for services in the region.</p>	<p>concern.</p> <ul style="list-style-type: none"> <li>- Data from the National Health Service Directory via HealthDirect Australia (2018) indicates that access to psychiatry in the Brisbane South PHN region is relatively limited outside of the Brisbane Local Government Area (LGA), particularly within the Logan LGA and Scenic Rim LGA.</li> </ul> <p><i>MHSPAOD Regional Strategy consultation, 2018</i></p> <ul style="list-style-type: none"> <li>- Consumers, carers and service providers all repeatedly highlighted that the way funding programs are currently designed based on eligibility criteria creates a major roadblock to access.</li> <li>- The core principle of a stepped care approach must be the needs of the person based their functional status not their clinical diagnosis or the needs of the service and/or funding programs.</li> <li>- There is a need for a much greater emphasis on person-centred, recovery focused models of care across the system in Brisbane South.</li> </ul> <p><b>Psychosocial Support</b></p> <p>The need for psychosocial support services is highlighted particularly for people living with severe and/or complex mental health concerns experiencing periods of psychosocial disability. As noted earlier, there is likely to be a cohort of people who will not be eligible for the National Disability Insurance Scheme (NDIS), and/or choose not to apply to receive NDIS support. Reasons for ineligibility for NDIS are variable, however, two major factors are thought to be that some people may be experiencing psychosocial disability in a more episodic manner than those who are eligible for NDIS, and may not meet the Australian residency requirements set out by the Scheme.</p> <p>The need for family and carer support services for children and young people experiencing complex mental health concerns and/or psychosocial disability was also highlighted as a service gap in the MHSPAOD Regional Strategy consultation.</p>
Suicide prevention		
<p>Suicide prevention and aftercare services</p>	<p>Emergency care (such as that provided through emergency departments) is often perceived as the primary source of support for consumers experiencing crisis or suicidality. However, for numerous reasons, it is difficult for people experiencing these concerns to be admitted to hospital for care, and often experience a lack of follow-up after their initial presentation. Additionally, alternative services that may be available have limited after-hours support capacity.</p>	<p><i>Regional MHSPAOD Strategy consultation, 2018</i></p> <ul style="list-style-type: none"> <li>- Emergency Departments were noted many times as being incompatible with mental health care but were often the only place consumers could identify to find help. An Emergency Department was sometimes the key to 'being taken more seriously' which might lead to assistance and help. However, it was also noted that the use of the emergency department as the "front door" of the system was also often associated with issues of stigma and discrimination.</li> <li>- Many people in crisis do not meet admission criteria for acute inpatient care. The threshold for admission is increasingly high due to pressure on acute beds exacerbated by limited access to the full range of alternative bed based services, including a perceived lack of step up and step down units in Brisbane South.</li> <li>- Overall in Brisbane South, there is a lack of after-hours assistance with limited alternatives that people in distress consider "safe" and are able to provide both clinical and non-clinical support 24</li> </ul>

Outcomes of the service needs analysis		
		<p>hours a day, seven days a week.</p> <p><i>Queensland Health Emergency Department 2017-18</i></p> <ul style="list-style-type: none"> <li>- In 2017-18, there were over 3,800 presentations at public emergency departments for suicidal ideation and intentional self-harm.</li> </ul>
Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples		
Social and emotional wellbeing services	<p>The concept of health and wellbeing among Aboriginal and Torres Strait Islander peoples does not only refer to the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community. Generic service models which address physical health, mental health, and alcohol and other drug concerns independent of one another, and in isolation from the community, are not culturally safe and do not meet the needs of Aboriginal and Torres Strait Islander peoples.</p>	<p><i>Brisbane South's Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing, Mental Health, Suicide Prevention, and Alcohol and Other Drug Plan – Beyond 2019</i></p> <p>Consultations identified a number of key themes for mental health issues and service gaps:</p> <ul style="list-style-type: none"> <li>- Racism and discrimination: poor experiences in acute hospital care and mainstream counselling services; avoidance behaviours due fear of racism and discrimination; and misconceptions among some people that help is not available</li> <li>- Prevention and early intervention: the importance of an upstream approach that builds the strength and resilience of families, culture and community capacity to respond to risk in a timely and appropriate way (e.g. mental health promotion to reduce stigma, and culturally-appropriate resources to encourage traditional healing and assist with service navigation)</li> <li>- Mental health service navigation: long wait times for centralised mental health telephone line; a lack of a “no wrong door” approach; service criteria that place people in distinct categories, and referral pathways that push people between services (instead of walking with the person)</li> <li>- Primary health care: poor relationships and communication between services; a lack of welcoming culturally-safe spaces; various factors impeding access to timely psychological support during crises; and the opportunity to implement low intensity waitlist interventions</li> <li>- System architecture: limited access to affordable psychiatric services (and risks associated with lack of specialist diagnosis and advice to inform management in primary care), and the potential gap in services for Partners in Recovery consumers with persistent and complex mental health issues who are not eligible for the National Disability Insurance Scheme</li> <li>- Crisis support, aftercare and follow up: a lack of specialised suicide crisis support services for Aboriginal and Torres Strait Islander peoples that are not hospital-based; long wait lists for acute mental health services; and limited after hours responses and aftercare/follow-up support for consumers after a suicide attempt</li> <li>- Community suicide response and brief intervention: the importance of developing the capacity and capability of the Aboriginal and Torres Strait Islander community to lead suicide prevention activities, act as first point of contact/responders to suicide, and facilitate community-based responses to suicide</li> </ul>
Vulnerable/hard to reach groups		
<i>People from multicultural and</i>	Service issues for people from diverse cultural and refugee backgrounds largely relate to accessing culturally-	<p><i>MHSPAOD Regional Strategy Consultation 2018</i></p> <p>Key service issues within the Brisbane South PHN region raised by people from multicultural</p>

Outcomes of the service needs analysis		
<i>refugee backgrounds</i>	appropriate and safe services, including the use of interpreters, and the inclusivity of mainstream services to cultural needs.	<p>communities included:</p> <ul style="list-style-type: none"> <li>- Exacerbation of barriers to accessing services, due to cultural beliefs surrounding mental health (and/or issues with addiction/substance misuse). Such barriers included feelings of bringing shame to their families associated with having a mental health concern, language barriers (complicating knowing about available services and how to access these), and a lack of routine use of general practitioners.</li> <li>- A shortage of interpreters who have skills appropriate to translate for someone who is experiencing a mental health concern</li> <li>- A lack of dedicated community-specific services</li> <li>- Opportunities for improving inclusivity of practice in mainstream primary care services</li> </ul>
<i>Lack of service capacity for targeted services for LGBTIQ peoples, and improving inclusivity of mainstream services to the needs of LGBTIQ peoples.</i>	<p>The mental health and service needs of people from diverse sexual orientation, sex, and gender identity may be unique to these population subgroups, and require services that they access to be inclusive and respectful of these needs.</p> <p>Within the local region, the following service gaps were identified for people from LGBTIQ communities:</p> <ul style="list-style-type: none"> <li>- Education and improved inclusivity of practice for mainstream and frontline service providers</li> <li>- Linking LGBTIQ services with mainstream providers</li> <li>- Access to peer-based support and suicide prevention programs. Preferably delivered by LGBTIQ providers and peer workers</li> <li>- Improved information sharing between service providers</li> </ul>	<p><i>Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., &amp; Patel, S. 2007. "tranZnation: A report on the health and wellbeing of transgender people in Australia and New Zealand. Australian Research Centre in Sex, Health &amp; Society"</i></p> <ul style="list-style-type: none"> <li>- Almost half of the participants in the tranZnation study noted that the most commonly accessed health service was a mental health professional</li> <li>- While significant barriers exist for transgender people in accessing health services and professionals, those practitioners that had the following characteristics were greatly appreciated: <ul style="list-style-type: none"> <li>o knowledgeable and experienced in transgender issues</li> <li>o sensitive to gender diversity</li> <li>o sensitive to challenges faced by transgender people</li> </ul> </li> </ul> <p><i>MHSPAOD Regional Strategy Consultation 2018</i></p> <p>Key issues raised by participants who identify as members of the LGBTIQ community were:</p> <ul style="list-style-type: none"> <li>- Discrimination and the importance of mainstream service providers and front-line staff (including Queensland Ambulance Service, emergency department staff, community health nurses, school counsellors, headspace and other community based service providers) being aware of, and understanding of, LGBTIQ issues.</li> <li>- Some consumers may not wish to, or be ready to, identify with targeted LGBTIQ services. Additionally, these consumers may identify with multicultural or Aboriginal and Torres Strait Islander communities as well, and as such, may wish to access other dedicated services. This again highlights the need for inclusivity of practice.</li> <li>- A perception that LGBTIQ services are exceeding their capacity. There is a need for more services specific to the LGBTIQ community and additional identified LGBTIQ health workers. Expansion of these services would enable them to train others on inclusion, cultural expertise and competency.</li> </ul>
<i>Parents in the perinatal period</i>	There are a range of services available for parents in the perinatal period experiencing mental health concerns, including group support programs and private	<p><i>National Health Service Directory via HealthDirect Australia (September, 2018)</i></p> <ul style="list-style-type: none"> <li>- Brisbane South PHN is aware of various organisations that provide perinatal mental health services across a spectrum of need. These include non-government organisations, public and private</li> </ul>

Outcomes of the service needs analysis		
	practitioners offering individualised psychological support. However, little is known to the PHN regarding the awareness of, and access to, these services.	hospitals, and general and private practice clinics. Hospital and Health Service based services: <ul style="list-style-type: none"> <li>- At least five community-based clinics provided by Hospital and Health Services in the region</li> <li>- At least three hospital-based clinics provided by private and public hospitals in the region</li> </ul> Community-based and Non-government organisations <ul style="list-style-type: none"> <li>- At least five community and non-government organisations providing support and services in the region, particularly located within the Brisbane and Logan LGAs. There appear to be limited availability of services in the Scenic Rim LGA, and parts of the Redland LGA.</li> </ul>
<i>Older adults (65+ years) living in residential aged care facilities</i>	Mental health services for older adults living in residential aged care are limited, particularly for adults experiencing mild and moderate mental health conditions.	<i>Australian Government Department of Health and Ageing, 2011, GP Mental Health Treatment Medicare Items Frequently Asked Questions</i> <ul style="list-style-type: none"> <li>- Residents of residential aged care facilities are ineligible for a General Practitioner Mental Health Treatment Plan (GPMHTP), and therefore cannot trigger the psychological services associated with these plans</li> <li>- General practitioners, Aged Care Assessment Team (ACAT), dementia care teams, and nursing staff are well-placed to identify residents demonstrating symptoms of mental health conditions</li> </ul>
Enablers and barriers		
Service coordination and fragmentation	Across the mental health service systems, and related health and social services systems, consumers and carers report experiencing fragmentation of services, for both adults and children and young people.	<i>Regional MHSPAOD Strategy 2018</i> Across the Brisbane South PHN region, the mental health system is very large and complex, operating on many different levels – including government and private mental health services, non-government organisations, health practitioners in private practice, community-managed organisations, and general practices. In addition to accessing and navigating the mental health system, often related services are required to be accessed, such as social and human services. Stakeholders identified a range of issues that were contributing to poor coordination and service fragmentation including: <ul style="list-style-type: none"> <li>- Inconsistent protocols and procedures for information sharing</li> <li>- Lack of a central intake system</li> <li>- Unclear referral pathways</li> <li>- Under-resourced care coordination and case management</li> <li>- Limited co-location of services</li> </ul> <i>Brisbane South PHN Stakeholder Consultation 2017</i> <ul style="list-style-type: none"> <li>- Opportunities were identified to better link mental health and primary care services, and break down mental health stigma through improved support from parents, peers and the community.</li> </ul>
Workforce development	Opportunities to enhance the current mental health workforce in the Brisbane South PHN region have been identified. While continued development of the existing	<b>Peer and lived experience workforce</b> <i>The Fifth National Mental Health and Suicide Prevention Plan 2017</i> Highlights the importance of the peer and lived experience workforce in many various ways:

## Outcomes of the service needs analysis

workforce is an ongoing priority, there is recognition that typically non-traditional and emerging workforce professions also play a vital role in improving the mental health and wellbeing of residents of the Brisbane South PHN region.

- Helping to reduce stigma and discrimination associated with mental health concerns. Peer-based interventions allow role-modelling and peer-based interventions to improve a person's capacity to respond to stigma and discrimination.
  - Providing meaningful support to people experiencing mental health concerns
  - Building recovery-oriented approaches to mental health care
- The Plan also highlights the need for expanding and better utilising the current Aboriginal and Torres Strait Islander workforce within mental health services. However, currently at a national level, the peer and lived experience workforce is not yet well supported, and utilised irregularly.

### *Regional MHSPAOD Strategy consultation 2018*

Within the local context, the importance of growing the peer and lived experience workforce was highlighted, particularly for priority population groups, including:

- Young people
- Aboriginal and Torres Strait Islander peoples
- People from diverse cultural backgrounds
- People identifying with LGBTIQ communities

### **Health workforce**

#### *Regional MHSPAOD Strategy consultation 2018*

- Improved knowledge and skills of the generalist health workforce to identify the need for early intervention and respond to a person experiencing suicidality or a mental health crisis.
- Recruitment and retention of clinical staff with appropriate skills and competencies, particularly in community and Non-Government Organisations.
- Improved utilisation of non-traditional mental health workforce, such as dietitians and exercise physiologists.

### **Non-clinical workforce**

#### *Regional MHSPAOD Strategy consultation 2018*

These consultations highlighted that non-clinical staff, especially those in related fields (such as child safety and domestic and family violence workers), had two areas that were identified as important for effectively building the capability and capacity of the non-clinical workforce:

- Training for non-clinical staff in how to best respond to a person experiencing a mental health crisis and suicide prevention
- Use of non-clinical workforce in service coordination roles, including psychosocial support workers

*Brisbane South's Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing, Mental Health, Suicide Prevention, and Alcohol and Other Drug Plan – Beyond 2019*

## Outcomes of the service needs analysis

		<p><b>Aboriginal and Torres Strait Islander workforce</b></p> <p>Consultations identified a number of key themes for workforce issues and service gaps:</p> <ul style="list-style-type: none"><li>- the impact of grief and loss, and lateral violence on the identified Aboriginal and Torres Strait Islander workforce</li><li>- the importance of building and further developing the identified Aboriginal and Torres Strait Islander workforce, and providing cultural safety training for mainstream staff</li><li>- avoidance of Aboriginal and Torres Strait islander health services for mental health care, and alcohol and other drug treatment, due to shame and perceived lack of confidentiality</li></ul>
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# Alcohol and Other Drug Treatment Needs

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
<p>Limited alcohol and other drugs treatment services available in some areas of the Brisbane South PHN region, particularly in the after-hours period and outreach services.</p>	<p>A large proportion of treatment episodes were concentrated within a few areas of the Brisbane South PHN region.</p> <p>As data is presented by alcohol and other drugs treatment service location, it is unclear whether demand for alcohol and other drugs treatment services is highest in these areas or if it is a result of people travelling from neighboring areas to access specialist alcohol and other drugs treatment services (whether this be the consumer travelling to the service, or the service providing outreach to the consumer).</p>	<p><i>Australian Institute of Health and Welfare (AIHW) My Healthy Communities 2018, using AIHW National Hospital Morbidity Database 2015–16</i></p> <ul style="list-style-type: none"> <li>- A large proportion of hospitalisations (and subsequent bed days) for AOD misuse were concentrated within a few areas in the Brisbane South PHN region.</li> <li>- Hospitalisations and bed days were highest amongst people living in the Statistical Areas Level 3 (SA3s) of Holland Park – Yeronga and Brisbane Inner in 2015-16. The largest proportion of closed treatment episodes (48%) were also recorded by AOD treatment services in these SA3s in 2015-16.</li> </ul> <p><i>AIHW 2017 AODTS-NMDS for 2015-16</i></p> <ul style="list-style-type: none"> <li>- Large proportion of treatment episodes are concentrated within a few areas in the Brisbane South PHN region (by provider location).</li> <li>- One third (33%, 2,578 episodes) of closed treatment episodes were recorded by AOD services in the Holland Park – Yeronga SA3. Brisbane Inner recorded approximately 18% (1,419 episodes) of the region’s closed treatment episodes.</li> <li>- Loganlea – Carbrook (1.0%, 80 episodes), Sherwood – Indooroopilly (2.8%, episodes), and Beenleigh (3.5%, episodes) recorded the lowest number and proportion of closed treatment episodes in the region.</li> <li>- 11 SA3s within the region demonstrated zero closed episodes of treatment, which suggests providers are not located within these SA3s.</li> </ul> <p><i>Alcohol and Other Drugs Needs Assessment, 2016</i></p> <ul style="list-style-type: none"> <li>- Consultation held prior to the initial commissioning of alcohol and other drugs treatment services in the Brisbane South PHN region indicated that accessing services after hours was of importance, particularly for those people who had work and family commitments.</li> </ul> <p><i>Policy context – Social Services Legislation Amendment (Drug Testing Trial) Bill 2018</i></p> <p>Brisbane South PHN acknowledges the pending Social Services Legislation Amendment (Drug Testing Trial) Bill 2018, which outlines the Logan region as a potential trial site. This Bill proposes that 5,000 new recipients of the NewStart and Youth Allowances will be required to undertake random drug testing, with those who return a positive result being linked with drug treatment services. This may increase demand for services in the Logan Local Government Area (LGA).</p>
<p>Service gaps exist for:</p>	<p>There are a number of service gaps across the alcohol and other drugs service sector in the</p>	<p>Initial consultation from the Alcohol and Other Drugs MHAODSP Redesign process highlighted a number of service gaps and capacity issues for the current alcohol and other drugs sector:</p>

## Outcomes of the service needs analysis

<ul style="list-style-type: none"> <li>- community detoxification programs</li> <li>- mother-baby units</li> <li>- children aged 10-12 years</li> <li>- opioid treatment programs</li> <li>- bed-based programs</li> </ul>	<p><i>Brisbane South PHN region. These service gaps arise for various reasons, and may require a joint approach to address.</i></p>	<ul style="list-style-type: none"> <li>- Community based assessment and treatment services: many services are short staffed and have waiting lists or limited services for assessment, psychosocial intervention and care coordination. In addition, appropriate physical infrastructure from which to deliver services is a constraint.</li> <li>- Community detoxification programs: consultation noted that there is a lack of access to bed alternatives such as ambulatory (outpatient) detoxification programs. Alternatives to residential rehabilitation are required including day programs and home based detox for mild-moderate dependence. These programs need a strong system of aftercare to support the person post-discharge.</li> <li>- Mother-baby units: there are no mother-baby units in Brisbane South and therefore intervention and follow-up in the postnatal period for women after discharge from hospital is limited. Pregnant women and families with children need to be a priority group for development of community based detoxification programs. Brisbane South PHN notes that one private hospital offers a mother-baby unit for perinatal mood disorders.</li> <li>- Children aged 10-12 years: There are increasingly younger children in need of intervention. The age limit criteria are not currently allowing younger children (10-12 year olds) to access services.</li> <li>- Opioid treatment programs: Consultation suggested that there may be insufficient private prescribers, and also a number of geographic areas where there are insufficient pharmacists participating in the program. Service mapping data (available through the National Health Service Directory via HealthDirect Australia, 2018) indicates that within the Brisbane South PHN region, there is one pharmacotherapy program, located in Beenleigh (SA3).</li> <li>- Bed-based programs:             <ul style="list-style-type: none"> <li>o Acute inpatient withdrawal services: there is a perception that there are increasing issues associated with consumers presenting to the Emergency Department particularly with a suspected ICE induced psychotic episode. Ideally these clients need to be monitored and assessed over 24-48 hours. Those assessed as having an underlying mental illness require follow-up by the mental health services and the remainder referred to appropriate AOD services. The short stay unit model implemented at Logan Hospital was noted as working well.</li> <li>o Long-term residential rehabilitation services: a key issue for residential rehabilitation services is the long length of stay required for some clients. Future directions could be to focus on detox and stabilising and then the client be referred to a community based treatment services for ongoing care. At present, there is one residential rehabilitation service in the Brisbane South PHN region.</li> <li>o Short stay residential rehabilitation beds: needed to provide for people who may be more likely to participate in a program of 4-6 weeks duration rather than a long-term residential program. The majority of bed based services are in Brisbane North and people from outside Brisbane also access these services. There are only 5 beds specifically for youth services in Brisbane South.</li> </ul> </li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Opportunities were identified to increase the availability of alcohol and other drug services (including improving funding for services targeted at young people)</li> </ul>
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Outcomes of the service needs analysis		
<p>The treatment service system is fragmented, highlighting the need for service coordination.</p>	<p>There is currently insufficient linkage between mental health services and AOD services, and a lack of colocation and partnerships between primary health care and community service providers.</p>	<p>Initial consultation from the MHAODSP Redesign process highlighted the following service concerns:</p> <ul style="list-style-type: none"> <li>- The sector is small with little formalised linkages and no overarching framework used by all agencies. As a result it is difficult for clients to find services except by word of mouth.</li> <li>- It was stressed by all stakeholders that many people who are at-risk or seeking help for mental illness do not have an addiction problem and vice versa. There are, however, a small group of clients with multiple and complex needs (i.e. co-occurring mental illness and AOD dependence). These clients have high rates of presentation to hospitals and are a group at risk of being deemed "non-compliant" with treatment by health services due to their inability to reduce substance misuse. A "no wrong door" approach is known to be critical for these clients.</li> </ul> <p>Brisbane South PHN Stakeholder Consultation 2017</p> <ul style="list-style-type: none"> <li>- Opportunities were identified to provide better support mechanisms within the community to prevent consumers from returning to old behaviours and habits once progress has been made</li> <li>- Opportunities were identified to address domestic and family violence issues arising from alcohol and other drug misuse, and/or underlying mental health concerns</li> </ul>
<p>Workforce development for Alcohol and Other Drugs workforce.</p>	<p>There has been a rise in demand for workers in alcohol and other drugs sector which means that this sector will be competing with other health sectors. The recruitment and retention of specialist staff in the alcohol and other drugs sector is therefore a critical issue.</p>	<p>Queensland Network of Alcohol and Other Drugs Agencies (QNADA): Brisbane South Alcohol and Other Drugs Collaborative – Workforce capacity improvement report.</p> <ul style="list-style-type: none"> <li>- This report found the following key needs identified for workforce development:             <ol style="list-style-type: none"> <li>1. Supporting complex clients</li> <li>2. Self-care</li> <li>3. Client-centred service planning and delivery</li> <li>4. Negotiating the complexity of multiple and complex systems involved in clients lives.</li> </ol> </li> </ul> <p>The National Alcohol and Drug Workforce Development Strategy 2015-2018 found that attraction and retention of staff is aided through:</p> <ul style="list-style-type: none"> <li>- reducing stigma associated with working within the alcohol and other drugs sector</li> <li>- registration or credentialing for the alcohol and other drugs practitioners</li> <li>- promoting the alcohol and other drugs sector as a career of choice</li> <li>- increasing opportunities for people with vocational, undergraduate and post graduate qualifications</li> <li>- delineating career pathways for people interested in working in the alcohol and other drugs sector</li> </ul> <p>Queensland Network of Alcohol and Other Drugs Agencies (QNADA): Brisbane South Alcohol and Other Drugs Collaborative – Workforce capacity improvement report.</p> <p>A survey of alcohol and other drugs service providers in the Brisbane South PHN region, conducted by QNADA, highlighted the following key alcohol and other drugs workforce issues:</p> <ul style="list-style-type: none"> <li>- Supporting clients with complex needs (e.g. escalation, dual diagnosis, balancing therapeutic support and risk management)</li> <li>- Negotiating the complexity of multiple (and complex) systems involved in clients lives</li> </ul>

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> <li>- Effective referral within, and outside of, the alcohol and other drugs sector</li> <li>- Collaborating with services within, and outside of, the alcohol and other drugs sector</li> <li>- Client-centred service planning and delivery</li> <li>- Effective use of harm-reduction strategies with clients</li> <li>- Self-care (e.g. managing burnout, obtaining professional support, professional development, life balance, cognitive strategies, stress management)</li> <li>- Managing negative feelings about clients experiencing problems with alcohol and other drugs</li> <li>- Recruitment of suitable personnel</li> </ul>
<i>Workforce development for allied health, general practice and other human services.</i>	<i>The importance of the wider primary health care workforce in identifying and managing alcohol and other drug concerns is recognised, and may require support.</i>	<p>Initial consultation from the <i>MHAODSP Redesign process</i> highlighted the following workforce issues:</p> <ul style="list-style-type: none"> <li>- A lack of General Practitioners with specific expertise in the treatment and management of consumers presenting with alcohol and other drug concerns.</li> <li>- Use of routine screening by GP's and other health staff.</li> <li>- Use of motivational interviewing and other brief interventions.</li> </ul>
<i>Social and emotional wellbeing services</i>	<p>The concept of health and wellbeing among Aboriginal and Torres Strait Islander peoples does not only refer to the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community.</p> <p><i>Generic service models which address physical health, mental health, and alcohol and other drug concerns independent of one another, and in isolation from the community, are not culturally safe and do not meet the needs of Aboriginal and Torres Strait Islander peoples.</i></p>	<p><i>Brisbane South's Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing, Mental Health, Suicide Prevention, and Alcohol and Other Drug Plan – Beyond 2019</i></p> <ul style="list-style-type: none"> <li>- Consultations identified a number of key themes for AOD issues and service gaps: <ul style="list-style-type: none"> <li>o Imbalance of alcohol and other drug treatment services across the region: no specialised prevention, intervention and rehabilitation services for Aboriginal and Torres Strait Islander peoples in the local area; and service profiles may not reflect particular drug concerns in the area</li> <li>o Stigma and discrimination associated with accessing alcohol and other drug treatment services: limited availability of mainstream services that are non-judgmental and supportive of cultural differences</li> <li>o Lack of eligibility: impeded access to services that require consumers to not use substances prior to service entry; limited availability of bulk-billing services; siloes between mental health, and alcohol and other drug treatment services; and a lack of experienced mental health staff in the alcohol and other drugs sector (to provide quality care for people with comorbid conditions)</li> </ul> </li> </ul>

# Indigenous Health

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
<b>Health literacy, and service navigation</b>	<p><b>Emergency department presentations of low triage priority</b> Emergency departments use a triage system so people with the most urgent needs are seen first. The triage system assesses a person and ranks their needs on a scale of 1 to 5. Triage priority 1 describes a life-threatening presentation that requires immediate attention, while triage priorities 4 or 5 describe “non-emergency” presentations. Some of these presentations may be more appropriately managed within the primary care setting, at a reduced cost to the health system.</p> <p><i>Aboriginal and/or Torres Strait Islander peoples in the Brisbane South PHN region were overrepresented across low acuity emergency department presentations.</i></p>	<p><i>Queensland Health Emergency Department 2017-18</i></p> <ul style="list-style-type: none"> <li>- Public hospitals in the Brisbane South PHN region recorded 5,420 (30%) emergency department presentations of triage priority 4, and 757 (4%) presentations of triage priority 5 for Aboriginal and/or Torres Strait Islander peoples</li> <li>- Within all emergency department presentations of triage 4, Aboriginal and Torres Strait Islander peoples accounted for 4%</li> <li>- Within all emergency department presentations of triage 5, Aboriginal and Torres Strait Islander peoples accounted for 5%</li> </ul>
	<p><b>Potentially preventable hospital admissions</b> Based on diagnoses recorded in hospital admissions data, some hospital admissions are termed “potentially preventable”. The rate of potentially preventable hospitalisations are considered to be an indicator of the accessibility and effectiveness of the health system, including primary care services. A higher rate of potentially preventable hospitalisations may indicate that consumers are not receiving, or accessing, optimum management in primary care and ending up in hospital.</p> <p><i>Aboriginal and Torres Strait Islander peoples in Queensland had higher rates of potentially preventable hospitalisations for chronic conditions, particularly chronic obstructive pulmonary disease and diabetes, when compared to non-Indigenous people in Queensland, and Aboriginal and Torres Strait Islander peoples in Australia.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples in Australia had a higher rate of potentially preventable hospitalisations for congestive heart failure, when compared to non-Indigenous people.</i></p>	<p><i>Australian Institute of Health and Welfare (AIHW) Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <p>Rates of potentially preventable hospitalisations for:</p> <ul style="list-style-type: none"> <li>- Chronic conditions were higher among Aboriginal and Torres Strait Islander peoples in Queensland (35) <ul style="list-style-type: none"> <li>QLD non-Indigenous: 12 age-standardised rate (ASR) per 1,000 persons</li> <li>AUS Indigenous: 34 ASR per 1,000 persons</li> </ul> </li> <li>- Congestive heart failure was higher among Aboriginal and Torres Strait Islander peoples in Australia (5) <ul style="list-style-type: none"> <li>AUS non-Indigenous: 2 per 1,000 persons</li> </ul> </li> <li>- Chronic obstructive pulmonary disease was higher among Aboriginal and Torres Strait Islander peoples in Queensland (11) <ul style="list-style-type: none"> <li>QLD non-Indigenous: 3 per 1,000 persons</li> <li>AUS Indigenous: 11 per 1,000 persons</li> </ul> </li> <li>- Diabetes was higher among Aboriginal and Torres Strait Islander peoples in Queensland (8) <ul style="list-style-type: none"> <li>QLD non-Indigenous: 2 per 1,000 persons</li> <li>AUS Indigenous: 7 per 1,000 persons</li> </ul> </li> </ul>
	<p><b>Poor health literacy</b> Health literacy is recognised as the capacity of a person to access, interpret, understand and use health information and services to make informed decisions.</p>	<p><i>Australian Commission on Safety and Quality in Health Care: Health Literacy – Taking Action to Improve Safety and Quality 2014</i></p> <ul style="list-style-type: none"> <li>- Education attainment and school-based literacy and numeracy scores for Aboriginal and Torres Strait Islander peoples were significantly lower when</li> </ul>

Outcomes of the service needs analysis		
	<p><i>Although poor health literacy may be experienced by people with high literacy levels, it is of particular concern among people who have low literacy levels.</i></p> <p><i>Many Aboriginal and Torres Strait Islander consumers in Queensland did not understand explanations provided by their GP.</i></p>	<p>compared to the general population</p> <p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander students in year 3, 5, 7 and 9 in Queensland scored lower on all NAPLAN components (reading, persuasive writing, spelling, grammar and punctuation, and numeracy), when compared to non-Indigenous students.</li> <li>- 1 in 5 (12%) Aboriginal and Torres Strait Islander consumers aged 15+ years in non-remote Queensland felt their GP did not often/always explain things in a way that they could understand</li> </ul>
<b>Various barriers to access</b>	<p><b>Perceived level of difficulty with transport</b></p> <p>Access to health services is an important contributor to overall health and wellbeing.</p> <p><i>Many Aboriginal and Torres Strait Islander peoples in Queensland could not easily get to the places they needed.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples that could easily access the places they needed were more likely to have reported good health, compared to those who could not access the places they needed.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Almost 1 in 10 (9%) Aboriginal and Torres Strait Islander people in Queensland reported they could not get to places needed/never go out/were housebound <ul style="list-style-type: none"> <li>QLD non-Indigenous: 1%</li> <li>AUS Indigenous: 8%</li> </ul> </li> <li>- Aboriginal and Torres Strait Islander peoples in Australia that could easily get to the places they needed were more likely to have reported excellent/very good/good health (78%), compared to those who could not get to the places needed/never go out/were housebound (7%)</li> </ul>
	<p><b>Operating hours of service</b></p> <p>Some general practices may operate after-hours, providing services at the general practice between 6pm and 8am and/or consumers' homes via a mobile medical deputising service. These services are supported by nurse-led telephone health advice service, 13HEALTH, available in Queensland.</p> <p><i>Aboriginal and/or Torres Strait Islander peoples in the Brisbane South PHN region were overrepresented across 13HEALTH calls.</i></p>	<p><i>Queensland Government 13 HEALTH Call Data for Brisbane South PHN 2016</i></p> <p>13HEALTH calls were made by Aboriginal and Torres Strait Islander peoples:</p> <ul style="list-style-type: none"> <li>- 2,981 calls (5% of total calls)</li> <li>- 1,616 calls were received between 4pm and 12am (5% of total calls)</li> <li>- 914 calls were received on weekends (4% of total calls)</li> </ul>
	<p><b>Direct cost of service</b></p> <p>Medicare is an Australian Government initiative which provides consumers with access to a range of free or lower cost health care services, and lower cost prescriptions. The health care provider may choose to accept the Medicare benefit as full payment for the service provided (i.e. "bulk-billed" with no out-of-pocket expense for the consumer) or charge an additional fee. The application of out-of-pocket costs may limit a person's ability to access healthcare.</p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- 1 in 10 (13%) Aboriginal and Torres Strait Islander peoples in Queensland needed to visit a GP in the last 12 months but did not due to cost <ul style="list-style-type: none"> <li>AUS Indigenous: 13%</li> </ul> </li> </ul>

Outcomes of the service needs analysis		
	<p><i>Many Aboriginal and Torres Strait Islander peoples in Queensland reported cost as a barrier to accessing GPs when needed.</i></p>	
	<p><b>Indirect costs of service</b> In order to optimise care, GPs may prescribe medications, order diagnostic imaging, and coordinate referrals to other specialists and allied health professionals. Only selected prescriptions and imaging tests may be subsidised by Medicare, therefore out-of-pocket costs may limit a person's ability to access the follow-up care recommended by their healthcare team.</p> <p><i>Many Aboriginal and Torres Strait Islander peoples in Queensland reported cost as a barrier to filling a prescription for medicines.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- 43% of Aboriginal and Torres Strait Islander peoples in Queensland did not fill a prescription for medicines due to cost</li> </ul> <p>AUS Indigenous: 34%</p>
<p><b>Consumer-provider relationship, and continuity of care</b></p>	<p><b>Relationship with service providers</b> Strong consumer-provider relationships are an essential component of person-centered care, where the consumer is engaged in shared decision-making and recognised as an expert in determining the care pathways that best meets their personal goals.</p> <p><i>Many Aboriginal and Torres Strait Islander peoples in Queensland reported did not have a usual GP or place of care, and/or had poor experiences of care.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- Over half (56%) of Aboriginal and Torres Strait Islander peoples in Queensland went to their GP for health problems or advice, followed by an Aboriginal Medical Service (15%), and a hospital (10%)</li> </ul> <p>AUS: GP 54%   AMS 17%   Hospital 5%</p> <ul style="list-style-type: none"> <li>- 1 in 10 (13%) of Aboriginal and Torres Strait Islander peoples in Queensland reported not having a regular source of health care</li> </ul> <p>AUS Indigenous: 14%</p> <p>For Aboriginal and Torres Strait Islander consumers aged 15+ years in non-remote Queensland:</p> <ul style="list-style-type: none"> <li>- 91% felt their GP often or always listened carefully</li> <li>- 91% felt their GP often or always showed respect for what they had to say</li> <li>- 86% felt their GP often or always spent enough time</li> </ul>
	<p><b>Cultural appropriateness of service</b> Everyone has a right to respectful healthcare, regardless of their cultural background, gender identity, or personal beliefs or choices. Being aware of, and understanding, consumer preferences for care, particularly where they deviate from recommended pathways, is a fundamental component of person-centered care and essential in developing strong consumer-provider relationships.</p> <p><i>A large proportion of Aboriginal and Torres Strait Islander peoples in Queensland needed to see a GP, but did not due to the lack of cultural appropriateness of the service.</i></p> <p><i>Uptake of the Practice Incentive Program Indigenous Health Incentive (PIP IHI)</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- 1 in 5 (22%) Aboriginal and Torres Strait Islander peoples in Queensland needed to visit a GP in the last 12 months but did not due to lack of cultural appropriateness of the service</li> </ul> <p>AUS Indigenous: 23%</p> <p><i>National Health Services Directory via Healthdirect Australia 2018</i></p> <ul style="list-style-type: none"> <li>- 8 Aboriginal Community-Controlled health services and 3 Mums and Bubs clinics located within the Brisbane South PHN region (in Statistical Areas Level 3 (SA3s) with the largest Aboriginal and Torres Strait Islander populations)</li> </ul> <p><i>Department of Health Practice Incentive Program Data 2011-2017</i></p> <ul style="list-style-type: none"> <li>- 173 (53%) general practices in the Brisbane South PHN region received at least one</li> </ul>

Outcomes of the service needs analysis		
	<p><i>in the Brisbane South PHN region could be improved in the Brisbane South PHN region.</i></p> <p><i>Cultural sensitivity among service providers, including particular health and service needs of population sub-groups, could be improved.</i></p>	<p>PIP IHI payment</p> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander representatives identified the importance of cultural awareness training for health professional and non-clinical staff, and adopting a more holistic approach to healthcare (encompassing physical, social and emotional wellbeing)</li> <li>- A number of service providers identified the importance of developing the Aboriginal and Torres Strait Islander workforce, providing culturally-appropriate care, and using qualified interpreters whenever language is a barrier to effective communication</li> </ul>
<p><b>Activities to prevent or better manage specific conditions and/or health needs</b></p>	<p><b>Poor uptake of preventive health activities</b></p> <p>National cancer screening programs are effective in the early detection of some cancers. The Commonwealth Government currently supports national cancer screening programs for bowel, breast and cervical cancer.</p> <p><i>Uptake of GP Health Assessments could be improved.</i></p> <p><i>Aboriginal and Torres Strait Islander peoples in Australia had lower participation rates in national cancer screening programs, when compared to non-Indigenous people.</i></p>	<p><i>Medicare Benefits Schedule 2016-17</i></p> <ul style="list-style-type: none"> <li>- 430 providers provided 10,942 GP Health Assessments (MBS 715) in the Brisbane South PHN region</li> </ul> <p><i>AIHW Cancer in Aboriginal and Torres Strait Islander people of Australia 2018</i></p> <ul style="list-style-type: none"> <li>- 36% of Aboriginal and Torres Strait Islander women aged 40+ years in Queensland participated in BreastScreen <ul style="list-style-type: none"> <li>QLD non-Indigenous: 42%</li> </ul> </li> <li>- 24% of Aboriginal and Torres Strait Islander peoples in Australia participated in the National Bowel Cancer Screening Program <ul style="list-style-type: none"> <li>AUS non-Indigenous: 40%</li> </ul> </li> </ul> <p><i>AIHW Cervical screening in Australia 2018</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander peoples in Australia participate in cervical screening at a lower rate than non-indigenous Australians</li> </ul>
	<p><b>Diabetes management</b></p> <p>People living with a chronic condition may access health services more often and, depending on the complexity of the condition, involve a broader mix of health care disciplines. Most chronic conditions can be effectively managed in the primary care setting with self-care, the assistance of a multidisciplinary care team and medication (as required) to manage the progression of the condition.</p> <p><i>Uptake of GP Management Plans and/or Team Care Arrangements could be improved.</i></p>	<p><i>AIHW Aboriginal and Torres Strait Islander Health Performance Framework 2017</i></p> <ul style="list-style-type: none"> <li>- In Queensland, approximately half (53%) of regular* Aboriginal and Torres Strait Islander consumers with Type 2 diabetes were on a GP Management Plan <ul style="list-style-type: none"> <li>AUS Indigenous: 51%</li> </ul> </li> <li>- In Queensland, approximately half (52%) of regular* Aboriginal and Torres Strait Islander consumers with Type 2 diabetes had a Team Care Arrangement <ul style="list-style-type: none"> <li>AUS Indigenous: 48%</li> </ul> </li> </ul> <p>*Note: regular = regular clients of primary health-care services, who have Type 2 diabetes and had a GP Management Plan/Team Care Arrangement in the last 2 years</p>

Outcomes of the service needs analysis		
	<p><b>Aged care</b> Aged care services may provide home care (i.e. services delivered in the consumer's home) and/or residential care (i.e. services delivered within a residential aged care facility). The type and intensity of care is matched to the person's level of need and preferences for care, and may change over time.</p> <p><i>Aboriginal and Torres Strait Islander peoples in the Brisbane South Aged Care Planning Region (ACPR) were less likely to access aged care services, when compared to the Logan River Valley ACPR.</i></p> <p><i>Uptake of cultural awareness training and/or employment of identified staff could be improved.</i></p>	<p><i>AIHW GEN Aged Care Data 2018 – People Using Aged Care 2016-17</i></p> <ul style="list-style-type: none"> <li>- 1% of people who accessed aged care services in Brisbane South ACPR identified as being of Aboriginal and/or Torres Strait Islander origin</li> <li>- 3% of people who accessed aged care services In Logan River Valley ACPR identified as being of Aboriginal and/or Torres Strait Islander origin</li> </ul> <p><i>Brisbane South PHN Stakeholder Consultation 2017</i></p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander representatives stated a preference for specific aged care services, with staff who have undergone cultural-awareness training working within them</li> </ul>
	<p><b>End-of-life care</b> End-of-life care refers to health care that aims to improve quality of life for people whose life expectancy is reduced due to a known life-limiting condition (or who are approaching the end of their natural life), and their families. This is achieved through early identification, assessment, and treatment of pain and other concerns (such as physical, spiritual, and psychosocial issues).</p> <p><i>Awareness, provision and uptake of palliative care in the Brisbane South PHN region could be improved.</i></p>	<p><i>Australian Bureau Statistics (ABS) Deaths 2017 &amp; Productivity Commission Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Draft Report 2017</i></p> <ul style="list-style-type: none"> <li>- 97 deaths approximated within the Brisbane South PHN region in 2017 for Aboriginal and Torres Strait Islander peoples (based on QLD death rate)</li> <li>- Estimates of the proportion of people that may benefit from palliative care vary from 50-90%, which would equate to 49-87 people within the Brisbane South PHN region</li> <li>- It is difficult to quantify the number of people accessing palliative care services within the Brisbane South PHN region, however anecdotal evidence suggests that uptake could be improved</li> </ul>

# Section 4 – Opportunities, priorities and options

## General Population Health

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
Improve uptake of antenatal care within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Work with stakeholders who have an impact on health to influence their approach to population health</li> <li>- Provide support to general practices and other health care providers on identification and management of population health factors</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> </ul>
Improve access to screening, and early intervention/support for children with developmental vulnerabilities within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Provide support to general practices and other health care providers on identification and management of population health factors</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Early childhood education providers</li> </ul>
Improve access to specialist services for vulnerable population groups within the Brisbane South PHN region, including people from multicultural backgrounds, people experiencing domestic and family violence	<ul style="list-style-type: none"> <li>- Commission services addressing local population health issues, including preventive health initiatives</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Non-government organisations</li> </ul>
	<ul style="list-style-type: none"> <li>- Liaise and consult on workforce issues, and facilitate relationships and network building within PHN region</li> <li>- Commission and/or deliver training to local workforce including for cultural awareness training</li> </ul>	<ul style="list-style-type: none"> <li>- Local workforce has suitable cultural and clinical skills to address health needs of PHN region</li> </ul>	
Improve uptake of preventive health activities (including among older adults) within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Work with stakeholders who have an impact on health to influence their approach to population health</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> </ul>
Improve support for older adults accessing, or navigating between, aged care services within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Commission services to address the health care needs of older people in the PHN region</li> <li>- Encourage provision of appropriate health services to older people in residential aged care</li> <li>- Provide support to general practices and other health care providers to understand and address needs of older people including palliative care</li> </ul>	<ul style="list-style-type: none"> <li>- Older people in PHN region are supported to access services that meet their needs including self-care in the home</li> <li>- Fewer preventable hospitalisations in the PHN region for older people</li> <li>- Local health and other care providers are supported to deliver coordinated, effective and appropriate care to</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Non-government organisations</li> </ul>

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
		older people in the PHN region	
Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region	- Work with stakeholders who have an impact on health to influence their approach to population health	- PHNs support health care providers to address factors impacting population health	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Aged care service providers</li> </ul>
	- Commission and/or deliver training to local workforce including for cultural awareness	- Local workforce has suitable cultural and clinical skills to address health needs of PHN region	
	- Provide support to general practices and other health care providers	- PHNs support general practices and other health care providers to provide quality care to patients	
	- Commission services to address the health care needs of older peoples in the PHN region	- Older people in the PHN region are supported to access primary health care services that meet their needs including self-care in the home	
	- Provide support to general practices and other health care providers to understand and address needs of older people including palliative care	- Fewer preventable hospitalisations in the PHN region for older people	
		- Local health and other care providers are supported to deliver coordinated, effective and appropriate care to older people in the PHN region	
<b>General Practice Support</b>			
Improve availability and awareness of, and access to, primary care services (including after-hours services) within the Brisbane South PHN region	- Facilitate appropriate access to general practice and other health care providers	<ul style="list-style-type: none"> <li>- People in the PHN region are able to access general practices and other services as appropriate</li> <li>- General practices and other health care providers are supported to provide appropriate after-hours access</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Non-government organisations</li> </ul>
Improve use of existing care pathways (such as MBS and DVA services).	- Provide general practice support including quality improvement	- Support general practices and other health care providers to provide quality care to patients	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Non-government organisations</li> </ul>
Improve availability of, and access to, culturally appropriate primary care services within the Brisbane South PHN region	- Work with stakeholders who have an impact on health to influence their approach to population health	- PHNs support health care providers to address factors impacting population health	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Hospital and Health Services</li> <li>- Non-government organisations</li> </ul>
	- Commission and/or deliver training to local workforce including for cultural awareness	- Local workforce has suitable cultural and clinical skills to address health needs of PHN region	
Embed a person-centred,	- Facilitate relationships within local primary health care	- People in the PHN region receive coordinated, culturally	- Brisbane South PHN

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
team-based approach in primary care services within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>system</li> <li>Lead a patient-centred, collaborative care approach to service integration and the development and implementation of models of coordinated care</li> </ul>	<ul style="list-style-type: none"> <li>appropriate services from local health care providers</li> <li>PHNs support local primary care services to be efficient and effective, meeting the needs of patients at risk of poor health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Primary health care providers</li> <li>Hospital and Health Services</li> </ul>
	<ul style="list-style-type: none"> <li>Work with stakeholders who have an impact on health to influence their approach to population health</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support health care providers to address factors impacting population health</li> </ul>	
Improve uptake of immunisation within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>Provide support to general practices and other health care providers on identification and management of population health factors</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support health care providers to address factors impacting population health</li> <li>Fewer preventable hospitalisations in PHN region for people with chronic and vaccine preventable diseases</li> </ul>	<ul style="list-style-type: none"> <li>Brisbane South PHN</li> <li>Primary health care providers</li> <li>Hospital and Health Services</li> </ul>
Improve early identification, management and coordination of care for people living with chronic conditions	<ul style="list-style-type: none"> <li>Commission services addressing local population health issues, including preventive health initiatives</li> <li>Work with stakeholders who have an impact on health to influence their approach to population health</li> <li>Provide support to general practices and other health care providers on identification and management of population health factors</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>Brisbane South PHN</li> <li>Primary health care providers</li> <li>Hospital and Health Services</li> <li>Non-government organisations</li> </ul>
	<ul style="list-style-type: none"> <li>Provide support to general practices and other health care providers</li> <li>Facilitate and commission new models of integrated care</li> <li>Lead a patient-centred, collaborative care approach to service integration and the development and implementation of models of coordinated care</li> <li>Plan, co-design and commission services and interventions to improve health outcomes and reduce health inequalities with a specific focus on vulnerable and targeted population groups</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support general practices and other health care providers to provide quality care to patients</li> <li>PHNs support local primary care services to be efficient and effective, meeting the needs of patients at risk of poor health outcomes</li> </ul>	
Encourage the use of digital systems, and embed a quality improvement culture (including accreditation and data-driven improvement) in primary care services within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>Work with stakeholders who have an impact on health to influence their approach to population health</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support health care providers to address factors impacting population health</li> </ul>	<ul style="list-style-type: none"> <li>Brisbane South PHN</li> <li>Primary health care providers</li> <li>Hospital and Health Services</li> <li>Australian Digital Health Agency</li> </ul>
	<ul style="list-style-type: none"> <li>Provide support to general practices and other health care providers</li> </ul>	<ul style="list-style-type: none"> <li>PHNs support general practices and other health care providers to provide quality care to patients</li> </ul>	
	<ul style="list-style-type: none"> <li>Deliver digital health awareness sessions to improve capacity and capability of primary, community and allied health workforce including on My Health Record</li> <li>Engage with health providers and people to encourage</li> </ul>	<ul style="list-style-type: none"> <li>Health care providers are aware of digital health systems and technologies</li> <li>PHNs support health care providers to use digital health systems to improve patient care and communication</li> </ul>	

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
	<ul style="list-style-type: none"> <li>digital health use, including My Health Record</li> <li>- Develop and commission strategies to improve adoption of digital health systems, including testing new models of care</li> <li>- PHNs assist general practices and other health care providers to increase data quality to drive improvements in quality of care</li> </ul>	<ul style="list-style-type: none"> <li>- General practices and other health care providers use data to improve care</li> </ul>	
Contribute to the provision of a skilled and accessible health care workforce within the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Provide general practice support including quality improvement, and support and training to other health care providers</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs support general practices and other health care providers to provide quality care to patients</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Training organisations / providers</li> </ul>
	<ul style="list-style-type: none"> <li>- Liaise and consult on workforce issues, and facilitate relationships and network building within PHN region</li> <li>- Identify and address health workforce gaps and emerging needs</li> </ul>	<ul style="list-style-type: none"> <li>- Local workforce has suitable cultural and clinical skills to address health needs of PHN region</li> </ul>	

## Primary Mental Health Care (including Suicide Prevention)

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
Mental health services for children and young people (including severe and complex needs)	<ul style="list-style-type: none"> <li>- Commission a range of mental health services to meet the needs of children and young people in the PHN region.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Primary mental health care services for adults experiencing mild to moderate severity mental health concerns	<ul style="list-style-type: none"> <li>- Promote and support existing services (services available through Head to Health, MBS and DVA).</li> <li>- Commission a range of mental health services to meet the needs of adults experiencing mild to moderate severity mental health concerns in the PHN region.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Primary mental health care services for adults experiencing severe and/or complex mental health concerns	<ul style="list-style-type: none"> <li>- Commission a range of mental health services to meet the needs of adults experiencing severe and/or complex mental health concerns in the PHN region. These services may include a mix of clinical and non-clinical intervention services.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- Health care providers in the PHN region have an integrated approach to mental health and suicide prevention</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Psychosocial support for people experiencing psychosocial disability	<ul style="list-style-type: none"> <li>- Commission a range of mental health services to meet the needs of people experiencing psychosocial disability in the PHN region.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- Health care providers in the PHN region have an integrated approach to mental health and suicide prevention</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Improved access to community-based suicide prevention services (including aftercare)	<ul style="list-style-type: none"> <li>- Commission a range of mental health services to meet the needs of people experiencing, or at increased risk of, suicide in the PHN region.</li> <li>- Support workforce to undertake suicide prevention training – note that this may not be restricted to mental health service providers, and include front line health service staff (such as emergency department staff).</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- Health care providers in the PHN region have</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care</li> </ul>

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
	<ul style="list-style-type: none"> <li>- Formalise partnerships within the region to progress an integrated approach to suicide prevention, particularly across emergency, inpatient and community services.</li> </ul>	<ul style="list-style-type: none"> <li>- an integrated approach to mental health and suicide prevention</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- providers</li> </ul>
Enhance services for vulnerable population groups	<ul style="list-style-type: none"> <li>- Plan, co-design and commission services and interventions to improve health outcomes and reduce health inequalities with a specific focus on vulnerable and targeted population groups.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Social and emotional wellbeing services for Aboriginal and Torres Strait Islander peoples	<ul style="list-style-type: none"> <li>- Commission a range of mental health services to meet the needs of Aboriginal and Torres Strait Islander peoples in the PHN region.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- Local health care providers provide culturally appropriate services to Aboriginal and Torres Strait Islander people</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Improving early identification of, and support for, Perinatal Mental Health conditions, particularly within geographic hotspots for highest birth rates	<ul style="list-style-type: none"> <li>- Plan, co-design and commission services and interventions to improve health outcomes and reduce health inequalities with a specific focus on vulnerable and targeted population groups.</li> <li>- Work with healthcare providers to develop regional approaches to mental health care and suicide prevention</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>
Development of mental health workforce in the Brisbane South PHN region	<ul style="list-style-type: none"> <li>- Develop a mental health workforce development strategy to support, develop, and retain appropriately skilled workforce in the region</li> <li>- Ensure that the peer and lived experience workforces are supported and strongly represented in a mental health workforce development strategy</li> <li>- Ensure commissioned providers are supported to provide inclusive practice to peoples from various backgrounds (such as multicultural and LGBTIQ communities)</li> <li>- Ensure commissioned providers are supported to provide culturally appropriate practices for people from Aboriginal and Torres Strait Islander backgrounds</li> </ul>	<ul style="list-style-type: none"> <li>- Local workforce has suitable cultural and clinical skills to address health needs of PHN region</li> <li>- Health care providers in the PHN region have an integrated approach to mental health care and suicide prevention</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>

<b>Opportunities, priorities and options</b>			
<b>Priority</b>	<b>Possible Options</b>	<b>Expected Outcome</b>	<b>Potential Lead</b>
Improving integration of care / reducing fragmentation of care	<ul style="list-style-type: none"> <li>- Regional approach to mental health care and suicide prevention</li> <li>- Implement strategies to improve information sharing between providers</li> <li>- Improved care coordination across all levels of mental health severity. Consideration may be given to a non-clinical workforce</li> <li>- Improve formalisation of service linkages, such as mental health services wrapped around existing community and neighbourhood centres, general practice and primary care; colocation of services; and formalised networks of service providers.</li> </ul>	<ul style="list-style-type: none"> <li>- Health care providers in the PHN region have an integrated approach to mental health care and suicide prevention</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Hospital and Health Services</li> <li>- Non-Government Organisations</li> <li>- Primary health care providers</li> </ul>

# Alcohol and Other Drug Treatment Needs

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
Improve availability of, and access to, alcohol and other drug treatment services in the Brisbane South PHN region.	<ul style="list-style-type: none"> <li>- Commission a range of alcohol and other drug treatment services, targeted at geographic areas within the region that demonstrate a lack of services.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region are able to access appropriate drug and alcohol treatment services</li> <li>- Decrease in harm to population in PHN region from drug and alcohol misuse</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Non-government organisations</li> <li>- Primary health care providers</li> </ul>
Improve availability of, and access to, culturally appropriate alcohol and other drug treatment services for Aboriginal and Torres Strait Islander peoples.	<ul style="list-style-type: none"> <li>- Commission a range of alcohol and other drug treatment services, that will provide culturally appropriate and safe social and emotional wellbeing (including alcohol and other drug) services.</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region are able to access appropriate drug and alcohol treatment services</li> <li>- Health care providers in the PHN region have an integrated approach to drug and alcohol treatment services</li> <li>- Local workforce has suitable clinical and cultural skills to address health needs of the PHN region</li> <li>- Decrease in harm to population in PHN region from drug and alcohol misuse</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Non-government organisations</li> <li>- Primary health care providers</li> </ul>
Facilitate improved coordination and collaboration of alcohol and other drugs treatment services providers in the Brisbane South PHN region.	<ul style="list-style-type: none"> <li>- Commission an Alcohol and Other Drugs Sector Collaborative to strengthen cross-sector and workforce capability.</li> </ul>	<ul style="list-style-type: none"> <li>- Health care providers in the PHN region have an integrated approach to drug and alcohol treatment services</li> <li>- Local workforce has suitable clinical and cultural skills to address health needs of the PHN region</li> <li>- Decrease in harm to population in PHN region from drug and alcohol misuse</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Non-government organisations</li> <li>- Primary health care providers</li> </ul>
Improve availability of, and access to, workforce development initiatives in the Brisbane South PHN region.	<ul style="list-style-type: none"> <li>- Development and delivery of workforce development initiatives through multi-modal access to education (face to face, online and webinar), and coordination of community-based educational activities.</li> <li>- Development and delivery of education specifically tailored to: current alcohol and other drug providers, GPs, and wider health and community services.</li> <li>- Develop a network of "Beacon" type practices with special interest in the assessment and treatment of AOD clients supported by wrap-around and in-reach specialist AOD staff.</li> </ul>	<ul style="list-style-type: none"> <li>- Health care providers in the PHN region have an integrated approach to drug and alcohol treatment services</li> <li>- Local workforce has suitable clinical and cultural skills to address health needs of the PHN region</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Non-government organisations</li> <li>- Primary health care providers</li> </ul>

# Indigenous Health

Opportunities, priorities and options			
Priority	Possible Options	Expected Outcome	Potential Lead
Barriers to access	<ul style="list-style-type: none"> <li>- Commission other health services to meet the needs of Aboriginal and Torres Strait Islander people</li> <li>- Work to foster and develop relationships between mainstream and Aboriginal and Torres Strait Islander health services</li> </ul>	<ul style="list-style-type: none"> <li>- PHNs address needs of Aboriginal and Torres Strait Islander peoples in their region</li> <li>- Aboriginal and Torres Strait Islander people are able to access primary health care services as required</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Aboriginal Community-Controlled Health Organisations</li> </ul>
Chronic conditions	<ul style="list-style-type: none"> <li>- Commission delivery of services as part of ITC activity</li> </ul>	<ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander people with chronic conditions receive coordinated care</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Aboriginal Community-Controlled Health Organisations</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>- Facilitate relationships within local primary health care system</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region receive coordinated, culturally appropriate services from local health providers</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Primary health care providers</li> <li>- Aboriginal Community-Controlled Health Organisations</li> </ul>
	<ul style="list-style-type: none"> <li>- Facilitate linkages between Aboriginal and Torres Strait Islander health care and other health care providers</li> <li>- Commission and/or deliver training to local workforce including for cultural awareness</li> </ul>	<ul style="list-style-type: none"> <li>- Local workforce has suitable cultural and clinical skills to address health needs of PHN region</li> </ul>	
	<ul style="list-style-type: none"> <li>- Work within primary health care system to raise level of cultural awareness and appropriateness in providing health care to Aboriginal and Torres Strait Islander people</li> </ul>	<ul style="list-style-type: none"> <li>- Local health care providers provide culturally appropriate services to Aboriginal and Torres Strait Islander people</li> </ul>	
Identified workforce	<ul style="list-style-type: none"> <li>- Support capacity and capability building for Aboriginal and Torres Strait Islander identified health workforce</li> </ul>	<ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander identified health workforce capability and capacity matches needs of region</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Aboriginal Community-Controlled Health Organisations</li> </ul>
Mental health, and alcohol and other drugs – social and emotional wellbeing	<ul style="list-style-type: none"> <li>- Develop and commission culturally appropriate mental health services for Aboriginal and Torres Strait Islander people</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region access appropriate mental health services</li> <li>- Local health care providers provide culturally appropriate services to Aboriginal and Torres Strait Islander people</li> <li>- PHN commissioned mental health services improve outcomes for patients</li> <li>- People in the PHN region enjoy better mental health, and social and emotional wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Brisbane South PHN</li> <li>- Aboriginal Community-Controlled Health Organisations</li> <li>- Non-government organisations</li> </ul>
	<ul style="list-style-type: none"> <li>- Plan, deliver and commission range of drug and alcohol services to address the needs of PHN region</li> </ul>	<ul style="list-style-type: none"> <li>- People in the PHN region are able to access appropriate drug and alcohol treatment services</li> <li>- Health care providers in the PHN region have an integrated approach to drug and alcohol treatment services</li> <li>- Local workforce has suitable clinical and cultural skills to address health needs of the PHN region</li> <li>- Decrease in harm to population in PHN region from drug and alcohol misuse</li> </ul>	

## Section 5 - Checklist

Requirement	✓
Governance structures have been put in place to oversee and lead the needs assessment process.	✓
Opportunities for collaboration and partnership in the development of the needs assessment have been identified.	✓
The availability of key information has been verified.	✓
Stakeholders have been defined and identified (including other PHNs, service providers and stakeholders that may fall outside the PHN region); Community Advisory Committees and Clinical Councils have been involved; and Consultation processes are effective.	✓
The PHN has the human and physical resources and skills required to undertake the needs assessment. Where there are deficits, steps have been taken to address these.	✓
Formal processes and timeframes (such as a Project Plan) are in place for undertaking the needs assessment.	✓
All parties are clear about the purpose of the needs assessment, its use in informing the development of the PHN Activity Work Plan and for the department to use for program planning and policy development.	✓
The PHN is able to provide further evidence to the Department if requested to demonstrate how it has addressed each of the steps in the needs assessment.	✓
Geographical regions within the PHN used in the needs assessment are clearly defined and consistent with established and commonly accepted boundaries.	✓
Quality assurance of data to be used and statistical methods has been undertaken.	✓
Identification of service types is consistent with broader use – for example, definition of allied health professions.	✓
Techniques for service mapping, triangulation and prioritisation are fit for purpose.	✓
The results of the needs assessment have been communicated to participants and key stakeholders throughout the process, and there is a process for seeking confirmation or registering and acknowledging dissenting views.	✓
There are mechanisms for evaluation (for example, methodology, governance, replicability, experience of participants, and approach to prioritisation).	✓