



Australian Government
Department of Health



An Australian Government Initiative

Northern Sydney Primary Health Network Needs Assessment 2024-2027

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Section 1 – Executive Summary

1. Needs Assessment 2024-2027:

The **Northern Sydney PHN (NSPHN) Needs Assessment for 2024-2027** builds upon and complements findings of previous Needs Assessments submitted to the Department of Health in 2022, reflecting the iterative process of the commissioning and planning cycle of NSPHN.

NSPHN has taken great efforts over the past twelve months to develop a more informed and comprehensive understanding of public health issues within the region. NSPHN's Needs Assessment utilises the latest local and national qualitative and quantitative information to inform local activities relevant to identified need, combined with an **ongoing commitment from NSPHN to engage and consult with key stakeholders**, including community and clinical councils, other key advisory groups and the wider community of consumers, people with lived experience, clinicians and service providers to ensure NSPHN identifies key emerging public health themes across the region to inform ongoing service delivery.

NSPHN has undertaken significant activities since July 2015 to address local issues as identified in previous Needs Assessments. These activities have been bolstered by the commissioning of multiple primary care-based services in the following areas:

- **Mental Health** – supporting vulnerable and hard to reach groups across the stepped care continuum (including psychosocial support and suicide prevention), with additional supports to address specific needs of Young People, Women, CALD, Refugees, Aboriginal and Torres Strait Islander people.
- **Alcohol and Other Drugs** – improving access for young people and adults requiring non-residential rehabilitation and supporting a shared care approach to managing AOD misuse in primary care.
- **After hours** – improving access to after hours primary care services, including residential aged care facilities
- **Aged Care** – supporting older people in residential aged care services requiring mental health and allied health supports
- **Aboriginal Health** – Integrated Team Care
- **Lifestyle Risk Factors (Smoking, Nutrition, Alcohol, Physical Exercise, Obesity, and Social/Emotional wellbeing)** – facilitating targeted interventions for vulnerable populations.

The health priorities, below, as identified in the previous NSPHN Needs Assessments, remain relevant and are a priority for the NSPHN region:

- **Health of Older people:** Geographic hotspots of high population growth in those aged 65+ years; complex needs of an ageing population will impose an increasing demand on healthcare services.
- **Potentially Preventable Hospitalisations:** need to reduce potentially preventable hospitalisations through supporting access to services in primary care and community-based care settings.
- **Mental Health:** High rates of intentional self-harm among young people; specific needs among vulnerable and hard to reach population groups.
- **Alcohol and other drugs:** Geographic hotspot with higher rates of risky drinking; specific needs among vulnerable population groups.

In addition to the above priorities, the NSPHN Needs Assessment 2024-2027 identified the following areas of focus:

- Developing an appropriate response to exacerbated health inequities disproportionately impacting our vulnerable populations in NSPHN
- addressing ongoing and evolving needs of the local population post the COVID-19 pandemic and lockdown periods
- improving access to and navigation of services in the NSPHN region, with stakeholder consultation identifying a range of barriers to accessing services across the region, particularly among vulnerable population groups

The NSPHN initial Baseline Needs Assessment 2015-2016; NSPHN Needs Assessment Updates 2016-17 and 2017-18; and NSPHN Needs Assessments 2019-2022 and 2022-25 remain pertinent and vital resources for the PHN, **the link to the previous Needs Assessments can be found below:**

<https://sydneynorthhealthnetwork.org.au/about-us/commissioning/commissioningplanningperformance/>

Health equity and barriers to healthcare utilisation were focus areas of investigation for this 2024-2027 NSPHN Needs Assessment and has been informed by:

- Findings and a gap analysis of previous NSPHN Needs Assessments
- Alignment to NSPHN strategic priorities
- NSPHN Clinical and Community Council direction
- Regional consultation
- National Mental Health priorities

In addition, the following focus areas presented in previous Needs Assessments have been updated with the latest available qualitative and quantitative information:

- COVID-19
- Mental Health
- Alcohol and Other Drugs (AOD)
- Health of older people
- Children and young people
- Socio-economic disadvantage
- Homelessness
- Culturally and Linguistically Diverse (CALD) population
- Lesbian, Gay, Bi-Sexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTIQA+) population
- Aboriginal and Torres Strait Islander people

Method:

The latest Needs Assessment incorporates:

- Newly released quantitative data
- New qualitative information gained from extensive stakeholder consultation – over 400 stakeholders were engaged through the consultation process during 2023-24, including representation from a broad cross-section of the local community and service sector. Refer to page 9 for further details regarding stakeholders consulted.
- New and updated access to shared regional data, arising as a result of partnerships and collaboration with research organisations, NGO, and community sector.

The resultant document provides further rich context to support and complement previous Needs Assessments, allowing NSPHN to gain a deeper understanding and context of the complex public health issues that are persistent within our region.

As part of the prioritisation process, priorities identified in previous Needs Assessments were reconsidered and retained as relevant, with additional priorities added based on identified needs. Identified priorities were reviewed in consultation with the NSPHN Executive Team and nominated NSPHN Board members.

2. Key Areas for the 2024-2027 Needs Assessment

The following are a summary of key observations and new additions for 2024-2027 which add to the findings of previous NSPHN Needs Assessments regarding the population, health status, and health services in the region.

Mental Health:

- Utilising modelled estimates from the National Study of Mental Health and Wellbeing Services Planning Framework, 18.3% of the population had a mental health disorder in the previous 12 months.
- 13.7% of people aged 16 years and over in the NSPHN region report high or very high psychological distress.
- Suicide death rates have remained at the same level for the previous ten years within the NSPHN region, with a higher rate of suicide deaths among both younger and older males, identifying Men's Mental Health as a priority.
- High rate of suicide among Aboriginal population.

Health Equity

- Stakeholder consultations highlighting a need for 'placed-based' hubs to deliver more equitable, accessible, and affordable primary health care
- Service provider consultations have highlighted that single-parent families and families experiencing financial hardship often face barriers to accessing mental health services for their children. These families may prioritise meeting basic needs, such as housing and food, over mental health care, contributing to delays in seeking help.
- Pockets of disadvantage within the region, concentrated in Ryde, Hornsby, and Northern Beaches LGAs.
- Higher rates of intentional self-harm in socio-economically disadvantaged population.
- Lower life expectancy and higher prevalence of smoking among those experiencing socio-economic disadvantage.
- Growing cost of living pressures with stakeholder consultations indicating financial constraints, service gaps, and long wait times as key barriers to accessing primary mental health care services, with specific needs among young and older people.

Impact of COVID-19

- Consultation with stakeholders highlighted ongoing impacts of the COVID-19 pandemic on the psychological, social, and emotional needs of the local population. Social isolation, loneliness and separation from families were identified as important precursors contributing to the mental health burden as a result of COVID-19.
- COVID-19 has facilitated the wide adoption of telehealth across services. Consultation identified the need for sustaining a mixed based approach to service delivery, combining face to face and telehealth services to address barriers specific to varying digital literacy across cohorts.
- Vulnerable groups disproportionately impacted by COVID-19, experiencing additional barriers to accessing services and need for enhanced support to address emerging needs. Vulnerable groups identified include – young people, older people, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

Northern Sydney Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Plan

- Targeted stakeholder consultation highlighted a need for a regional approach to community-based suicide prevention and greater service coordination across primary, secondary, and tertiary services.
- Consultations also highlighted lack of awareness of available services within the community, limited availability of specialist services for vulnerable population groups and a need to promote holistic wellbeing of clients with mental health and/or AOD issues, addressing physical, social and emotional needs.

Psychosocial Support Needs of People with Severe Mental Illness

- Impact of severe mental illness on social and emotional functioning, physical health, and participation in the community necessitates need for non-clinical support.
- Stakeholder consultation highlighted need for access to flexible, integrated psychosocial services catering to the needs of people with severe mental illness, carers, and family members.
- Need for services to support vulnerable population groups experiencing barriers to accessing the National Disability Insurance Scheme (NDIS).

Youth Mental Health:

- Nationally, approximately 14% of children aged 4-17 years were reported having a mental illness, with a higher prevalence among males.
- High rate of hospitalisations for intentional self-harm in those aged 15-24 years, with a higher rate among females, and Aboriginal population.
- Disparity in service provision and access to services across the NSPHN region, with consultations identifying need for increased support for children and young people as the impacts of COVID-19 continue to evolve.
- Awareness of mental health and ability to navigate the health system among young people, parents, schools, clinicians, and the wider community is a significant need.

Alcohol and Other Drugs:

- High rates of risky drinking in the Northern Beaches LGA (21.2 per 100) compared to the state (15.5 per 100) and national (16.1 per 100) rate.
- Regional variation in Hepatitis C prevalence and uptake of treatment
- Consultations highlighted limited availability of services skilled in addressing co-occurring alcohol and other drug issues within the community.

Cancer Screening:

- Variation in breast and cervical cancer screening rates within NSPHN region, with lower rates in Ryde LGA compared to the NSPHN and NSW average.
- Low bowel cancer screening rates across the region, with lower rates among females compared to males.

Childhood Immunisation:

- Childhood immunisation rates in children aged two and five years lower than the national aspirational target, with regional variation in rates.

Aboriginal and Torres Strait Islander People:

- Significant under reporting of Aboriginal status by health care professionals, higher prevalence of chronic disease and low levels of breast screening among Aboriginal women.
- Low proportion of the Aboriginal population receiving MBS 715 health checks.
- High rate of suicide among Aboriginal people.
- Higher prevalence of smoking and obesity among Aboriginal people.

Health of older people:

- Geographic hotspots of high population growth in those aged 65+ years.
- The complex needs of an ageing population will impose an increasing demand on healthcare services within the NSPHN region, including the need for appropriate palliative care services within the region.
- Growing CALD population in the region facing additional language and cultural barriers to accessing aged care services.
- Low proportion of those aged 75+ years receiving annual health check.
- Stakeholder consultation identified need for additional support in navigating local services and to address declining physical function as the impacts of COVID-19 continue to evolve.

Culturally and Linguistically Diverse (CALD) Populations:

- Higher proportion of CALD population in NSPHN (29.0%) compared to NSW (23.0%), with the 2021 Census data highlighting a growing CALD population within the NSPHN region, concentrated in specific geographic areas.
- Lower cancer screening rates and specific health literacy needs.
- CALD groups present for a range of mental health and health needs, with a higher risk of suicidal behaviours among humanitarian entrants.
- Consultation with stakeholders also highlighted a need for promoting awareness of available supports and COVID-19 vaccination.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTIQA+) Population:

- An estimated 39,000 to 54,000 LGBTIQA+ people (5.1-6.9% of the total population) live within the NSPHN region.
- Elevated risk of anxiety, depression, self-harm, and suicide compared to non-LGBTIQA+ population.
- Suicidal ideation higher among young LGBTIQA+ people, partly due to higher rates of violence and harassment.

Climate and Health

- Climate change significantly impacts people's health and wellbeing, including both direct and indirect impacts.
- Nationally, the prevalence of post-traumatic stress disorder/major depressive disorder or severe distress was 1.85 and 2.83 times higher respectively in communities highly impacted by the 2009 Black Saturday bushfires compared to those less impacted, demonstrating the severe impact of natural disasters on local communities.
- Consultations identified the need for supporting the community and primary care workforce to anticipate climate risks and mitigate impacts of climate change on health and wellbeing.

3. Consultation process:

NSPHN has undertaken extensive stakeholder consultation and engagement during the development of the Needs Assessment – providing a rich source of additional qualitative input to inform service planning in the region. In November 2023, face to face consultation with 137 community sector representatives was undertaken to understand the needs of populations at risk of poorer health outcomes and to inform NSPHN’s 2024-2029 strategic direction. These stakeholders included representatives from SNHN Community Council, Local Councils, Northern Sydney Local Health District, Not for Profit organisations, Government agencies and First Nation’s people.

Furthermore, stakeholders offered valuable consultative feedback through structured groups established to support the Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan’s implementation, including the Regional Leadership Group, Youth Mental Health Working Group, Suicide Prevention Collaborative, and the Regional Plan Symposium event, each providing diverse perspectives to enhance the relevance, responsiveness, and integration of services across Northern Sydney.

Between 400 and 500 stakeholders were engaged through the consultation process between 2022-2024 representation from a broad cross-section of the local community and service sector. The 2024-2027 Needs Assessment also builds upon findings from previous consultation and engagement undertaken during commissioning co-design sessions, with combined qualitative findings including representation from the following:

- General Practice
- The NSPHN Board
- NSPHN Community Council
- NSPHN Clinical Council
- Local Government Councils
- NSPHN Mental Health and AOD Advisory Committee
- Regional Leadership Group
- Northern Sydney Local Health District
- Allied Health – public and private
- Non-Government Organisations (local, state, national)
- People with lived experience, consumers, and carers

Data Analysis:

Quantitative and qualitative data was primarily sourced from the following areas:

- Australian Bureaus of Statistics (ABS) key reports and datasets:
 - Census of Population and Housing, 2021
 - Causes of deaths data, 2023
 - Estimated Resident Population, 2023
 - National Study of Mental Health and Wellbeing 2020-22
- Australian Government - Department of Health key reports and datasets:
 - The Fifth National Mental Health and Suicide Prevention Plan (2017)
 - Health workforce data tool (2024)
 - Medicare Quarterly Bulk Billing Statistics by PHN (2024)
- Australian Institute of Health and Welfare (AIHW) key reports and datasets:
 - GEN (AIHW) - People using aged care services 2023
 - Suicide and self-harm-monitoring datasets
 - AIHW analysis of National Hospital Morbidity Database 2022-23

- AIHW analysis of the Medicare Benefits Schedule 2010-11 to 2022-23
- AIHW analysis of National Drug Strategy Household Survey 2022-23
- Northern Sydney District Homelessness Project 2016
- NSW Cancer Institute- NSW Cancer Incidence and Mortality Data Set 2021
- NSW Cancer Institute- Reporting for Better Cancer Outcomes Performance Report 2024: Northern Sydney Primary Health Network
- NSW Department of Planning and Environment- Population Projections, 2022
- NSW Health Centre for Epidemiology and Evidence: NSW combined patient epidemiology data 2001-2024; NSW Population Health Survey
- Primary Sense data (regional general practice data) September 2024
- Public Health Information Development Unit (PHIDU) 2024: Social Health Atlases of Australia
- Sax Institute – 45 and Up Study
- Sydney North Primary Health Network (SNPHN) Integrated Mental Health Atlas 2017
- NSPHN Internal database (2024)
- National Primary Mental Health Care Minimum Data Set 2024
- Consultation with stakeholders including SNHN Community Sector, SNHN Climate and Health Stakeholder workshop, Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol and other Drugs Plan workshops
- The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing
- Literature review – journal articles and published reports

This data has been used to assess key issues and their potential impact on the Northern Sydney population, and to present the analysis in a readily accessible format that NSPHN can continue to update and build upon as an iterative process for future needs assessments.

Future Considerations:

NSPHN will continue to review and monitor available quantitative and qualitative data annually to identify changing needs and emerging priorities, reflecting the iterative process of the commissioning and planning cycle of NSPHN. NSPHN will undertake ongoing evaluation of approach to developing the Needs Assessment to inform future iterations.

Conclusion:

The latest NSPHN Needs Assessment further qualifies that there are significant health issues within the region, which will be further compounded by substantial growth in both the aged and CALD populations. The Northern Sydney PHN maintains a changing demographic which continues to face several challenges across age groups and pockets of socio-economic disadvantage in the region.

Population cohorts, geographic hot spots and specific health issues exist and impact the public health profile of the region. Social determinants of health, such as access to primary care, financial strain, and prevalence of stress and addiction, negatively affect health and wellbeing outcomes. Additionally, with an ageing demographic, significant challenges arise for the older population, compounded further by ongoing impacts of COVID-19 on social isolation and declining physical function.

The NSPHN Needs Assessment identifies a range of barriers to accessing services in the NSPHN region, with a need to improve system navigation, service coordination, and access to services for the most vulnerable populations. Extensive stakeholder consultation identified affordability, awareness, health literacy and eligibility

criteria as common barriers to accessing services in the NSPHN region. The rising cost of living and financial stress have emerged as significant impediments to health service access, especially for disadvantaged groups.

Analysis highlights significant challenges related to health equity, with key factors including socioeconomic status, cultural and linguistic diversity, age, and geography. Financial hardship remains a primary barrier, with lower rates of bulk billing and higher gap fees preventing many socio-economically disadvantaged individuals from accessing timely care. Stakeholder consultations identified that this financial strain is especially challenging for families prioritising basic needs over healthcare, leading to delayed medical attention and reduced preventive care engagement.

Within the NSPHN region, populations such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse (CALD) groups, and LGBTIQ+ individuals experience unique healthcare access challenges. The assessment highlights the need for culturally tailored services to address language barriers and health literacy gaps, particularly in communities with high CALD concentrations like Ryde LGA. Aboriginal and Torres Strait Islander residents, who encounter underreporting issues and limited culturally competent care, have higher rates of chronic illness and lower preventive screening participation, calling for enhanced support in culturally safe healthcare access. Geographic disparities also contribute to health inequities, with disadvantaged pockets in areas such as Ryde, Hornsby, and Northern Beaches facing elevated rates of preventable hospitalizations, smoking, and reduced life expectancy. NSPHN is responding with a focus on place-based service delivery through community health hubs aimed at improving affordability, accessibility, and awareness of services among disadvantaged groups.

Extensive consultation has identified that many people diagnosed with severe mental illness experience additional impacts on their social and emotional functioning, physical health, and participation in the community; demonstrating a need for psychosocial support services that are practical, flexible, and meet the needs of vulnerable population groups. Consultation highlighted the need for integration between clinical and non-clinical services to facilitate recovery among people experiencing severe mental illness.

There is also a significant proportion of the NSPHN population who are physically inactive. Hotspots with higher prevalence of obesity, cohorts with higher smoking rates, and low consumption of the recommended daily intake of fruit and vegetables across the population have both immediate and long-term impacts on health and wellbeing. There are discrete cohorts who do not access preventative and screening measures in the areas of childhood immunisation and cancer screening.

Increasing awareness of health impacts of climate change across the community and supporting the primary care workforce to respond to emergencies continues to evolve as an emerging need.

NSPHN will revise its current ***Commissioning Evaluation Framework***, to incorporate the Quintuple Aim, building on the Quadruple Aim to include Health Equity as a pivotal pillar, with the framework functioning as a guide for evaluating the impact of commissioned services. The Framework supports NSPHN to address elements of needs as identified in this needs assessment and continues to provide an additional source of data to inform subsequent Needs Assessments and planning.

There is evidence and great scope to continue to work towards an improved health status for our community and enhance health service provision to a significant number of our residents. There is strong evidence that within our PHN region there are significant disparities in health outcomes and access to primary health care that require ongoing and proactive efforts to address. The Northern Sydney PHN will continue to strengthen relationships with stakeholders, identify and address barriers in accessing local health services, and serve the community to its fullest capacity by continually assessing and monitoring the complexities of the region's public health profile.

Section 2 – Outcomes of the health needs analysis

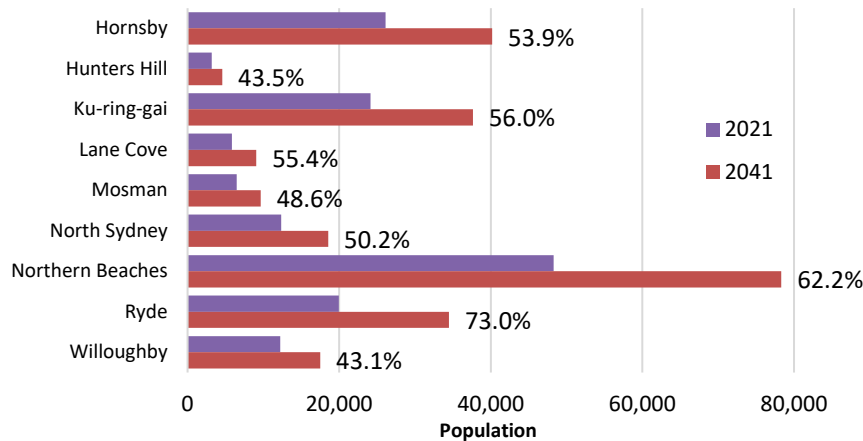
General Population Health

Summary:

NSPHN’s Needs Assessment utilises the latest qualitative and quantitative data to highlight significant health needs within the region which will be compounded further by substantial growth in both the aged and CALD populations. The analysis identifies vulnerable population cohorts with complex needs and disproportionate prevalences of health risk factors and health outcomes.

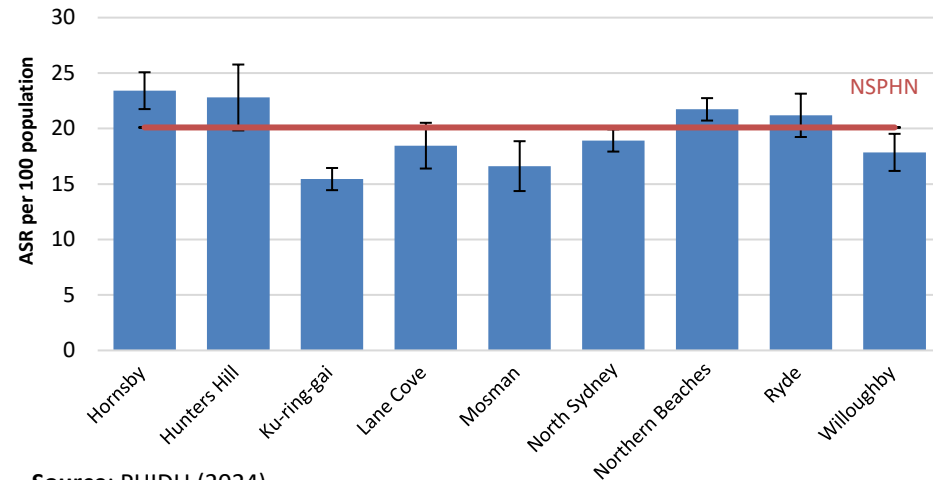
Needs identified in the previous NSPHN Needs Assessments continue to be pertinent - substantial growth in aged and CALD populations, hotspots with greater prevalence of obesity, a need to reduce potentially preventable hospitalisations and increased financial distress, physical inactivity, increased sedentary behaviours, and vulnerable population groups disproportionately impacted by the COVID-19 pandemic. Where possible, this latest Needs Assessment profile provides an update to relevant data for vulnerable and hard to reach populations and reflects the latest available data for cancer screening, childhood immunisation and potentially preventable hospitalisations.

Projected change in population aged 65+ years by LGA, 2021 to 2041



Source: NSW Department of Planning and Environment (2022)

Obesity prevalence (modelled estimates) in population 18 years and over by LGA, 2017-18



Source: PHIDU (2024)

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of evidence
Demography		
Ageing population	<p>In the NSPHN region, 17.3% of the population is aged 65+ years.</p> <p>The NSPHN 65+ years population is projected to increase by 55.1% between 2021-2041, with an estimated increase of 93,612 residents aged 65+ years by 2041.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 17.3% of the population aged 65+ years in the NSPHN region compared to 17.5% for NSW (ABS 2024b). Between 2021-2041, Ryde (73.0%), Parramatta (65.4%) and Northern Beaches (62.2%) LGAs have a higher projected increase in the population aged 65 years and over compared to NSPHN (57.8%). The projected increases in Ryde, Parramatta and Northern Beaches also exceed the projected increase for NSW (55.1%) (NSW Department of Planning, Industry and Environment 2022). Whilst 65+ years is the current standard definition of older people, NSPHN will undertake further analysis to review definitions, reflective of increasing life expectancy and impacts of healthy ageing.
Ageing population	<p>Healthcare for older people will remain an increasing priority for the NSPHN region, with a rise in chronic disease and comorbidity. The complex needs of an ageing population will impose an increasing demand on healthcare services.</p> <p>Successful navigation and access to the health and aged care system is critical for the NSPHN 65+ years population. Older people in the region can face financial barriers to accessing services, previous Needs Assessments highlighted asset rich but income poor cohorts of older people in the region. Navigating the complex aged care system is also a barrier, with a growing CALD population in the region facing additional language and cultural barriers to accessing aged care services.</p>	<p>The Needs Assessments utilises a range of data sources and stakeholder consultation to highlight the health needs of an ageing NSPHN population. Please refer to the relevant description of evidence for specific ageing population health and service needs throughout the document.</p>

Outcomes of the health needs analysis		
Health outcomes		
Premature mortality	Higher rate of premature mortality among males compared to females in the NSPHN region.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Premature mortality rates among males in the NSPHN region 174 per 100,000 (95% CI: 168-179) compared to 118 per 100,000 (95% CI: 114-123) among NSPHN females (2017-21) (PHIDU 2024). Rates of premature mortality are lower compared to NSW males (291 per 100,000; 95% CI: 289-294) and NSW females (180 per 100,000; 95% CI: 178-182) (PHIDU 2024). Premature mortality is defined as the average annual aged-standardised rates of death from all causes, per 100,000 population aged 0-74 years.
Premature mortality	Cancer is the main cause of premature mortality in the NSPHN region, followed by circulatory system diseases.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 58.9% of premature deaths in the NSPHN region attributed to cancer, with 36.2% of all premature deaths attributed to lung, colorectal and breast cancers (2017-21) (PHIDU 2024). According to the Cancer Institute NSW, NSPHN has a higher incidence of prostate cancer, breast cancer and melanoma compared to NSW (Cancer Institute NSW 2024a).
Disability	4.0% of the NSPHN population have severe or profound disability, measured within the Census using the 'core activity need for assistance' variable developed by the Australian Bureau of Statistics (ABS). The proportion of those with profound or severe disability has remained at the same level within the region, compared to the 2006, 2011, and 2016 Census.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 4.0% of the population have a need for assistance with core activities, lower compared to NSW (6%). More than 36,000 people in the region have profound or severe disability (ABS 2021a). Severe disability is defined as a person sometimes needing help with a core activity task (communication, mobility or self-care). Profound disability is defined as a person always needing help with a core activity task.
<p>Lifestyle Risk factors: Physical inactivity, hotspots with higher prevalence of obesity and low proportion of the NSPHN population consuming the recommended intake of fruits and vegetables.</p>		
Smoking	An estimated 56,880 people aged 18 years and over are current smokers within the NSPHN region.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Smoking prevalence is lower in the NSPHN region (7.9 per 100; 95% CI: 3.2-7.3) compared to NSW (14.4 per 100; 95% CI:14.1-14.6) (2017-18). Smoking remains the leading preventable cause of death and disease in Australia (PHIDU 2024).

Outcomes of the health needs analysis		
		<ul style="list-style-type: none"> Higher smoking prevalence in Aboriginal, socio-economically disadvantaged and LGBTIQ+ populations. Please refer to pages 23-32 for further detail.
Nutrition	<p>Low proportion of children and adults consuming the recommended intake of fruits and vegetables</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Within the NSPHN region, 5.5% (95% CI: 3.7-7.4) of adults and 4.7% (95% CI: 1.7-7.6) of children had the daily recommended intake of vegetables compared to 5.3% (95% CI: 4.7-5.9) of adults and 5.2% (95% CI: 4.0-6.4) of children in NSW (2023) (HealthStats 2024). 40% (95% CI: 35.8-44.1) of adults and 61.3% (95% CI: 53.4-69.2) of children consumed the daily recommended intake of fruits compared to 37.8% of adults (95% CI: 36.5-39.2) and 57.8% (95% CI: 55.1-60.5) of children in NSW (2023) (HealthStats 2024).
Physical activity	<p>A significant proportion of adults in the NSPHN region are not undertaking adequate physical activity.</p> <p>Please refer to page 23-29 for specific needs within Aboriginal and CALD groups.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2023, 29.4% (95% CI: 25.4-33.4) of the NSPHN population 16 years and over did not undertake adequate physical activity, compared to NSW (35.5%; 95% CI: 34.1-36.8) (HealthStats 2024). Whilst the proportion in NSPHN has decreased over the past 10 years from 38.4% in 2013 to 29.4% in 2023, a significant proportion continue to be below the threshold for adequate physical activity (HealthStats 2024). Adequate physical activity for persons aged 18 to 64 years is defined as undertaking moderate intensity exercise for a total of at least 150 minutes per week over 5 separate occasions (HealthStats 2024).
Obesity	<p>High prevalence of obesity in Hornsby and Northern Beaches LGAs.</p> <p>High prevalence of obesity also identified at a lower geographic level (SA2) within Ryde and Hornsby LGAs.</p> <p>Limited data available to determine cohorts with high need, to allow provision of targeted local interventions.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Rates of obesity were higher in the Hornsby LGA (23.4 per 100, 95% CI: 21.8-25.1) and the Northern Beaches LGA (21.7 per 100; 95% CI: 20.7-22.7) compared to NSPHN (20.1 per 100; 95% CI: 19.6-20.6) (2017-18) (PHIDU 2024). North Ryde-East Ryde (26.6 per 100; 95% CI:22.5-30.8), Asquith-Mount Colah/Berowra-Brooklyn-Cowan (24.4 per 100; 95% CI: 21-27.9) have higher rates compared to NSPHN (2017-18) (PHIDU 2024).

Outcomes of the health needs analysis

Cancer Screening: Variation in breast and cervical cancer screening rates within NSPHN region and low bowel cancer screening rates across the region.

Breast cancer	Higher incidence of breast cancer in NSPHN female population compared to NSW.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The age standardised rate of breast cancer incidence for the NSPHN female population was 130.6 per 100,000 (95% CI: 121.3-140.4) compared to 120.8 per 100,000 (95% CI: 117.6-124.0) for NSW in 2021 (Cancer Institute NSW 2024a).
Breast cancer screening	Regional variation in breast cancer screening rates, and lower screening rate than NSW.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Breast cancer screening rates were lower in Mosman (40.8 per 100), Willoughby (48.6 per 100) and North Sydney (48.8 per 100) compared to NSPHN (50.3 per 100) and NSW (53.3 per 100) between July 2022 – June 2024 (Cancer Institute NSW 2024c).
Cervical cancer screening	<p>Lower rates of cervical cancer screening in Ryde LGA.</p> <p>The National Cervical Cancer Screening Program changed in December 2017 from a biennial Pap test to HPV test every five years. Latest available data is for 2015-17, capturing biennial cervical cancer screening rates.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Cervical cancer screening rates for NSPHN participants aged 25-74 years (69.3 per 100), highest among all NSW PHNs and higher than the NSW rate (60.6 per 100) for 2018-2021, (Cancer Institute NSW 2024b) Screening participation rates in Ryde (54.6 per 100; 95% CI: 54.1-55.1) lower than both NSW and NSPHN (Cancer Institute NSW 2018).
Bowel cancer screening	Lower screening rates of bowel cancer in Ryde and Mosman. Higher proportion of bowel cancer cases among people aged 75 and older compared to NSW. Latest data is available for 2023.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Bowel cancer screening rates for NSPHN population aged 50-74 years (41.7 per 100) highest among all NSW PHNs, and higher than the NSW rate (37.5 per 100) in 2023 (Cancer Institute NSW 2024c). Bowel cancer screening rates in Ryde (38.7 per 100), Willoughby (39.3 per 100), and North Sydney (40.0 per 100) LGAs were lower compared to NSPHN (41.7 per 100) (Cancer Institute NSW 2024c). Bowel cancer screening rates lower among NSPHN males aged 50-74 years (40.4 per 100) compared to NSPHN females (43.0 per 100) (Cancer Institute NSW 2024c). Bowel cancer screening participation rates increase with age for both males and females in NSPHN and NSW (Cancer Institute NSW 2024b). The proportion of total bowel cancer cases in 2017-2021 was higher among NSPHN people aged 75 years and older (43%) compared to NSW (38%) (Cancer Institute NSW 2024b).

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		<p>Qualitative evidence:</p> <p>Consultation has highlighted higher rates of colonoscopy could potentially impact bowel cancer screening rates within the region. Currently screening rates are based solely on results under the National Bowel Cancer Screening Program. Further access to regional data required to understand the impact of colonoscopy on screening rates.</p>
<p>Impact of COVID-19: Physical inactivity, increased sedentary behaviours, reduced breast cancer screening rates and increased financial distress.</p>		
Physical Activity	<p>Reduced physical activity and increased sedentary behaviours compared to pre-COVID-19 pandemic levels. Physical activity is an important risk factor in preventing or reducing overweight and obesity, and chronic disease (AIHW 2017c).</p> <p>Identified need to support parents in accessing professional help to support their children.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Respondents from the 45 and Up Study residing in the NSPHN region reported reductions in physical activity compared to pre-COVID-19 (SNHN 2021): <ul style="list-style-type: none"> ○ 26.6% reported spending less time on overall physical activity ○ 25.3% reported spending more time watching TV <p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation with local stakeholders identified reliance on screen-based technologies and its associated negative impact on physical activity was exacerbated further as a result of COVID-19, particularly among children and young people. • Consultation with parents and carers has found that increased cost-of-living pressures and financial costs associated with team-based sports, swimming classes, and gyms for children and young people, are barriers to affording activities that support physical health.
Breast Cancer Screening	<p>Reduced breast cancer screening rates, increased prevalence of advanced breast cancers and wait times to access breast cancer screening.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Research indicates significant decrease in the number of 50 to 74-year-old women presenting with breast cancer from the pre-pandemic compared to post-pandemic periods (65.38% vs. 49.53%, $P = 0.0138$). More women presented with symptomatic breast cancer, from 42.3% in the pre-, 53.1% in the pandemic and 57% in the post-pandemic groups respectively ($P \leq 0.05$). The study also highlighted an increase in stage 3 or 4 breast cancers from pre-pandemic (4.6%) to pandemic (8.5%), remaining high post-pandemic (7.1%) (Howdle et al 2024). <p>Qualitative evidence:</p>

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		<ul style="list-style-type: none"> Whilst data is not available at a regional level, consultation with stakeholders in the region identified high wait times for accessing breast cancer screening following easing of COVID-19 restrictions. Consultation identified increasing awareness about the importance of timely screening as an area of ongoing focus for NSPHN.
Financial Stress	Increased financial stress compared to pre-COVID-19 pandemic levels, disproportionately impacting vulnerable populations	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Data from the 45 and Up Study highlighted that 36.6% of respondents from the NSPHN region aged 55 years and over reported they were worse off financially as a result of COVID-19 (SNHN 2021). Data from the August 2023 ANUpoll shows that in April 2023 32.2% of Australians were finding it difficult or very difficult on their present income compared to 26.7% in February 2020 (Biddle & Gray 2023). Females, Aboriginal and Torres Strait Islander Australians, CALD cohorts, those with low education, and those in disadvantaged areas all pulled further away from the rest of the population in 2022/2023 compared to 2020/2021 (Biddle & Gray 2023).
Domestic Violence	Financial instability and access to secure housing.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with stakeholders identified that women and children experiencing domestic violence often experience financial instability and have difficulty accessing stable and secure or affordable housing. Stakeholder consultations highlight growing concerns of increases in gambling addiction following COVID-19 and its impact Domestic Violence. Domestic Violence incidences are often under reported in the region and with estimates from local temporary accommodation shelters report that 6 in 10 people experiencing DV will not report. Consultation with stakeholders identified a lack of local support for wrap around services in the community beyond women shelters.
Vulnerable groups	Vulnerable groups disproportionately impacted by COVID-19 requiring additional support.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation identified the following groups at risk and requiring additional support – older people, Aboriginal and Torres Strait Islander people, people from CALD backgrounds, people residing in community housing and people

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		experiencing homelessness/at risk of homelessness. Refer to page 61-65 for needs specific to vulnerable groups.
Childhood Immunisation: Childhood immunisation rates in children aged two and five years lower than the national aspirational target, with regional variation in rates.		
Childhood Immunisation	<p>NSPHN childhood immunisation rates lower than the national aspirational target of 95%, however, rates have improved from the previous data collection. Latest data at an LGA level available for 2021.</p> <p>NSPHN continues to work closely with the National Centre for Immunisation research and surveillance (NCIRS) to update the immunisation register and with the Public Health Unit to increase immunisation rates in the region by supporting general practice to implement targeted initiatives.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Immunisation rates for NSPHN children aged one year 96.5%, compared to 95.5% for NSW. Immunisation rates for NSPHN children aged two years 93.0% compared to 93.8% for NSW. Immunisation rates for NSPHN children aged five years 94.5% compared to 95.1% for NSW (PHIDU 2024).
Childhood Immunisation	Regional variation in childhood immunisation, with lower immunisation rates in Northern Beaches, Mosman, North Sydney, Willoughby, and Ryde LGAs.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Lower immunisation rates for children aged one year in Hunters Hill (95%), Northern Beaches (95.5%), and North Sydney (95.9%) LGAs in 2021. Lower immunisation rates for children aged two years in Northern Beaches (93.1%), Hunters Hill (93.2%), and Ku-ring-gai (93.2%) LGAs in 2021. Lower immunisation rates for children aged five years in Mosman (92.2%) and North Sydney (93.4%), and Ryde (93.6%) LGAs in 2021 (PHIDU 2024).
Potentially Preventable Hospitalisations (PPH): Lower rate of PPHs in the NSPHN region compared to NSW, with regional variation in rates.		
Potentially Preventable Hospitalisations (PPH)	<p>Rate of PPHs lower for the NSPHN region compared to NSW, with a higher rate in Hornsby and Northern Beaches LGA.</p> <p>NSPHN has finalised a data sharing agreement with the Northern Sydney Local Health District (NSLH) to access relevant data to further inform service planning, including generating general practice-level informative</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2021-22, the rate of PPHs for NSPHN 1,370 per 100,000 (95% CI: 1,347-1,393) was lower compared to 1,719 per 100,000 (95% CI: 1,710-1,728) for NSW. Dental Conditions, urinary tract infections and cellulitis accounted for 44% of potentially preventable hospitalisations in NSPHN (HealthStats 2024). The NSPHN rate of PPH in 2021-22 (1,370 per 100,000; 95% CI: 1,347-1,393), decreased compared to 2016-17 (1,672 per 100,000; 95% CI: 1,646-1,698) (HealthStats 2024). Changes in the rate of PPH is driven by a

Outcomes of the health needs analysis		
	<p>data and to identify NSPHN’s impact on local hospital avoidance rates.</p> <p>Limited availability of up-to-date local data to better understand differences in PPH within the NSPHN region.</p>	<p>range of factors including prevalence of disease, coding standards for hospitalisations and access to primary healthcare.</p> <ul style="list-style-type: none"> Local data from 2019-20 indicates that Hornsby (1,858 per 100,000; 95% CI: 1,829-1,889) and Northern Beaches (1,778 per 1,761-1,795) LGA had a higher rate of PPH compared to other LGAs in NSPHN.
Potentially Preventable Hospitalisations (PPH)	<p>Higher rate of PPH among people in the most socio-economically disadvantaged quintile (20%) of the population.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In the most disadvantaged quintile of the NSW population, the PPH rate 2,014 per 100,000 (95% CI: 1,992-2,035) is higher compared to people in the least disadvantaged quintile (1,378 per 100,000; 95% CI: 1,359-1,394) in 2021-22 (HealthStats 2024), indicating that there may be a potential need within Ryde, Hornsby and Northern Beaches LGAs which have pockets of socio-economic disadvantage (ABS 2023b).

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Climate and Health: Exacerbated health risks as a result of climate change, impacting the physical and mental wellbeing of the community.

<p>Climate and Health</p>	<p>Physical and mental health impacts of climate change including direct and indirect impacts.</p> <p>Climate change refers to the changing weather pattern tracked over a long period of time, this may include rising average temperatures, increased frequency of extreme weather events, and rising sea levels (AIHW 2020b).</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Climate change may impact human health through different pathways, for example directly through extreme weather events such as storms, floods, bushfires, droughts, and heatwaves (SNHN 2020a). • Health impacts from bushfires include immediate effects of death and trauma from the fires, as well as exacerbations of some respiratory and cardiovascular conditions (AIHW 2020b). A longitudinal study of psychological outcomes after the 2009 Black Saturday bushfires found that 10 years after the 2009 Black Saturday bushfires, those living in highly affected communities were 1.85 times as likely to report probable PTSD (95%CI: 1.14 - 3.00) and were 2.83 times as likely to report major depressive disorder (95%CI: 1.20-6.70) when compared to those living in low or medium affected areas (Bryant et al. 2021). • Increased frequency of heatwaves during summers compared to previous decades and exposure to ultraviolet radiation impacting hospitalisations and prevalence of melanoma nationally (AIHW 2020b). Nationally, an estimated 69.8 new cases of melanoma per 100,000 people in 2024, compared to 61.1 per 100,000 in 2014, and 56.4 per 100,000 in 2004 (AIHW 2024b). Mortality associated with melanoma has decreased to 5.2 deaths per 100,000 due to melanoma of the skin in 2022, compared to 7.1 per 100,000 in 2014 and 7.3 per 100,000 in 2004 (AIHW 2024b) highlighting the effectiveness of preventative health initiatives. • Climate change can also impact human health indirectly by impacting ecosystems and environment which can result in worsening air and water quality, agricultural losses, changing patterns of disease, decreases in social and community wellbeing (SNHN 2020a). • Consultation with stakeholders across the region have identified a need for increasing awareness of health impacts of climate change across the community.
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Outcomes of the health needs analysis		
Climate and Health	Climate change exacerbates existing health inequalities with some groups placed at greater risk of the negative health and social impacts of climate change.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Key vulnerable groups identified include - Aboriginal and Torres Strait Islander communities, older people, CALD communities, migrants, refugees, homeless people, those living in low-lying flood or bushfire-prone areas, low-income earners, people with disabilities, and children (AIHW 2020b; Watts et al. 2015; SNHN 2020a).
Climate and Health	Altered demand of services, with identified need of expanding health workforce capability and capacity in response to emergencies.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Exacerbated health risks from climate change creates increased demand and pressure on the health care system; emphasising the need for workforce expansion, development, and sustainability.
Vulnerable population groups		
Aboriginal and Torres Strait Islander People		
Underreporting of Aboriginal and Torres Strait Islander status	<p>Underreporting of Aboriginal status by service providers leading to lack of Aboriginal-specific programs. Widely reported throughout the region that health professionals do not ask patients regarding their Aboriginal identity. There are significant regional issues relating to a hidden population and the Stolen Generation, with cohorts of the population who do not always self-identify their ethnicity – which impacts on ability to access available health care provision.</p> <p>The Integrated Team Care NSPHN commissioned service supports the local Indigenous population who have chronic disease and works closely with general practice to enhance culturally appropriate services to improve patient outcomes, and to support identification of Aboriginal status.</p>	<p>Qualitative evidence:</p> <p>Stakeholder consultation identified under reporting of Aboriginal status by health care professionals in the region, highlighting that the question is not always asked, and when it is, there is a need to ask respectfully and in a culturally appropriate manner. Underreporting of Aboriginal status leads to lack of Aboriginal specific health and community services for Aboriginal residents in the region, with only one Aboriginal-specific GP clinic in the region operating seven days per week. Stakeholder consultations recommended driving uptake of cultural safety training for GPs and Service Providers in the NSPHN region.</p>

Outcomes of the health needs analysis		
Cancer screening rates for Aboriginal and Torres Strait Islander women	Low breast cancer screening rates among Aboriginal women in NSPHN region.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Breast cancer screening rates among Aboriginal women aged 50-74 in NSPHN (42.2 per 100) was lower in 2021-23, compared to all women aged 50-74 (50.3 per 100) (Cancer Institute NSW 2024c) Aboriginal women are diagnosed at a younger age than non-Aboriginal women and, are more likely to have more advanced breast cancer at diagnosis than non-Aboriginal women (Cancer institute NSW 2024c). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with Stakeholders indicates that since COVID –19 routine Women’s Health Checks including screening performed by the NSLHD for Aboriginal Women has been less frequent contributing to declining screening rates.
Aboriginal and Torres Strait Islander lifestyle behaviours	High smoking prevalence.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In NSW, 21.9% (95% CI: 17.8-25.9) of Aboriginal people report smoking daily; higher compared to non-Aboriginal people (7.7%; 95% CI:7.2-8.2) (2022-23) (HealthStats 2024). In 2018; 11.9% of the total burden of disease for Indigenous Australians was attributed to tobacco use, increasing from 10% in 2003 (AIHW 2022) <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with community indicate that lifelong trauma, racism and social disadvantage, contribute to coping behaviours including addiction to smoking, alcohol and other drugs.
Aboriginal and Torres Strait Islander lifestyle behaviours	High prevalence of overweight and obesity	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In NSW, 44.0% (95% CI: 36.4-51.6) of Aboriginal people were classified as obese; higher compared to non-Aboriginal people (23.8%; 95% CI: 22.7-25) (2023) (HealthStats 2024) . In NSW, 71.7% (95% CI: 64.8-78.7) of Aboriginal people were classified as overweight or obese, compared to non-Aboriginal people (58.9%; 95% CI: 57.5-60.3) (2023) (HealthStats 2024). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with Stakeholders found that rising cost of living and higher food costs adversely impact healthier food and lifestyle choices amongst Aboriginal people.

Outcomes of the health needs analysis		
Aboriginal and Torres Strait Islander lifestyle behaviours	Insufficient physical activity	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2023, 43.9% (95% CI: 35.9-51.8) of Aboriginal people aged 16 years and over in NSW did not engage in sufficient levels of physical activity, compared to non-Aboriginal people (35.2%; 95% CI: 33.9-36.6) (HealthStats 2024). Sufficient physical activity has been defined as undertaking moderate intensity physical activity for a total of at least 150 minutes per week over 5 separate occasions (HealthStats 2024). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with stakeholders indicates a lack of socio-cultural connectedness contribute to physical inactivity with limited Indigenous sporting and community gatherings.
Chronic disease in Aboriginal and Torres Strait Islander population	High prevalence of chronic disease.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally, the 5 disease groups causing the most burden in 2018 were mental & substance use disorders, injuries, cardiovascular diseases, cancer & other neoplasms and musculoskeletal conditions; together, these accounted for almost two-thirds (63%) of the total burden among Indigenous Australians (AIHW 2022). Chronic conditions contributed to over 70% of the gap in health outcomes between Aboriginal and non-Aboriginal people, mental & substance use disorders were the largest contributor to the gap in disease burden between Indigenous and non-Indigenous Australians (based on age-standardised DALY rate differences), contributing 20% of the gap. This was followed by cardiovascular diseases (14%) and respiratory conditions (9.7%) (AIHW 2022). Nationally, cardiovascular diseases and cancer contribute to 20.2% of the total disease burden among Aboriginal people (AIHW 2022). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultations with community members diagnosed with chronic conditions indicate that lifelong traumatic experiences, racism and social disadvantage, contribute to poor mental health, poor lifestyle choices and developing multiple chronic conditions.

Outcomes of the health needs analysis

Culturally and linguistically diverse (CALD)

<p>CALD population</p>	<p>Growing CALD population within the NSPHN region with specific geographies that have a higher proportion of CALD groups.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • According to the 2021 Census, NSPHN has a larger proportion of people from culturally and linguistically diverse backgrounds (29.0%) compared to NSW (23.0%), increasing from 22.1% in 2011. • Chinese, Indian and South Korean are the largest CALD groups within NSPHN. Similar to the national trend, the proportion of people born in China and India has increased compared to the 2011 Census. • Within NSPHN, Ryde has the highest proportion of its population from a CALD background (44.3%), increasing from 36.5% in 2011, with 53.7% of the total population in Ryde speaking a language other than English. • Mandarin, Cantonese, and Korean are the most commonly spoken languages in the NSPHN region. • According to the 2021 Census, the Northern Beaches LGA has the largest population of Tibetan refugees (30%) residing in Australia (ABS 2021a).
<p>Health needs</p>	<p>There is a subsequent need to develop culturally appropriate interventions to cater for the diverse health needs of the growing CALD population within the region.</p> <p>Limited availability of national and local data to understand the complexities of the multiple CALD groups within the region, who have differing health needs and experiences of accessing and utilising primary care.</p> <p>Further investigation needed to understand health issues prevalent within different / specific CALD groups to identify issues that can be managed within primary care in a culturally appropriate manner.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Complex health needs of CALD groups can be attributed to the distinct needs of each CALD group (RACGP 2011). • Cultural beliefs and expectations influence how consumers define health and illness, impacting their decision making in how and when healthcare services are accessed (NSW Ministry of Health 2019). There are specific barriers to accessing health services which subsequently impact the health status of CALD groups. Please refer to page 62 for further detail. • Consultation with stakeholders highlighted complex health needs for individuals from CALD backgrounds who may require additional services due to communication barriers, trauma history, or stigma. • There are significant barriers to accessing information resources, GPs and health and community services due to language barriers. Increased availability of health interpreters is needed to ensure accurate communication and robust clinical care.

Outcomes of the health needs analysis		
Risk factors	Higher rate of smoking, physical inactivity, and diabetes among Chinese Australians.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> According to Jin et al (2017), findings from the 45 and Up Study highlight that Chinese Australians have 22% higher rates of smoking, 48% higher rate of physical inactivity and 25% higher rate of diabetes compared to non-Chinese Australians (Jin et al. 2017). Limited data available to identify the prevalence of these risk factors in the local Chinese population which is the largest CALD group within the Northern Sydney region, accounting for 6.5% of the total population. <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations highlighted resistance to visit a GP and or undertake cancer screening for older people due to language barriers and limited health literacy.
Cancer screening in CALD population	Low breast cancer screening rates among CALD women. Lower rates among CALD women in Mosman and Northern Beaches LGAs.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In NSPHN, breast cancer screening rates among CALD women aged 50-74 was 40.3 per 100 compared to 50.3 per 100 for all women aged 50-74 years (2021-23) (Cancer Institute NSW 2024c). Breast cancer screening rates among CALD women in Mosman (33.1 per 100) and Northern Beaches (34.3 per 100) is lower compared to NSPHN (40.3 per 100) (Cancer Institute NSW 2024c) <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Language Barriers prevent CALD women attending non specific CALD services.
At risk and hard to reach CALD populations	Higher rates of domestic violence reported in families from CALD backgrounds. Further investigation needed to determine which CALD groups are most likely to be impacted, with a need to deliver culturally appropriate services to the relevant CALD populations.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultations with service providers highlighted domestic violence in families from CALD backgrounds, not specific to new migrants and humanitarian entrants. This issue is exacerbated by social isolation, poverty, poor awareness of services and limited health literacy as well as socio-cultural norms.
Refugee population	Refugee population within the region with significant and complex health issues.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Northern Sydney currently has Tibetan and Syrian, Armenian and Ukrainian humanitarian entrants residing within the region with specific health needs and barriers to accessing services. Further work is required to understand true population numbers and health needs.

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of evidence
Socio-economic disadvantage		
Socio-economic disadvantage	Pockets of socio-economic disadvantage.	Quantitative evidence: <ul style="list-style-type: none"> Pockets of disadvantage within the region, concentrated in Ryde, Hornsby and Northern Beaches LGAs (ABS 2023b)
Smoking	Higher prevalence of smoking among people in the most disadvantaged quintile.	Quantitative evidence: <ul style="list-style-type: none"> In NSW, daily smoking prevalence is higher among people in the most disadvantaged quintile (13.1%; 95% CI: 10.8-15.3) compared to those in the least disadvantaged quintile (4.3%; 95% CI: 2.9-5.7) (2023) (HealthStats 2024).
Life expectancy	Lower life expectancy among people in the most disadvantaged quintile.	Quantitative evidence: <ul style="list-style-type: none"> For NSW, life expectancy among people in the most disadvantaged quintile (82.5 years) is 5 years lower compared to those in the least disadvantaged quintile (87.5 years) (2020) (HealthStats 2024).
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTIQ+) population		
LGBTIQ+ population	NSPHN LGBTIQ+ population with specific lifestyle behaviours and health issues.	Quantitative evidence: <ul style="list-style-type: none"> The 2022-23 National Drug Strategy Household Survey estimates that 5.1% of adults identify as homosexual or bisexual and 1.8% as not sure/other orientation, estimating the LGBTIQ+ population in Northern Sydney to be between 39,000 and 54,000 (AIHW 2024).
LGBTIQ+ lifestyle behaviours	High smoking prevalence among LGBTIQ+ population.	Quantitative evidence: <ul style="list-style-type: none"> Nationally, whilst there has been a decrease in daily smoking rates among homosexual/bisexual Australians from 27.7% in 2010 to 14.2% in 2022-23, there continues to be a higher prevalence of daily smoking among homosexual/bisexual Australians compared to heterosexual Australians (8.2%) (AIHW 2024a). Smoking prevalence among young people aged 14-25 years escalates to: <ul style="list-style-type: none"> 34.8% among transgender men 34.7% among transgender women (Bailey et al. 2024) 23.5% among lesbian/bisexual/queer women aged 14-25 years (Mooney-Somers et al. 2018)
Identified Need	Key Issue	Description of evidence

Outcomes of the health needs analysis		
LGBTIQA+ sexual health	Screening behaviours poorer among homosexual, bisexual, and queer women.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 37% of 1,588 respondents surveyed through Sydney Women and Sexual Health (SWASH) study were overdue for a Cervical Cancer Screening test and 39% never underwent STI screening despite the vast majority being sexually active (Mooney-Somers et al. 2020).
LGBTIQA+ sexual health	<p>Higher risk of HIV and Hepatitis C due to high-risk sexual practices as well as drug usage patterns (De Wit et al. 2014).</p> <p>HIV education and prevention initiatives by Aids Council of NSW (ACON) have contributed to greater knowledge about HIV testing and awareness among gay and homosexual men (ACON 2015).</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally, the self reported HIV prevalence among gay and bisexual men participating in the Gay Community Periodic Surveys was 6.6% in 2022 (Kirby Institute 2023), decreasing from 7.9% in 2017. Male-to-male sex continues to be the major HIV risk exposure in Australia, with 79% (2022) of new HIV notifications among men who have sex with men (Kirby Institute 2023)
People experiencing homelessness		
Homelessness	A cohort in the NSPHN region homeless or at risk of being homeless, with significant and complex health issues.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The 2021 Census estimated around 2,900 people experiencing homelessness in the NSPHN region with a majority located in the Northern Beaches (879), Ryde (574) and Hornsby (449) LGAs (ABS 2023a). Northern Sydney District Homeless Project snapshot of contacts made to organisations in the region seeking a service found (NSLHD 2016): <ul style="list-style-type: none"> 56.2% of clients recorded as homeless compared to 41.2% being at risk. Single men and women most likely to contact services, followed by families with children. Majority of 'families with children' consisted of single mothers. 3.3% of clients identified as Aboriginal and 17.2% as CALD.
Homelessness	Access to secure and affordable housing.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> A snapshot of homelessness in the region identified the most common presenting issue as financial stress (54%), with mental health (38%) and domestic violence (38%) also featuring predominately (NSLHD 2016). <p>Qualitative evidence:</p>

Outcomes of the health needs analysis		
		<ul style="list-style-type: none"> Stakeholder consultations highlight a lack of affordable or community housing and cost of living pressures are driving increases in homelessness; more young families and older single women are now living in cars
Homelessness	Risk of poorer outcomes	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Although there is a lack of national data pertaining to the prevalence rate of smoking amongst homeless persons, a 1995-1996 Melbourne based study reported that 77% of the 238 homeless people surveyed were current smokers (Kermode et al 2008). A later Australian study reported a smoking prevalence of 82% among clients of a homeless service in 2011 (Maddox and Segan 2016). A high rate of smoking amongst this group is problematic because homeless persons may adapt their smoking behaviours to save money, potentially exposing themselves to greater health risks (AIHW 2018a).
Older people		
Health of older people	<p>Higher rate of fall-related injury hospitalisations within NSPHN region compared to NSW, with a higher rate among females compared to males.</p> <p>Dementia hospitalisations rates within the NSPHN region increase with age, a similar trend is evident for NSW (HealthStats 2024).</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Whilst the prevalence of falls among people aged 65 years and over within NSPHN (22.1%; 95% CI: 14.9-29.3) is comparable to NSW (22.7%, 95% CI: 20.4-25) (2015), the rate of fall-related injury hospitalisations (4,655 per 100,000; 95% CI: 4,555-4,756) is higher in the NSPHN region compared to NSW (4,082 per 100,000; 95% CI: 4,049-4,115) (2021-22) (HealthStats 2024). Disaggregating the rates further by gender, rates are higher for both NSPHN males and females compared to NSW males and females respectively (HealthStats 2024). The rate of hospitalisations among NSPHN females (4,931 per 100,000; 95% CI: 4,794-5,072) is higher compared to NSPHN males (4,323 per 100,000; 95% CI: 4,179-4,471), indicating a greater burden among females (2021-22) (HealthStats 2024).
Women's Health		
Endometriosis and Pelvic Pain	Increasing prevalence endometriosis and related hospitalisations at a national level	<ul style="list-style-type: none"> Nationally, of women in the 1989–95 cohort who had turned 31, 9.2% were estimated to have been diagnosed with endometriosis compared with 6.9% of women born in 1973–78 at this age (AIHW 2023c) Nationally, the rate of endometriosis hospitalisations has doubled among females aged 20–24 in the past decade, from 330 hospitalisations per

Outcomes of the health needs analysis		
		100,000 females in 2011–12 to 660 per 100,000 in 2021–22. This was particularly driven by the increase in the rate of hospitalisations in private hospitals in this period, which more than doubled from 175 to 425 hospitalisations per 100,000 females (AIHW 2023c).
Hysterectomy and Endometrial ablation	Lower hospitalisation rates of Hysterectomy and Endometrial ablation for benign conditions compared to NSW and Australia; within NSPHN there high variances between local areas.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • An estimated 173 per 100,000 women over the age of 15 in the NSPHN have had a hysterectomy in the 2021-22 period compared to 217 per 100,000 in NSW (ACSQHC 2024). <ul style="list-style-type: none"> ○ Hornsby (208), Warringah (193) and Pennant Hills-Epping (180) SA3 areas had the highest rates per 100,000 women over the age of 15 to have a hysterectomy in 2021-22. • An estimated 97 per 100,000 women over the age of 15 in the NSPHN region have had an endometrial ablation between 2019-20 to 2021-22, increasing from 88 per 100,000 in 2013-14 to 2015-16 (ACSQHC 2024). Lower than the NSW rate (112 per 100,000) in 2019-20 to 2021-22 <ul style="list-style-type: none"> ○ Pittwater (196 per 100,000), Warringah (150 per 100,000) and Manly (137 per 100,000) SA3 areas had the highest rates per 100,000 women over the age of 15 to have an endometrial ablation in the 2019-20 to 2021-22 period and are above the NSW (112 per 100,000) and national (131 per 100,000) rates. The lowest rates in NSPHN were in Ryde-Hunters Hill SA3 (53 per 100,000) and Chatswood – Lane Cove SA3 (59 per 100,000).

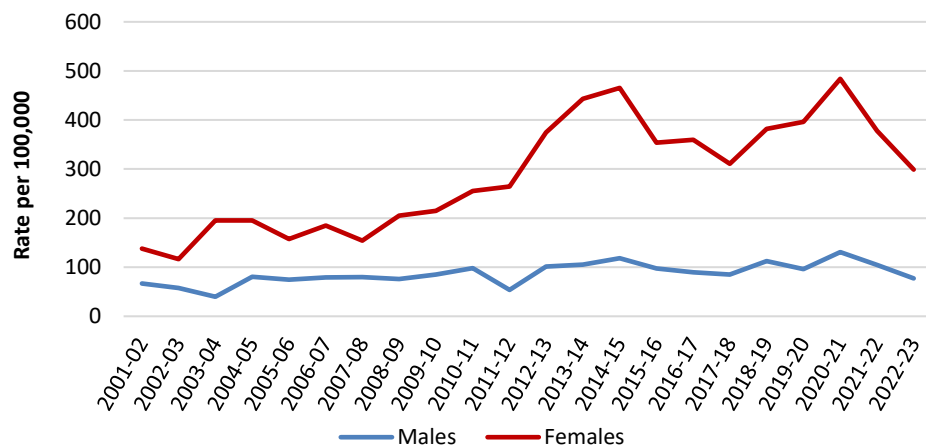
Primary Mental Health Care (including Suicide Prevention)

Summary

The NSPHN Needs Assessment utilises available qualitative and quantitative data to highlight the impact of mental illness across the NSPHN population with a focus on vulnerable and hard to reach groups. The 2024-27 Needs Assessment identifies high levels of psychological distress, higher rates of intentional self-harm among young people as well as increased prevalence and complexities of mental illness within vulnerable population cohorts.

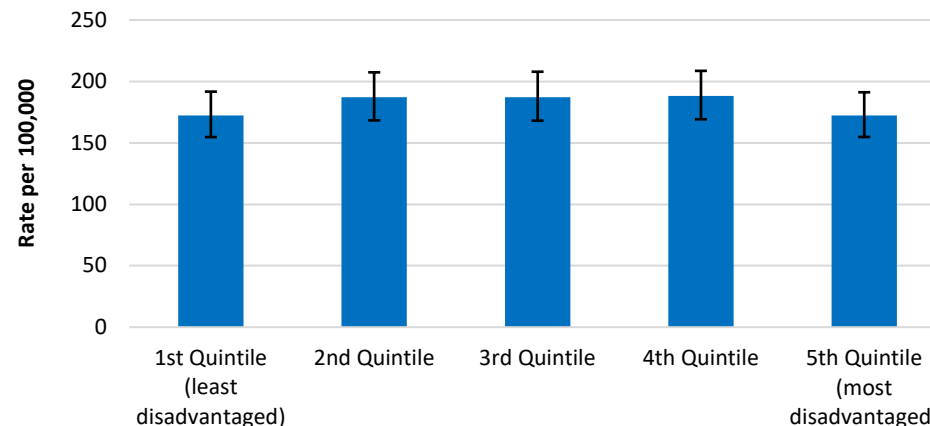
Findings from the previous Needs Assessments continue to remain valid and identified higher rates of distress among Aboriginal and Torres Strait people, ongoing and residual impacts of the COVID-19 pandemic as precursors for the mental health burden including social isolation, impacts of social determinants on youth experiences of mental health, specific needs among other vulnerable and hard to reach cohorts, and psychosocial support needs of people with severe and complex mental illness. The following analysis builds upon previous findings to identify mental health needs within the NSPHN region, with relevant data updated where possible.

Rate of hospitalisations for intentional self-harm among people aged 15-24 years in the NSPHN region, 2001-2023



Source: HealthStats (2024)

Rate of hospitalisations for intentional self-harm among people aged 15-24 years by socio-economic status, 2022-23



Source: HealthStats (2024)

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Prevalence and Suicide Prevention		
Prevalence of mental illness across the spectrum of severity	Stratification of the population into different 'needs groups', ranging from whole of population needs for mental health promotion and prevention, through to those with severe, persistent and complex conditions is important in understanding the different service responsibilities within the stepped care approach (DoHAC 2017a).	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Applying national estimates to the NSPHN population, an estimated 18.3% of the total population had a 12-month mental disorder in 2020—2022 (ABS 2024a). It was estimated that in NSPHN there were <ul style="list-style-type: none"> ○ 6.4% (45,911) with mild mental disorder. ○ 8.0% (57,850) with moderately severe mental disorder. ○ 3.9% (27,905) with severe mental disorder.
Prevalence of mental illness	Depression and anxiety account for the largest proportion of diagnosed mental health conditions.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • 13.7% (95% CI: 10.8-16.6) of people aged 16 years and over report high or very high psychological distress in the NSPHN region, lower than NSW (18.1%; 95% CI: 17.1-19.2) in 2023 (HealthStats 2024). • Anxiety and depression are one of the most managed mental health conditions in general practice, accounting for 48.7% of mental health related encounters in general practice (AIHW 2017d), consultation with local GPs estimates that the prevalence is higher. • 27% of all Medicare mental health services were delivered by GPs in 2022-23 (AIHW 2024j). • Data from 192 NSPHN GP practices extracted through Primary Sense estimates the prevalence of mental health conditions at 15.8 per 100, with depression and anxiety accounting for the largest proportion of mental health conditions (October 2024) (SNHN 2024). The data is limited to active patients of GP practices in the NSPHN region.

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Suicide prevention	Suicide death rates have remained at the same level for the previous ten years. Higher suicide death rates have been identified at a lower geographic level (SA3) within the NSPHN region.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • 73 deaths due to suicide in the NSPHN region in 2022 averaging one death from suicide every five days. • Age standardised suicide death rate within the NSPHN region 7.4 per 100,000, lower than the NSW rate of 10.8 per 100,000 (2022) (AIHW 2024q). • Age standardised suicide death rates have remained stable in NSPHN over the past 10 years – the same rate of 7.4 per 100,000 was recorded in both 2012 and 2022. • In 2018-2022, Pittwater (10.1 per 100,000) and Hornsby (9.1 per 100,000) SA3s had the highest suicide death rates in the NSPHN region. The rates are lower than NSW (11.1 per 100,000) and the national rate (12.4 per 100,000) (AIHW 2024q). • Suicide rates are influenced by coronial processes, methodologies in defining and determining cases of ‘intentional self-harm’ in hospital records and procedures for coding deaths data. Limited availability of local data to identify burden across age groups.
Suicide prevention	High rate of death by suicide amongst males.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • In 2022, rate of deaths from suicide among NSW males (16.9 per 100,000; 95% CI: 15.7-18.2) was 3.5 times the rate for NSW females (4.8 per 100,000; 95% CI: 4.2-5.6) (HealthStats 2024). • Males aged 45-54 years had the highest rate of suicide deaths in NSW: 26.4 per 100,000 (95% CI:22.1-31.3) compared to 16.9 per 100,000 (95%CI: 15.7-18.2) among males of all ages (2022) (HealthStats 2024).

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Impact of COVID-19: Ongoing impacts of COVID-19 pandemic on the psychological, social and emotional needs of clients.		
Prevalence of mental illness	<p>Mental health and social/emotional wellbeing continue to be a key priority, with ongoing impacts of the COVID-19 pandemic on psychological, social and emotional needs of individuals.</p> <p>As the COVID-19 pandemic continues, it becomes less clear whether pandemic related factors or other socioeconomic factors may be primarily responsible for any community level change in psychological distress (AIHW 2024r).</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Research on psychological distress during the COVID-19 pandemic indicates that the proportion of the population experiencing severe psychological distress rose from 8.4% (of people aged 18+) in February 2017 to 10.6% in April 2020. Severe psychological distress peaked at 12.5% in October 2021 and decreased to 10.9% in January 2023. The heightened level of psychological distress in April 2020 coincided with the first wave of COVID-19 infections in Australia and the initial lockdown periods. In 2021, the worsening of psychological distress between April and August was greater for residents of Sydney and Melbourne, than those living in the rest of Australia (AIHW 2024q). • Increases in loneliness due to the COVID-19 lockdown measures in August 2021 were mainly due to a large increase in Sydney, with the proportion of Sydney residents experiencing loneliness at least some of the time increasing from 35.3% in April 2021 to 44.3% in August 2021, while the rest of Australia reported little change in this period (34.6% in August 2021 compared with 34.0% in April 2021) (AIHW2024r). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation with psychologists within the region identified isolation, job security, financial stress, domestic violence, and substance abuse as key emerging issues of concern. • Stakeholder consultation identified social isolation as a key stressor for mental health. • Consultations with youth mental health services emphasised the longer-term impacts of remote schooling and disrupted social development. Service providers reported increased rates of self-harm and suicidal ideation among young people, along with a significant rise in referrals for anxiety disorders and social phobias.

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Prevalence of mental illness	Increased complexity of clients accessing services	<p>Qualitative evidence:</p> <p>A survey administered to psychologists within the region indicated clients presented with a range of complex mental health needs requiring long term interventions/additional interventions. Consultations with stakeholders also identified additional focus on addressing broader needs of people experiencing mental health disorders, including physical health needs.</p> <p>Consultations with frontline mental health service providers revealed an increase in the complexity of presentations during and after the COVID-19 pandemic. Clinicians noted a surge in clients presenting with dual diagnoses (e.g., mental health and substance abuse disorders), exacerbating the already strained mental health service system.</p>
Vulnerable groups	Cohorts identified within the region experiencing a greater mental health burden and requiring additional support.	<p>Qualitative evidence:</p> <p>Identified vulnerable groups include – young people, people from CALD backgrounds, Aboriginal and Torres Strait Islander people and older people. Please refer to page 75-85 for needs and barriers to accessing support for identified vulnerable groups.</p> <p>Feedback from culturally and linguistically diverse (CALD) community groups indicated that language barriers and cultural stigmas around mental health made it harder for individuals to seek support during the pandemic. Community leaders emphasized the need for targeted mental health interventions that are culturally appropriate and address the unique challenges faced by CALD populations.</p>

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
<p>Psychosocial support: Comorbid physical health conditions, risk of social isolation, difficulty in accessing secure housing and lower rates of labour force participation among people with mental illness highlights need for support beyond clinical services.</p>		
<p>Supporting psychosocial needs of people with severe mental illness</p>	<p>Many people diagnosed with severe mental illness experience additional impacts on their social and emotional functioning, physical health and participation in the community.</p> <p>Individuals with severe mental illness and reduced psychosocial functional capacity who currently are unable to access support through the NDIS or other state-based programs will require support through the Commonwealth Psychosocial Support program.</p> <p>For people to meet the threshold to access NDIS support they must:</p> <ul style="list-style-type: none"> • have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and • have an impairment that substantially reduces their ability to participate effectively in activities, or perform tasks or actions unless they have: <ul style="list-style-type: none"> ○ assistance from other people or ○ assistive technology or equipment (other than common items such as glasses) or ○ you can't participate effectively even with assistance or aides and equipment and • have an impairment that affects their capacity for social and economic participation and • are likely to require lifetime support under NDIS 	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • 3.9% of people aged 16+ in NSPHN have been diagnosed with a severe mental illness, this equates to 27,905 people in the NSPHN region who require psychosocial support (ABS 2024a) • Vulnerable and hard to reach population groups experiencing barriers to accessing NDIS services are the potential target cohorts for the Commonwealth Psychosocial Support program. Please refer to page 72 for further detail on cohorts experiencing barriers to accessing NDIS services.

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Impact of mental illness	Morbidity associated with mental illness.	<p>Quantitative evidence:</p> <p>The Australian Burden of Disease Study 2023 found that mental health and substance use disorders were responsible for 15% of the total burden of disease (DALYs), second only to cancer (17%) (AIHW 2023b), this emphasises the impact of mental health and substance use disorders on quality of life. 'Disability adjusted life years' (DALYs) measures the years of healthy life lost from death and illness (AIHW 2023b)</p>
Physical wellbeing of people with mental illness	<p>Co-morbid physical health conditions impacting health outcomes of people with mental illness.</p> <p>People living with Mental illness are more likely to develop comorbid physical illness, and have a lower life expectancy than the general population (AIHW 2024n)</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Data from 192 NSPHN GP practices extracted through Primary Sense estimates 37.0% of patients with a mental health condition were also diagnosed with a co-morbid physical health condition in one or more of the following categories: diabetes, respiratory, cardiovascular, and/or renal impairment (SNHN 2024). • Underdiagnosis of physical health conditions among people with mental illness and lower rates of treatment for physical health conditions impacts quality of life. Co-morbid physical health conditions are a contributor to lower life expectancy (DoHAC 2017b) among people experiencing severe mental illness with cardiovascular disease being a common cause of premature mortality (De Hert et al 2011). • In Australia, close to 80% of premature deaths of people with mental illness are due to preventable physical health conditions (AIHW 2024n)
Social Isolation	Risk of social isolation among people with mental illness.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Mental illness can impact the ability to maintain relationships with friends, family and acquaintances, making individuals susceptible to risk of social isolation with a greater risk among those who have been hospitalised (Rickwood 2006). • According to the 2010 National Survey of Psychotic Illness, social isolation, lack of employment and financial problems were highlighted as key challenges among people living with psychotic illness (Morgan et al. 2011).

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Accessing and maintaining secure housing	Challenges in accessing secure and affordable housing	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Severity of symptoms, financial disadvantage, and stigmatisation predispose individuals with mental illness to homelessness with outcomes exacerbated for those with severe mental illness (Costello, Thomson and Jones 2013), co-morbid alcohol, and other drug issues (Rickwood 2006). <p>Quantitative evidence:</p> <ul style="list-style-type: none"> In NSW, 44.9% of clients presenting to specialist homelessness services with mental illness had previously experienced an episode of homelessness in the last 12 months, highlighting the need to prevent repeated cycles of homelessness (AIHW 2024p). 35.1% of low-income families experience financial stress from mortgage or rent in the NSPHN region (NSW: 31.9%) with higher rates in Ryde (45.4%), North Sydney (42.8%), and Willoughby (39.7%) LGAs (PHIDU 2024).
Maintaining employment	Lower rates of labour force participation	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally in 2020-2022, People aged 16–64 years who were currently unemployed had higher rates of 12-month mental disorders (36.1%) than people who were employed (22.8%) or not in the labour force (28.6%) (ABS 2024a).
Carer/family support	Greater risk of adverse outcomes for people with severe mental illness necessitates the need for psychosocial support.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Outcomes related to co-morbidities with physical health conditions, social isolation, housing, and employment can potentially be worse off among people with severe mental illness. The repercussions are not limited to persons with mental illness but also creates economic and social burden for carers and families who are the primary source of ongoing support and recovery for persons with severe mental illness (AIHW 2017c).

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Vulnerable Population Groups		
Young People		
Prevalence	Higher prevalence of mental illness among males and adolescents.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • According to the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, nationally, approximately 13.9% of children aged 4-17 years were reported as having a mental illness in the previous 12 months. The survey was based on responses by parents or carers for children aged 4-17 years with inclusion of self-reported responses for children aged 11 years and over when available. Applying the national estimates to the NSPHN population, approximately 21,000 children were estimated to have a mental illness in the previous 12 months. • Higher prevalence (16.3%) among males compared to females (11.5%). • 14.4% of children aged 12-17 years report having a mental illness in the past 12 months compared to 13.6% of children 4-11 years (Lawrence et al. 2015).
Prevalence of severe mental illness among young people	2.1% of children aged 4-17 years have a severe mental disorder (Lawrence et al. 2015).	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Applying the national estimates to the NSPHN population, approximately 3,500 children were estimated to have severe mental illness.
Prevalence based on social determinants of health	Higher prevalence of mental illness among children living in step, blended and single parent families.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • 18.3% of children in stepfamilies, 20.2% in blended families and 22.4% in single parent families report having a mental illness in the past 12 months compared to 10.4% of children in original families (Lawrence et al. 2015). Potential need within Northern Beaches and Willoughby LGAs which have a higher proportion of step, blended and single parent families compared to NSPHN (ABS 2021b).

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Prevalence based on social determinants of health	Higher prevalence of mental illness among children living in socio-economically disadvantaged families.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 20.7% of children living in families in the most disadvantaged quintile report having a mental illness in the past 12 months, higher compared to children living in families in the least disadvantaged quintile (10.9%) (Lawrence et al. 2015). Potential need in Ryde LGA which is ranked as the most socio-economically disadvantaged LGA within NSPHN (ABS 2023b). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations highlight challenges for socio-economically disadvantaged families in accessing medications for ADHD and other childhood medications requiring a paediatrician or psychiatrist. Stakeholder consultations Teachers lack the knowledge of how to support or refer students to mental health services. A lot of red tape for services to come into schools to support students.
Self-harm in young people	High rate of intentional self-harm in those aged 15-24 years, with a higher rate of hospitalisations among females and higher rate of deaths among males.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Higher rate of hospitalisations due to intentional self-harm among those aged 15-24 years within NSPHN region – 183.5 per 100,000 (95% CI: 159.3-210.3) compared to 56.5 per 100,000 (95% CI: 51.7-61.7) for all ages (2022-23) (HealthStats 2024). The rate of self-harm hospitalisations among females aged 15-24 within NSPHN was similar in 2022-23 (299.0 per 100,000 95%CI: 255-349) compared to 2017-18 (311.0 per 100,000 95% CI: 265-362), however, spiking in 2020-21 to 483.8 per 100,000 (95% CI: 425-547) (HealthStats 2024). Males had lower rates at all time points, with 77 per 100,000 (95%CI: 56-103) in 2022-23 (HealthStats 2024). For NSW, age-specific death rate for intentional self-harm in those aged 15-24 years is 8.9 per 100,000. The rate among males (13.1 per 100,000) was higher compared to females (4.4 per 100,000) (2022) (ABS 2024c). <p>Qualitative evidence:</p>

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Aboriginal and Torres Strait Islander people		
Aboriginal and Torres Strait Islander people	Direct and indirect effects of the Stolen Generations, poor access to preventative health care, and higher rates of social disadvantage impact rates of psychological distress amongst the Aboriginal and Torres Strait Islander community.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations highlighted that mental health issues related to the stolen generation are faced by the Aboriginal population in the NSPHN region. Poor access to preventative health care and higher rates of social disadvantage impact rates of psychological distress amongst the Aboriginal and Torres Strait Islander community. Consultations have also highlighted the need to gain a better understanding of the diversity of Aboriginal communities within the region to further understand and address health needs and service gaps and to address the need for increased education to provide culturally safe support services.
Aboriginal and Torres Strait Islander people	Higher rate of hospitalisations for mental health disorders among Aboriginal people compared to non-Aboriginal people.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> For NSPHN, higher rate of hospitalisations for mental health disorders among Aboriginal people 2,956 per 100,000 (95% CI: 2,880-3,033) compared to 1,785 per 100,000 (95% CI: 1,775-1,794) for non-Aboriginal people in NSPHN (2019-20) (HealthStats 2021).
Suicide in Aboriginal and Torres Strait Islander people	Higher rates of suicide among Aboriginal people compared to non-Aboriginal people.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Higher suicide rates among Aboriginal people across NSW – 21.1 per 100,000 (95% CI: 18.4-24.1) compared to 10.7 per 100,000 for non-Aboriginal people (95% CI: 10.4-11.0) (2017-21) (HealthStats 2024). Suicide rates among Aboriginal people across NSW have increased over a ten year period from 10.0 per 100,000 (95% CI: 7.4-13.3) in 2007-2011 to 21.1 per 100,000 (95% CI: 18.4-24.1) in 2017-21 (HealthStats 2024).

Outcomes of the health needs analysis		
Self-harm in young Aboriginal and Torres Strait Islander people	Higher rate of hospitalisations due to intentional self-harm among Aboriginal people aged 15-24 years compared to non-Aboriginal people.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Rates of hospitalisations in NSW for intentional self-harm among 15-24 years old Aboriginal people 451 per 100,000 (95% CI: 398-510) compared to 170 per 100,000 (95%CI: 161-178) for non-Aboriginal people (2022-23) (HealthStats 2024). The rates of intentional self-harm hospitalisations among Aboriginal people aged 15-24 years in NSW has remained relatively stable between 2012-13 (433.9 per 100,000; 95% CI: 376.3-497.9) and 2022-23 (451 per 100,000: 95%CI: 398-510), however, spiking in 2019-20 to 685.5 per 100,000 (95% CI: 617.7-758.6) (HealthStats 2024).
Identified Need	Key Issue	Description of Evidence
Culturally and linguistically diverse (CALD)		
Prevalence of mental illness in CALD population	Complex presentations in CALD groups within the NSPHN region.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the complexities of mental health need and service provision for CALD groups in the NSPHN region. CALD groups presenting for a range of mental health and health needs e.g. trauma, migration, career change, physical health, social isolation, and separated families. CALD populations including Chinese, Korean, Tibetan and Arabic populations face stigma with mental illness in terms of acknowledgement and accessing of services. Community leaders from Arabic-speaking groups highlighted that stigma around mental illness remains a significant barrier, with individuals often reluctant to seek help due to fears of being ostracised by their communities. These cultural beliefs lead to mental health issues being kept within the family, often until a crisis occurs. Service providers working with refugee populations in the region highlighted that many refugees, particularly Tibetan and Syrian-Armenian humanitarian entrants, suffer from post-traumatic stress disorder (PTSD) and adjustment disorders, but there are insufficient resources to address the compounded impact of trauma and social isolation.

Outcomes of the health needs analysis		
Suicide prevention in CALD population	Higher risk of suicidal behaviours among humanitarian entrants.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Overrepresentations in acute services are related to lower service utilisation, greater stigma related to mental health, limited knowledge about available services as well as language and cultural barriers (MHiMA 2014).
Socio-economic disadvantage		
Self-harm in socio-economically disadvantaged population	Higher rates of intentional self-harm in socio-economically disadvantaged population.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> For NSW, the rate of hospitalisation for intentional self-harm in the most disadvantaged quintile (76.7 per 100,000; 95% CI: 72-81) and the second most disadvantaged quintile (84.4 per 100,000; 95% CI: 80-89) were higher in 2022-23 compared to the least disadvantaged quintile (53.6 per 100,000; 95% CI: 50-57) (HealthStats 2024).
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTIQ+) population		
Prevalence of mental illness in LGBTIQ+ population	<p>Elevated risk of anxiety, depression, self-harm, and suicide compared to non-LGBTIQ+ population. This risk is further elevated in LGBTIQ+ people from CALD backgrounds.</p> <p>Suicidal ideation higher among young LGBTIQ+ people, partly due to higher rates of violence and harassment (beyondblue 2010).</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The 2020-2022 National Study of Mental Health and Wellbeing indicates higher prevalence of mental illness among LGBTQ+ populations (ABS 2024a): <ul style="list-style-type: none"> 42.8% of gay or lesbian people and 64.4% of bisexual people had a 12-month mental disorder compared with 19.9% of heterosexual people 80.4% of non-binary people had a 12-month mental disorder, compared with 18.3% of men and 24.3% of women 33.1% of trans people had a 12-month mental disorder compared with 21.3% of cis people

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
People experiencing homelessness		
Homelessness	High prevalence of mental health issues in homeless population.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> A snapshot of homelessness in the NSPHN region identified that 38% of contacts seeking a homeless service related to mental health issues (NSLHD 2016). Similarly, In NSW 44.9% of clients presenting to specialist homelessness services had a current mental health issue (AIHW 2024p)
Older People		
Mental health of older people	Mental health issues among older people in residential care facilities. Nationally, males aged 85+ years have higher rates (26.4 per 100,000) of suicide in 2023 compared to other age-groups (ABS 2024c).	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> On average, 57.7% of all people aged 65 years and over entering permanent residential aged care between 1 July 2017 and 30 June 2022, and 58.6% of First Nations people aged 50 years and over, were recorded with a mental health condition on their aged care eligibility assessment or their residential aged care funding assessment (AIHW 2024k). Nationally, 62.5% of people aged 65+ living in residential aged care experienced at least mild symptoms of depression, with 16% recorded with major symptoms of depression 2017-22 (AIHW 2024k).

Outcomes of the health needs analysis

Other vulnerable population groups

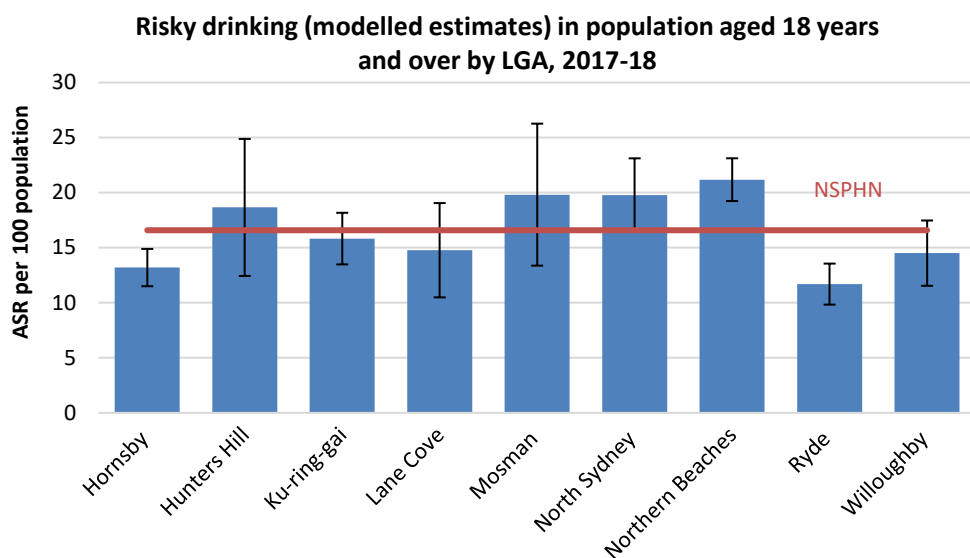
Prevalence of perinatal depression	20% of Australian mothers experience depression, with 10% of mothers diagnosed with depression in the perinatal period.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally, young mothers (under 25 years), mothers who smoke, mothers from low-income households, and mothers who are overweight or obese are at greater risk of experiencing perinatal depression (AIHW 2012).
Prevalence of perinatal depression	Stigma associated with perinatal depression.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted stigma attached to perinatal depression for women in the NSPHN region, with women being underdiagnosed and falling through gaps in service provision.
People with intellectual disability	Approximately 3% of Australians are diagnosed with intellectual disability (ABS 2014).	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 53% of those living with intellectual disability experience high or very high psychological distress (AIHW 2024o), more than 3 times the national rate of 17% for Australians aged 16–85 in 2020–22 (AIHW 2024h). Those with intellectual disabilities are less likely to use most healthcare services, 86% of those with intellectual disabilities saw a GP, compared to 92% for all other disability groups (AIHW 2024o). Comorbidity with mental disorders especially psychiatric and mood disorders are very common. However, diagnosis of these disorders are often difficult especially among people with speech difficulties (Simpson 2012). Nationally, 57% of people with intellectual disability also have psychiatric disability (AIHW 2008).

Alcohol and Other Drug Treatment Needs

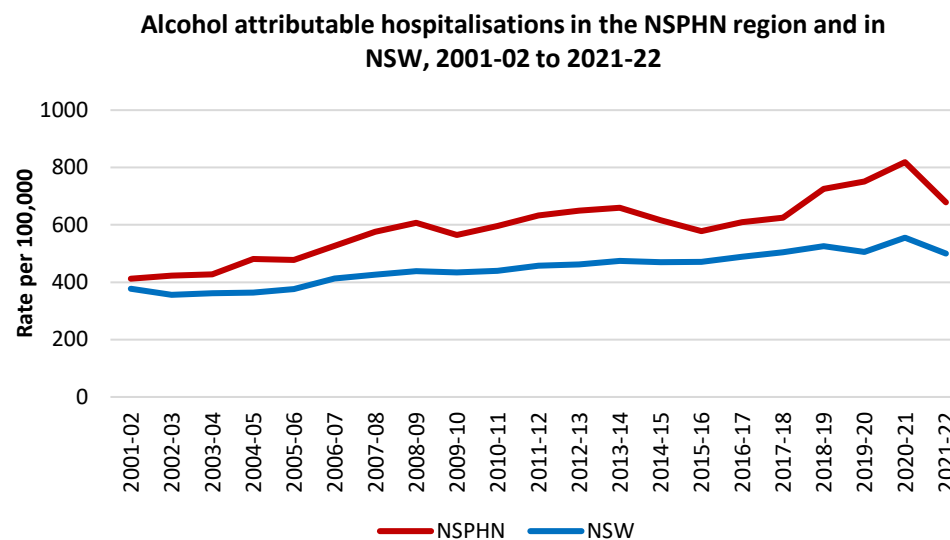
Summary

NSPHN’s Alcohol and Other Drugs (AOD) Needs Assessment builds upon previous AOD Needs Assessments to identify vulnerable cohorts and geographic hotspots of need within the NSPHN region. The analysis indicates higher rates of risky drinking, illicit drug use and alcohol attributable hospitalisations. Similar to the trend for NSW, the analysis identifies a continuing increase in hospitalisations for methamphetamine use within the region, with stakeholder consultation highlighting an increase in Emergency Department presentations in young males for steroid abuse.

Needs identified in previous NSPHN Needs Assessments continue to remain pertinent including high rates of illicit drug use among Aboriginal males, binge drinking in young people, hidden drinking in CALD groups, increasing use of ice and polysubstance abuse in young people, and population cohorts with specific needs. The following analysis builds upon previous findings to identify AOD needs across population cohorts utilising the latest qualitative and quantitative data.



Source: PHIDU (2024)



Source: HealthStats (2024)

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Prevalence and mortality		
Alcohol consumption	Higher rate of risky drinking in Northern Beaches LGA and in males.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> According to the Australia Health Survey (2017-18), higher rate of people aged 18 years and over consuming more than two standard drinks per day on average in Northern Beaches LGA (21.2 per 100; 95% CI: 19.2-23.1) compared to Australia (16.1 per 100; 95% CI: 16.1-16.1) and NSW (15.5 per 100; 95% CI: 15.2-15.7) (PHIDU 2024). In NSPHN, 9.1% of males (95%CI: 6.6-11.5) drink alcohol daily, higher compared to females (5.0%; 95%CI: 3.1-6.9) (2022-23) (HealthStats 2024).
Alcohol consumption	<p>Higher rate of alcohol attributable hospitalisations compared to NSW. Females and males in the NSPHN region have the highest rate of alcohol attributable hospitalisations in NSW.</p> <p>Limited availability of local data to identify underlying causes of alcohol attributable hospitalisation including the impact of better access to private healthcare and prevalence of alcohol consumption on rates of hospitalisations.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> NSPHN's rate of alcohol attributable hospitalisations 678 per 100,000 (95% CI: 662-695) was higher compared to 500 per 100,000 (95% CI: 496-505) for NSW (2022-23). (HealthStats 2024) NSPHN males (742 per 100,000; 95% CI: 718-766) and females (621 per 100,000; 95% CI: 599-642) have the highest rates of alcohol attributable hospitalisations among NSW PHNs (2022-23) (HealthStats 2024). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted peer pressure and expectations to drink socially contributing to excess drinking in women, with the Northern Beaches CDAT (Community Drug Action Team) conducting an online social media campaign targeting middle aged women to reduce their consumption was undertaken.
Alcohol consumption	<p>North Sydney and Northern Beaches LGAs have a high rate of alcohol attributable hospitalisations in the region.</p> <p>NSPHN continues to work with the Northern Sydney Local Health District (NSLHD) to access data that identifies areas and cohorts with higher rates of alcohol related hospitalisations.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> All NSPHN LGAs had a higher spatially adjusted rate of alcohol related hospitalisations compared to the NSW rate (528 per 100,000; 95% CI: 524-531) in 2020-2022. Lane Cove LGA (1,044 per 100,000; 95% CI 978-1,103), Mosman LGA (961 per 100,000; 95% CI 894-1,024) and North Sydney LGA (934 per 100,000; 95% CI: 892-975) had the highest spatially adjusted rates in the NSPHN region (HealthStats 2024).

Outcomes of the health needs analysis		
		<ul style="list-style-type: none"> The rate of liquor offences in North Sydney (190.4 per 100,000) was 1.7 times higher than the rate for NSW (111.5 per 100,000) in 2023 (BOCSAR 2024). Alcohol related crimes are influenced by a range of factors including policing; regulations around liquor licences and, recording, reporting and classification of offences (BOCSAR 2017). Limited availability of local data to draw inferences about the impact of prevalence of alcohol consumption on alcohol related crime.
Alcohol consumption	Cultural acceptance of alcohol.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the cultural acceptance of alcohol can create challenges in identifying a need to seeking help, highlighting people are able to be high functioning and often not seeking help until entering the criminal justice system or other crises.
AOD misuse- population prevalence	The National Drug and Alcohol Clinical Care and Prevention (DA-CCP) tool estimates the prevalence of alcohol and other drugs misuse disorder to provide an understanding of the health needs of the population which can inform subsequent planning of AOD services (Ritter et al. 2014).	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Applying the national estimates from the DA-CCP tool to the NSPHN regional population, it can be estimated that approximately 123,200 people residing within NSPHN exhibited alcohol and other drug misuse in the past 12 months. This can be further stratified into: <ul style="list-style-type: none"> 83,500 with alcohol misuse 6,100 with amphetamine misuse 4,400 with benzodiazepine misuse 21,600 with cannabis misuse 7,500 with opioids misuse
AOD mortality	Drug related deaths within the NSPHN region	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Between 2018-22, 202 drug related deaths occurred within the NSPHN region (5 per 100,000), with the highest rates in Hornsby and Ryde-Hunters Hill SA3s (Penington Institute 2024). Further analysis is required to understand the underlying causes and confounders of drug related deaths and identify cohorts that are at greater risk of drug related mortality.

Outcomes of the health needs analysis		
Illicit drug use	Significant increase in hospitalisations due to methamphetamine usage in NSPHN region. Latest data available is from 2019-20.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The rate of methamphetamine related hospitalisations in the NSPHN region significantly increased from 25.8 per 100,000 (95% CI: 22.1-30) in 2013-14 to 73.6 per 100,000 (95%CI: 67.3-80.3) in 2022-23. (HealthStats 2024). NSPHN had a lower rate of methamphetamine related hospitalisations in 2022-23 (73.6 per 100,000; 95% CI: 67.3-80.3) compared to NSW (140 per 100,000; 95% CI: 137-143) (HealthStats 2024).
Illicit drug use	Higher methamphetamine use among males.	<ul style="list-style-type: none"> In NSPHN, the rate of methamphetamine hospitalisations was significantly higher for males at 108 per 100,000 (95% CI: 97-119) compared to females (41.5 per 100,000; 95 CI: 35.0-48.9) in 2022-23 (HealthStats 2024). In NSW, the rate of methamphetamine hospitalisations was the highest for people aged 35-44 years (242 per 100,000; 95% CI: 233-252) and people aged 25-34 years (228 per 100,000; 95% CI: 220-237) in 2022-23 (HealthStats 2024).
Hep C prevalence	Variation in prevalence of Hep C across SA3s in the region.	<ul style="list-style-type: none"> Manly (0.48%) and Pittwater (0.46%) SA3s had the highest prevalence of Hep C, compared to the NSPHN rate (0.36%) (MacLachlan, Stewart and Cowie 2021) and lower than the nation rate (0.66%) (ASHM 2024).

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Vulnerable Population Groups		
Young people		
Illicit drug use among young people	Overrepresentation of people aged 16-34 years in methamphetamine related hospital admissions and ED presentations.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally in 2022-23, a higher proportion of young people aged 20-29 years reported using illicit drugs in the last 12 months (32.9%) compared to other age groups (range: 7.8-22.7); the rate for all people aged 14+ was 17.9% (AIHW 2024). In 2022-23, hospitalisations for people aged 16-34 years in NSW accounted for 42.3% of all methamphetamine related hospitalisations and 49.7% of all methamphetamine related ED presentations (HealthStats 2024).
Steroid use among young men	Increasing steroid use among young men.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2023, 38.4% of young people aged 12-18 years were mostly dissatisfied or completely dissatisfied about their body image; with a higher rate among females (40%) compared to males (23.7%) (Butterfly Foundation 2023). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations indicate a trend amongst younger males aged 15-17 years in the region to engage in steroid use to enhance their body image. Products are often bought online from unregulated sources increasing risks of adverse outcomes.
Steroid use among young men	Increasing steroid use among young men and subsequent impacts on ED presentations.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations highlighted growing perception of 'self-image' among young men is contributing to increasing prevalence of steroid use with combined steroid and methamphetamine usage imposing a burden on ED presentations. Consultation identified social media, advertising projecting 'ideal' body types and peer pressure as potential drivers.
Aboriginal and Torres Strait Islander people		
Alcohol consumption in Aboriginal and Torres Strait Islander population	<p>Higher rate of alcohol related hospitalisations.</p> <p>Lower rates of daily or weekly drinking, however, higher rates of risky drinking.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In NSW there was a higher rate of hospitalisations for alcohol among Aboriginal people (934 per 100,000; 95% CI: 891-979) compared to

Outcomes of the health needs analysis		
		<p>non-Aboriginal people (478 per 100,000; 95% CI: 473-483) in 2021-22 (HealthStats 2024).</p> <ul style="list-style-type: none"> • Among Aboriginal people aged 16 years and older, those who drink engage in risky drinking posing long-term risk to health (41.6%; 95% CI: 34.2-49.0) is higher compared to the non-Aboriginal population (33.2%; 95% CI: 31.9-34.5) in 2023 (HealthStats 2024). • Limited availability of data to evaluate the impact of drinking patterns on the rate of alcohol related harm and hospitalisation. <p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultations indicate a lack of culturally safe/sensitive AOD support services and lack of identified outreach worker or peer group support.
Illicit drug use in Aboriginal and Torres Strait Islander population	Higher usage of illicit substances among Aboriginal population, particularly among Aboriginal males.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Nationally, 27.8% of Aboriginal people reported using illicit drugs in the last 12 months compared to 17.7% of non-Aboriginal people (2022-23) (AIHW 2024I). • Cannabis is the most commonly used illicit drug with 17.0% of Aboriginal people reporting cannabis use in the past 12 months compared to 11.4% of non-Aboriginal people (AIHW 2024I). • Nationally, 36.7% of Aboriginal males reported using illicit substances compared to 21.1% of Aboriginal females (AIHW 2020a). • Nationally, higher rate of accidental drug related deaths among Aboriginal people (23.3 per 100,000) compared to non-Aboriginal people (6.1 per 100,000) in 2022. Increasing from 9.5 per 100,000 and 4.1 per 100,000 in 2009 respectively (Penington Institute 2024).
Socio-economic disadvantage		
Alcohol related mortality in socio-economically disadvantaged population	Higher rate of alcohol attributable deaths among those who are socio-economically disadvantaged.	<p>Quantitative evidence:</p> <p>In NSW, the rate of alcohol attributable deaths was higher among people in the most disadvantaged quintile (23.9 per 100,000; 95% CI: 22.4-25.6) compared to those in the least disadvantaged quintile (13.6 per 100,000; 95% CI: 12.5-14.8) in 2020-21 (HealthStats 2024).</p>

Outcomes of the health needs analysis

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTIQ+) population

Alcohol consumption in LGBTIQ+ population	LGBTIQ+ populations are more likely to engage in risky drinking behaviours.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Across Australia, 39.8% of the LGBTIQ+ population aged 14 years and over reported engaging in risky drinking behaviours compared to 31.1% of heterosexual people in 2022-23 (AIHW 2024I). LGBTIQ+ data from the National Drug Strategy Household survey refers to Homosexual and Bisexual orientations. • The prevalence of risky drinking has remained relatively stable between 2019-23.
Illicit drug use in LGBTIQ+ population	Higher prevalence of illicit substance abuse among the LGBTIQ+ population compared to the non-LGBTIQ+ population.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Across Australia, 47.4% of the LGBTIQ+ population aged 14 years and over reported illicit drug use in the previous 12 months compared to 16.1% of the non-LGBTIQ+ population in 2022-23 (AIHW 2024I). • LGBTIQ+ populations in the previous 12 months were: <ul style="list-style-type: none"> ○ 8.6 times more likely to have used inhalants ○ 6.6 times more likely to have used meth/amphetamines ○ 3.4 times more likely to have used ecstasy ○ 2.7 times more likely to have used cocaine (AIHW 2024I) • The prevalence of illicit drug use increased from 40.1% in 2019 to 47.4% in 2022-23 for the LGBTIQ+ population (AIHW 2024I)

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
People experiencing homelessness		
AOD use among people experiencing homelessness	Alcohol and other drug dependence and its associated impact on maintaining tenancies.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally, 8.6% of specialist homelessness service clients were identified as having problematic drug and/or alcohol issues in 2022-23 (AIHW 2024p) <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Research indicates that alcohol dependence is common amongst populations that are experiencing chronic homelessness (Ezard et al. 2018). In particular, a strong association has been established between recent or current problematic drug use and the maintenance of ongoing tenancy (AIHW 2019). Other adverse associations include higher levels of chronic illness, increased duration of hospital stays and higher mortality rates (Ezard et al. 2018). Stakeholder consultations advocate for new local dual treatment services that address both mental health and alcohol and other drug (AOD) issues which would support improving housing stability for people experiencing homelessness.
Older people		
Alcohol consumption among older people	Daily drinking in people aged 60 years and over.	<p>Quantitative evidence:</p> <p>Nationally, the prevalence of daily drinking was higher among those aged 70+ years (11.7%) and 60-69 years (8.5%) compared to other age groups (range: 0.8%-6.5%) in 2019 (AIHW 2024l).</p> <p>In NSW, the prevalence of daily drinking was higher among those aged 75+ years (14.7%; 95% CI: 11.7-17.6) and 65-74 years (10.5%; 95% CI: 8.6-12.4) compared to other age groups (16-64 years range: 0.6% - 8.4%) in 2023 (HealthStats 2024).</p>

Section 3 – Outcomes of the service needs analysis

General Population Health

Summary

NSPHN’s Needs Assessment highlights efforts required to improve access to health services for vulnerable populations with stakeholder consultations calling for ‘placed-based’ hubs to deliver more equitable, accessible, and affordable primary health care. The analysis also identifies a lower proportion of bulk-billing GPs in the region, highlighting a potential financial barrier to accessing services for socio-economically disadvantaged groups; and a significant growth in local CALD population requiring aged care services, who also face specific barriers to accessing services.

NSPHN’s previous Needs Assessments highlighted a lack of Aboriginal and CALD specific services in the region, with specific barriers to accessing services for people experiencing homelessness and LGBTI population. Analysis also found a lack of high care services for older people to keep people healthier at home. The following analysis incorporates latest available data where possible to complement previous findings.

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Service access		
Access – availability	<p>Financial barrier to accessing primary health services due to low number of bulk-billing GPs</p> <p>Lower rates of bulk billing medical services and practitioners charging higher gap fees creates a financial barrier to access.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The NSPHN region currently has 292 general practices. Lower proportion of bulk-billed GP non-referred attendances in the NSPHN region – 72.9% of GP attendances bulk-billed within the NSPHN region compared to 78.8% nationally and 83.1% in NSW (2023-24, Q4). The average patient contribution per GP non-referred visit in NSPHN was higher - \$50.64 compared to \$47.69 nationally (DoHAC 2024d). The rate of bulk billed GP attendances in NSPHN has remained relatively stable over the last 10 years (DoHAC 2024d) North Sydney- Mosman SA3 has lower proportion of bulk-billed GP attendances (57.8%) compared to NSPHN and Australia (AIHW 2018b).

Outcomes of the service needs analysis		
		<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations highlight that people are presenting to emergency and urgent care for non-emergency care due to financial barriers and poor access to a GP due to limited availabilities. Consultations also indicate limited bulk-billing GP services across the NSPHN region and long wait times for bulk billed services.
GP workforce	Hotspots considered as distribution priority areas.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> NSPHN has a higher proportion of GPs per population (117.9 per 100,000) compared to NSW (96.8 per 100,000). The rate varied across LGAs, ranging 89.1 per 100,000 in Lane Cove LGA to 170.8 per 100,000 in Willoughby LGA (DoHAC 2024a). Areas around Dural-Wisemans Ferry, Hornsby, and Warringah SA3s are considered distribution priority areas, indicating a shortage of general practitioners. Distribution priority areas are defined as catchments with low levels of provision of GP services compared to a benchmark calculated based on demographic and socio-economic status (DoHAC 2024b).
Health and Wellbeing	Need for continued engagement and collaboration with the community to deliver targeted interventions and more equitable healthcare including prevention and early intervention, social prescribing, mental health literacy and cultural safety programs.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with local councils, community groups and service providers identified opportunities to collaborate and build partnerships on new and existing programs to support stronger health and wellbeing across the lifespan, including: <ul style="list-style-type: none"> a need for place-based health “hubs” addressing lifestyle risk factors across vulnerable population groups including culturally appropriate interventions for Aboriginal and CALD populations reducing social isolation across the population to promote emotional wellbeing and build community capacity to mutually support one another equitable healthcare by delivering accessible and affordable care and programs that prescribe community engagement, nurture interaction, and creative activities as part of holistic wellbeing Family-based interventions that facilitated participation from both parents and children to target physical and mental wellbeing.

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> ○ Establishing Community Family Health Hubs that specifically focus on child and youth services could facilitate an integrated approach, connecting various health services seamlessly for health and wellbeing. ○ Prioritising identification and intervention especially for children from prenatal stages up to 12 years old, providing early support for issues that may arise, including domestic violence (DV) support. ○ Building connections for Older Australians, such as village hubs and social prescribing.
<p>After hours</p> <p>Access – availability</p>	<p>Higher rate of ED attendances for lower urgency care in-hours compared to after-hours, with higher rates in Warringah and Manly SA3s and a greater burden on younger age-groups.</p> <p>Lower urgency care are ED presentations at a formal public hospital ED where the patient did not arrive by an emergency services vehicle, was assessed as needing semi-urgent (triage category 4) or non-urgent care (triage category 5) and was discharged without referral to another hospital (AIHW 2024s).</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> ● In 2021-22, there was a higher rate of ED attendances for lower urgency care in-hours (75.0 per 1,000) compared to after-hours (53.6 per 1,000) in the NSPHN region (AIHW 2024s). ● Warringah and Manly SA3 have the highest rate of ED attendances for lower urgency care after hours (99.4 per 1,000 and 88.8 per 1,000) compared to the NSPHN region (53.6 per 1,000) and Australia (53.5 per 1,000). ● In the NSPHN region, people aged 0-14 years have the highest rate of both in-hours (85.6 per 1,000) and after-hours (70.6 per 1,000) ED attendances for lower urgency care (2021-22). In NSPHN, the rate of after-hours ED attendances for lower urgency care decreases with age (AIHW 2024s).
<p>After hours</p> <p>Access – availability</p>	<p>Similar to the national trend, decreasing proportion of people accessing after hours services over the past four years.</p> <p>Improving access to primary care services in the after hours period continues to a key area of focus for NSPHN.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> ● The proportion of patients accessing GP services (non-urgent) after hours in the NSPHN region has decreased from 23.6% in 2016-17 to 16.1% in 2022-23, similar to the national rate of 15.6% (AIHW 2024g). ● The proportion of patients accessing urgent GP services after hours in the NSPHN region is lower (0.46%) than the national average (1.27%). (AIHW 2024g) ● Variability in non-urgent after-hours GP services across the NSPHN region, with lowest utilisation rates in Manly SA3 with 22.3 services per 100 people and North Sydney-Mosman SA3 (24.4 services per 100 people) lower than the PHN rate (28.1 services per 100 people) and the nation rate (29.1 services per 100 people). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> ● Stakeholder consultations highlight a lack of after-hours GP services redirects patients to EDs and the need for increased community awareness of urgent care services.

Outcomes of the service needs analysis		
Impact of COVID-19: Barriers to accessing health services, adoption of telehealth and identified need to increase community-based literacy initiatives and address physical and mental stress among health professionals.		
Access to healthcare	Delayed or missed visits to health care, with barriers to accessing local services compounded as a result of COVID-19 with patients foregoing necessary care.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The COVID-19 pandemic also resulted in deferred care for people with some conditions, and delayed diagnosis and screening, possibly leading to avoidable deaths. Further, the suspension of elective surgery during the pandemic means that some patients have subsequently waited longer for planned surgery (Shetty and Levesque 2022). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Post lockdown anxiety and associated risk and fear of COVID-19 infection was identified as a key barrier impacting the ability of individuals to access services, with ongoing concerns about waiting lists across health services (including mental health and alcohol and other drug services). Stakeholder consultations identified cost as the greatest barrier to accessing healthcare with less GPs offering bulk billing. A shrinking workforce of GPs also making it hard to access a service in a timely manner.
Health literacy	Need for community-based health literacy initiatives to support people in navigating health services and facilitate greater understanding of vaccination in the community.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with stakeholders identified a need for broader education in the community to address differences in opinions in terms of COVID-19 vaccination and build a greater understanding of impact of vaccination in the community including an acknowledgement of reasons why people might refrain from getting vaccinated. Consultations also indicated ongoing need for: <ul style="list-style-type: none"> greater support in navigating health services across the population, utilising an asset-based community development approach. Increased awareness of the importance of vaccination in community and especially for vulnerable populations due to COVID-19 vaccination fatigue and overdue/missed vaccinations post COVID-19. Increased awareness and response to other respiratory illnesses including whooping cough and pneumonia which have increased amongst young people in NSPHN. Health literacy programs in schools to assist with understanding child and youth specific health services and overall health information to combat health misinformation.

Outcomes of the service needs analysis		
Telehealth	Adoption of telehealth as an alternative to face-to-face delivery, with the introduction of Medicare subsidised telehealth items promoting utilisation of telehealth technologies across medical practitioners in metro regions.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The proportion of people who had at least one telehealth consultation for their own health in the last 12 months decreased to 27.7% in 2022-23, from 30.8% in 2021-22 (ABS 2023c). In 2022-23, 23.6% of people had a telehealth consultation with a GP (ABS 2023c) <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Consultation with stakeholders highlighted access to information and treatments were impacted by disparities in digital literacy across cohorts, with a greater need of increasing awareness of utilising digital services effectively across the population. Population cohorts disproportionately impacted by the disparities include older people and people experiencing intellectual disability. Whilst telehealth provided greater flexibility with accessing services across cohorts, a mixed based approach to service delivery combining face to face and telehealth service delivery was identified as being prudent to address any adverse outcomes and health inequalities. Consultations with clinicians across the region identified a need for increasing video conferences as telephone has been the main mode of telehealth delivery. Consultations with stakeholders identified differences among telehealth services across GP practices and inconsistent waiting times for GP calls or no call back option, making the service unreliable.
Workforce	Support to address physical and mental stress among health professionals	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation indicated burnout within general practices, as general practitioners and nurses are operating at capacity.
	Need for training and collaboration across general practices as management of COVID-19 shifts to a community-based approach.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Increasing training and capability of general practitioners as care for COVID-19 patients shifts from a hospital to community-based approach, including establishment of clusters to facilitate collaboration, engagement and integration with allied health practitioners working across practices and enable sharing of resources.

Outcomes of the service needs analysis		
Vulnerable Groups		
Aboriginal and Torres Strait Islander people		
<p>Aboriginal and Torres Strait Islander People</p> <p>Access – availability</p>	<p>Low proportion of the Aboriginal population receiving MBS 715 health check.</p> <p>Improving access and navigation of services for Aboriginal people continues to be an area of focus for NSPHN, with significant efforts occurring in the past three years to address this.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2023 the rate for Indigenous specific health checks of patients in the NSPHN region (6.9%) was lower compared to NSW (27.9%) and national (27.9%) rates (AIHW 2024f). There has been an increase in the proportion of Indigenous people accessing GPs for their annual health checks from 4.9% in 2018 to 6.9% in 2023. However, the proportion is still lower compared to NSW and Australia (AIHW 2024f). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation recognised Aboriginal identification remains an ongoing issue; community do not feel comfortable to identify in fear of discrimination and practice staff/GPs feel uncomfortable, make assumptions or do not to ask all patients. Lack of health literacy and lack of cultural safety in mainstream GP practices were identified as key issues that need to be addressed. Implementing check-up reminders via text message or email would also be beneficial to increase uptake.
<p>Aboriginal and Torres Strait Islander People</p> <p>Access - availability</p>	<p>Limited access to culturally appropriate services.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted limited availability of Aboriginal workers within the region, with a need to develop a more culturally aware and appropriate primary care workforce to promote access. Lack of access to cultural competence training and availability of culturally aware information for staff. Consultations also emphasised this need within mental health and AOD services.
<p>Aboriginal and Torres Strait Islander People</p> <p>Access - availability</p>	<p>Need for flexibility in how and where sessions are delivered.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Lack of flexibility in provision of health services and limited transport options hinders access for Aboriginal population in NSPHN region. Lack of services open to a client’s family and a need to provide outreach services within the Aboriginal community. Consultations also highlighted this need within mental health and AOD services.

Outcomes of the service needs analysis		
Aboriginal and Torres Strait Islander People Access – availability	Need for holistic focus within health care, current focus on illness rather than wellness.	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation highlighted the need for a holistic approach in primary care services, focusing on the social, emotional, and cultural well-being of the whole community rather than solely on illness. Consultations also highlighted this need within mental health and AOD services.
Culturally and linguistically diverse (CALD)		
CALD Access - availability	Limited providers with local CALD language skills.	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation identified the need for better access to interpreters for CALD clients in the NSPHN region. Consultation highlighted health service providers with relevant ethnic backgrounds, cultural understanding and language-speaking abilities are limited, with a need for sustainable key bilingual GPs and psychologists in the region.
CALD Access - availability	Financial barriers to access.	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation highlighted financial barriers for CALD groups accessing primary health services due to visa status.
CALD Access – availability	Need for ongoing and culturally appropriate health promotion.	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation highlighted a need for ongoing and culturally appropriate health promotion for sexual health, nutrition, oral health, and universal annual check-up to promote comprehensive and regular health monitoring, with a need to focus on women and older CALD groups.
CALD Impact of COVID	Need for facilitating additional support groups targeting CALD population to promote awareness of available supports and COVID-19 vaccination.	Qualitative evidence: <ul style="list-style-type: none"> Multi-generational households with transient elderly visitors experiencing a range of barriers to accessing care including language barriers, lack of established connection with primary care and lack of awareness of available supports. There is a need to address concerns around immunisation through targeted education and support groups.
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTQIA+)		
LGBTQIA+	Need for collaboration across different domains of health promotion to ensure inclusivity of the LGBTQIA+ population.	Qualitative evidence: Service needs for the LGBTQIA+ population (ACON 2013): <ul style="list-style-type: none"> Training of the health workforce to ensure inclusivity, early intervention, and broader health promotion strategies that include LGBTQIA+ people Social groups for young people aged 12-18; promoted and recognised in schools.

Outcomes of the service needs analysis		
LGBTIQ+ Access - availability	Diverse needs of the LGBTIQ+ population under-represented in aged care planning.	<p>Qualitative evidence:</p> <p>The National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTIQ+) Ageing and Aged Care Strategy (DoHA 2012), is designed to ensure the aged care sector can deliver the appropriate care and inform the way the Government responds to the needs of older LGBTIQ+ people by:</p> <ul style="list-style-type: none"> • Recognising the rights and needs of older LGBTIQ+ people. • Empowering older LGBTIQ+ people to access high-quality services. • Encouraging LGBTIQ+ individuals and communities to be involved in the development of aged care services.
People experiencing homelessness		
Homelessness Access - availability	Need to increase availability of services focusing on early intervention to prevent people 'at risk' becoming homeless.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted the need to increase the availability of preventative and early intervention services, including counselling and case management, to stop people 'at risk' becoming homeless.
Homelessness Access - availability	Need for a continuum of care and flexibility in how and where services are provided.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> • Need for a continuum of care from crisis to affordable housing, keeping people independent and involved in the community when housed, with coordination between housing, police, youth justice, health, and councils. Need for flexibility in how and where services are provided to build relationship with the client for longevity to prevent homelessness.
Older People		
Older people Ageing population	<p>Reflected by General Practice data, an ageing population within the NSPHN region will see an increase in co-morbidities and dementia, increasing the need for aged care services.</p> <p>The number of people diagnoses with dementia is projected to increase by 83% in the NSPHN region between 2024 and 2054 (Dementia Australia 2024)</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> • Ryde (73.0%) and Northern Beaches (62.2%) LGAs have higher projected increases in 65 years and older population compared to the NSPHN region (57.8%) and NSW (26.0%) between 2021 and 2041 (NSW Department of Planning, Industry and Environment 2022), indicating a need for increased aged care services. • Nationally in 2023, the estimated prevalence of dementia for those aged 60 years and over was 66.8 per 1,000 (AIHW 2024c). In NSPHN there are 16,041 people living with dementia, with almost twice as many females (10,322) as males (5,720) (AIHW 2024c). • Nationally, the number of people living with dementia is expected to increase by 35% by 2034, and 68% by 2044 (AIHW 2024c). • The prevalence of dementia was estimated between 8% and 10% among people aged 65 years and over (AIHW 2024c; Dementia Australia 2024).

Outcomes of the service needs analysis		
		Estimates from Dementia Australia suggest that there may be higher proportions of dementia prevalence in Hunters Hill (10.7%) and Ku-ring-gai (10.0%) LGAs compared to the NSPHN region (9.6%) for people aged 65 years and over in 2024 (ABS 2024b; Dementia Australia 2024).
Older people Impact of COVID-19	Need for additional allied health support to address declining physical function.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> Consultation with stakeholders across the region identified declining physical function, associated frailty, and high falls risk as key emerging needs for older people across the region, requiring additional access to allied health supports.
Older people Access to primary care	<p>Low rate of health assessments among people aged 75 years and over within the NSPHN region.</p> <p>Rate of health assessments from a GP includes claims for MBS items 701,703,705, 707, 224, 225, 226, or 227 in the previous 12 months among people aged 75 years and over.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> General practice data from 193 practices within the NSPHN region highlights that 25.2% of active patients aged 75 years and over received a health assessment from their GP in the past 12 months (October 2024) (SNHN 2024). Active patients defined as people with three or more visits to a general practice in the past two years.
Older people Access to primary care	GP attendance at residential aged care facility comparable to Australia.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The number of GP attendances per person in residential aged care facilities in the NSPHN region (16.2) was similar to Australia (17.4) in 2022-23 (AIHW 2024g). Limited availability of data to assess regional variation.
Aged Care services Access – availability	<p>Large waiting list for people accessing Level 1 and 2 Home Care Packages.</p> <p>The ageing NSPHN population will increase the demand for aged care services across the region. This will have significant strain and impact upon the aged care, primary care, and hospital sectors, with an increase in preventable hospitalisations, residential aged care admissions and carer stress.</p> <p>Further analysis required to ascertain the varying care and service needs of the older population and its subsequent impact on the demand and utilisation of Home Care packages, residential aged care services, and Commonwealth Home Support Services (aimed at providing care for people with lower-level care needs).</p>	<p>Quantitative evidence</p> <ul style="list-style-type: none"> Northern Sydney has the third highest number of Residential Aged Care Facilities in Australia by Aged care planning region (ACPR), with 103 facilities in the region (AIHW 2024d). In the NSPHN region, 14,202 people aged 65 years and over accessed aged care services as at 30 June 2023. The majority of aged care services provided were Residential Aged Care (51.1%), followed by Home Care packages (45.9%) and Transition Care (0.4%) (AIHW 2024e). The process for accessing Home Care Packages has now been centralised nationally. Previous needs assessment highlighted an undersupply of Level 3 and 4 Home Care packages within NSPHN compared to NSW. Similar to the NSW trend, there has been an increase in the number of people aged 65+ years accessing Level 3 and 4 Home Care packages within the NSPHN region from 4.3 per 1,000 in 2016 to 20.5 per 1,000 in 2023. The rates are lower compared to NSW (28.0 per 1,000 in 2023) (DoHAC 2024c).

Outcomes of the service needs analysis		
	A large waitlist for Level 1 and 2 Home Care packages can potentially impact on the demand and utilisation of residential aged care services within the region.	<ul style="list-style-type: none"> The rate of Level 1 and 2 Home Care packages for people aged 65+ years within NSPHN (19.2 per 1,000) was lower compared to NSW (29.4 per 1,000) in 2023. According to the latest Home Care Packages Program Data Report (2024), NSPHN had a high number of people awaiting allocation to a Level 1 and 2 Home Care Package (405) compared to other Aged Care Regions in NSW (DoHAC 2024c). Level 1 and 2 Home Care Packages are aimed at supporting people with low level care needs to avoid premature admissions into residential care (DoHAC 2024c).
Aged care services Impact of COVID-19	Need for additional support in navigating local services	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> Fragmentation of the aged care service system being further exacerbated as a result of the COVID-19 pandemic with segmented communication across the system around service availability, capability, and capacity. Consultation highlighted a need for increasing awareness of available local services to support navigation of pathways for both service providers and community members. Limited service capacity within the region for cleaning, personal care or home care despite community members receiving the My Aged Care Support Packages.
Palliative care services	<p>Increased demand for palliative care services, with an ageing population and subsequent increases in the prevalence of cancer and other chronic conditions.</p> <p>Palliative care is person and family-centred care provided to people with a life-limiting illness. Palliative care is provided in almost all settings where health care is provided, including neonatal units, paediatric services, general practices, acute hospitals, residential and community aged care services, and generalist community services.</p> <p>Limited availability of local level data to map availability and utilisation of palliative care services within the NSPHN region.</p>	<p>Quantitative evidence</p> <ul style="list-style-type: none"> In NSPHN there were 3,138 palliative care-related hospitalisations in 2021-22. The rate was similar between NSPHN (339 per 100,000), NSW (387 per 100,000, and Australia (368 per 100,000) (AIHW 2024m). In NSW, palliative care hospitalisations and other end of life care hospitalisations have increased by 17.6% and 86.8% respectively between 2014-15 and 2021-22, compared to a 0.2% increase in hospitalisations for all reasons over the same time period (AIHW 2024m). Average length of stay for palliative care hospitalisations (8.8-11.1 days) was 3.1-4.1 times higher compared to all hospitalisations (2.7 days), indicating the complexity associated with palliative care patients and health care resources required to address their health care needs. On average palliative care hospitalisations were longer in Private Hospitals (12.5 days) compared to Public Hospitals (9.4 days) (AIHW 2024m).

Primary Mental Health Care (including Suicide Prevention)

Summary

The NSPHN Needs Assessment includes emerging themes from extensive consultation with a range of stakeholders. Analysis highlights emerging needs to address the growing cost of living pressures with stakeholder consultations indicating financial constraints, service gaps, and long wait times as key barriers to accessing primary mental health care services, with specific needs among young and older people. The analysis also indicated a need for greater service coordination, regional community-based approach to suicide prevention, and need to increase awareness of available services.

Findings from the previous needs assessment continue to remain pertinent and highlighted a need for practical, flexible, and integrated psychosocial support services in the region for cohorts experiencing severe mental illness; addressing ongoing and residual impacts of COVID-19 on the mental health burden including social isolation, specific barriers to accessing services for Aboriginal people, those from CALD backgrounds, people with intellectual disability, and women experiencing perinatal depression. NSPHN continues to commission services across the stepped care continuum, with a specific focus on identified vulnerable groups. Speciality services are also commissioned targeting Aboriginal people, people from Chinese speaking backgrounds, and young people. The following analysis builds upon findings from the previous Needs Assessment, with relevant data updated where possible.

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Service access		
Access to mental health care	<p>Similar MBS GP mental health treatment rate compared to Australia.</p> <p>Treatment rate dependent on prevalence of mental illness and accessibility and availability of mental health services, both public and private.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> In 2022-23, 8.3% of the NSPHN population accessed an MBS funded GP mental health service, the national rate was also 8.3% (AIHW 2024g). In 2022-23, 2.8% of the NSPHN population accessed an MBS funded Psychiatry service compared to 1.9% of people in Australia (AIHW 2024g). In 2022-23, 2.9% of the NSPHN population accessed an MBS Clinical Psychologist service compared to 2.0% of people in Australia (AIHW 2024g). In 2022-23, 6.0% of the NSPHN population accessed an MBS funded Allied Health mental health service compared to 5.0% of people in Australia (AIHW 2024).
Workforce	Regional variation in rate of psychologists and psychiatrists. Latest data available for 2023.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> NSPHN has a higher proportion of psychiatrists per population (24.1 per 100,000) compared to NSW (14.8 per 100,000). The rate varied across LGAs, ranging 10.8 per 100,000 in Northern Beaches LGA to 93.7 per 100,000 in Willoughby LGA (DoHAC 2024a).

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> NSPHN has a higher proportion of psychologists per population (158 per 100,000) compared to NSW (113.6 per 100,000). The rate varied across LGAs, ranging 107.1 per 100,000 in Hornsby to 298.6 per 100,000 in Northern Sydney LGA (DoHAC 2024a).
Mental Health Hospitalisations	Higher rate of hospitalisations for mental disorders, with rates increasing in the past 10 years and a greater burden among females.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The rate of hospitalisations for mental disorders has increased within NSPHN from 1,941 per 100,000 (95% CI: 1,912-1,970) in 2014-15 to 2,370 per 100,000 (95%CI: 2,388-2,401) in 2022-23. The rate continues to be higher compared to NSW (1,786 per 100,000; 95% CI: 1,777-1,796) (HealthStats 2024). Rate of hospitalisations for mental disorders is influenced by prevalence of mental disorders, access to and availability of mental health services, and coding standards for classification of mental disorders. Limited availability of local data to identify the underlying precursors for increasing rates of hospitalisations for mental disorders within NSPHN and assess regional variation. Higher rate of hospitalisations for mental disorders among NSPHN females (2,930 per 100,000; 95% CI: 2,881-2,980) compared to NSPHN males (1,826 per 100,000; 95% CI: 1,787-1,865) in 2022-23 (HealthStats 2024).
	Anxiety and stress disorders account for largest proportion of mental health overnight hospitalisations. Schizophrenia and delusional disorders account for the largest number of bed days.	<ul style="list-style-type: none"> Anxiety and stress disorders accounted for 16.9% of all mental health overnight hospitalisations in the NSPHN region. Warringah, North Sydney-Mosman, and Chatswood-Lane Cove SA3s had the highest rate of hospitalisations for anxiety and stress disorders (AIHW 2017b). Schizophrenia and delusional disorders accounted for 28.4% of all bed days in the NSPHN region (AIHW 2017b).

Outcomes of the service needs analysis

Impact of COVID-19: Identified needs for initiatives to address social isolation and promote early identification/intervention across the population, with additional workforce training to respond to emerging mental health needs.

Health literacy and awareness	Need for broader community-based initiatives to address social isolation, promote early identification/intervention and increase awareness of available support across the population.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> • Consultation with stakeholders identified that mental health burden as a result of COVID-19 will evolve over time as the impacts of social isolation are realised and psychological issues emerge over time. Broader community-based connectedness initiatives facilitated through an asset-based approach to community development were identified as key to addressing social isolation. Please refer to page 75-84 for needs specific to young people and older people.
Workforce	Building workforce capability and capacity to respond to emerging needs.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> • Consultation with stakeholders identified need for additional training specific to trauma, suicide and self-harm, eating disorders, and specialisations in delivering services to children/young people.
	High demand for clinical mental health services, with need for integration across services to support holistic wellbeing of clients.	<p>Qualitative feedback:</p> <ul style="list-style-type: none"> • Consultation with stakeholders identified that clinical mental health services continue to operate at capacity, with workforce shortage across primary and acute services. Consultations identified a need to facilitate greater linkages to community-based supports to address holistic client needs and provide a soft entry to mental health support, alleviating pressure from mainstream clinical mental health services.

Outcomes of the service needs analysis

Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan: The Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan has been developed in partnership with NSLHD. Extensive regional consultation has been undertaken with a range of stakeholders across the region, including people with lived experience, carers, community managed organisation (CMO) representatives, NSLHD staff, GPs, and allied health professionals. Key themes from the consultations have been summarised below.

Service integration	Need for structured pathways to facilitate transition of care between primary, secondary, and tertiary services	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation highlighted fragmentation in referral pathways within and across health and social sectors, creating difficulties for clients in accessing appropriate services relative to need.
Access-community response	Need for a regional community-based approach to suicide prevention, with a focus on early intervention and targeting at risk groups	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation highlighted specific high-risk groups including divorced and separated men as well as young people. • Additionally, consultation highlighted a need to facilitate community capacity building activities (including school-based initiatives), focused on reducing stigma and being able to identify those at risk, with targeted activities for CALD, Aboriginal, and LGBTIQ+ population groups.
Awareness of services	Lack of awareness of available services in the community	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted that people at risk, family members and carers are often unaware of what local services (including mental health, AOD, and suicide prevention services) are available and where to seek help in case an issue emerges. The lack of awareness often delays access to support, impacting on the wellbeing of clients and their family members/carers. • Additionally, there is also a need to increase awareness of local services among clinicians and support workers to ensure clients/family members/carers are linked to appropriate services tailored to their needs. • Consultation identified a need for resources such as web-based directories that provide up to date and timely information for community members.
Access- availability	Limited availability of services skilled in addressing holistic wellbeing of clients with mental health and/or AOD issues.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation identified the need for adoption of social emotional wellbeing service models, addressing physical, social, and emotional needs of clients experiencing mental health and/or AOD issues. Expanding access to support for family members and carers was also identified as a key need to promote holistic wellbeing of clients, particularly for those seeking support following

Outcomes of the service needs analysis		
		<p>a recent suicide attempt. Currently, there are limited number of services delivering this integrated model of care within the region.</p> <ul style="list-style-type: none"> • Medication management was also identified as a key need, with stakeholders highlighting lack of understanding about unwanted effects and physical impacts of medications used in treatment of mental health and/or AOD issues.
Access-availability	Limited availability of specialist services for vulnerable groups within the region.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation highlighted that specialist services for vulnerable population groups are limited within the region. Identified need for capacity building activities for local staff to service special needs of vulnerable population groups. • Vulnerable groups identified in the Regional Plan include Aboriginal and Torres Strait Islander people, CALD population, young people, and older people. Specific needs for these vulnerable population groups have been described further on pages 70-77.

Outcomes of the service needs analysis

Integrated Mental Health Atlas: The Integrated Mental Health Atlas provides a standardised, internationally validated tool highlighting gaps in mental health service provision for evidence informed local health planning. The following data highlights key patterns in mental health care provision from the NSPHN Integrated Mental Health Atlas 2017.

General Mental Health	Limited alternatives to hospitalisations	<p>Quantitative evidence:</p> <p>Day care services</p> <ul style="list-style-type: none"> • Lower rates of day care service provision within NSPHN, with absence of acute day care services and relatively low levels of non-acute day care services. • Acute day care services can provide a less restrictive alternative to admission to an acute ward admission for people in crisis. <p>Residential care services</p> <ul style="list-style-type: none"> • Absence of acute and sub-acute community residential care <p>Other services</p> <ul style="list-style-type: none"> • Absence of services associated with both employment and CALD population • Absence of social acute outpatient care, and • Relatively low levels of supported accommodation initiatives. <p>Further investigation needed to determine:</p> <ul style="list-style-type: none"> • Patterns of care provision of residential rehab, non-acute outpatient care and specialised services for specific groups. • Impact of the private sector on the availability and accessibility of mental health services.
Older people	Limited day services for older adults	<ul style="list-style-type: none"> • Limited availability of day care services for older adults in the NSPHN catchment. • Residential services for older adults provided only in a hospital setting. • Limited Accessibility or Information and Guidance services for older adults identified within the NSPHN region.
Children and Young people	Limited availability of support services	<p>Limited Accessibility or Information and Guidance services for children or adolescents identified within the NSPHN region which could potentially create barriers for vulnerable cohorts in navigating pathways to accessing services.</p>

Outcomes of the service needs analysis

Psychosocial support needs of people with severe mental illness

<p>Access to services</p>	<p>Limited availability of services for those with chronic and moderate to severe mental illness.</p> <p>NSPHN commissions the Commonwealth Psychosocial Support program to address the psychosocial support needs of people with severe mental illness who are not receiving support through the NDIS.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • The type of services provided in NSPHN may cover the needs of the two extremes of the lived experience of mental illness - those with mental health problems needing low-level support and those in severe crisis requiring acute care in a hospital setting. However, there is a need for more community-based alternatives for people with chronic and moderate to severe mental illness (Salvador-Carulla et al. 2017). • Existing programs and services providing support to people in the region experiencing psychosocial disability include Housing and Accommodation Support Initiative (HASI), Community Living Supports (CLS) and Pathways to Community Living Initiative (PCLI). The NSW Health funded programs HASI, CLS and PCLI are intended for people with severe mental illness who are also consumers of the Local Health District Community Mental Health Teams or hospital services.
<p>Psychosocial support</p> <p>Access- availability</p>	<p>Need for holistic care to foster wellbeing among persons with mental illness, carers, and family.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Interventions targeting physical health needs, building social relationships, employment opportunities and support for accessing secure housing are key to improve the quality of life for people with severe mental illness, carers, and families (Lawrence and Kisely 2010; DoHAC 2017b). • Stakeholder consultation highlighted limited availability of support services for carers/family who are central to the recovery process.
<p>Psychosocial support</p> <p>Access- flexibility</p>	<p>Need for flexible services</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted the need for outreach and centre-based services that are conducive to the target population. • Consultation also highlighted the need for after-hours services, particularly for groups that are difficult to engage.
<p>National Disability Insurance Scheme (NDIS)</p>	<p>Transition of care for consumers with severe and complex needs under NDIS.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted the likelihood of the NDIS application process acting as a barrier to accessing psychosocial support services for persons with a mental illness. Additional concerns were raised regarding the instability of funding streams for NGO mental health services and the impact that this and the casualisation of the workforce would have on the provision of quality care to consumers (Salvador-Carulla et al. 2017).

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> Stakeholder consultation has highlighted barriers to accessing NDIS services for specific cohorts experiencing severe mental illness and corresponding psychosocial disability, including: <ul style="list-style-type: none"> younger people people experiencing homelessness people with co-morbid mental health and substance misuse issues people from CALD backgrounds people with a primary diagnosis of depression or anxiety and people with a personality disorder disability Aboriginal and Torres Strait Islander people
Psychosocial support Service Integration	Need for service integration	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the need to increase awareness of referral pathways to help navigate access to different services, particularly among vulnerable population groups such as CALD, young people, and people experiencing homelessness. Psychosocial service needs specific to these vulnerable groups have been discussed further on pages 75-85. Consultation also highlighted the need for: <ul style="list-style-type: none"> integrating clinical and non-clinical services within the stepped care continuum to prevent silos, and linking with pre-existing services providing psychosocial support to avoid service duplication. clients using multiple services highlighted frustrations with having to repeat their stories to different service providers, suggesting the need for better information sharing across agencies. A more integrated approach, with shared client records and cross-agency collaboration, would reduce client fatigue and improve the continuity of care linking psychosocial services with community-based peer support programs is essential for creating a continuum of care that extends beyond clinical intervention. Peer workers could play a key role in helping clients navigate the system and maintain engagement with services over the long term. service providers highlighted the necessity of having early intervention psychosocial support integrated with schools, community centres, and digital platforms to reach young people who

Outcomes of the service needs analysis		
		<p>may not engage with traditional mental health services. They suggested creating partnerships with schools and youth programs to integrate psychosocial services into places where young people naturally gather.</p> <ul style="list-style-type: none"> ○ need for improved communication and coordination between mental health, housing, and social services. Many stakeholders reported that the lack of integration results in gaps in care, where clients fall through the cracks when transitioning between services, particularly during critical periods such as post-hospitalisation or after crisis intervention.
Psychosocial support Workforce	Limited workforce capacity	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted limited availability of workers (e.g. peer support workers) and service providers in providing wrap around holistic services to support the psychosocial needs of people with severe mental illness. • Stakeholder consultation also highlighted the need to leverage support from the community via adequate training to facilitate a community driven response. • Stakeholder consultations raised concerns about under skilled or insufficiently trained workers providing support services to people experiencing psychosocial disability.
Psychosocial support Community Response	Need for community driven response to support psychosocial needs of people with severe mental illness	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted the need for interventions that are led by people with lived experience and are focussed on engagement with the target population to plan and deliver services.
People with severe mental illness and complex needs Access – availability	Financial barrier due to lack of bulk-billing private psychiatrists.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted that whilst Northern Sydney has a relatively high supply of psychiatrists, many of them do not bulk bill and charge higher than average gap payments. People with severe mental illness and complex needs who are not clients of public mental health services have difficulty accessing affordable and appropriate psychiatric support.
People with severe mental illness and complex needs	Limited early intervention treatments.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted limited early intervention treatments for patients with severe mental illness and limited alternatives to hospitals.

Outcomes of the service needs analysis		
Access – availability		Stakeholders highlighted the management of suicide in public hospital can be very traumatising, leading to marked deterioration in a patient’s mental illness.
Vulnerable Groups		
Children and Young people		
Access to mental health care for children and young people	<p>Low rate of subsidised mental health treatment in those aged under 25 years relative to need.</p> <p>Youth mental health continues to remain an area of ongoing focus for NSPHN, with NSPHN commissioned local headspace services operating across two centres within the region.</p> <p>Treatment rate dependent on prevalence of mental illness and accessibility and availability of mental health services, both public and private.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> 4.57% of young people aged 0-14 in NSPHN accessed MBS subsidised GP mental health services in 2022-23 compared to 4.04% in Australia and 15.0% of young people aged 15-24 in NSPHN accessed MBS subsidised GP mental health services in 2022-23 compared to 12.8% in Australia. The proportion of people aged under 25 years accessing MBS subsidised GP mental health services has increased from 4.6% in 2013-14 to 8.8% in 2022-23 for NSPHN compared to 5.2% and 7.6% for Australia. MBS service data indicates almost 2 times higher mental health service utilisation for females compared to males both in NSPHN and Nationally (AIHW 2024g).
Access to mental health care for children and young people	Need for increased, accessible, affordable and timely support for children and young people.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Data from commissioned NSPHN mental health services highlights that proportion of referrals for people under 25 years has remained high since 2017-18. Referrals for people under 25 years accounted for 33.8% of total referrals to commissioned mental health services in 2023-24 (SNHN 2024). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Feedback from mental health service providers indicated that wait times for specialist mental health services for young people, particularly child psychiatrists, are excessively long, leading to delays in intervention and support during critical periods of a child’s mental health development. School counsellors and educators have highlighted that there is an increasing need for mental health support within schools, especially for students dealing with anxiety, depression, and behavioural disorders. Current resources are overstretched, with young people slipping through the cracks due to a lack of early intervention programs.

Outcomes of the service needs analysis

- Parents and carers expressed frustration over the lack of accessible mental health services for children with complex needs. Many reported having to seek help outside the Northern Sydney region or wait for months to access appropriate services.
- Youth consultations revealed that young people themselves feel a lack of understanding and support in dealing with their mental health issues. They reported difficulty navigating the mental health system and noted that mental health stigma still prevents many from seeking help.
- Feedback from emergency services indicated that an increasing number of young people with severe mental illness are presenting to emergency departments in crisis. However, these facilities are not equipped to handle the complex needs of young people with mental health disorders, leading to inadequate care and revolving-door scenarios.
- Stakeholders from NGOs stressed the need for more community-based, non-clinical mental health support, such as peer support programs and youth engagement initiatives. These services can play a critical role in preventing crises among young people with severe mental health issues.
- Service provider consultations noted that there is a gap in the provision of medium-intensity services for young people with severe mental illness. These services are needed to bridge the gap between primary care and psychiatric care, which is currently under-resourced in the region.
- Consultation with psychologists within the region identified increased demand for psychological services from younger people, with a need for additional supports targeting children and young people as psychological issues emerge over time.
- There is rising demands for child and family mental health support particularly in the 5-12 age group, however service provision is limited due to resources and a reactive funding model. Additionally for CALD cohorts, services are often intimidating or inaccessible further deterring engagement.
- There is a growing need for more peer support services, where young people can connect with others who have shared experiences. Peer workers have been shown to provide non-judgmental, relatable support, which can be critical for young people who feel isolated or misunderstood.

Outcomes of the service needs analysis		
Service usage	Barriers to accessing services	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing highlighted some common barriers among parents or carers of children with mental illness to accessing mental health services: <ul style="list-style-type: none"> Affordability - 37% of the respondents identified affordability of the service as a barrier preventing them from accessing mental health services. This was a more common issue among parents/carers of children aged 4-11 years compared to parents/carers of those aged 12-17 years, highlighting a need for pathways that facilitate access to services for families who are socio-economically disadvantaged. Uncertainty around 'where to seek help': 39.6% of parent/carers highlighted that they were unsure about where to seek help (Lawrence et al. 2015). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Community consultation indicated long waiting times and high cost as barriers to engaging with psychiatric services for young people, hindering access to diagnoses and or medications to support mental health and behavioural disorders. Feedback from single parents indicated a lack of wraparound support services for families navigating the mental health system. Many single parents reported feeling overwhelmed by the complexity of accessing services and the financial burden associated with ongoing mental health care for their children. Social workers and child welfare advocates expressed concern about the lack of integrated family support services that address the mental health needs of children alongside the emotional and psychological wellbeing of the parents or guardians. These professionals suggested a need for more holistic approaches to support families dealing with mental health challenges.
Young people Psychosocial support	Need for psychosocial support to address gaps in service provision through NDIS	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> For the majority of children with a mental disorder, the disorder impacted their functioning in different domains of life including school/work, friend/social activities, and family, emphasising the need for support beyond clinical services (Lawrence et al. 2015).

Outcomes of the service needs analysis		
		<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation have highlighted barriers for younger people in accessing NDIS services associated with challenges in qualifying the NDIS eligibility criteria, reiterating the need for targeted service delivery to address the gaps.
<p>Children and young people</p> <p>Access and awareness</p>	Lack of awareness of local health services	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified young people are often unwilling to share concerns with parents/carers which is compounded by a lack of awareness of local mental health services. These barriers are further exacerbated within CALD and socio-economically disadvantaged groups. Consultation highlighted a need for technology based & cyber-safe access pathways that raise awareness of health services that are available and empower young people to seek help appropriately. Consultation with stakeholders indicated that lack of awareness of health services could be mitigated by establishing community and family health hubs in accessible locations, providing a focus on early intervention; fostering support for migrant parents; connection with schools and social connectedness programs for young people.
<p>Children and young people</p> <p>Access and awareness</p>	Additional barriers to access for young people and their families from CALD backgrounds.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified the need for peer or community led services that allow young people and families in need to access culturally appropriate services that best cater to their needs.
<p>Children and young people</p> <p>Community response</p>	Need for a community driven response to improve health literacy, raise awareness about mental health, and cater to psychosocial needs of young people with mental illness.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified the need for educating and empowering parents, GPs, schools, councils, businesses, and sports and recreational clubs to identify early signs of mental illness to facilitate early intervention. Consultation also highlighted leveraging support from these networks for delivering flexible and practical interventions that actively engages young people to adequately address psychosocial needs of the cohort.
<p>Children and young people</p> <p>Self-awareness</p>	Need for educating and empowering to identify early signs of mental illness	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified that often mental illness is diagnosed at later stages resulting in acute psychosis requiring mitigation through pharmaceutical therapy. Consultation identified the need for increasing

Outcomes of the service needs analysis		
		awareness among young people to allow them to identify early signs/symptoms of mental illness.
Young people Impact of COVID-19	Need for additional skills training to build self-reliance among young people	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Consultation with stakeholders across the region identified uncertainty about the future as a key stressor for young people, contributing to the mental health burden as a result of COVID-19. Virtual learning and reduced opportunities for face-to-face skills training were highlighted as key barriers to enter the workforce, impacting financial and emotional stress. • Additional support needs among young people with cognitive impairment experiencing disparities in learning outcomes because of virtual learning.
Children and young people Prevention and early intervention	Need to facilitate early intervention.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation highlighted that mental health education in its current form commences in high school. Consultation identified the need for commencing mental health education in concluding years of primary school to provide an opportunity for early intervention and primary prevention.
Children and young people Access - availability	Limited availability of services for children aged under 12 years.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation identified limited availability of services for children aged under 12 years in comparison to those aged 12+ years. Consultation highlighted less recognition of early indicators in those aged under 12 years, with limited availability of mental health services for children with mild to moderate mental health issues.
Children and young people Access	Complex health system a barrier to families accessing mental health services.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation identified navigating a complex health system as a barrier to families, children and young people accessing services; highlighting services predominantly utilised by proactive and health literate families.
Children and young people Access - availability	Lack of services for young people with moderate to severe mental health issues.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> • Stakeholder consultation identified a service gap for young people whose mental health issues are too severe or complex for Headspace, but level of acuity ineligible for the LHD Child and Youth Mental Health Services (CYMHS). NSPHN has commissioned services to meet this gap through youth severe funding, however, this remains an ongoing need.

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> Stakeholder consultation highlight that wrap around services need to be immediate. Some services that provide this have 6-week wait times which is too long for a child at risk of re-self-harming. Many young people presenting with self-harm are discharged without adequate follow-up care, leading to repeated incidents. Clinicians emphasised the need for immediate, post-crisis intervention services that can provide ongoing support once the young person leaves the hospital. Youth mental health services expressed concern over the lack of specialised self-harm intervention programs, particularly for those in the 15-24 age group. Service providers noted that current mental health services often focus on crisis management rather than addressing the underlying emotional and psychological drivers of self-harm behaviours. Feedback from parents and caregivers revealed that the stigma associated with self-harm often prevents families from seeking help until the situation becomes critical. Parents reported feeling unsure about how to support their children, with a lack of available guidance and parental support networks for families dealing with self-harm.
Children and young people Access – availability	Limited group programs for families, with additional support needs arising as a result of COVID-19.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified a lack of group programs available in the region for families, highlighting the limited availability of family intervention treatments, including integrated child and parent interventions. Stakeholder consultation identified increased exposure to online gaming as a result of COVID-19, with children often demonstrating aggression. Consultation highlighted a need for family-based interventions to support parents and children in addressing addiction to online gaming.
Children and young people Access - availability	Lack of outreach services for young people.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified the need to provide outreach or in-place, rather than centre-based support to young people. Young people may not engage in a clinical environment, requiring a safe and neutral environment. Consultation highlighted services need to be flexible in where services are delivered.
Children and young people Access - availability	Financial barrier to access.	<p>Qualitative evidence:</p>

Outcomes of the service needs analysis		
		<ul style="list-style-type: none"> Stakeholder consultation highlighted financial barriers for socio-economically disadvantaged families and children in the region. Lower rates of bulk billing medical services and practitioners charging higher gap fees proving a financial barrier to access. Service provider consultations have highlighted that single-parent families and families experiencing financial hardship often face barriers to accessing mental health services for their children. These families may prioritise meeting basic needs, such as housing and food, over mental health care, contributing to delays in seeking help.
Aboriginal and Torres Strait Islander People		
Aboriginal and Torres Strait Islander People Access-availability	Limited access to culturally appropriate services. Limited availability of Aboriginal workers in the region.	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation conducted by Relationships Australia NSW and the Gaimaragal Group identified the need for a culturally competent, trauma informed workforce with 'cultural' accreditation, recognising champions in providing care for people from Aboriginal and Torres Strait Islander backgrounds (Relationships Australia NSW and The Gaimaragal Group 2017).
Aboriginal and Torres Strait Islander people Access	Need to enhance integrated care.	Qualitative evidence: <ul style="list-style-type: none"> There is a need for holistic integrated approaches to care that are driven by focus on early intervention to better capacitate young Indigenous people and professionals for crisis management (Relationships Australia NSW and The Gaimaragal Group 2017). Stakeholder consultations identified a need for trauma informed care, cultural healing models and programs to address intergenerational trauma
Aboriginal and Torres Strait Islander people Access- awareness & Early intervention	Lack of awareness of health services available.	Qualitative evidence: <ul style="list-style-type: none"> Consultations have highlighted that lack of awareness of available health services within the region creates structural barriers for people trying to access health services especially among Indigenous youth who have moved into the region from other parts of the state and country. There is a need for an integrated platform that facilitates dialogue between Indigenous youth and allows seamless transition of care between health services,

Outcomes of the service needs analysis		
		breaking down silos existing between services (Relationships Australia NSW and The Gaimaragal Group 2017).
Culturally and linguistically diverse (CALD)		
CALD Psychosocial support	Need for culturally appropriate psychosocial support services.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the need to address stigma related to mental illness to facilitate holistic, culturally appropriate services that adequately addresses the psychosocial needs of people experiencing mental illness.
CALD Access - availability	Provision of culturally appropriate services.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted that understanding complexities related to cultural background is not always addressed by service providers. Barriers relating to utilisation of psychological services for CALD populations include stigma (including intergenerational stigma within different cultures) and limited availability of bilingual workers. Stakeholder consultation also identified a lack of local services that offer in-language services including suicide prevention for at risk CALD populations on temporary visas; Ukrainian populations in NSPHN granted temporary visas until April 2025. Community health workers noted that mental health education and outreach efforts are limited in their cultural adaptability, meaning many CALD populations remain unaware of the available mental health services or how to access them. They recommended targeted outreach and culturally relevant awareness campaigns to improve access and reduce stigma.
Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual (LGBTIQ+) population		
LGBTIQ+ Access - availability	Service gap for the LGBTIQ+ population.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted a gap in service provision for the LGBTIQ+ population with mental health issues, with a lack of appropriate services specific to the community.
People experiencing homelessness		
Psychosocial support for people experiencing homelessness	Need for support in accessing secure housing	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation have highlighted barriers to accessing NDIS services for people experiencing homelessness. Adequate support

Outcomes of the service needs analysis		
		provided to accessing secure housing can prevent repeated episodes of homelessness that might be common among people with mental illness, facilitating pathway to recovery (AIHW 2018c).
Older People		
Health of Older People Access – availability	Low uptake of GP mental health services in those aged 65+ years. Treatment rate dependent on prevalence of mental illness and accessibility of mental health services, both public and private.	Quantitative evidence: <ul style="list-style-type: none"> In 2022-23, 4.1% of people aged 65+ years in NSPHN accessed MBS subsidised GP mental health services compared to 4.3% for Australia (AIHW 2024g). The proportion of people aged 65+ years accessing MBS subsidised GP mental health services has increased from 2.8% in 2013-14 to 4.1% in 2022-23 for NSPHN compared to 3.5% and 4.3% for Australia. In 2022-23, approximately 1.8% of people aged 65+ years in NSPHN accessed MBS subsidised Psychiatry mental health services compared to 1.0% and for Australia (AIHW 2024g).
Health of Older People Access and awareness	Barriers to access and awareness of available services	Qualitative evidence: <ul style="list-style-type: none"> Stakeholder consultation identified challenges for those aged 65+ years accessing mental health services when living in a residential aged care facility and those aged 65+ years with comorbidities. Consultation identified social isolation for older people compounded their ability to access services by variable access to technology. Consultation highlighted the need to expand existing community-based initiatives to address social isolation among older people.
Health of Older People Integration/Early intervention	Need for holistic services across the stepped care continuum, addressing concurrent physical and mental health needs of older people.	Qualitative evidence: <ul style="list-style-type: none"> Overprescribing of psychotropic medications compounded with social isolation and biological factors associated with ageing presents challenges in addressing co-morbid physical and mental health conditions (Mental Health Commission of NSW 2017; AIHW 2017a). This highlights a need for integrated services that address both physical and mental health needs of older people to facilitate early intervention (DoHAC 2017b). Identified need for capacity building activities for staff in residential aged care facilities to assist in identifying early signs of mental illness and link residents to appropriate services.

Outcomes of the service needs analysis

Other vulnerable groups

<p>People with Intellectual Disability</p> <p>Access – availability</p>	<p>Limited services available for people with intellectual disability, increased rate for potentially preventable hospitalisations for people with intellectual disability.</p>	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> The annual age-standardised rate of potentially preventable hospitalisations for people in NSW with an intellectual disability was 5286 per 100,000, higher compared to the total NSW population (1511 per 100,000) in 2014–15 (Weise, Srasuebku and Trollor 2021). <p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted limited options available for clients with intellectual disability and a lack of awareness from GPs around suitable services.
<p>People with Intellectual Disability</p> <p>Access</p>	<p>Barriers to accessing appropriate health care service for people with intellectual disability.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Communication is a significant barrier for people with autism and/or intellectual disabilities. It causes problems in primary care as inadequate communication can result in difficulties obtaining accurate patient histories, lead to the wrong diagnosis and inappropriate medication prescriptions, and it can prevent a person’s access to receiving adequate health care (Doherty et al. 2020; Lennnox, Diggins and Ugoni 1997). A lack of training in how to manage and support people with intellectual disabilities in both primary and acute care has also been cited as potential barriers to accessing appropriate health care services (Doherty et al. 2020; Lennnox, Diggins and Ugoni 1997).
<p>People with Intellectual Disability</p> <p>Access – availability</p>	<p>Limited skills and workforce capability in diagnosing mood or psychiatric disorders often delays treatment.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Families and disability professionals often struggle to identify signs of mood disorders. There are limited number of psychiatrists specialising in treatment of mental health issues in people affected by intellectual disability. This often leaves diagnosis at the hands of GPs who often find it difficult to make differential diagnosis (Simpson 2012).
<p>Women experiencing perinatal depression</p> <p>Access – availability</p>	<p>Low uptake of psychological services.</p> <p>Stigma associated with diagnosis acts as a barrier to accessing support services, this is exacerbated in women from Aboriginal and CALD backgrounds.</p>	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Women often self-diagnose and classify symptoms of distress as ‘normal part of motherhood’ restricting them from accessing services (beyondblue 2011). Majority of women seek assistance from GPs for perinatal depression. However, limitations in dealing with mental conditions often creates a barrier for both women and health professionals (AIHW 2012).

Outcomes of the service needs analysis		
Women experiencing perinatal depression	Financial barriers to access.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the importance of engaging mothers with perinatal depression at the antenatal stage (if required) as clients will present postnatal at higher acuity. However, there is a financial barrier as not all antenatal care is subsidised, with patients unable to determine what services are available privately and publicly.
Access - availability		

Alcohol and Other Drug Treatment Needs

Summary

NSPHN’s Alcohol and Other Drug (AOD) Needs Assessment highlights geographic variation in drug and alcohol related hospitalisations and Hep C treatment uptake across the region and builds upon findings from previous Needs Assessments, highlighting gaps in service provision in relation to residential rehabilitation beds and day/outpatient programs within the region, and a lack of services addressing co-occurring AOD and mental health issues.

Previous Needs Assessments highlighted need for early identification, screening, and support to accessing services which remains pertinent. Consultations also highlighted undersupply of detox beds relative to need, no Aboriginal-specific drug and alcohol services, and Residential Aged Care Facilities poorly equipped to meet the needs of older people. NSPHN continues to commission two alcohol and other drugs services, targeting vulnerable and at-risk groups, including Aboriginal people, young people, and people from CALD backgrounds. The services are also aligned to the stepped care continuum to facilitate integration between mental health and AOD services. The following update for alcohol and other drugs utilises the latest qualitative and quantitative data where possible to complement findings from previous Needs Assessments.

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Service access		
AOD combined morbidity	Drug and alcohol related hospitalisations.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Nationally drug and alcohol hospitalisations accounted for 26.5% of all mental health related overnight hospitalisations (AIHW 2024i). In the NSPHN region, alcohol was the principal drug of concern for 45% of all alcohol and other drug hospital episodes (SNHN 2020b).
Alcohol	Alcohol is a leading contributor to self-harm and overdose related ambulance attendances in NSW.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> Alcohol and other drug use is associated with increased risk of suicide and is a strong predictor of suicidal thoughts and behaviours (AIHW 2023a). Nationally, there were over 7,100 alcohol-related injury hospitalisations due to intentional self-harm, 24% of all intentional self-harm hospitalisations in 2019–20. The top three cause groups for alcohol-related injury deaths were suicide (47%), accidental poisoning (26%) and transport (11%).

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Hepatitis C screening	Low treatment uptake among people with Hepatitis C, with regional variation in rates.	<p>Quantitative evidence:</p> <ul style="list-style-type: none"> NSPHN has lower uptake of Hepatitis C treatment (45.7%) compared to the national average (47%). Similar to the national trend, treatment uptake rates declined in the NSPHN region in 2020 compared to 2017, reflecting the disparate effects on access to and provision of services as a result of COVID-19 (MacLachlan, Stewart and Cowie 2021). Manly (31.9%) and Kur-ring-gai (34%) SA3s had the lowest uptake of treatment compared to the NSPHN average (MacLachlan, Stewart and Cowie 2021).
Access	Lack of bulk billing GPs creates financial barriers to accessing AOD services	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations identified a financial barrier to clients accessing AOD services due to the lack of bulk billing GPs. Majority of AOD services supplied through private healthcare. People in this cohort who are not clients of public AOD services have difficulty accessing affordable and appropriate support. Information from AOD Advisory Group meetings indicate waiting lists and wait time as a barrier to accessing Involuntary Drug & Alcohol Treatment (IDAT).
Access	Limited recognition of appropriate screening and referral pathways amongst primary health care providers.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified confusion for clients around AOD services available and access pathways. Complex health care system, navigation challenging for clients and service providers.
Access	Limited early intervention programs for AOD.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Limited early intervention programs for AOD, with an identified service gap around improving physical health screening among people with AOD misuse.
Access – availability	Lack of day/out-patient programs.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultations identified a need for bulk-billing day/out-patient programs with limited services available in the region. Northern Sydney Local Health District operate outpatient clinics, and one community based residential rehabilitation service across the region.

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Access – availability	Undersupply of residential rehabilitation beds; a barrier to people obtaining support for AOD misuse disorders.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified the demand for residential rehabilitation beds placement outstrips supply and people seeking residential rehabilitation either face long wait times or travel out of area to access support.
Access – availability	Services have limited capacity to provide AOD support outside of business hours.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified most non-residential AOD services in the region only provide service during business hours. This makes access to specialist support difficult for people who attend work or education and for the families of people receiving AOD treatment.
Access – availability Service coordination	Poor coordination between detox and availability of residential rehabilitation.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified people seeking to access residential rehabilitation are often required to go through detox first. This creates delays in accessing treatment and can serve to diminish peoples’ willingness to pursue rehabilitation.
Access – availability Service coordination	Lack of services skilled in addressing co-occurring AOD and mental health issues.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation identified clients with complex presentations (esp. with trauma) and multiple needs can experience barriers to services. Whilst the AOD services in the region receiving state funding are required to service people with co-occurring AOD and mental health issues, stakeholder reports highlighted the need for the wider service sector to respond better to people with co-morbid conditions. Many services address one issue to the exclusion of the other; a NSPHN commission service operated by Uniting are piloting a co-occurring mental health and AOD program.
Integration	Limited coordination and integration between services.	<p>Qualitative evidence:</p> <ul style="list-style-type: none"> Stakeholder consultation highlighted the need for coordination and integration between services as silos currently exist between services, with a need for collaboration across multiple services. SNHN is driving coordination and integration efforts, holding AOD Advisory Group Meetings with NSLHD D&A, SNHN AOD commissioned services and private AOD treatment facilities. Participants are readily sharing information and experiences and utilising each other's services.

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