Capital Health Network (ACT PHN) 2024-2027 Health Needs Assessment

phn ACT

An Australian Government Initiative

Capital Health Network

Partnering for better health

Contents

Chapter 1 Introduction

Needs assessment process

Capital Health Network (CHN), ACT's Primary Health Network, completed the 2024 Health Needs Assessment following review of the needs assessment process and implementing an updated, iterative approach. This needs assessment builds on previous versions by updating and incorporating recently released data, seeking input through ongoing stakeholder consultations and introducing a new prioritisation process. A mix of quantitative and qualitative data has been analysed to understand the health and service needs for the ACT.

Data

A review of public data sources was undertaken to ensure that the most up to date data was included in this needs assessment. Data used in previous needs assessments was refreshed where required and efforts were made to identify new and emerging data sources.

Data was analysed at a national, state/territory and regional level to understand how the ACT compares to national levels, other states and territories and other PHNs, while allowing trends to be identified. Where available, data at a Statistical Area 3 (SA3) level was used and analysed. This allowed comparison between regions within the PHN borders, to determine the unique challenges and needs for communities living in those regions. This assists CHN to identify needs and gaps that may be addressed by commissioning within the ACT.

Data was included from a range of sources, including:

- Australian Bureau of Statistics (ABS)
- Australian Institute of Health and Welfare (AIHW)
- PHIDU Social Health Atlas of Australia (PHIDU)
- Aboriginal and Torres Strait Islander Health Performance Framework
- Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data
- local general practice data shared with CHN.

Consultation

CHN developed a Stakeholder Engagement Plan for the needs assessment to ensure a broad range of stakeholders were identified across the 9 priority areas. Throughout 2023 and 2024, CHN completed a range of consultations to understand health and service needs. These consultations were completed with stakeholders, including:

- CHN's councils – Community Advisory Council (CAC), Clinical Council (CC) and General Practice Advisory Council (GPAC)
- CHN's commissioned service providers
- ACT Health
- Canberra Health Services (CHS)
- General practitioners and general practice staff

- Peak representative bodies
- Consumer representative organisations
- Health and community service providers
- Primary care consumers

In 2024, CHN launched MySay – a new community engagement platform. This was implemented to invite community insights and feedback across CHN's different business units and projects, allowing stakeholders and community members to engage in different ways. Feedback was received for this needs assessment, and the platform will continue to be used for future iterations.

Triangulation and prioritisation

After synthesis and triangulation of qualitative and quantitative data gathered, a list of needs was developed in each of CHN's nine priority areas. Where indicated, these needs underwent a prioritisation process to determine the relative priority of each need. The prioritisation process was based on Queensland Commonwealth Partnership's Joint Regional Needs Assessment Framework and Implementation Toolkit (1). Criteria deemed relevant for CHN were chosen and are shown in Figure 1 and outlined below.

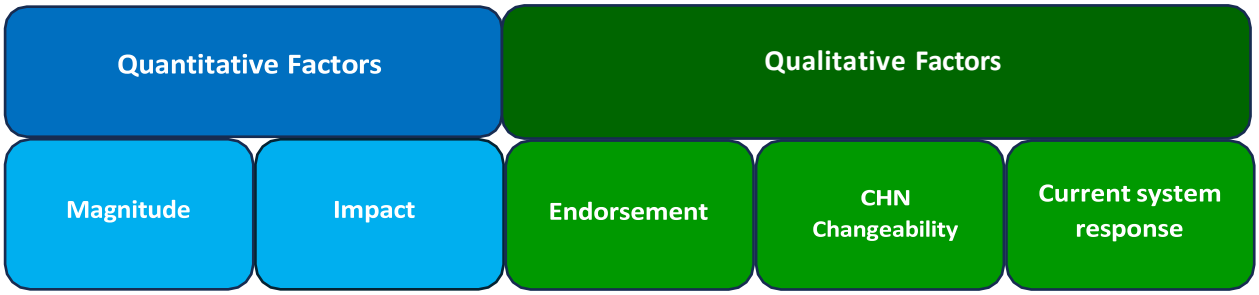


Figure 1: Criteria for prioritisation of needs

- *Magnitude* – what is the size, including incidence and prevalence, of the issue?
- *Impact* – what effect does the issue has on the population, including burden of disease?
- *Endorsement* – is this believed to be an issue through the subjective endorsement of it based on the professional expertise and wisdom of the participants?
- *CHN changeability* – does the issue relate to, or is likely to have, a response that falls within the remit of CHN?
- *Current system response* – will the issue be adequately addressed by the current system response?

Weightings were applied following application of the prioritisation criteria, and results were run through the prioritisation matrix outlined in Figure 2. The determined the level of priority for each need.

		Qualitative Factors		
		Highest rating	**Medium rating**	**Lowest rating**
Quantitative Factors	**Highest rating**	Priority 1	Priority 2	Priority 3
	Medium rating	Priority 2	Priority 3	Priority 4
	Lowest rating	Priority 3	Priority 4	Priority 5

Figure 2: Prioritisation matrix

Evaluation

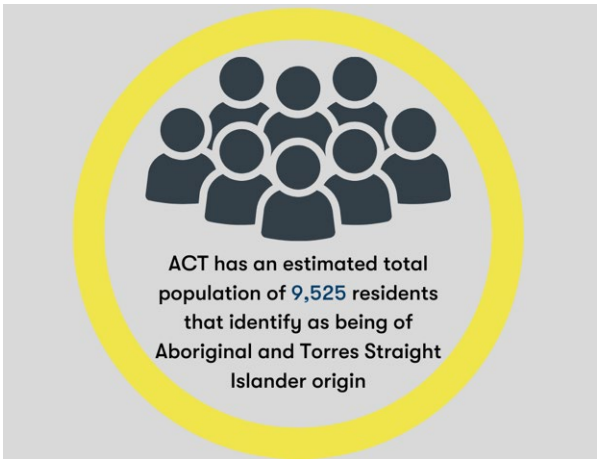
An evaluation process will inform future needs assessments following submission of the 2024 needs assessment. Key areas including data collection, stakeholder engagement and utilisation of CHN staff and subject matter experts will be discussed, with a commitment to ongoing improvements across the needs assessment process.

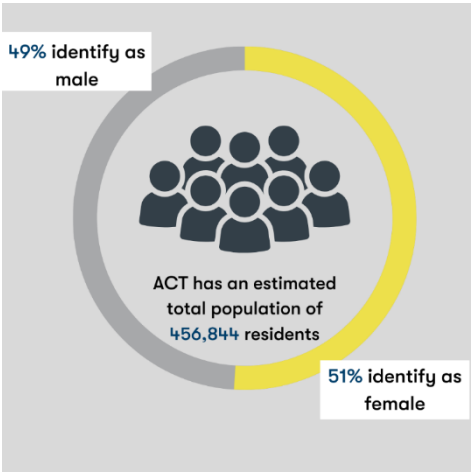
Limitations and improvements

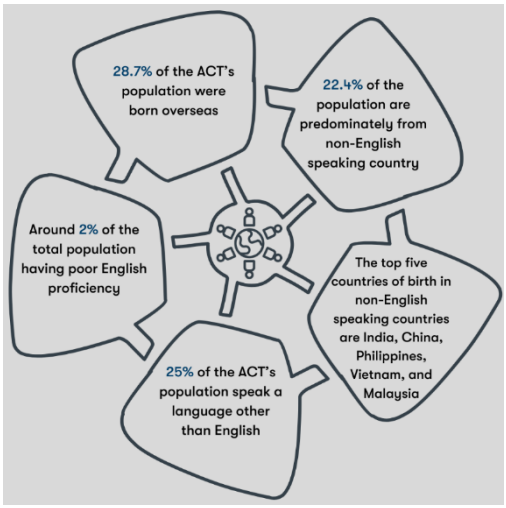
Several limitations and improvements have already been identified through the process and flagged for future needs assessment processes, as set out below.

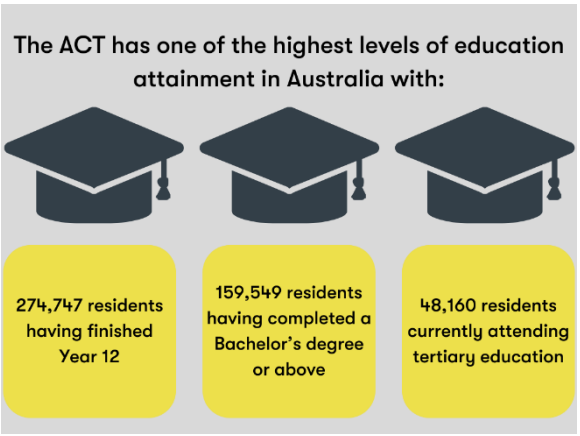
- A lack of available data for subsets of the ACT population was identified, including many populations at risk of poor health outcomes. Ongoing efforts to gather, share and utilise robust data to inform health and service needs is recommended.
- A commitment to utilise SA3 data where available, to understand the unique needs and challenges in different regions of the ACT. Endeavours to improve methods of benchmarking and like-comparisons to similar PHNs throughout Australia will be pursued in future iterations.
- Improve service mapping capabilities, to understand the available services throughout the ACT and share this data with healthcare providers and consumers where possible.
- Increased collaboration and data sharing with ACT Health, to build on the relationship between organisations and work together to address key health and service needs.
- Ongoing efforts to complete comprehensive engagement with stakeholders throughout the ACT, with a focus on vulnerable and hard to reach population groups. Methods to increase the number of approaches used to engage with stakeholders are being investigated, with the launch of MySay in 2024 envisioned to increase these capabilities.

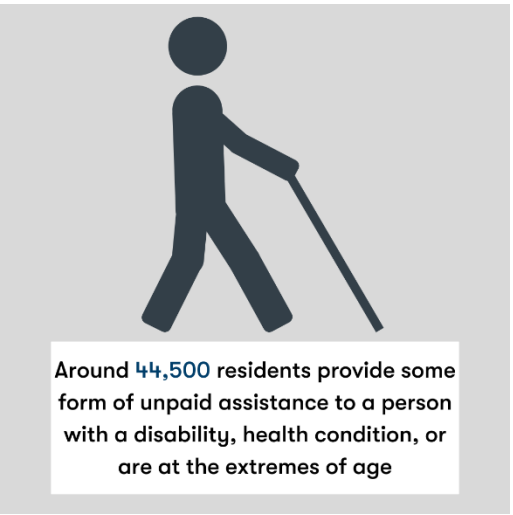
ACT regional overview

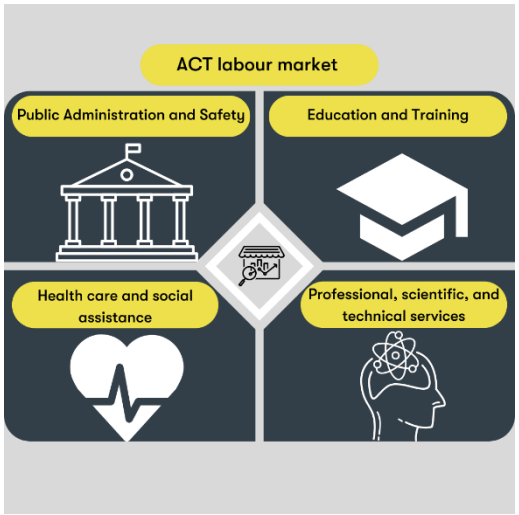


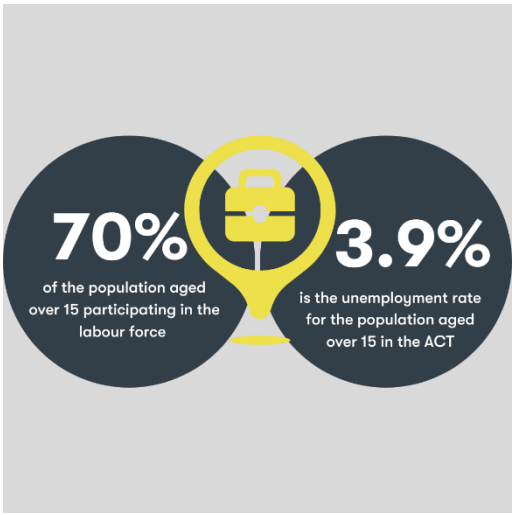


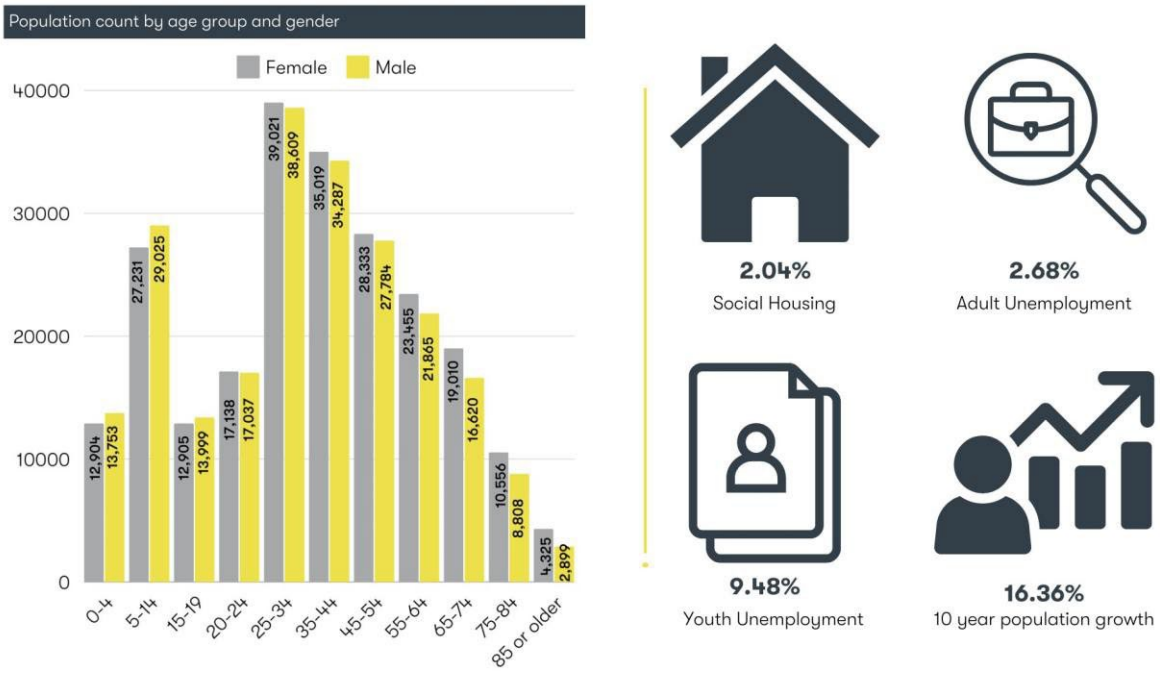












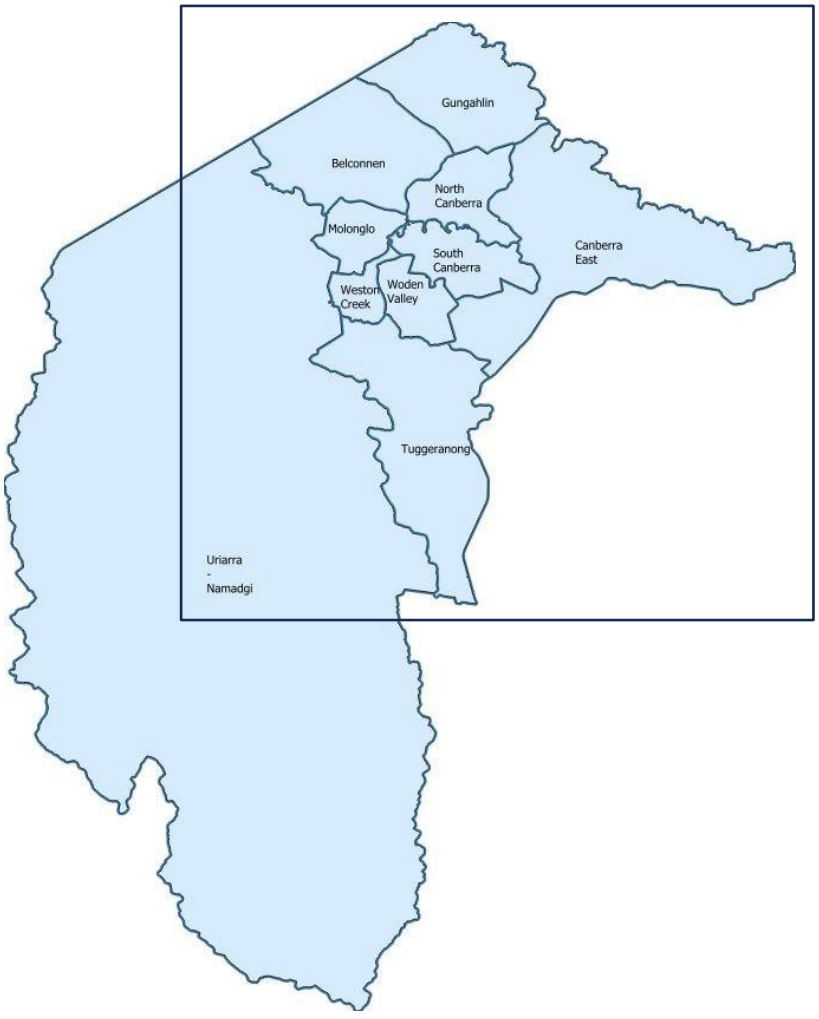


Figure 3: Map of ACT with SA3 regions

The Australian Capital Territory is made up of 10 Statistical Area 3 (SA3) regions – Belconnen, Canberra East, Gungahlin, North Canberra, South Canberra, Tuggeranong, Weston Creek, Woden Valley, Molonglo and Uriarra Namadgi. The Uriarra Namadgi region is largely made up of national parks and has a small population (624 people). Maps throughout this document will be displayed as the region depicted in the inset in Figure 4.

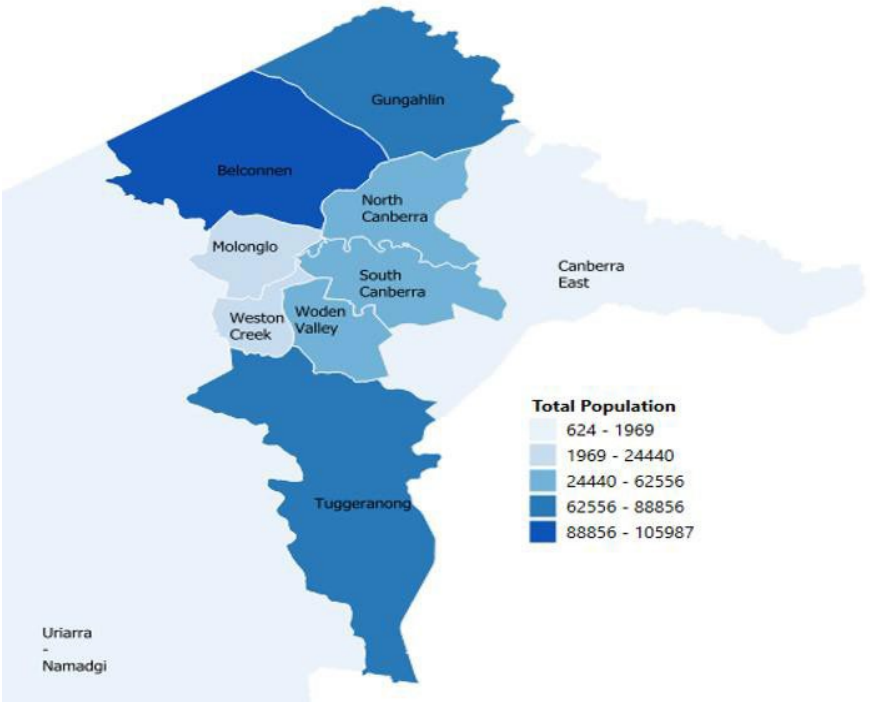


Figure 4: Population by SA3 region, 2022 (PHIDU)

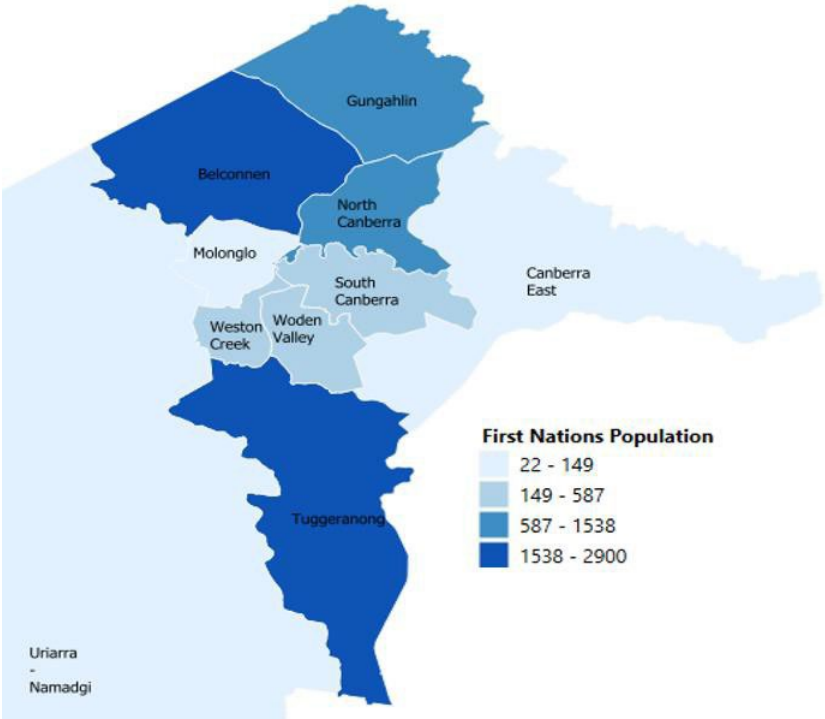


Figure 5: First Nations population by SA3 region, 2021 (PHIDU)

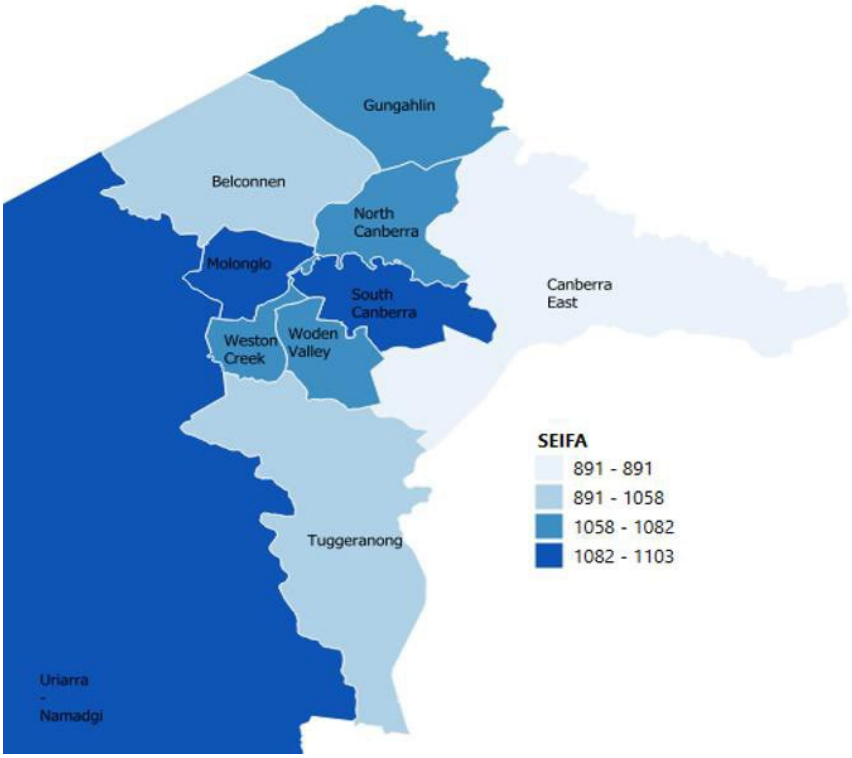


Figure 6: SEIFA index scores by SA3 region, 2021 (PHIDU)

By population, the largest regions of the ACT are Belconnen (105,987 people), Tuggeranong (88,856) and Gungahlin (88,413) (2). A total of 62.3% of the ACT population live in these three regions.

There is a spread of First Nations people throughout the ACT. Of the 9,525 First Nations people living in the ACT in 2021, 30.4% lived in Tuggeranong, 24.6% in Belconnen and 16.1% in Gungahlin (2).

According to the SEIFA Index of relative socioeconomic disadvantage, the ACT experiences low levels of disadvantage overall. The Territory has a SEIFA score of 1071, compared the baseline of 1000 for Australia. Barring Canberra East (891), all other SA3 regions have a SEIFA score of above 1000, with South Canberra (1103) and Molonglo (1100) experiencing the lowest levels of disadvantage (2). When looking at SA2 level, there are pockets of disadvantage within each SA3 region. Namely Charnwood (985), Canberra East (839), Richardson (992) and Namadgi (968) which scores lower than baseline score of 1000 for Australia (3).

Reference list

1. Queensland Commonwealth Partnership (2024), Joint Regional Needs Assessment Framework Implementation Toolkit, Queensland Commonwealth Partnership | Queensland Health
2. PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory, Data Workbooks - Phidu (torrens.edu.au)
3. Australian Bureau of statistics (2024), Census 2021, Census | Australian Bureau of Statistics

Chapter 2 Care across the continuum

Introduction

What is care across the continuum?

Care across the continuum relates to a person's healthcare journey. It focuses on the integration of healthcare services and the consumer's experiences in accessing and navigating these services, ensuring that the healthcare system in the ACT is consumer centred, coordinated and well planned to provide efficient and effective care.

Capital Health Network's aim is to support a coordinated healthcare system which facilitates and streamlines a person's journey. CHN plays an important role in facilitating and linking primary care services with other healthcare services and in commissioning services to fill gaps where identified, to improve coordinated care. This leads to improved consumer satisfaction and health outcomes.

Who does this affect?

This priority area focuses on anyone who requires health care and access to the healthcare system in the ACT. Any person living in the ACT and surrounding areas is a current or potential healthcare consumer, with primary care the first point of entry into the healthcare system. How the population interacts with the healthcare system, and the consumer journeys and pathways are a consideration in this priority area.

Subsets of the population may be examined as they experience specific challenges and barriers in accessing health care. These include people with complex conditions and disabilities, chronic conditions, people experiencing poorer social determinants of health, people with alcohol and other drug challenges and older people. Those populations will be discussed in more depth in the relevant priority areas.

Key themes

Through CHN's needs assessment process, challenges and barriers identified were grouped into four main themes – access, affordability, system integration and consumer experience. Challenges were consistently raised across these domains for all people who need primary care services. Highlighting the barriers and challenges faced by healthcare consumers in the ACT helps healthcare providers understand how to address those barriers when designing and implementing services. Where possible, data relating to these themes have been included.

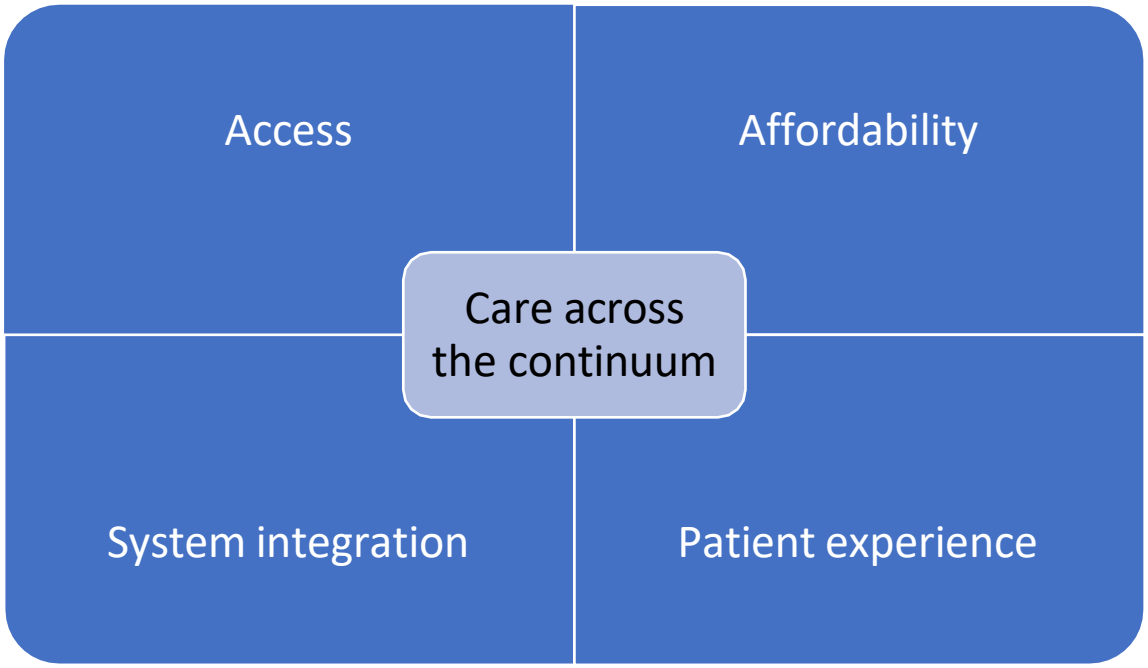
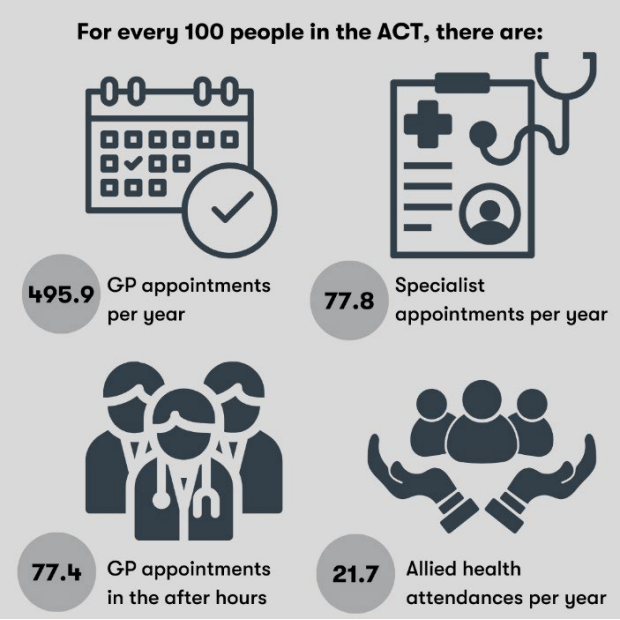


Figure 7: Care across the continuum

Access

Accessibility to primary care services is broadly determined by two factors – the availability of services and the ease at which people can access these services.



Primary care services

There are 107 general practices in the ACT. Of these, 99 (92.5%) are accredited general practices. These practices are distributed across the Canberra region as shown in Figure 9 below (1).

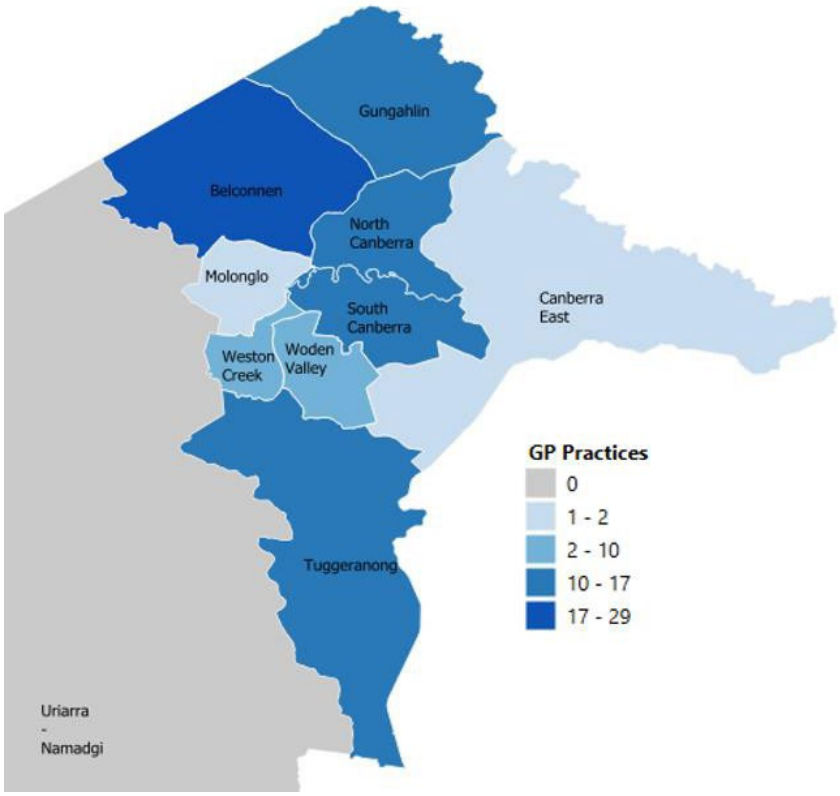


Figure 8: Map of general practices in the ACT per SA3

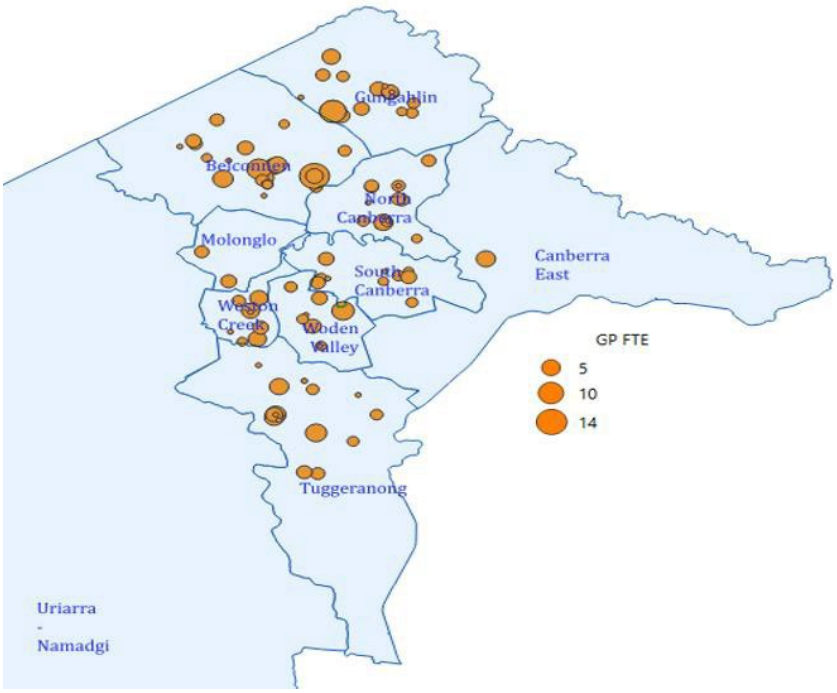


Figure 9: Location Map of General Practices in the ACT per SA3 by GP FTE in Practice

GP services (AIHW MBS)

In 2022-23, there were 2,292,507 Medicare subsidised GP services delivered in the ACT (2). This equates to an age standardised rate of 495.9 GP attendances per 100 people living in the ACT, significantly lower compared to the national rate (596.8 per 100 people).

Those services were delivered to 375,358 consumers in the ACT, meaning that over 4 in 5 (82.2%) of residents saw a GP in this period. This is slightly less than the proportion of all Australians who saw a GP (86%) (2).

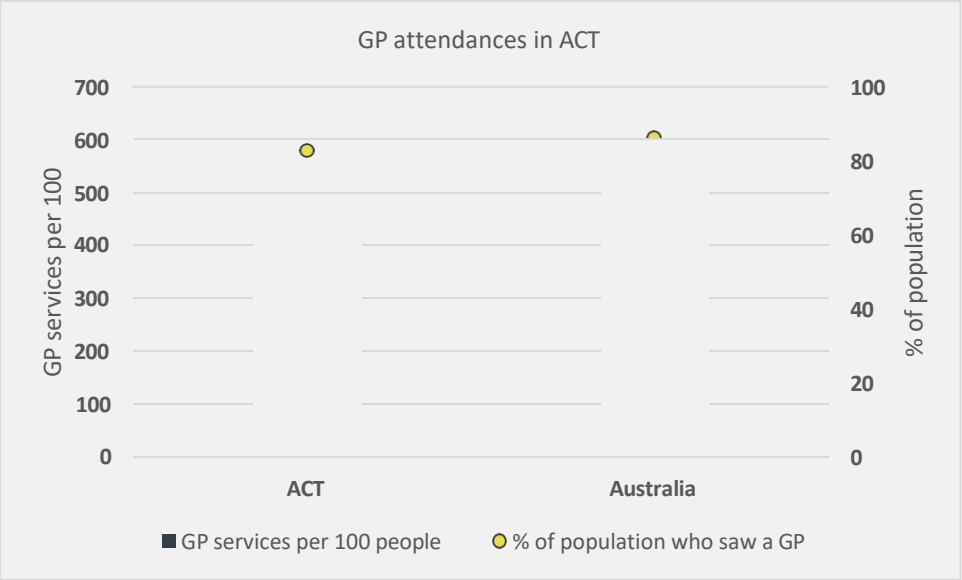
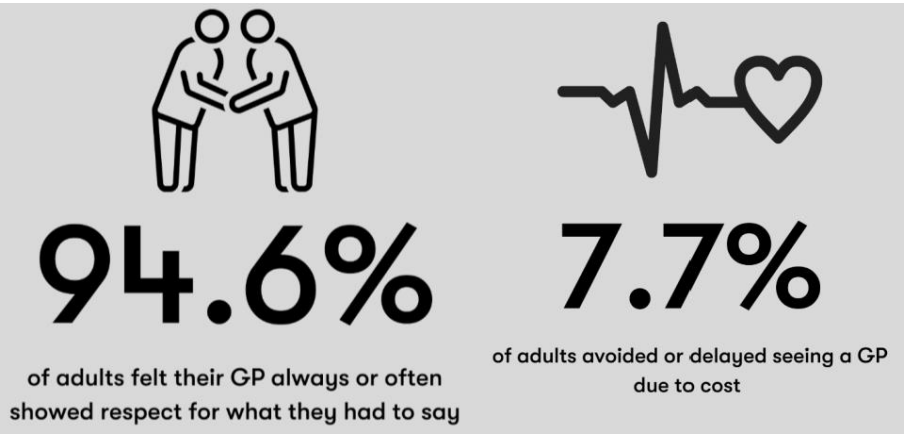


Figure 10: Age standardised rate of GP services and proportion of population who saw a GP in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)

The rates of GP services delivered per population varies across the ACT region. Weston Creek (614.7) and Tuggeranong (578.2) have the highest rates in Canberra, with both regions closer to the national level (2). Mongolo (237.1) and North Canberra (402.9) are the two ACT SA3 areas with the lowest rate of GP services.



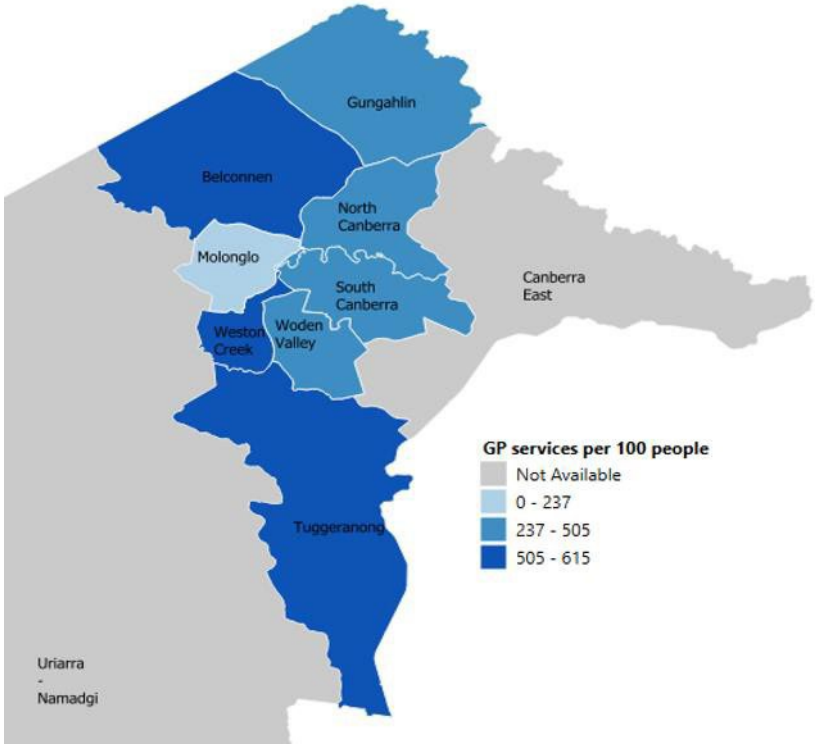


Figure 11: Rate of Medicare subsidised GP services per 100 people by SA3 region, 2022-23 (AIHW)

Allied health services (AIHW MBS)

In 2022-23, there were 360,768 Medicare-subsidised allied health services delivered in the ACT (2). This equates to an age-standardised rate of 77.8 allied health attendances per 100 people living in the ACT, significantly lower than the national rate (95 per 100 people) (2).

These services were delivered to 159,871 consumers in the ACT, approximately 35% of the region's population. This is similar to the proportion of all Australians who saw an allied health practitioner (39%) (2). However, these figures reflect only Medicare-subsidised allied health services, while a significant portion of allied health care is funded through private insurance or out-of-pocket payments, for which data is not available.

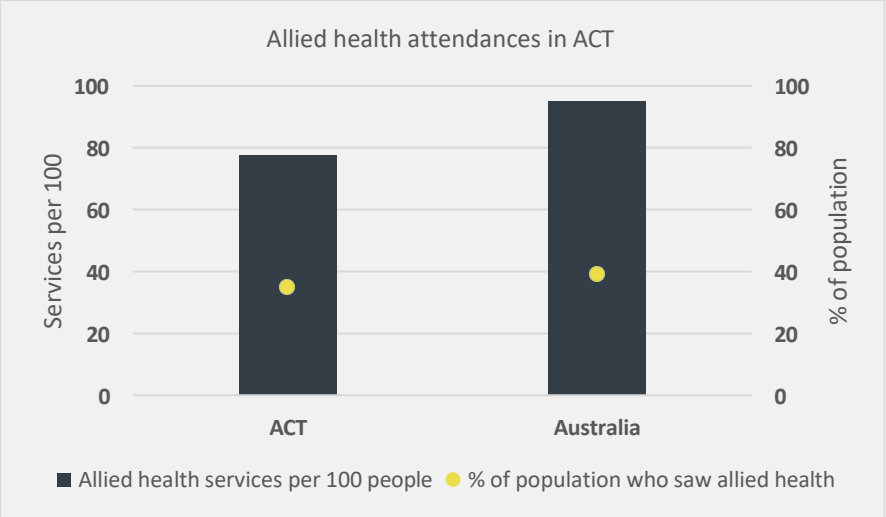


Figure 12: Age standardised rate of allied health services and proportion of population who saw an allied health professional in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)

Medicare subsidised allied health rates were highest in the south of Canberra - with Weston Creek (99.5), South Canberra (90.9) and Woden Valley (85.7) having the highest number of services per 100 people (2).

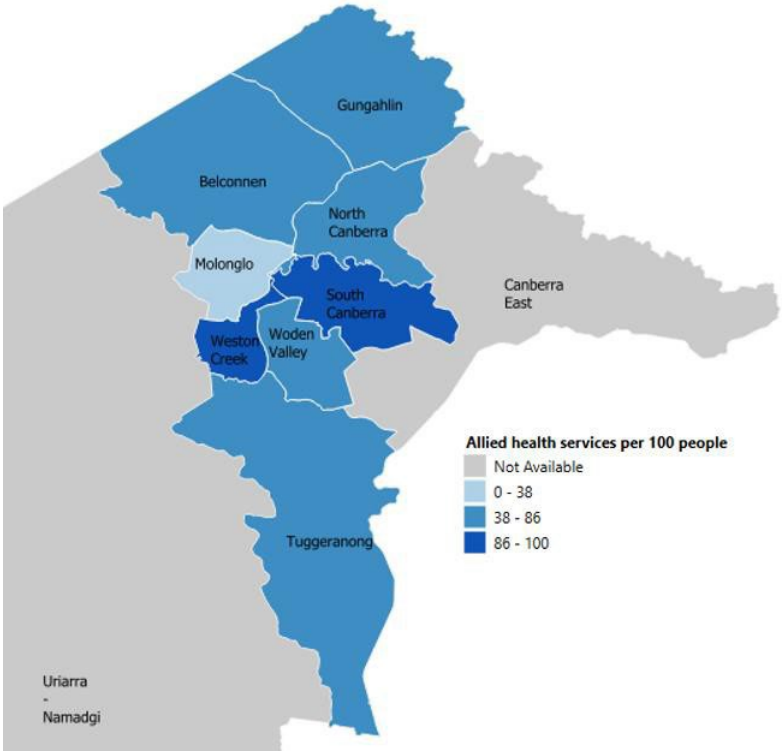


Figure 13: Rate of Medicare subsidised allied health services per 100 people by SA3 region, 2022-23 (AIHW)

While these figures portray the rates of overall allied health attendances across the region, they may not entirely represent the true level of allied health service provision. The data only capture Medicare subsidised services, meaning that services paid entirely out of pocket by the consumer or funded by private health insurance have not been included. Furthermore, a large proportion of Medicare subsidised allied health attendances relate to optometry. Bulk billed vision tests are available at most optometry clinics in the ACT, potentially inflating overall attendance and financial figures for allied health. The effect of these competing factors on the total numbers are not known, with further analysis suggested to draw informed conclusions.

Specialist services (AIHW MBS)

In 2022-23, there were 359,223 Medicare subsidised specialist services delivered in the ACT (2). This equates to an age standardised rate of 77.4 specialist attendances per 100 people living in the ACT, lower than the national rate (88.4 per 100 people).

Those services were delivered to 130,161 patients in the ACT, which is approximately 28.5% of the region's population and similar to the national proportion (31.6%) (2).

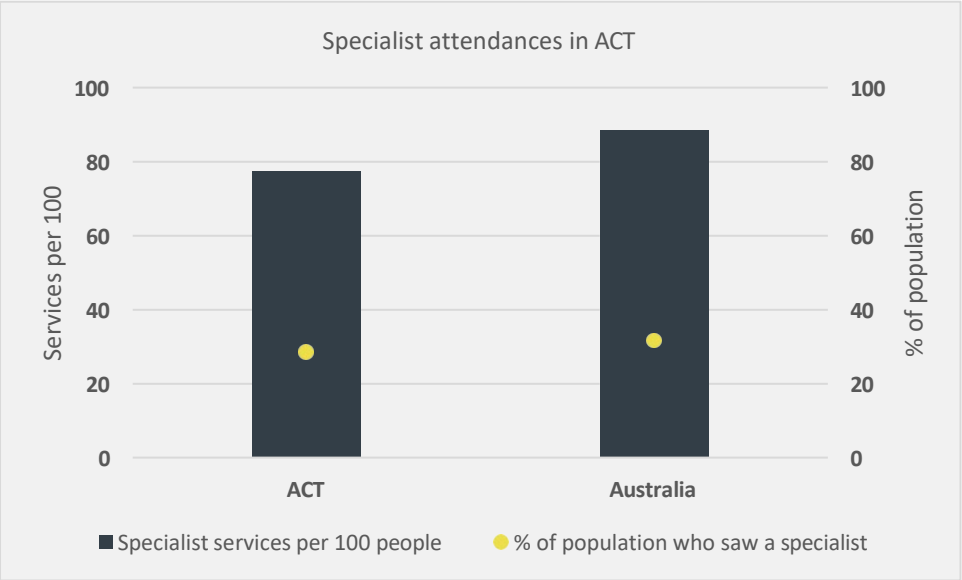


Figure 14: Age standardised rate of specialist services and proportion of population who saw a specialist in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)

As with allied health attendances, rates were highest in the south of Canberra. South Canberra (102.8), Weston Creek (99.5) and Woden Valley (94.6) had the highest number of specialist services per 100 people (2). This is likely due to the older age demographic in these regions.

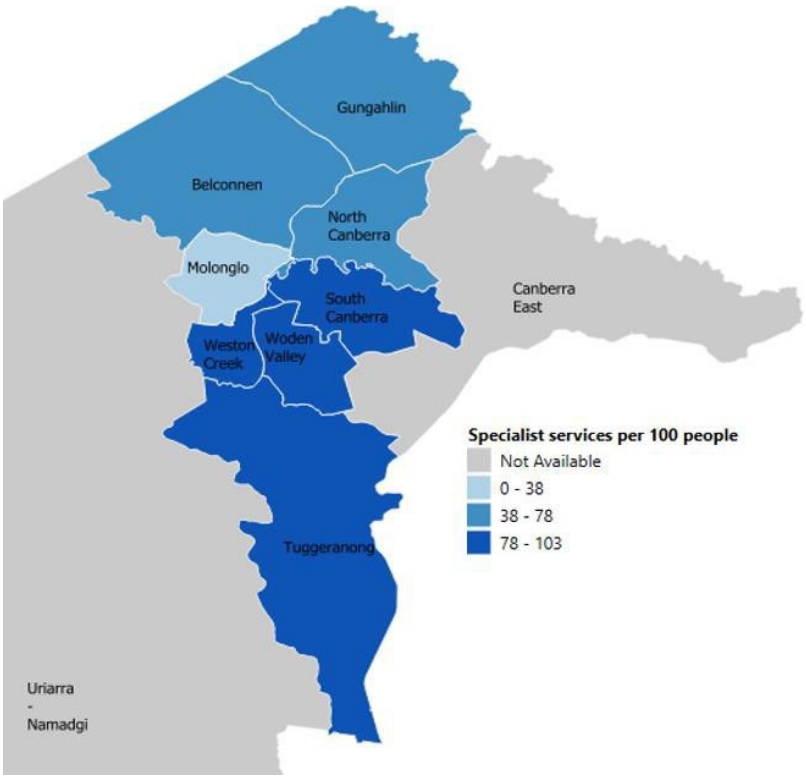


Figure 15: Rate of Medicare subsidised specialist services per 100 people by SA3 region, 2022-23 (AIHW)

GP after hours (AIHW MBS)

In 2024, CHN completed an After Hours Needs Assessment, assessing the health and service needs for after hours care in the ACT. For more information, see CHN's completed After Hours Needs Assessment.

According to AIHW data, in 2022-23, there were 65,443 people (14.3% of the population) who accessed after hours GP services in the ACT. The age standardised rate of GP after hours services in the ACT was 21.7 per 100 people, well below the national rate of 29.5. (2)

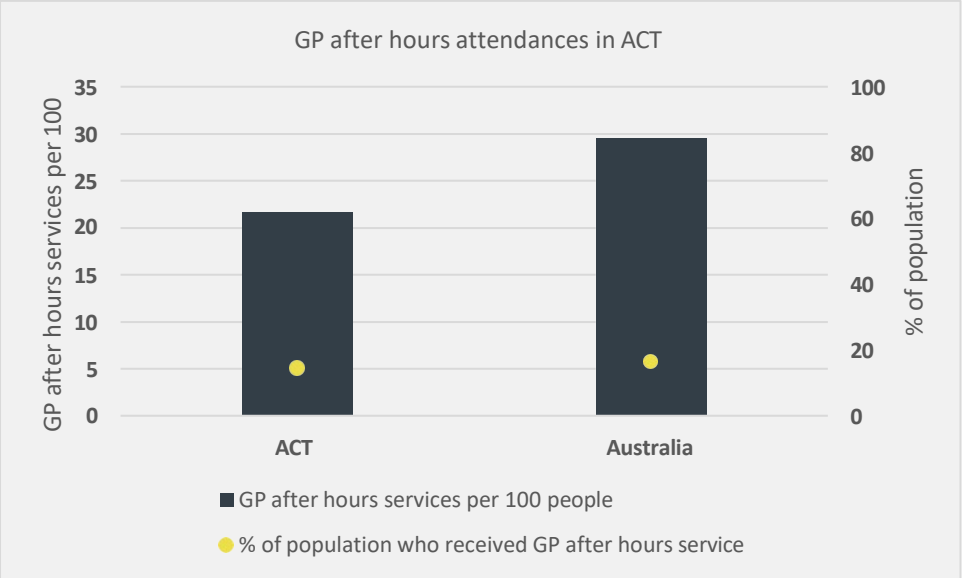


Figure 16: Age standardised rate of GP after hours services and proportion of population who saw an after-hours GP in ACT and Australia; (AIHW - Medicare subsidised GP, allied health and specialist health care services across local areas: 2022-23)

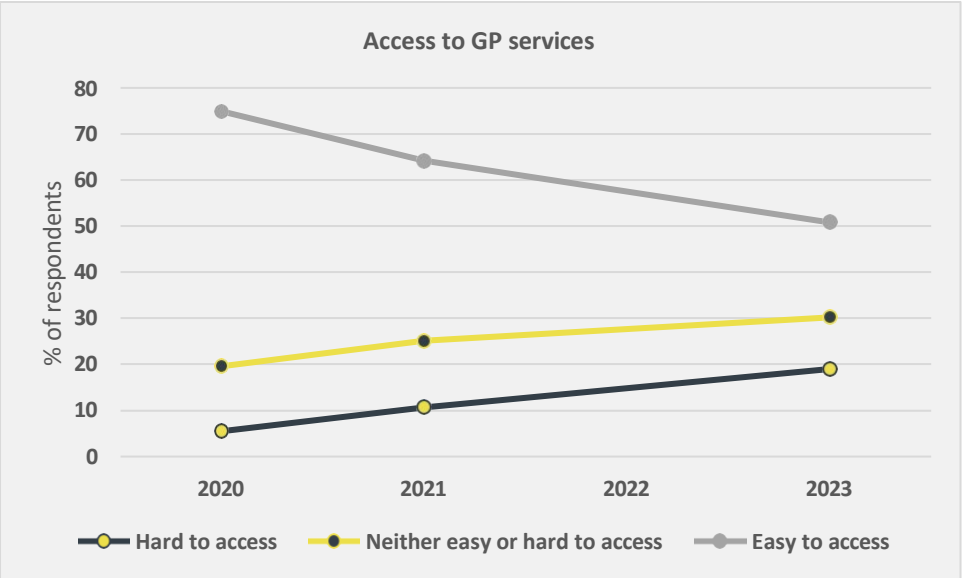
GP availability

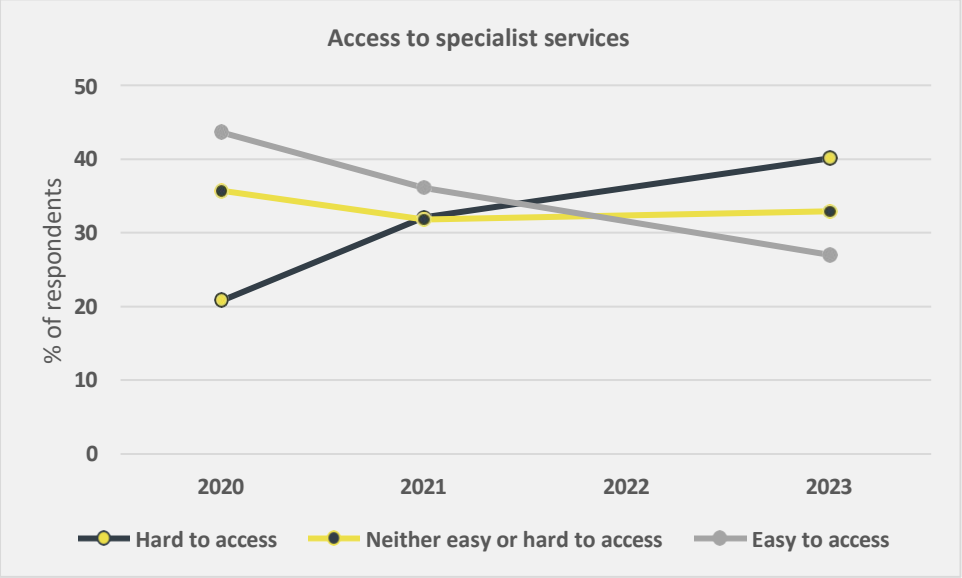
Data collected by Cleanbill estimated that 90.8% of general practices in the ACT accepted new patients in January 2024 (3). This suggests approximately one in ten clinics were fully booked and likely to have experienced long wait times for their consumer base. This figure is similar to the national rate of 88.8%.

Access to primary care services

The ACT Wellbeing Framework shares perspectives from the ACT community of the perceived ease of access to primary care services. The Living Well in the ACT region survey, collects data that showed (4):

- Almost 1 in 5 (19%) of respondents found it hard to access a GP service
- over 2 in 5 (40.1%) of respondents found it hard to access specialist services
- over 2 in 5 (41.1%) of respondents found it hard to access occupational therapist or speech pathologist services.





Figures 17 and 18: Consumer rating of ease of access to GP services and specialist services in ACT; (ACT Wellbeing Framework, 2022-23 Living well in the ACT region survey, unpublished data).

As shown in figures 17 and 18 above, the proportion of ACT residents who found GP services and specialist services difficult to access increased considerably between 2020 and 2023. While COVID-19 likely contributed, other factors should be analysed and understood to address the concerning trend.

Hospital services

The primary health sector is part of a larger system, with secondary and tertiary health care services. Primary health care is often considered the 'gateway' to the wider health system (5), and there are overlaps and interrelationships between the portions of the health system. Potentially preventable hospitalisations (PPH) and emergency department (ED) presentations are two instances where providing primary care affects the secondary health care system.

Potentially preventable hospitalisations

Potentially preventable hospitalisations are defined as

> *… admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals (6).*

They can be used as a measure of the effectiveness of primary care services, with the number of PPHs indicating how many hospital stays could have been prevented if adequate primary care had been provided sooner.

In 2021-22, there were 8,085 potentially preventable hospitalisations in the ACT (7). This equates to an age standardised rate of 1,754 PPH per 100,000 people, lower than the national rate (2,293 PPH per 100,000).

The rates of chronic, acute and vaccine preventable PPHs (per 100,000 population) are displayed in Table 1.

	ACT	Australia
Chronic PPH	658	989
Acute PPH	1,016	1,168
Vaccine preventable PPH	89	154
Total PPH	1,754	2,293

Table 1: Potentially preventable hospitalisations per 100,000 population; (AIHW 2024, Potentially preventable hospitalisations in Australia by small geographic areas, 2020–21 to 2021–22)

PPH rates vary across the Canberra region, shown in Figure 19 below. The highest PPH rates are seen in Tuggeranong (2,085 per 100,000) and Weston Creek (1,914) (7).

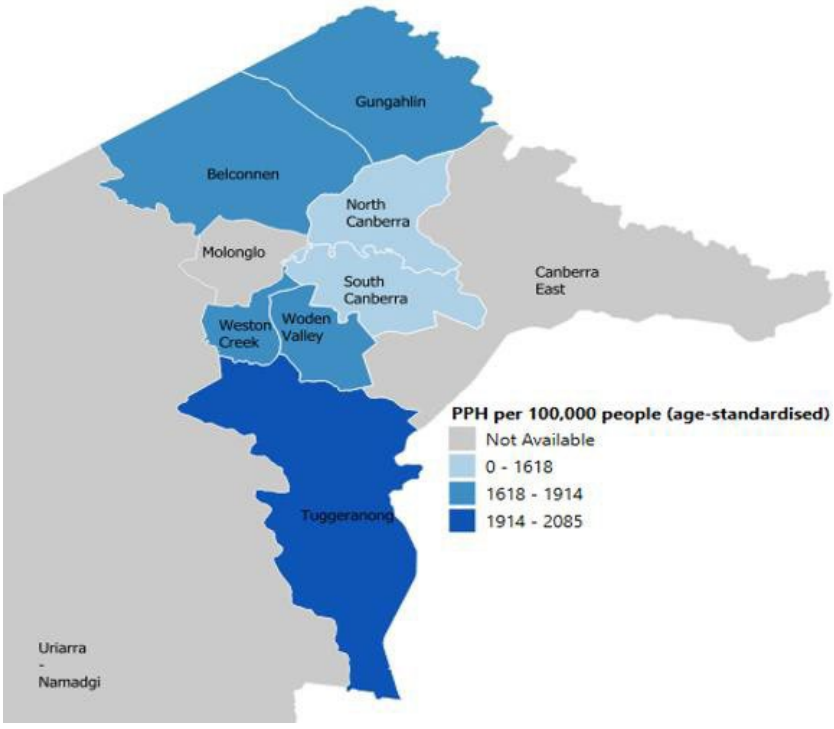


Figure 19: Rate of potentially preventable hospitalisations per 100,000 people by SA3 region, 2021-22 (AIHW)

Emergency department presentations

Emergency departments provide care for people who require urgent medical attention. Each ED presentation is triaged on arrival based on the presenting condition and the urgency of care they need and placed into 1 of 5 categories.

Lower urgency ED presentations are defined as presentations where the person:

- Had a triage category of semi-urgent (category 4) or non-urgent care (category 5)
- did not arrive by ambulance, police or correctional vehicle
- was not admitted to the hospital, transferred to another hospital, and did not die (8).

In 2021-22, around one third of ED presentations were classified as lower urgency (8). Lower urgency ED presentations may be better managed elsewhere in the health care system, reducing the burden on emergency departments and the hospital system and reducing overall costs of care. Therefore, similarly to PPHs, these presentations are occasionally used as a proxy measure of access to primary health care. Likewise, lower urgency emergency department presentations are often used as an indicator of access to primary health care, as they may reflect instances where timely primary care services were not available.

In the ACT in 2021-22, there were 49,733 total lower urgency ED presentations (8). This equated to an age standardised rate of 110.2 presentations per 1,000 population, lower than the national rate (124.4). Almost half (47%) of lower urgency ED presentations in the ACT occurred in the after-hours period, when alternative primary care services were likely unavailable.

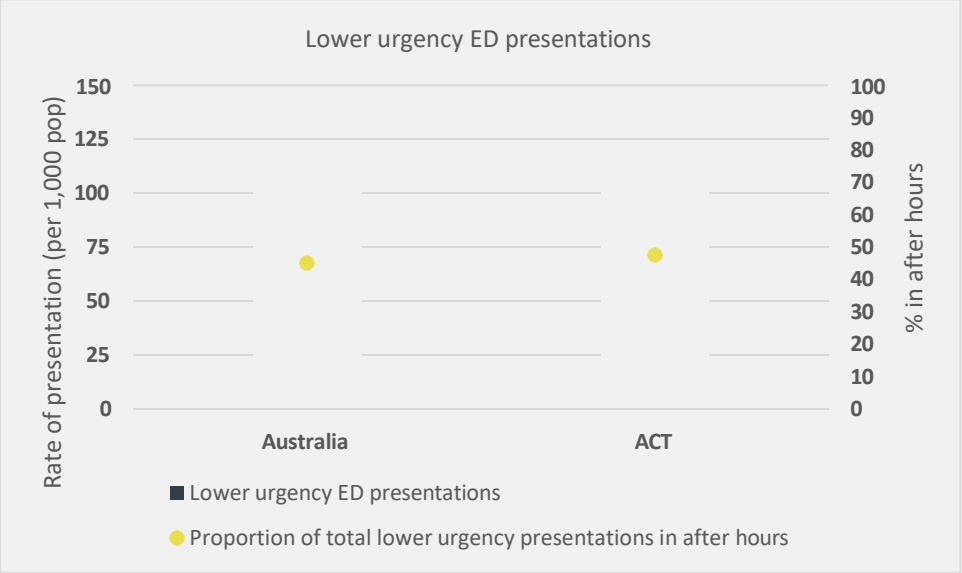


Figure 20: Rate of lower urgency ED presentations per 1,000 population in ACT and Australia; (AIHW 2024, Use of emergency departments for lower urgency care)

The greatest rates of lower urgency ED presentations were seen in Tuggeranong (131.5 presentations per 1,000 population) (8).

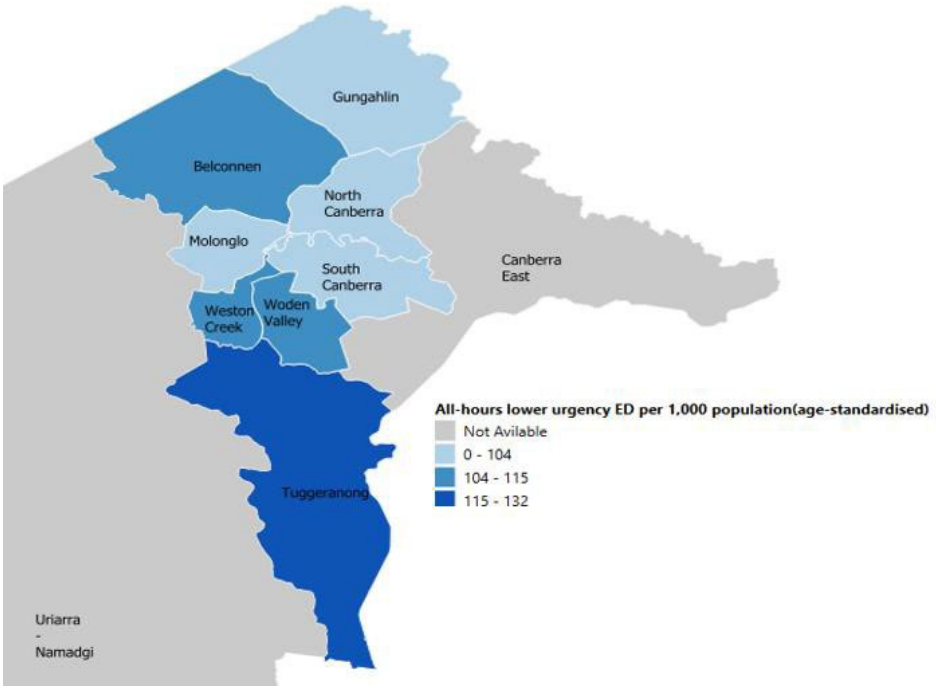


Figure 21: Rate of lower urgency ED presentations per 1,000 people by SA3 region, 2022-23 (AIHW)

Hospital services – ACT

ACT data on PPH rates and lower urgency ED presentations could suggest better access to after-hours care. However, there is no direct evidence that after hours' access has reduced PPH rates (24). Data from the ACT indicate that rates of PPH and lower urgency presentations to ED were lower than national averages. This suggests that the ACT may have relatively effective healthcare systems in place. However, despite these lower rates, a significant number of ACT residents continued to present at emergency departments due to persistent barriers in accessing primary care services. Key drivers of these ED presentations include factors such as affordability, lengthy waiting lists, and limited understanding of the healthcare system. Improvements to make the primary care system more accessible in the ACT could reduce future rates of PPH and lower urgency ED presentations.

Barriers to access

Key elements that limit accessibility to primary care and health services in the ACT were identified through stakeholder consultations. These factors were consistent across the population, affecting all who engaged with the primary care system.

- ***Geographical barriers and transport***:
  Geographical barriers across the ACT prevent consumers from physically attending primary care services. A lack of public transport options can exacerbate the barriers. While services may be available to meet a person's needs in the ACT region, the cost in time to attend can be high if travel by public transport is required. This impacts those who primarily rely on public transport, suggesting that people with low incomes, people from multicultural communities, adolescents and older adults are likely to be affected disproportionately. These disproportionate effects can lead to avoidance of care, possibly worsening health outcomes in key population groups.

- ***Waiting times***:
  Stakeholders considered waiting times were a key barrier to accessing primary care services. High demand for primary care services, particularly GPs, currently outweighs supply in the ACT. This means that many general practices have long waiting lists, and patients often need to wait for days or weeks to see their GP. This adds strain on consumers – who may need to wait while feeling unwell – and practices – that must manage their client bases' health and expectations.
- ***Health literacy and awareness*:**
  A person's comprehension of health information plays an important role in how they access and interact with services. A person with poor health literacy may not understand or have the capacity to make decisions about the care they need, who they should receive it from, or how to access appropriate services. This may lead them to present at inappropriate services or not present at all, impacting their patient journey. Improving education and awareness, together with helping people with services like care navigators, can support people to get the best value from the primary care system.

Affordability

Affordability is an important aspect of accessibility to primary care services. With cost of living pressures increasing in recent years, many residents may be feeling the effects, potentially impacting their ability to access healthcare. (9).

Affordable primary care is a commitment of the Federal Government, which has increased bulk billing incentive payments in 2023 (10). Bulk billing, where GPs accept the Medicare rebate as the full cost of service and charge no out of pocket fees to the consumer, is the central feature of affordable primary care.

Bulk billing rates, out of pocket costs, involvement of multiple health professionals and frequency of care all contribute to the overall cost to the individual and community. Secondary costs such as the cost of medications, transport and associated administrative tasks also contribute to overall affordability of health for a consumer. Keeping these costs as low as possible is important to ensure those who need primary care can access relevant services, providing benefit to consumers, community, and wider health care system.

Bulk billing

Bulk billing rates in the ACT are the lowest of all states and territories in Australia. Recent figures released by the Department of Health and Aged Care showed that 57% of all GP visits in May 2024 in the ACT were bulk billed (11). There was a 5.5 percentage-point increase since October 2023 (51.5%), when new bulk billing incentives were introduced.

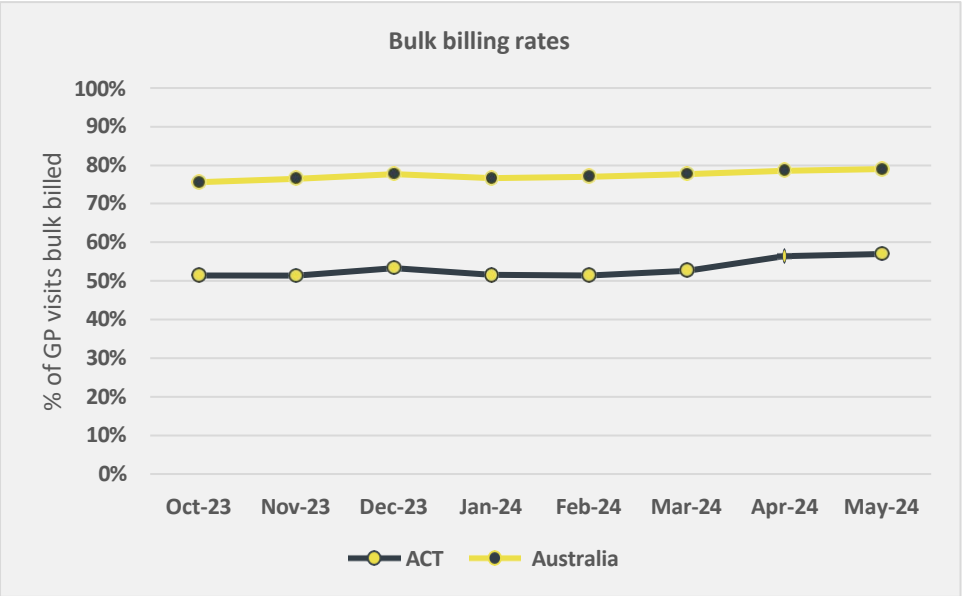


Figure 22: Monthly bulk billing rates October 2023 to May 2024 ACT and Australia; (DOHAC 2024)

Despite this recent increasing trend, bulk billing rates in the ACT remained considerably lower than all other states and territories. Across the entire country, 79% of GP visits in May 2024 were bulk billed (11).

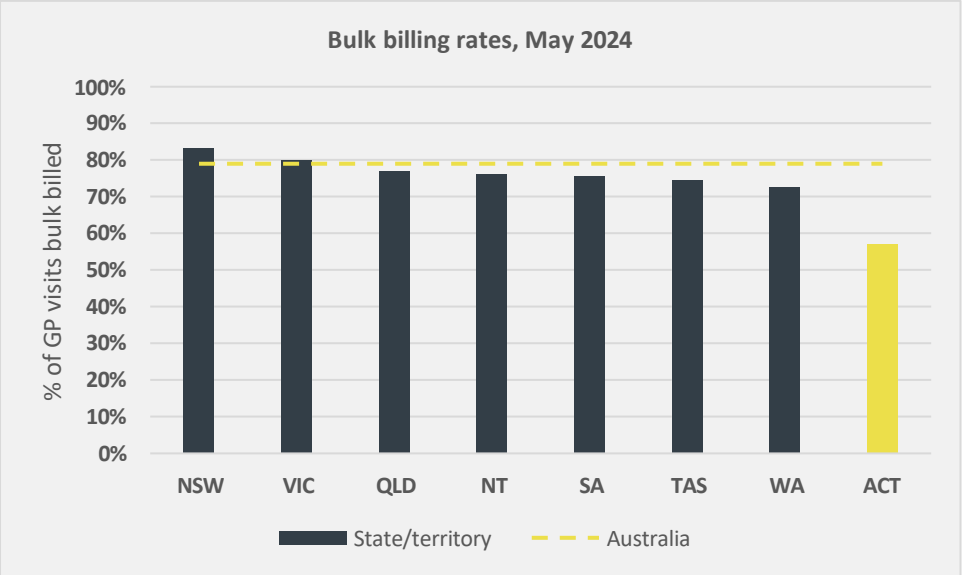


Figure 23: State and territory bulk billing rates in May 2024; (DOHAC 2024)

Bulk billing practices

Bulk billing general practices, where clinics will bulk bill all adult patients who attend for a standard GP consultation, regardless of concessions, provide affordable primary care options to the population.

Cleanbill's Blue Report in 2024 reported that only 3.4% of general practices with availability in the ACT were bulk billing practices (3). This was substantially lower than the national proportion of bulk billing practices (24.4%), and lower than all other states and territories bar Tasmania. This proportion declined in the previous 12 months, indicating some practices that were bulk billing practices in 2023, no longer bulk billed all patients in 2024.

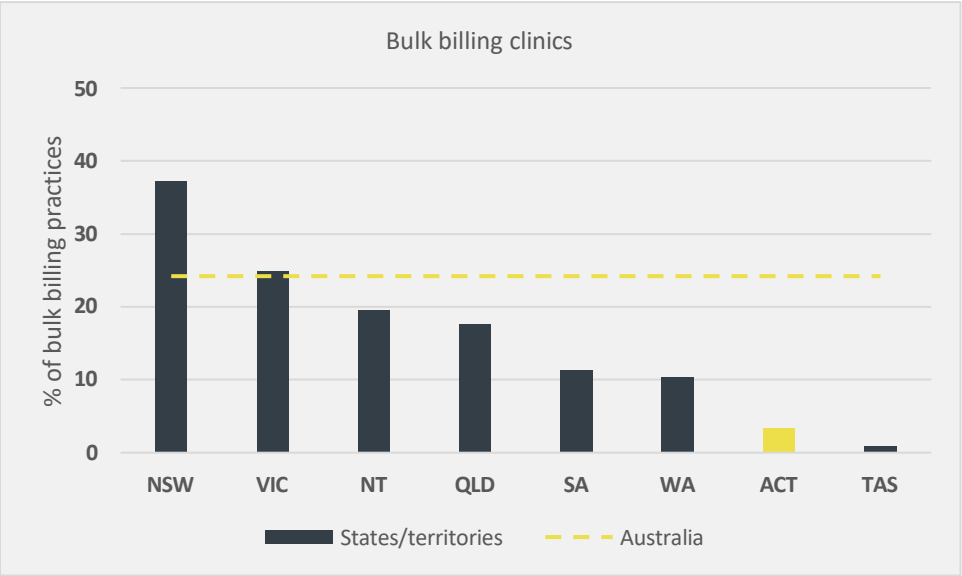


Figure 24: Proportion of GP clinics taking on new patients who are bulk billing clinics; (Cleanbill Blue Report 2024)

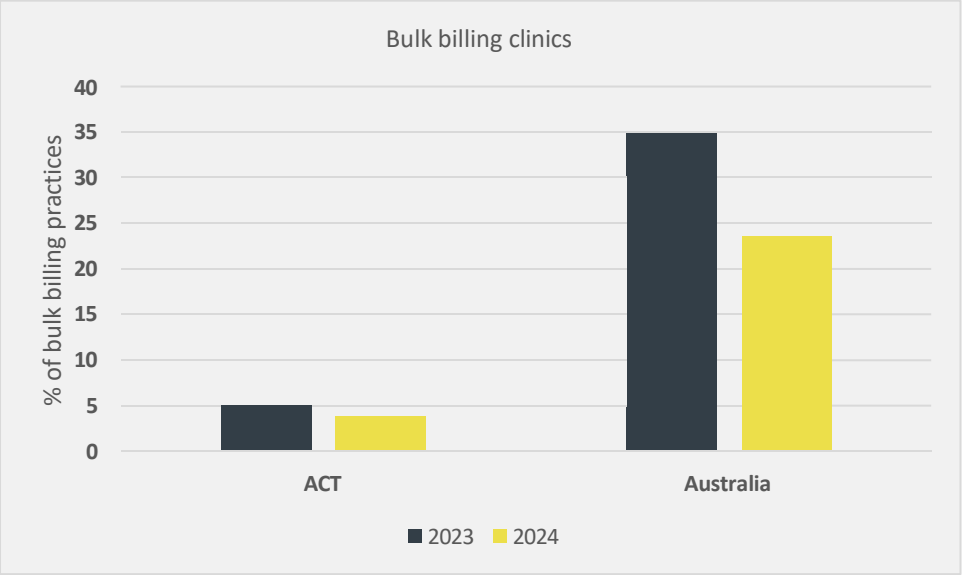


Figure 25: Proportion of GP clinics taking on new patients who are bulk billing clinics ACT and Australia 2023-24; (Cleanbill Blue Report 2024)

Cost of GP services

The cost of seeing a GP, specifically the out-of-pocket costs felt by the patient, influence health care decisions for many. These costs are much higher in the ACT compared to the rest of the country. According to Medicare data, the average out of pocket cost for a GP service in the ACT was $21.49, over 2.5 times higher than the national figure ($8.38) (2).

	ACT	Australia
Provider fee per GP service	$73.51	$60.61
Medicare benefit per GP service	$52.02	$52.23
Average out of pocket cost	$21.49	$8.38

Table 2: Average costs per GP service ACT and Australia; (AIHW - Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23)

The figures in Table 2 above include bulk billed GP services provided to those who are eligible for concessions. Medicare data suggest the average out of pocket cost across the ACT was $55.68 for an adult consumer not eligible for concessions and who was billed for the service, (12).

	ACT	Australia
Average out of pocket cost for adults without concessions	$55.68	$48.26

Table 3: Average out of pocket cost for adults without concessions ACT and Australia; (Medicare quarterly statistics – State and territory June quarter 2023-24)

While out of pocket costs are substantial across the country, the ACT has the highest average cost among all states and territories (12).

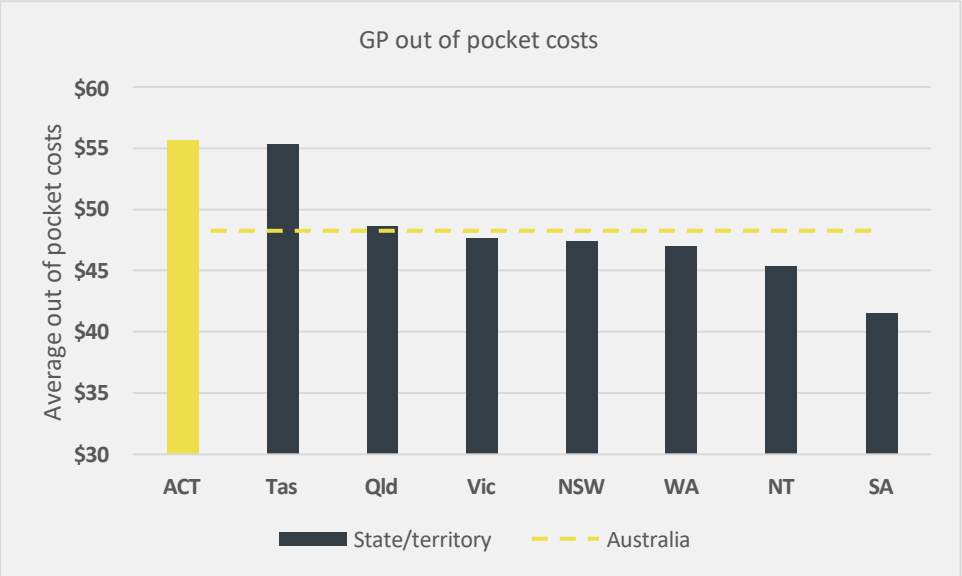


Figure 26: Average out of pocket cost for adults without concessions states and territories; (Medicare quarterly statistics June quarter 2023-24)

Cost of specialist services

The costs associated with each episode of care rise sharply when a person attends a specialist service for their health care. The average out of pocket cost of seeing a specialist in the ACT ($91.76) was significantly higher than the average cost across the country ($66.39) (2).

	ACT	Australia
Provider fee per specialist service	$190.98	$158.05
Medicare benefit per specialist service	$99.22	$91.66
Average out of pocket cost	$91.76	$66.39

Table 4: Average costs per specialist service ACT and Australia; (AIHW - Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23)

Affordability in the ACT

As outlined above, the cost to consumers who access primary care services in the ACT is higher than the average Australian While incomes/wealth and personal wellbeing in Canberra compares favourably with national averages, the cost of living is higher, worsening the circumstances for people with low incomes, including people receiving income support payments, and other priority populations, such as students, service workers, single parent families and refugees. CHN research indicates that priority populations struggle for access to healthy food and opportunities for sport and wellness activities. It is vital that services are kept as affordable as possible so that everyone living in the ACT can effectively manage their health.

System integration

Integrated care

While integrated care is a commonly accepted concept, it cannot be narrowly defined. Rather, it is an overarching term for a broad and multi-component set of ideas and principles that seek to better coordinate care around people's needs (14).

A common health system-based definition of integrated care utilised by the World Health Organisation (WHO) stated:

> *Integrated health services are health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course* (15).

Five key elements of integrated care were identified by HCCA (16) through a series of discussions with community members in the ACT.

1. Partnerships and collaboration
2. Communication
3. Navigation, access and choice
4. Trust and safety
5. Availability and capacity of resources.

These elements were prevalent across further stakeholder consultations looking at the integration of primary care services in the ACT.

Multidisciplinary care

Stakeholder consultations identified the importance of multidisciplinary care teams to provide effective, person-centred care to work towards each person's health and wellbeing goals. An effective multidisciplinary team relies on building partnerships with the care team and effective collaboration (16). This provides a clarity in each member's role and empowers each to carry out their defined tasks (17).

Primary care can include GPs, practice nurses, specialists and a multitude of allied health professionals. A person's care may also reach across into secondary and tertiary systems, while stakeholders emphasised the importance of primary care providers working collaboratively with the community ecosystem, including social supports, community-based services and family and carers. With the breadth of involvement in a person's health care journey, all members of the of the multidisciplinary team (MDT) should have a shared sense of purpose and goals (16).

Many in the ACT believe that implementation and utilisation of MDTs could be strengthened to improve the primary care system. A lack of time and resources for many clinical providers is acknowledged as a substantial barrier – with incentives to address this these barriers in recent Strengthening Medicare measures (18). Additionally, an area of focus for medical services should be building an understanding of the contribution social and community services can make.

Chronic disease management (CDM) services are GP services on the Medicare Benefits Schedule (MBS) and are available to people with a chronic or terminal medical condition. Under these services, a chronic medical condition is defined as one that has been or is likely to be present for 6 months or longer. GP Management Plan (GPMP) and Team Care Arrangements (TCAs) can help people with chronic medical conditions by providing an organised approach to care. ACT at a PHN level has the lowest GPMP rate per 1,000 population (age-standardised) at 62.5 and TCA rate per 1,000 population (age=standardised) 51.4 across all PHNs (19).

Referrals and transitions of care

'Referrals and transitions of care, where the transfer of a patient and their care responsibilities from one part of the health care system to another' (20), were highlighted as important stages of a consumer's healthcare journey. HCCA's investigation highlighted transitions of care as an area where greater integration could prevent poor health outcomes in the ACT (16), and emphasised the importance of clear, effective communication.

Sharing relevant health and treatment information between service providers, consumers and carers and other supports is essential to promoting smooth transitions of care. In the ACT, poor clarity in communication often hinders these transitions. Failure to effectively communicate and share information can lead to stagnation in treatment, duplication of services, increase costs and potentially contribute to a decline in outcomes.

Clinical handovers or referrals are a key handover point, and an area that many service providers indicated improvement is needed in the ACT. Many clinical services reported a high prevalence of poor, unfinished or irrelevant referral, increasing the administrative burdens on services and consumers, and hindering seamless transition of care.

While there are barriers to information sharing in the ACT, including lack of time and resources, privacy concerns, and lack of digital interoperability, efforts to facilitate better communication could reduce inefficiencies in referrals and transitions of care.

Care navigation

Difficulty in navigating services was proposed by stakeholders as a leading barrier to integrated care in the ACT. The first step for a consumer to engage with the health care system is to know what is available to them, and what services are available to best meet their personal needs. They cannot make an informed choice without understanding the system, and their options.

A common theme among many service providers was that the complexity of the primary care and health care system in the ACT makes navigation challenging for those working in the sector. The challenge is much greater for consumers, with less familiarity of the system and services, who may consequently not access suitable services in the ACT.

Consumers often rely on service providers to provide guidance to reach the correct service. GPs offer crucial care to consumers and may be expected to have in-depth knowledge of appropriate local services. While it is not feasible for GPs to always be the main coordinator of care, it is preferable and important for many consumers (16).

Care navigation services, including the Liaison and Navigation Service (LaNS) and Care finder providers, are present throughout the ACT. These services provide care navigation and help patients find suitable health care. Many stakeholders pointed to the benefit of a greater number

of care navigation services, citing high demand and difficulty accessing these services for many in the population.

Additional factors, including eligibility criteria and waiting times at services, may also hinder navigation and smooth patient journeys. Having inside knowledge was seen as critical to allow consumers to access services to receive the right care at the right time. Navigation services know the landscape that can help consumers access the most appropriate services.

Other factors influencing integrated care

The remaining factors outlined in HCCA's analysis of integrated care in the ACT – Trust and safety and Availability and capacity of resources – are discussed throughout this document. A key element of trust and safety identified is providing trauma-informed care. While important for all health care interactions, the requirement was highlighted by stakeholders in mental health consultations. Similarly, availability and capacity of resources are heavily influenced by funding, workforce challenges and use of digital technology. These factors are also discussed in the relevant chapters.

Patient experience

The patient experience is a core component of primary care, influencing the effectiveness and sustainability of the system. When people have poor experiences accessing a primary care service, they will be reluctant to return, regardless of perceived need. Effective primary health care requires consumers to be comfortable, safe, and respected in order to have their needs met and achieve satisfactory outcomes. Collecting patient experience data is a necessary step to understanding the effectiveness of the primary care system and its capacity to deliver person centred services.

At a system level, monitoring patient experience is essential for stimulating innovation and improving quality of care (22), while at a provider level it increases accountability in services to provide high quality care. Patient experience data can be used for performance monitoring, reporting and benchmarking, accreditation and to evaluate quality improvement. However, in Australia, it is primarily collected for practice accreditation purposes (23). Improved data collection is an opportunity for improvement to maximise the primary care system in the ACT.

Consumers' experiences may be influenced by factors discussed in the sections above – accessibility, cost and integration – as well as their interactions with health professionals and service providers.

Patient experience survey

While the ACT performs relatively well in terms of patient interactions with GPs, particularly in terms of respect, listening, and time spent during consultations, access to preferred GPs and timely appointments remains a challenge. When compared to national averages, the ACT's patient satisfaction in these areas aligns closely with or slightly exceeds national trends. However, in the areas of accessibility and affordability, the ACT's figures, such as the proportion of adults unable to see a GP or specialist in a timely manner, reflect challenges also seen at the national level. Additionally, issues related to cost are notable, given that the ACT has higher-than-average out-of-pocket costs for GP services compared to the national average. As highlighted earlier in this chapter, measures of accessibility and affordability have been trending downwards in recent years.

Data from the 2019-20 Patient Experience Survey outlined the experiences of health care consumers at a PHN level. The following findings summarise the outcomes for adults living in the ACT across the 12-month period.

Interactions with services

- 92.1% of adults felt their GP always or often listened carefully
- 94.6% of adults felt their GP always or often showed respect for what they had to say
- 91.2% of adults felt their GP always or often spent enough time with them.

Availability of services (accessibility)

- 1 in 8 (12.4%) adults needed to see a GP but did not
- 3 in 10 (29.7%) adults could not access their preferred GP
- Almost 1 in 5 (18.5%) adults felt they waited longer than acceptable to get an appointment with a GP
- One quarter (25%) of adults referred to a specialist waited longer than they felt acceptable for an appointment.

Cost (affordability)

- 7.7% of adults avoided or delayed seeing a GP due to cost
- 8% of adults avoided or delayed filling a prescription due to cost.

Multiple health professionals (system integration)

- More than 1 in 5 (21.9%) saw 3 or more health professionals for same condition.

As highlighted earlier in this chapter, measures of accessibility and affordability have trended downwards in recent years, so it is reasonable to expect that the consumer experience figures highlighted above may under represent the true figures in 2024.

Impact of Consumer Experience

The importance of consumer experience when interacting with the health care system is best highlighted by the negative impacts of a poor experience. Negative consumer experiences have been shown to impact physical and psychological health, increase suffering and hinder consumers' access to further care (23). This increases the risk of worsening health outcomes, while increasing the likelihood of avoiding care, and erodes the trust in the health care system, which can permeate throughout the community.

Many stakeholders highlighted that it only takes one poor experience to lose trust and initiate a cascade of effects. As such, service providers must understand how every interaction with the primary care system is vital, and the importance of consistent, quality person centred care.

Identified needs

- Support primary care services to investigate mechanisms to improve accessibility for the ACT community, including by shortening waiting lists and improving health literacy.
- Support general practices to provide affordable primary care services, including promotion of bulk billing where appropriate.
- Improve collaboration within the primary care sector to enhance integration of care and promote smoother client pathways.

- Support provision of multidisciplinary care within the primary care sector, including support of allied health professionals and specialists to collaborate with general practitioners.
- Enhance care navigation support services to enable health care consumers in the ACT to access appropriate services.

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25. After-hours presentations to community-based primary care in the Australian Capital Territory

Chapter 3 Chronic conditions

Introduction

Chronic conditions are the leading cause of illness, disability and death in Australia. Nationally, they are responsible for 85% of burden of disease, 90% of deaths and 55% of hospitalisations (1). These conditions generally have long lasting and persistent effects, impacting the everyday lives of those diagnosed.

This priority area focuses on the effect of chronic conditions in the PHN of the ACT across the lifespan. Estimates of chronic condition prevalence can vary due to the number of conditions included in the analysis and the data source (1). A particular focus will be given to the 12 chronic conditions groups identified and regularly reported on by the AIHW, which are selected because they are common, pose significant health problems and action can be taken to prevent their occurrence (2). These chronic conditions are arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, dementia, diabetes, endometriosis, chronic kidney disease, mental health conditions and osteoporosis.

Most chronic conditions' care is provided in the primary health care system. As the PHN for the ACT, CHN aims to improve the quality and experience of care delivered to those living with chronic conditions. By focusing on system-based solutions, CHN tries to identify targets and actions which will lead to better health outcomes downstream for individuals in the ACT.

Health needs

Chronic conditions prevalence

Prevalence

In 2022, approximately 233,000 people living in the ACT had a chronic condition, equating to over half (51.6%) of the total population (2). The ABS Census provided information around long term health conditions for the first time in 2021. While total numbers for some conditions may be underreported, it shows the distribution of chronic conditions across the regions. The SA3 regions with the largest *total number* of people reporting at least one chronic condition were Belconnen, Tuggeranong, and Gungahlin. In contrast, the regions with the *highest proportion* of residents affected by chronic conditions were Tuggeranong, Weston Creek, and Belconnen (3).

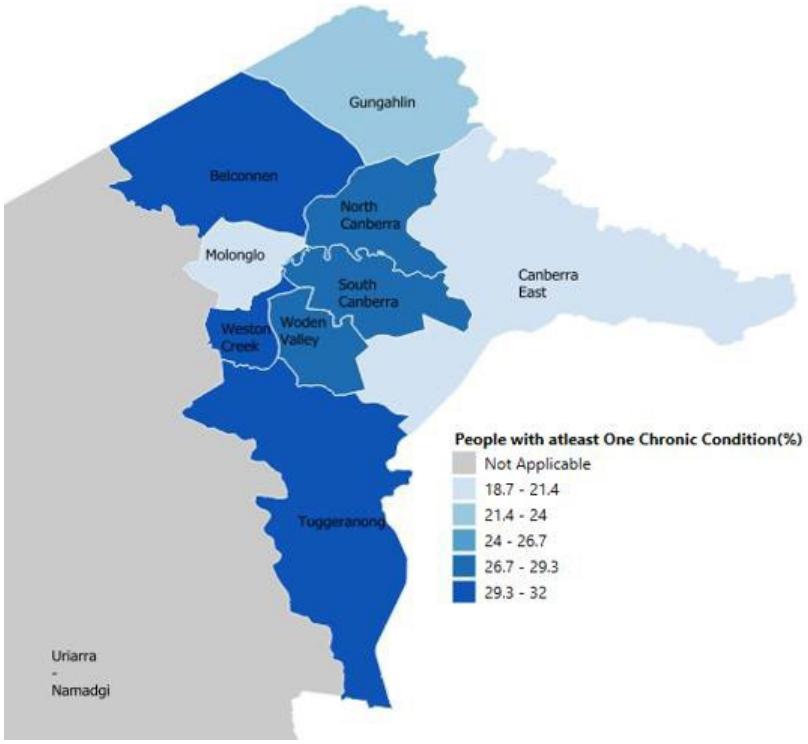
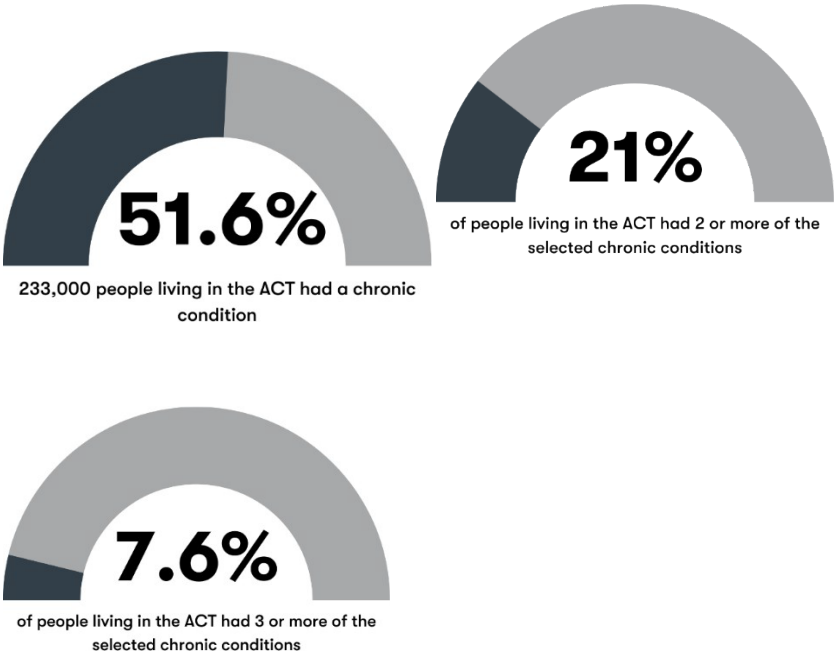


Figure 27: Proportion of population with at least one chronic condition by SA3 region, 2021 (ABS Census)

Multimorbidity

Much of the population also experience multiple chronic conditions concurrently, or multimorbidity, with an estimated 9.7 million people in Australia affected (4). The 2022 National Health Survey (NHS) estimated approximately 96,300 people (21%) living in the ACT had two or more of the selected chronic conditions, while over 35,300 (7.6%) had three or more (2).



People with multimorbidity often have complex health needs and a poorer overall quality of life (4), while studies have shown that the number of GP visits increases with the number of a person's chronic conditions (5). Greater rates of multimorbidity will place a greater strain on the healthcare system, with increasing needs for GP, allied health and specialist services. The importance of integration of care, collaboration between services and coordinating person-centred care is paramount, so that people receive the highest quality care for all conditions.

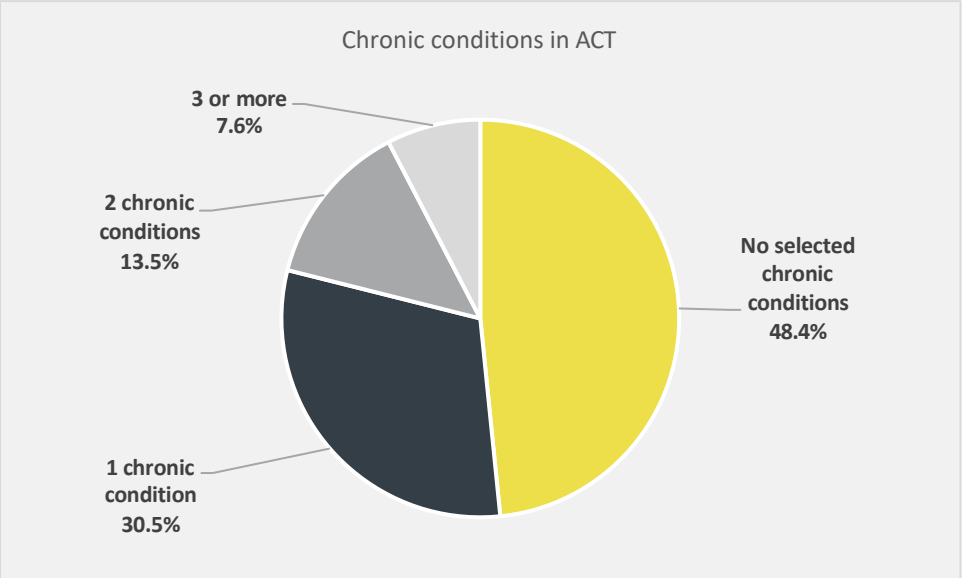


Figure 28 – Prevalence of chronic conditions and multimorbidity in ACT, 2022 (ABS National Health Survey)

Burden of disease

Chronic conditions impact everyday function and reduce people's quality of life, as evidenced by their contribution to the burden of disease. In 2023, chronic conditions contributed 84.9% of the total burden of disease in Australia (6). The leading disease groups that contributed the highest of burden of disease were cancer (17% of total disease burden), mental health and substance use (15%), musculoskeletal conditions (13%), cardiovascular diseases (12%) and neurological conditions (8%) (6). These disease groups are largely made up of chronic conditions, and together contributed over two thirds of the total disease burden in Australia.

In terms of specific conditions, the top five leading causes of disease burden in 2023 were chronic conditions (1). These were:

- Coronary heart disease
- dementia
- back pain
- anxiety disorders
- chronic obstructive pulmonary disease (COPD).

These figures highlight the impact chronic conditions have on the Australian population, highlighting the importance of a primary health care system that is well equipped and resourced to support people to manage their chronic conditions.

Risk factors

There are many modifiable risk factors associated with developing some chronic conditions. These health behaviours may increase the likelihood of developing certain diseases, as well as

the severity of disease (7). Therefore, modifying behaviours at an individual and population level may alter the risk, rates and severity of chronic conditions, affecting the health and service needs in the ACT.

Smoking and alcohol consumption

As discussed further in the AOD section, risky consumption of alcohol and tobacco smoking have detrimental effects on the health and wellbeing of consumers and community.

In 2022-23, over 1 in 4 people aged 14+ years (26.8%) consumed alcohol at levels that posed a risk to their health (8). There are declining numbers of smokers in the ACT, with 4.8% of adults in 2023 reporting they smoked every day (8).

Diet

Eating a balanced, nutritious diet is recommended in the Australian Dietary Guidelines to promote overall health and wellbeing and reduce the risk of developing chronic conditions, including diet-related conditions such as obesity and high blood pressure.

The Australian Dietary Guidelines recommend adults eat at least two serves of fruit and five serves of vegetables daily as part of a balanced diet. According to the NHS in 2022, only 4.6% of adults in the ACT met the recommended guidelines for both fruit and vegetable consumption (2). People were more likely to eat the recommended daily consumption of fruit (41.4%) than vegetables (7.7%). The ACT General Health Survey had similar findings, also noting that females were slightly more likely to meet the recommended guidelines of both fruit and vegetable consumption than males (9).

Physical activity

Engaging in regular physical activity is important for physical health, improving strength, balance and cardiovascular fitness. The National Physical Activity Guidelines (NPAG) outline recommendations to complete 150 minutes physical activity weekly and limit sedentary behaviour to maintain good physical and mental health.

In 2022, around 1 in 5 (20.3%) of those aged 15+ years living in ACT met the recommended level of physical activity, slightly lower than the national average (23.9%) (2). Older people aged 65+ years were more likely to meet the physical activity guidelines, with 27.4% of people in this cohort (2).

The ACT General Health survey in 2022 asked about sedentary behaviours, specifically whether people spend most of their day sitting, standing or walking/completing labour. Almost two thirds (64%) of adults in the ACT reported they spent the majority of their day sitting (10).

Obesity

Overweight and obesity is the second leading modifiable risk factor for some chronic conditions. Maintaining a healthy body weight reduces a person's risk of developing heart disease, diabetes and some cancers (11).

As measured by Body Mass Index (BMI), approximately one third (33.9%) of adults in ACT are a healthy body weight (2). Of the remaining population, around one third are considered overweight (33.8%), while just under one third are considered obese (29.8%). The remaining 1.8% of the population were underweight, as measured by their BMI. Almost 2 in 3 people in ACT are at risk of developing chronic disease due to their body weight. This trend seems to increase

with age, with a lower proportion of 18-24 year olds being overweight or obese (38.2%) and a higher proportion of those aged 65+ years (71.4%) (2).

Specific conditions

When looking at conditions from the NHS that are most prevalent, hay fever and mental health conditions affect the most people in ACT. ACT has the highest age standardised rates of hay fever (33.9%) and hypertension (11.7%) of all states and territories, but the lowest rates of cancer (0.9%), diabetes (3.3%) and heart, stroke and vascular disease (3.3%) (2). The prevalence of the selected chronic conditions from the NHS are shown in Figure 29.

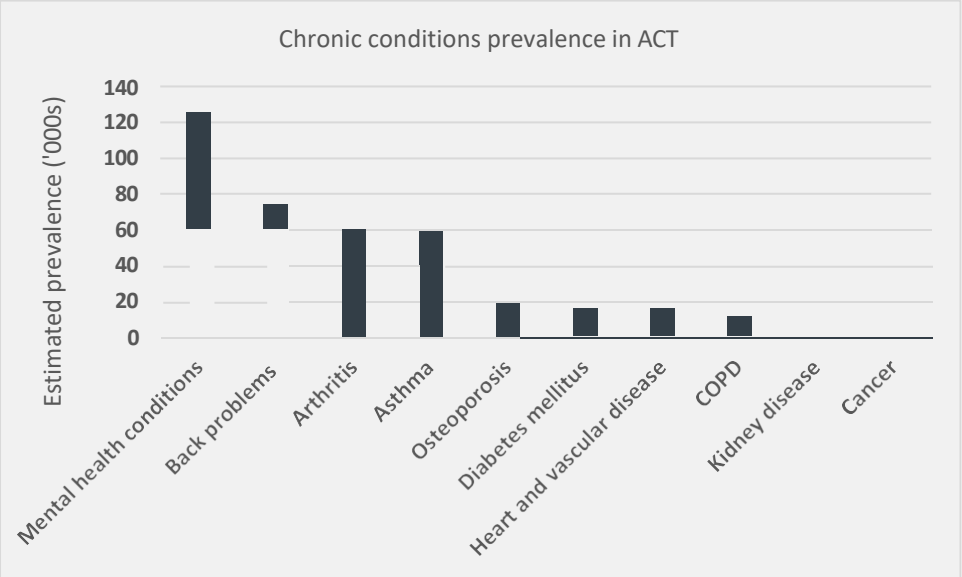


Figure29: Prevalence of chronic conditions in ACT, 2022 (ABS National Health Survey)

Service needs

Primary care services

Role of the GP

In Australia, most care for people with chronic conditions is delivered in a primary care setting. Primary care is the front line of the healthcare system and is often people's first point of contact with health professionals. Effective primary care can support consumers to manage their chronic conditions, managing symptoms, reducing burden of disease and improving their health and wellbeing. This, in turn, reduces the burden on hospitals and specialists to manage chronic conditions. (12)

GPs are the foundation of primary care, often coordinating and managing the care delivered. Nurses, allied health professionals and pharmacists also provide primary care. In 2022-23, there were 197 million Medicare-subsidised primary care services delivered in Australia, of which 166 million were for GP attendances (13).

While the exact proportion is unknown, it is thought that many of these GP attendances are related to managing the health and wellbeing of people with chronic conditions. There are specific Chronic Disease Management (CDM) Medicare items that GPs can claim to manage chronic conditions in primary care, such as GP Management Plans (GPMP), Team Care Arrangements (TCA), and GP Mental Health Treatment Plans (MHTP).

Other services, such as standard GP consultations, which often include routine mental health care, may also be used to manage chronic conditions. Many GPs reported that mental health is among the top three conditions they address, meaning it is often part of their routine work rather than a separate or specific service (14). However, certain services like GP Health Assessments and Aboriginal and Torres Strait Islander Health Checks are primarily used to identify risk factors or detect chronic conditions early, rather than manage them. Therefore, it is not possible to estimate the exact number of GP services used specifically for chronic condition management in the ACT.

Chronic disease management (CDM)

In the ACT in 2022-23, there were 56,937 Chronic Disease Management items claimed through Medicare (15). Most of these services were GPMPs and TCAs. Nationally, there were just under 6 million CDM items delivered, equating to approximately 3% of Medicare claims (15). Many people receiving CDM services were older adults aged 65+ years, in line with the distribution of chronic conditions.

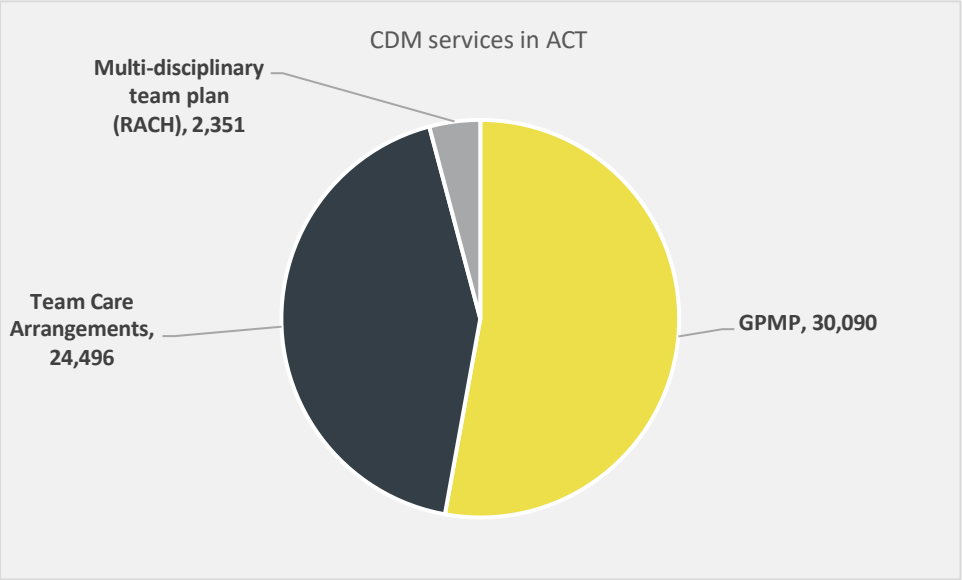


Figure 30: Chronic disease management (CDM) services in ACT, 2023-24. (AIHW – Use of chronic disease management and allied health Medicare services)

Analysis of older CDM data from 2019 showed that ACT had the lowest age standardised rates of GPMP (63 per 1,000 population) and TCA (51 per 1,000 population) usage of all 31 PHNs (16). Further analysis showed lowest rates were in the southern regions of Canberra, with South Canberra, Woden Valley and Weston Creek the SA3 regions with lowest GPMP service usage rates.

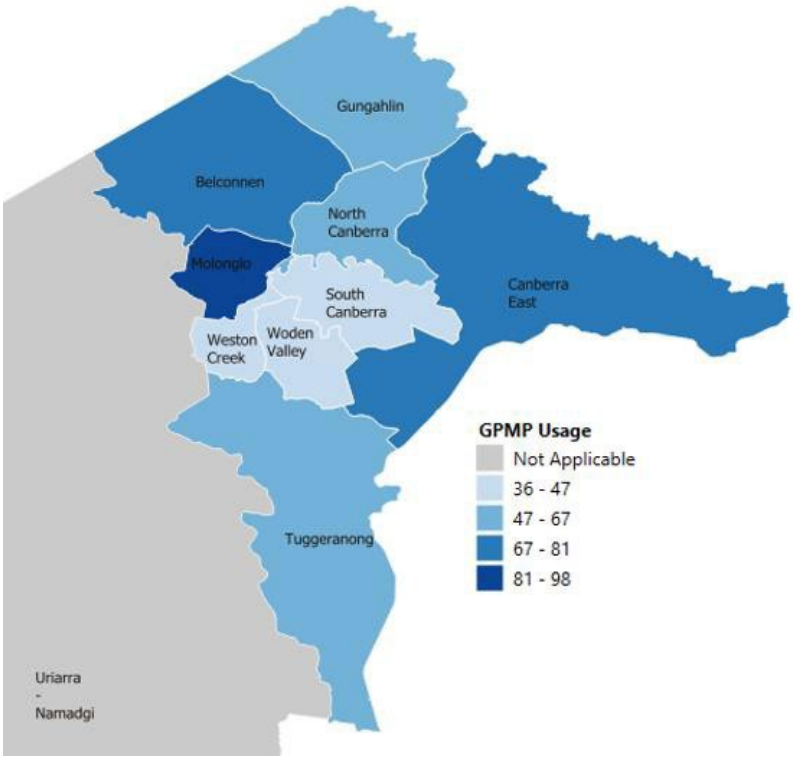


Figure 31: Rates of GPMP usage by SA3 region, 2019 (AIHW)

Allied health

Allied health professionals, including physiotherapists, occupational therapists, pharmacists, podiatrists and psychologists, offer services to help people manage chronic conditions and maintain their function, health and wellbeing. Consumers can receive Medicare subsidised allied health services. However, this requires a referral from a GP as part of a CDM plan .

The Medicare subsidy usually does not cover the full cost of consultations with allied health professionals, so out-of-pocket expenses for consumers are typical. People can also access services through private health insurance or by paying for services privately. There is no national service usage data available outside of Medicare or private health insurance (17), so the reported service usage figures underrepresent total allied health usage.

In 2022-23, 35% of people in ACT used a Medicare subsidised allied health service (17). This was the fourth lowest proportion for all PHNs, and the lowest of all metropolitan PHNs. Nationally, the most commonly used allied health services include optometry (32% of population had received service), psychologist (4.7%), podiatrist (4.6%), physiotherapist (3.7%) and dietitian (0.9%).

Increasing accessibility and use of allied health services across the ACT would help manage the population impact of chronic conditions and reduce the risk for many of developing those conditions. While these services are accessible to people who can afford to pay out of pocket costs, it can be a barrier for many in the ACT. Improving integration, resources and coordination of care to help people access allied health services as part of a multidisciplinary care team would enable greater care for people with chronic conditions.

Hospital services

Hospitalisations

While one of the goals of primary care is to prevent progression of disease, limit flare ups and reduce the impact chronic conditions have on daily functions, people with chronic conditions often need hospital based services. In 2021-22, there were 6.4 million hospitalisations across Australia associated with chronic conditions, representing 55% of total hospitalisations (1). Analysis of the National Hospital Morbidity Database showed chronic conditions accounted for almost three quarters (74%) of hospital patient days. Over the past 10 years, there has been a gradual increase in the rate of hospitalisations for chronic conditions.

Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPH) are hospitalisations that may have been avoided by providing timely, preventive care. They can be used to indicate the effectiveness of primary care services providing preventive care and early intervention.

In 2020-21, there were 3,025 potentially preventable hospitalisations for chronic conditions in the ACT, at an age standardised rate of 788.9 hospitalisations per 100,000 people (18). This was the lowest of all states and territories in this period, and well below the ASR for Australia (1,035.9 per 100,000). Comparatively, this indicates that providing care for chronic conditions is relatively effective in the ACT.

PPH rates at SA3 level indicate that, while all regions in Canberra had lower than national rates, there were differences by geography. The greatest number of PPHs for chronic conditions were in Belconnen (872), Tuggeranong (675) and Gungahlin (457), coinciding with the regions with the highest age standardised rates (19).

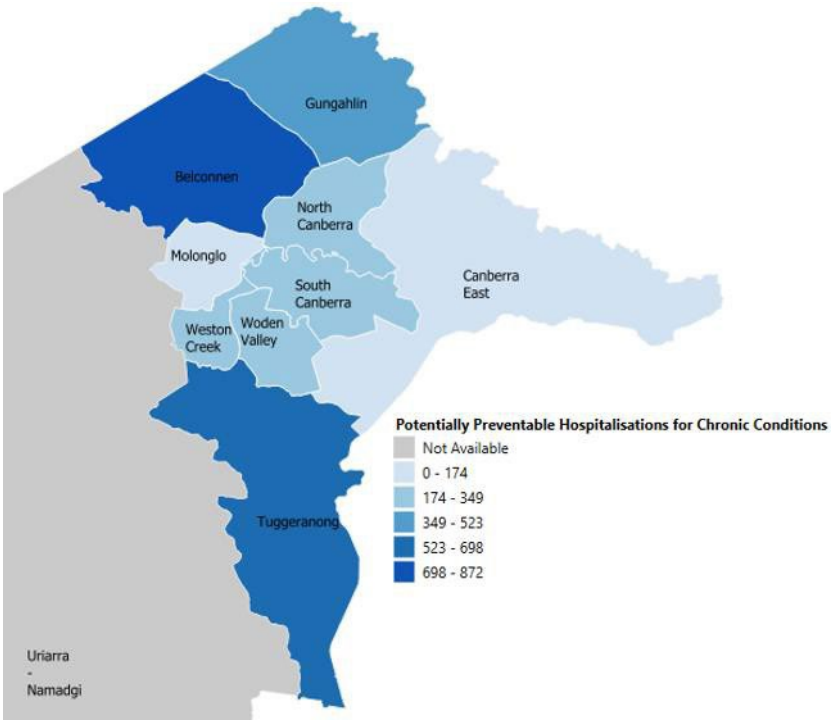


Figure 32: number of PPH for chronic conditions by SA3 region, 2020-21 (PHIDU)

Cancer screening

Cancer screening programs are offered throughout Australia to detect the presence of certain cancers or pre-cancerous changes and allow for early intervention, reducing the impact of illness and death from these cancers. There are national screening programs for breast cancer, bowel cancer and cervical cancer, with data collected to determine their uptake. Most recent data outlining the number of people who have had screening tests in the ACT is below in Table 5, with participation rates showing the proportion of the invited target population who have been screened.

	Participants	Participation rates (%)
Breast cancer screening (2021-22)	29,340	53%
Bowel cancer screening (2020-21)	41,768	44%
Cervical screening (2018-22)	87,394	70.9%

Table 5: Cancer screening participation in ACT, (AIHW)

While the screening rates for selected cancers are higher in the ACT than national rates, increased participation could increase detection of pre-cancerous changes or cancers at an early stage, continuing to reduce their burden and impact on the community. Ongoing efforts to improve access and raise these participation rates in the ACT would benefit primary and secondary health care providers.

Immunisation and vaccination

Immunisation is an effective way for an individual to protect against potentially harmful diseases, and to limit the spread of these diseases across a population. Historically, the rates and impact of many vaccine preventable diseases have been markedly reduced through immunisation programs.

Childhood vaccinations

Childhood vaccinations rates in the ACT are slightly higher than national rates, with the proportion of fully immunised children at 1, 2 and 5 years of age greater in the ACT. As demonstrated in Table, childhood vaccination coverage is high across the country.

	ACT (%)	Aus (%)
1 year	96.6	94
2 years	95	92.2
5 years	95.7	94.1

Table 6: Childhood vaccination rates in ACT and Australia. (AIHW)

Influenza and COVID-19

Vaccinations for common respiratory diseases, such as influenza and COVID-19, reduce the risk of transmission and spread among the community and the risk of people acquiring and developing severe symptoms.

Local data suggests that, in 2023-24 just under 100,000 influenza vaccines were administered in the ACT, meaning approximately one in five of the population were immunised. Data for immunisations suggest that approximately one in four people living in the ACT have had two COVID-19 immunisations in a primary care setting, with approximately 27,000 people receiving a vaccine across 2023-24.

These figures may underrepresent the total number of influenza and COVID-19 vaccinations across the ACT, as they consider only those delivered through primary care settings. People may also access those vaccinations in other settings, including hospitals, pharmacies and workplace programs, which are not captured in this data.

Stakeholder perspectives

Across CHN stakeholder interactions, several recurring themes related to chronic conditions care were prominent. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with key themes summarised below.

Accessibility of services

The ability to readily access health care services is important for people with chronic conditions. Stakeholders pointed to difficulties in obtaining a timely appointment with their GP as a regular challenge, with similar accessibility issues associated with allied health services and specialists. Long wait times for allied health services and outpatient services were reported across the ACT, with access to occupational therapists particularly challenging.

- **Eligibility criteria barriers:**
  Eligibility criteria for some services, particularly those in the community setting, also posed barriers for many people with chronic conditions in the ACT. Inclusion and exclusion criteria for services often prevented people from accessing care for chronic conditions, particularly people with multimorbidity.

- **Cross-border access issues:**
  Cross-border access to services in the ACT can also be limited by eligibility criteria, with many stakeholders reporting challenges for those living across the border in NSW. These barriers may prevent individuals from accessing necessary care that may reduce the impact their chronic conditions have on their function and quality of life.

System integration

A major concern for many stakeholders was integration of existing services within the health care system, as well as integration with community and social services in the ACT. HCCA's 2023 report *Integrated Care in the ACT: Conversations with Service Providers,* outlined five key elements that allow care to be integrated:

1. Partnerships and collaboration
2. Communication
3. Navigation, access, and choice
4. Trust and safety
5. Access and capacity of resources.

Challenges related to each of these five elements were consistently raised throughout CHN's stakeholder interactions.

- **Partnerships and collaboration:**
  Partnerships, collaboration, and communication were highlighted as vital across all levels of health care, to ensure that services are working hand in hand with each other. This is important across all professions and levels of health care, to ensure that services are working to provide multidisciplinary, person-centred care. Collaboration between GPs, allied health professionals, specialists, community programs, social services, and hospital services were all suggested to ensure a smooth individual patient journey. Lack of collaboration created confusion and stagnancy of treatment, hindered referrals between services, reduced quality of handovers, and ultimately impeded the ability to provide effective, efficient healthcare.

- **Communication and transitions of care:**
  Communication is particularly important at transitions of care and an area where stakeholders felt improvements in the ACT were needed to reduce poor health outcomes. Transitions can occur between different types of care (for example, GP to allied health) or between different professionals (for example, handover from one physiotherapist to another). Stakeholders reported that there is often a lack of cohesion at these transition points, leading to clunky, inefficient care.

- **Integration with the community ecosystem:**
  Stakeholders recognised the importance of relationships between the medical services and 'the community ecosystem' which surrounds each person. People with chronic conditions often rely on a support network including family, friends, and carers, as well as social and community supports. The importance of healthcare services working together with all these supports is integral for person-centred care. It was felt that often this is an overlooked aspect of chronic conditions care in the ACT.

Cost and affordability

Cost to access health care services is a primary barrier for many people with chronic conditions in the ACT. GPs are often the first point of contact when managing chronic conditions, providing ongoing support and linking people with other services such as specialists and allied health. The lack of bulk billing GP services across the ACT placed a strain on people with chronic conditions, creating extra out-of-pocket costs.

- **Rising costs:**
  Stakeholders reported growing costs for allied health services, increasing gap payments and out-of-pocket costs for consumers and families.

- **Secondary costs:**
  Stakeholders also pointed to the secondary costs associated with managing chronic conditions. Services to receive a diagnosis, services with multiple care providers, travel to appointments, medicines, and other associated factors due to administrative burden, all add to the cost to the consumer. This is particularly relevant for people with multiple chronic conditions who may require care for multiple complaints.

- **Recommendations/insights:**
  Efforts to ensure the cost to the consumer remains as low as possible would benefit people with chronic conditions, allowing them greater opportunities to receive the care they need.

Patient experiences

Feedback was received around improvements that could be made to enhance the experience of care for those with chronic conditions.

- **Repetition of patient histories:**
  Closely related to the integration of care, a major frustration for many is the experience of having to tell their story multiple times to different providers.
- **Feeling heard and respected:**
  Some consumers reported experiences of feeling that they are not being heard or respected when recounting their journey. Promoting self-advocacy is a focus for many organisations working with consumers.
- **Stigma and delayed care:**
  Stakeholders also felt people with chronic conditions there can be a stigma for across the ACT. This can manifest in avoiding care and delaying necessary treatment, potentially worsening symptoms and prognosis. The importance of care providers showing empathy, understanding, and respect is paramount to consumers. This is particularly important for consumers who may be at greater risk of poor outcomes, such as First Nations people or people from a CALD background.

Complexity of the health care system

Stakeholders felt that much of the difficulty faced by people living with chronic conditions can be attributed to the complexity of the healthcare system.

- **Navigating the system:**
  The healthcare system in the ACT has many components, and people with chronic conditions often interact with multiple components. While integrating care is important, some stakeholders felt that the system is overcomplicated and leads to a lack of understanding for both consumers and providers. There is a sense that many consumers in the ACT are not well informed of the services they can access, and that providers in the ACT are also not always up to date with available services.
- **Poor referrals and stagnant care:**
  This lack of understanding can lead to poor referrals, stagnant or interrupted care, or people not receiving the correct services. Proposed solutions include simplifying pathways for consumers, as well as programs to improve health literacy and care navigation services.
- **GP specialisation:**
  Another aspect of complexity raised is that people with chronic conditions find it difficult to access GPs who have further training or interest in certain chronic conditions.

Many people with chronic conditions would prefer to consult a GP who they know is adept and well trained to provide treatment and advice for their specific condition, but report being unable to find this information. Removing this layer would reduce the complexity and enable a better experience of care for these consumers.

Data and information sharing

A common challenge facing services, organisations, and the community related to the difficulty in obtaining and sharing data.

- **Data gaps for chronic conditions:**
  Stakeholders across the ACT felt there is a lack of high-quality data for the ACT population to guide clinical, policy, and public decision making. It can be difficult for organisations to know exactly how many people in the ACT are living with specific chronic conditions and, therefore, allocate their time, effort, and resources adequately.

- **Information sharing across organisations:**
  Information and data sharing across organisations is also proposed as an area for improvement. Ensuring all members of a multidisciplinary team have up-to-date, accurate medical and personal details is necessary to provide effective care. While digital health tools, such as Digital Health Record (DHR), aim to streamline this process, work to improve data sharing is ongoing. DHR primarily records services within the public health system and does not extend to many private and community-based services, such as general practitioners, who play a vital role in managing chronic conditions.

Workforce challenges

Recruiting and retaining qualified staff to provide services for people with chronic conditions is a problem for many health care service providers. Many stakeholders reported experiencing shortages in staff across all sectors.

- **Staff shortages and retention issues:**
  Retaining staff was challenging, with low wages and burnout cited as key factors. There were often delays in filling vacancies for many organisations, creating greater workloads and exacerbating stressors that impact retention. Allied health staff was highlighted as an area where greater challenges are being experienced in the ACT.

- **Impact on service capacity and health outcomes:**
  Staffing shortages will likely lead to reduced capacity to provide services and result in poorer health outcomes for people with chronic conditions.

Identified needs

Priority 1

- Improve support for people with multimorbidity in ACT, including education, awareness and integration of primary care services.

- Achieve greater integration between services in ACT providing for people with chronic conditions, including supports for care coordination.

- Improve care navigation within the ACT so people with chronic conditions can access the right care when needed.
- Improve data collection, quality and sharing of information related to chronic conditions.
- Reduce workforce challenges being faced by service providers in ACT, including upskilling health professionals and supporting multidisciplinary care to assist primary care providers.

Priority 2

- Improve usage rates of Medicare subsidised allied health services to support people with chronic conditions in ACT, addressing affordability barriers and promoting preventive care.

Priority 3

- Improve usage rates of chronic disease management Medicare items (GPMPs and TCAs) to support people with chronic conditions in ACT.
- Improve access to affordable health care for people with chronic conditions.

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Chapter 4 Mental health

Introduction

This priority area focuses on mental health and wellbeing in the ACT region, and the effects that poor mental health has on people, communities and the ACT healthcare landscape.

Mental health is a state of wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community (1). Mental health conditions are characterised by a clinically significant disturbance in a person's cognition, emotional regulation or behaviour (2). They are significant drivers of poor mental health.

While the effects of poor mental health are present across all stages of the lifespan, children and young adults and older adults are particularly at risk. Certain population groups are either at increased risk of developing mental health conditions or require distinct care when they experience mental health challenges. These groups include, but are not limited to – LGBTIQA+ people, people from multicultural communities, First Nations Australians, people with alcohol and drug use concerns and people who have experienced sexual or domestic violence.

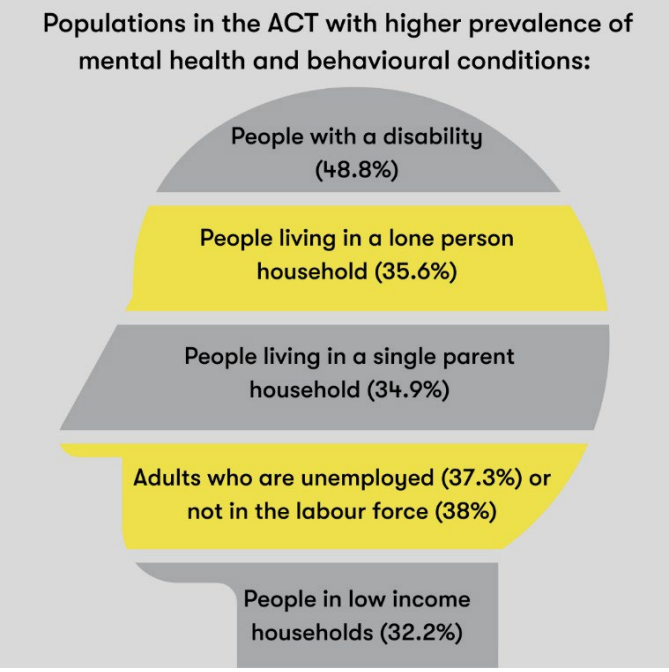
As the PHN of the ACT region, CHN aims to strengthen and improve service provision to members of the community with mental health conditions. CHN hopes to improve mental health related outcomes in the ACT by identifying and addressing service gaps, improving the access to, and integration of, mental health services, and supporting the primary care and mental health workforce, while ensuring all in the region are receiving appropriate person-centred care.

Health needs

Mental health conditions

Mental health conditions are characterised by a clinically significant disturbance in a person's cognition, emotional regulation or behaviour, usually associated with distress or impairment in function (2).

While exact numbers fluctuate, most sources estimate that around one in four Canberrans have a mental health condition. The National Study of Mental Health and Wellbeing 2020-22, conducted by the ABS, estimated that 25.5% of the ACT population aged 16-85 years (88,800 people) had a mental health disorder in the previous 12 months, while 45.7% (159,000) of the population had experienced a mental disorder at some stage across their lifetime (3). Similarly, the National Health Survey in 2022 showed that 28.1% of people in the ACT were experiencing mental health and behavioural conditions (4). The 2022 ACT General Health Survey also found 28.1% of adults experienced a mental health condition (5). National figures show 22% of Australians have experienced a mental illness in the last 12 months (3), indicating rates are slightly higher in the ACT.



Women in the ACT are more likely than men to report experiencing a mental illness. In 2022, 35% of adult women who responded to the ACT General Health Survey reported having a mental health condition, compared to 20.6% of men (5). This trend was seen across all age groups, as shown in Figure 33. Mental Health Australia's Mapping Mental Health Care project demonstrated similar gender discrepancies, with 29.6% of females in ACT having a long-term mental health condition compared to 23.9% of males (6).

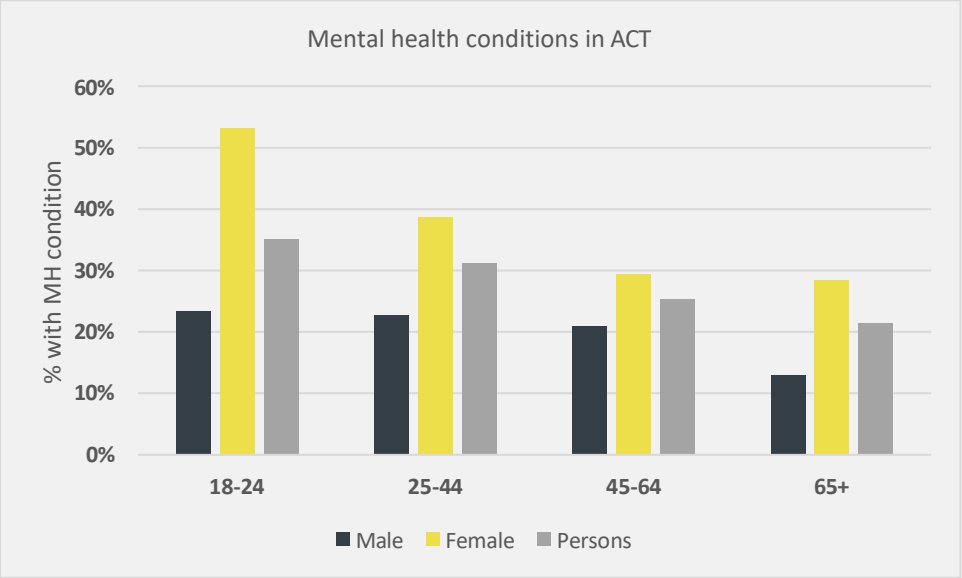


Figure 33: Number of people with a mental health condition by age and sex, 2022 (ACT General Health Survey 2022)

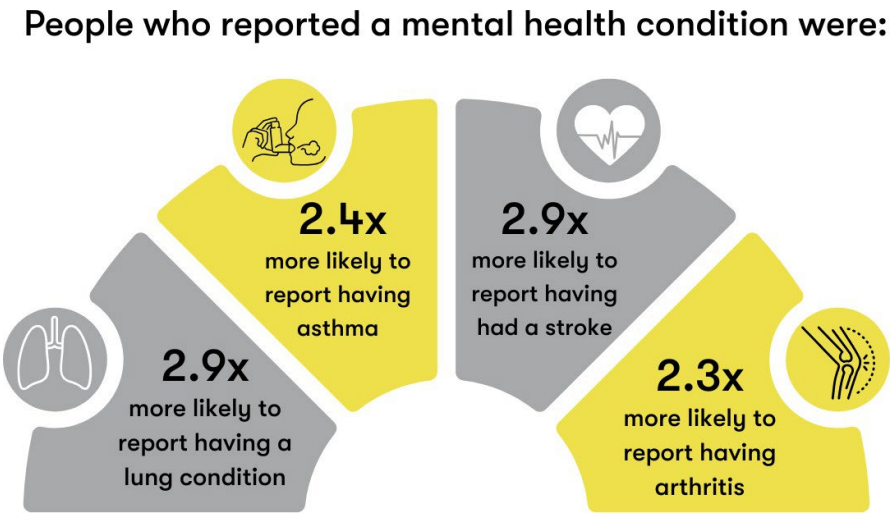
The ABS National Study of Mental Health and Wellbeing, 2020-21 (26), shows similar findings:

In 2020-21, 15% of Australians aged 16-85 years experienced high or very high levels of psychological distress. Women were more likely to experience high or very high levels of psychological distress than men (19% compared with 12%). One in five (20%) Australians aged 16-34 years experienced high or very high levels of psychological distress, more than twice the rate of those aged 65-85 years (9%).

As demonstrated in Figure 33 above, mental health conditions were more prevalent in younger adults. A total of 35.1% of adults aged 18-24 years reported a mental health condition, with prevalence decreasing across each age group to the lowest prevalence of 21.4% in adults aged 65+ years (5).

Many personal characteristics and demographic features have been linked with higher prevalence of experiencing a mental health condition. Data shows certain populations within the ACT have a higher prevalence of mental health and behavioural conditions, including:

- People with a disability (48.8%), (4)
- people living in a lone person household (35.6%) (4)
- people living in a single parent household (34.9%) (6)
- adults who are unemployed (37.3%) or not in the labour force (38%) (6)
- people in low-income households (32.2%) (6).



Within the ACT region, there are slight differences in prevalence of mental health conditions based on location. SA3 regions with the highest rates of mental illness in North Canberra, Molonglo and Canberra East. However, the greatest number of people experiencing mental health conditions live in Belconnen, Tuggeranong and North Canberra (6).

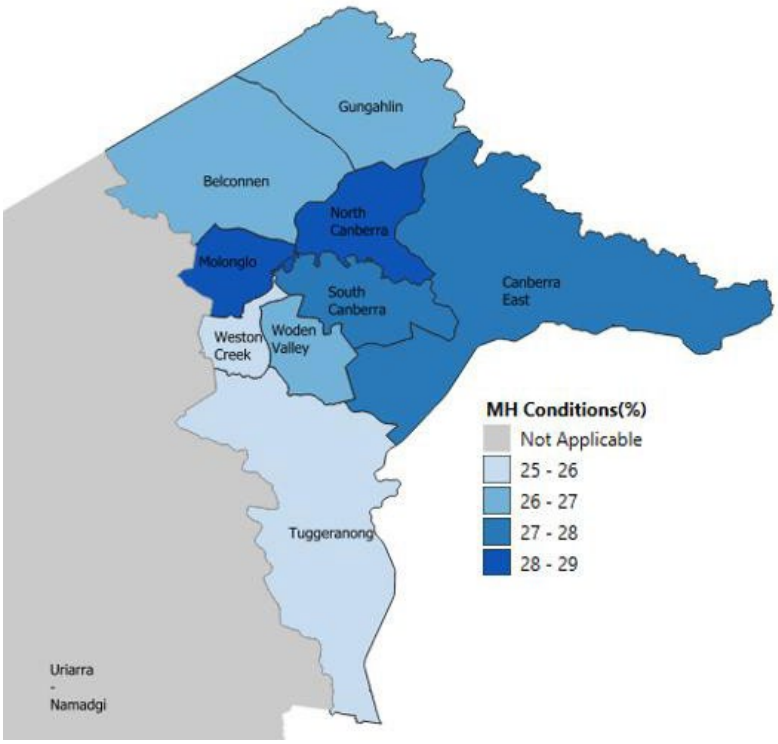


Figure 34: Mental health conditions by SA3, 2020-21 (Mental Health Australia)

Self-rated mental health

A person's perception of their mental health has been linked to overall health and mental health outcomes. The 2022 ACT General Health Survey found that just under half of adults (48.7%) in the ACT rated their mental health as excellent or very good, while almost one in five (18.6%) reported their mental health as fair or poor (5). Females were more likely than males to rate their mental health as fair or poor while, as age increases, people were more likely to rate their mental health as excellent or very good.

Figures 35 and 36: Self rated mental health by age and sex, 2022 (ACT General Health Survey)

Psychological distress

Psychological distress refers to feelings of nervousness, agitation, psychological fatigue and depression. It is measured using the Kessler 10 Psychological Distress Scale (K10), which asks questions regarding recent experiences of negative emotional states. K10 scores are strongly correlated with the presence of anxiety or depressive disorders and are often used as a proxy for presence of mental illness (7).

It is thought that 13.7-18% of adults in the ACT experience high or very high levels of psychological distress based on K10 scores (4,6). Mental Health Australia suggests that high levels of psychological distress are much more common in young adults, with one in three (32.3%) adults aged 18-24 years affected compared to 5.6% of people aged 65+ years (6).

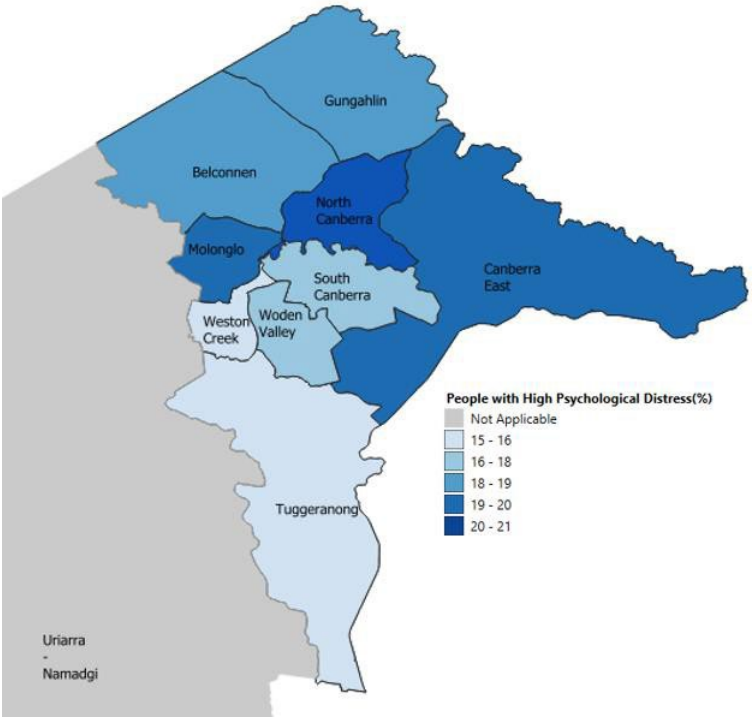


Figure 37: Proportion of population with high psychological distress by SA3, 2021-22 (Mental Health Australia)

Anxiety disorders

Anxiety disorders cause people to experience fear or worry that is both intense and excessive, and is often associated with physical tension and other behavioural and cognitive symptoms (8). It is estimated that approximately 3.4 million Australians (17%) had an anxiety disorder in 2022 (3).

In 2022, 19% of adults (~66,300 people) in the ACT were estimated to have suffered from anxiety in the previous 12 months (3). In total, over one in three ACT adults (36.2%) experienced an anxiety disorder over their lifetime.

The ACT General Health Survey showed females were more likely to suffer from anxiety than males (24.7% compared to 13.3%), while prevalence was more common in adults aged 18-24 years (28.1%) and 25-44 (22.9%) (5). Almost half of females aged 18-24 years (44.3%) reported anxiety in the previous 12 months (5).

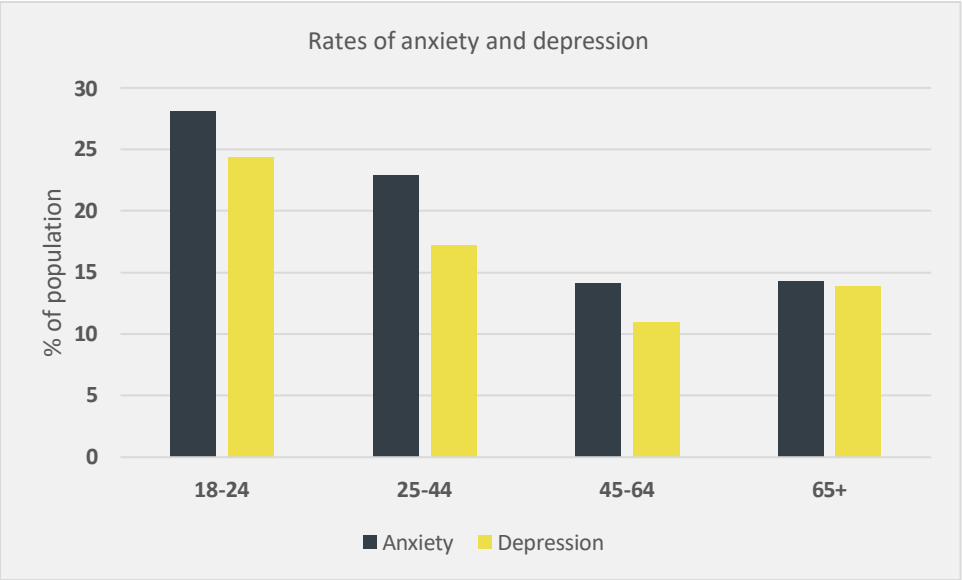
Depression

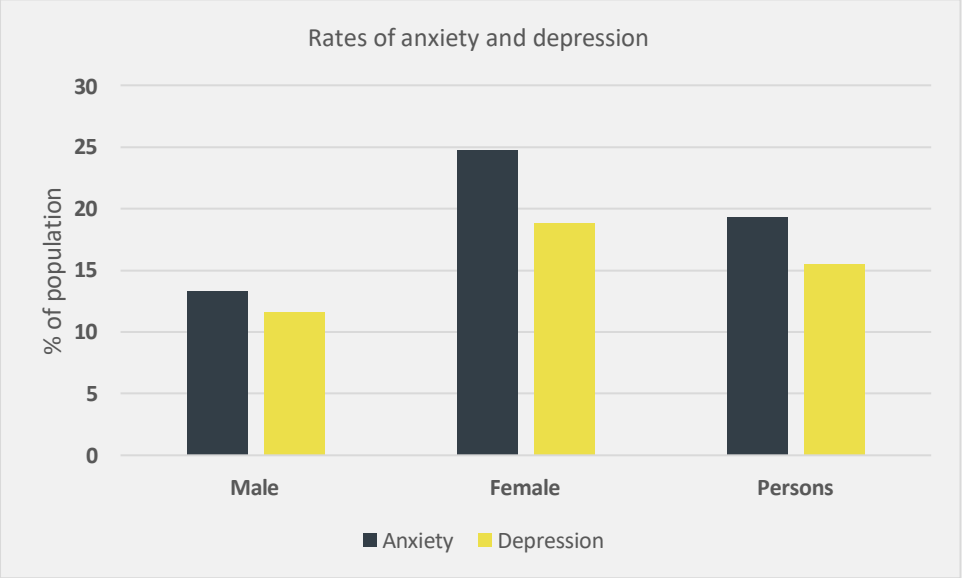
Depression is a common mental disorder where a person experiences a depressed mood or loss of pleasure or interest in activities for a long period (9). It is the most common of a number of mood/affective disorders. It is estimated approximately 1.5 million Australians (8%) had an affective disorder in 2022 (3).

In 2022, an estimated 5.7% of adults in the ACT suffered from depression or other affective disorders in the previous 12 months (3). 1 in 6 ACT adults (16.4%) had experienced an affective disorder over their lifetime.

The ACT General Health Survey estimated a higher prevalence of depression among ACT adults, reporting that in 2022, 16.5% of adults had been told by a doctor they have depression at some point (5). This figure includes both those who have experienced symptoms within the last 12 months and those with a lifetime diagnosis, even if they haven't had symptoms recently. Specifically, 5.7% reported experiencing depressive symptoms in the last 12 months, while an additional 10.8% had a diagnosis but no recent symptoms.

Consistent with patterns observed in anxiety disorders, depression was found to be more common among females (18.8%) than males (11.6%). Prevalence was also higher in younger adults, with 24.4% of those aged 18–24 years and 17.2% of those aged 25–44 years affected. Females aged 18–24 years were particularly impacted, with over two in five in this age group reporting a diagnosis of depression (5).





Figures 38 and 39: Rates of anxiety and depression in ACT by age and sex, 2022 (ACT General Health Survey

Comorbidities

People living with a mental health condition are more likely to experience poorer physical health than the general population. The National Study of Mental Health and Wellbeing estimated 1.7 million Australian adults (8.4%) have both a mental illness and a long-term physical health condition (3).

The 2021 Census supported this finding, showing that people who reported mental health conditions were more likely to report a long-term health condition, compared to people who do not report a mental health condition (10). They were:

- 2.9 times more likely to report having a lung condition
- 2.4 times more likely to report having asthma
- 2.4 times more likely to report having had a stroke
- 2.3 times more likely to report having arthritis.

The 2022 National Health Survey linked several health risk factors to an increased likelihood of experiencing a mental health condition. The following population groups were more likely to have a mental health condition compared to the ACT general population:

- People who were current smokers (approx. 42% have a mental health condition)
- people who exceeded the recommended alcohol intake guidelines (37.4%)
- people who experienced moderate pain (41.6%) and severe pain (approximately 61.5%) in the preceding four weeks (4).

Children and young people

Mental health challenges during childhood and adolescence, while still developing social, emotional and cognitive skills, can have a lasting effect on quality of life.

Nationally, an estimated 19% of Australian adolescents aged 15-17 years were diagnosed with depression, anxiety or any other mental illness (7). The most common mental illnesses and neurodevelopmental disorders among children and adolescents are ADHD, anxiety, depression and conduct disorders (7).

The 2021 ACT General Health Survey reported 20.6% of children in the ACT aged 5-17 years suffered from a mental health condition, with anxiety and stress related conditions being the most common (11). The ACT Secondary Students Alcohol and Drug Survey in 2022-23, also found 22% of secondary school students (aged 12-17 years) suffered from a mental health condition. However, they also noted a significant gender difference, of 28% of girls compared to 15% of boys (12).

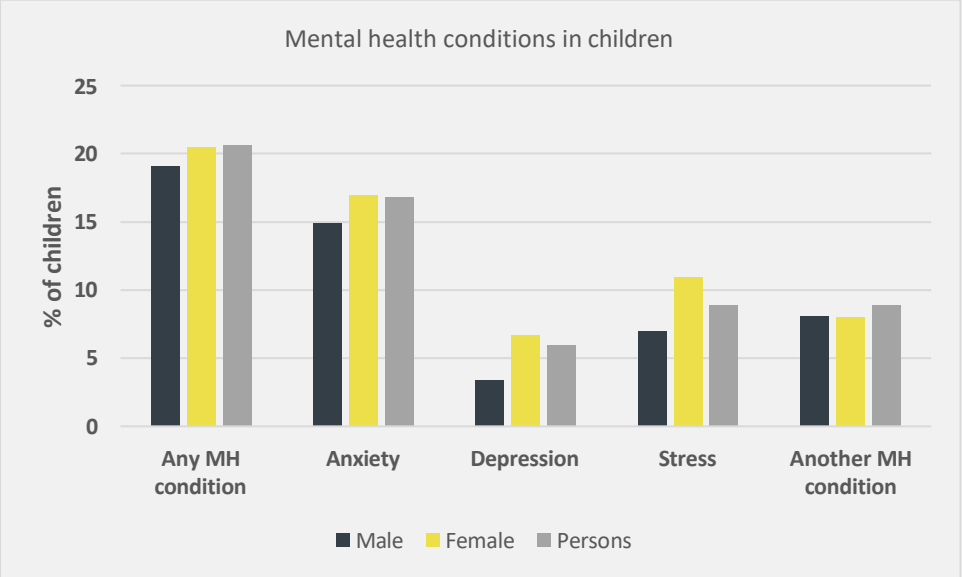


Figure 40: Proportion of children aged 5-17 yeasr with mental health conditions, 2021 (ACT General Health Survey/ASSAD)

While estimates of prevalence from the self-reported Census in 2021 should be used with caution, it can give us an insight into geographical distribution. Belconnen, Tuggeranong, and Gungahlin were the three regions in 2021 with the highest number of children aged 0-14 who self-reported a mental health condition (13).

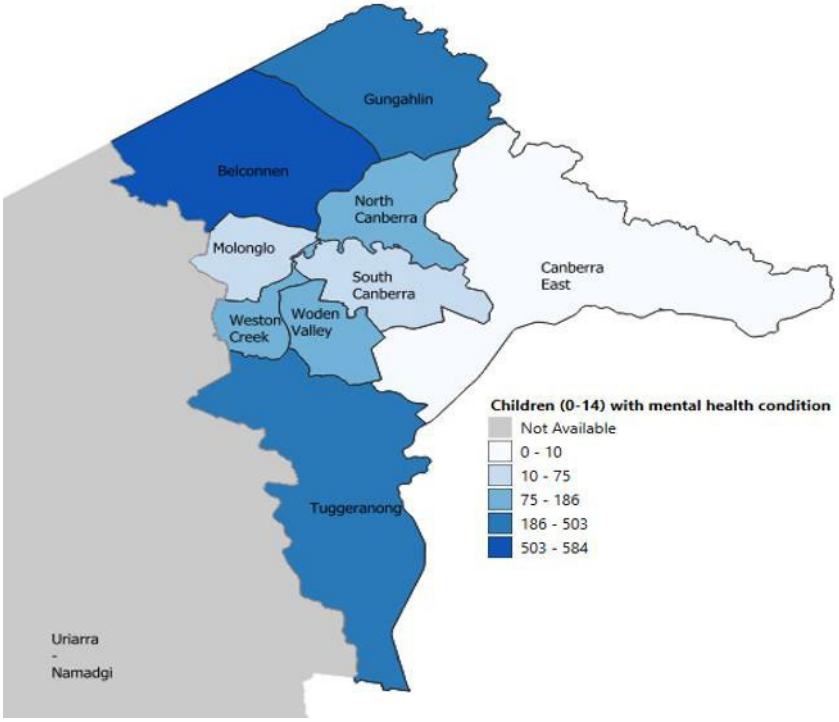


Figure 41: Number of children aged 0-14 with a mental health conditions by SA3, 2021 (ABS Census)

Suicide and self-harm

Suicide

Suicide is a complex issue closely tied to mental health, with mental disorders such as depression, anxiety, and substance use disorders major risk factors. Addressing suicide prevention as part of the broader mental health strategy is critical to improving overall mental health outcomes and reducing preventable deaths. People with these conditions are at significantly higher risk of suicide, particularly when their mental health issues are left untreated or are poorly managed.

In 2022, there were 3,249 deaths by suicide in Australia, of which 2,455 (75.6%) were males. The national age-standardised rate was 12.3 deaths per 100,000 people, with the highest rates occurring in men aged 45-54 years (30 per 100,000) (14). In the ACT, there were around 52 suicide deaths in 2022, with an age-standardised rate of 11.1 deaths per 100,000 people, slightly lower than the national average (14). However, this rate has fluctuated over the years, with a slight upward trend over the past decade.

Mental health services play a vital role in addressing these risks by providing early intervention and ongoing care to people in distress. Improving access to mental health services—such as counselling, psychiatric care, and early intervention programs—can significantly reduce the risk of suicide. A stronger focus on integrating mental health support into suicide prevention efforts is essential to reducing these preventable deaths and improving overall public health.

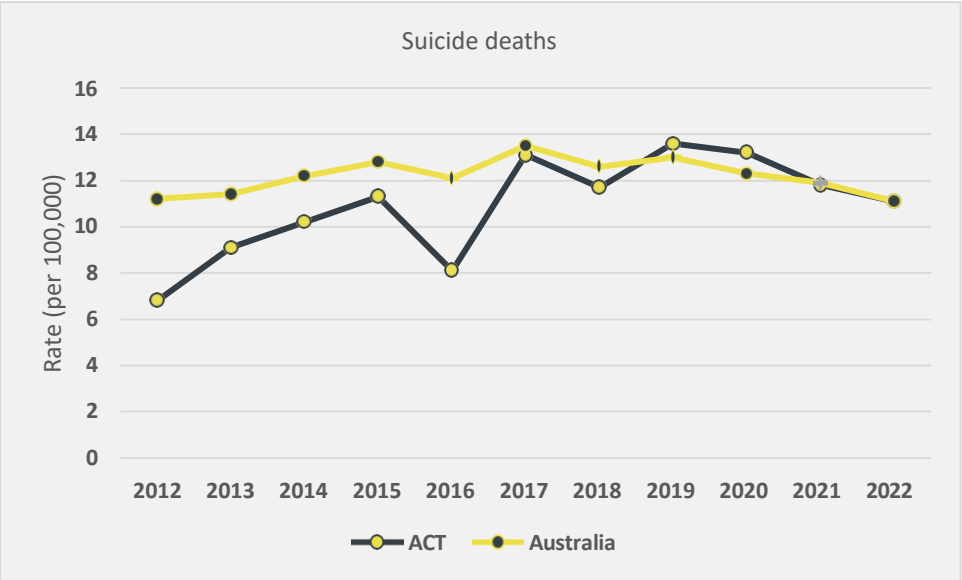


Figure 42: Rate of suicide deaths per 100,000 population in ACT and Australia, 2012-2022 (AIHW)

Between 2018-2022, the SA3 regions with the highest rate of suicide deaths were South Canberra (14.9 per 100,000) and Belconnen (14.6 per 100,000), while the SA3 regions with the highest number of suicide deaths were Belconnen (78), Tuggeranong (52) and North Canberra (38). (15)

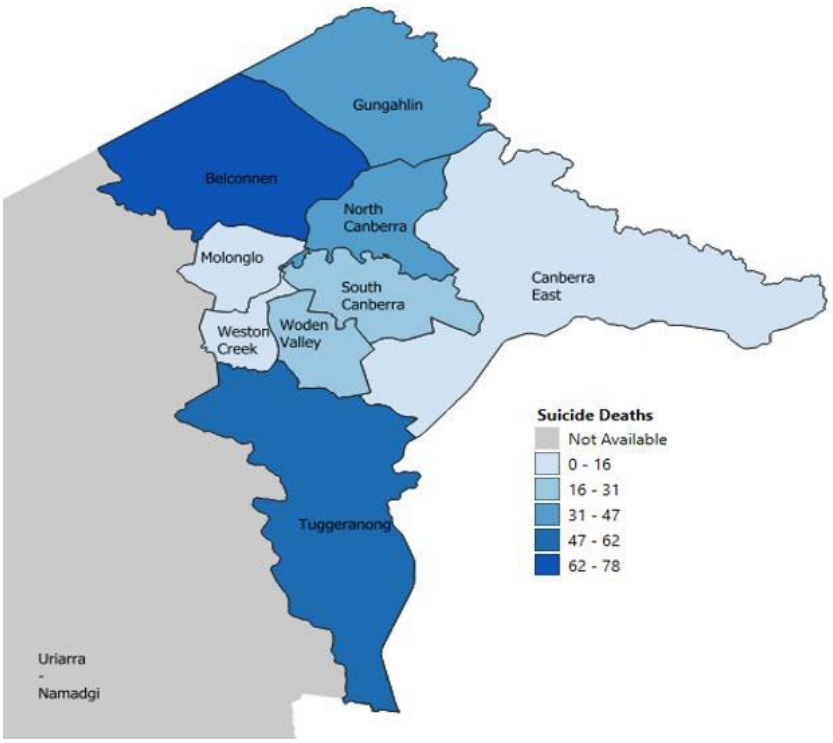


Figure 43: Number of suicide deaths by SA3, 2018-2022 (AIHW)

Intentional self-harm

Intentional self-harm is often defined as deliberately injuring or hurting oneself, with or without the intention of dying. According to the National Study of Mental Health and Wellbeing in 2020-22, 1.7% of the Australian population had self-harmed in the previous 12 months (3). Young people are more likely to engage in self-harming behaviours, with 6% of 16–24 year-olds having

self-harmed in the previous 12 months. More than one in four females aged 16-24 years (27.9%) had self-harmed in their lifetime, with 8.7% having done so in the previous 12 months.

In 2021-22, there were 571 hospitalisations due to intentional self-harm in the ACT, at an age standardised rate of 125.9 per 100,000 (16). Seven in ten (70.7%) of these hospitalisations were females, while 44.8% were people aged 0-24 years. Females aged 0-24 years accounted for one third of total self-harm hospitalisations (195, 34.2%).

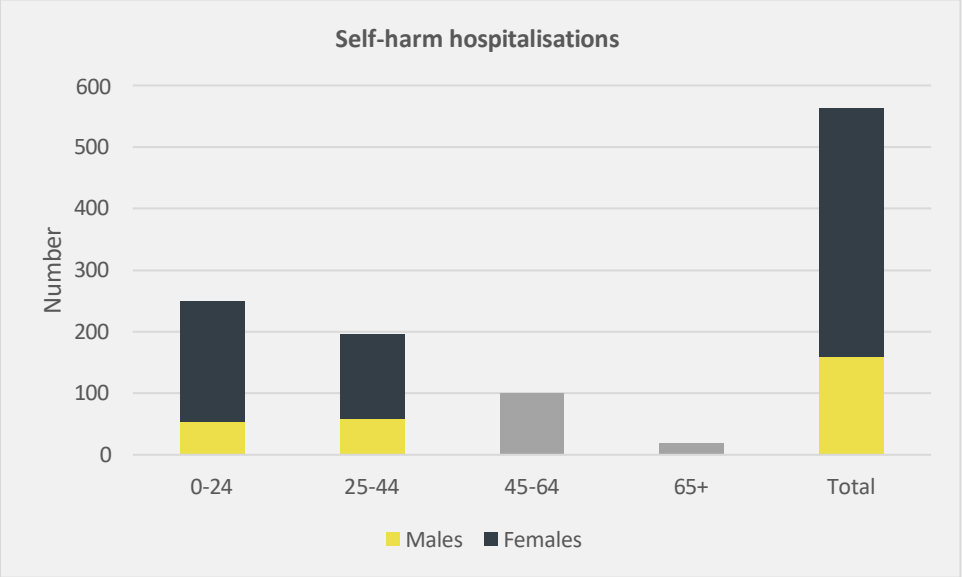


Figure 44: Intentional self-harm hospitalisations in ACT by age, 2021-22 (AIHW). Note – gender not reported for 45-64 and 65+ groups due to low numbers.

Between 2018-2022, the SA3 regions with the highest rate of self-harm hospitalisations were Tuggeranong (159.1 per 100,000) and Molonglo (140.6 per 100,000. In terms of total number of self-harm hospitalisations, Tuggeranong had the highest count at 142, followed by Belconnen with 113 cases (113) (17).

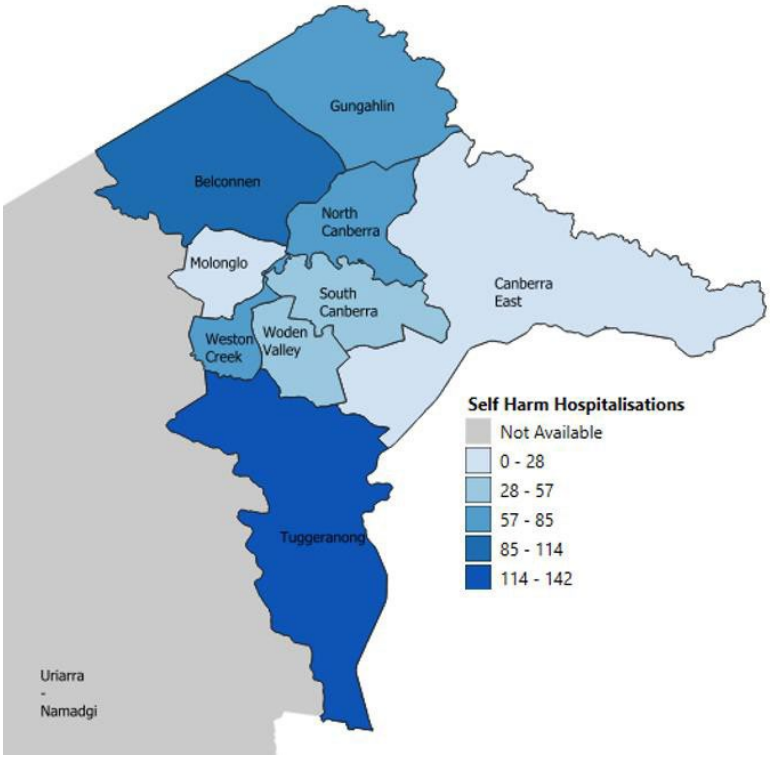


Figure 45: Intentional self-harm hospitalisations by SA3, 2018/19-2021/22 (AIHW)

Summary of health needs

Available health data highlights key aspects of mental health that are important for the ACT community. The rates of mental health conditions, specifically anxiety and depression, highlight the high proportion of the population dealing with poor mental health, while identifying women and young adults as priority populations. Children and young people are also identified as a key cohort, with higher prevalence of conditions and self-harming behaviours.

Service needs

Mental health services

Medicare subsidised mental health services

Medicare-subsidised mental health specific services are delivered by psychiatrists, general practitioners, psychologists and other allied health professionals. They are delivered in a variety of settings, including practice rooms, hospitals or via Telehealth (18). In 2022-23, 2.7 million Australians accessed Medicare-subsidised mental health specific treatment services (18).

In the ACT in 2022-23, 43,129 people received a total of 216,625 Medicare-subsidised mental health specific services – a rate of 94 people per 1,000 population (18). More people received Medicare subsidised mental health services from a GP. However, clinical psychologists delivered the highest number of services.

	Providers	Patients	Services	Services per patient
GP	611	33,744	51,186	1.5
Psychiatrist	43	8,415	41,104	4.9
Clinical Psychologist	266	10,484	62,702	6.0
Other Psychologist	353	10,936	53,940	4.9
Other Allied Health	63	1,272	7,063	5.6
Total	1,336	43,129	216,625	5.0

Table 7: Medicare subsidised mental health services, 2022-23 (AIHW Medicare mental health services)

The ACT had the highest rate of services provided by a clinical psychologist per 1,000 population (136) and the second highest rate of patients receiving a Medicare-subsidised mental health service by a clinical psychologist per 1,000 population (23) in the country (18).

National figures show the following cohorts have higher rates of patients accessing Medicare-subsidised mental health services:

- Young adults aged 18-24 years (160 per 1,000) and 25-34 (152 per 1,000)
- females (128 per 1,000) compared to males (78 per 1,000)
- people who are socioeconomically advantaged - SEIFA Quintile 4 (114 per 1,000) and SEIFA Quintile 5 (130 per 1,000).

GP services

In the ACT in 2022-23, 611 general practitioners provided Medicare subsidised mental health specific services, delivering 51,186 services to 33,744 patients (18). This equates to 7.3% of the ACT population receiving a Medicare subsidised mental health service from a general practitioner, the third lowest rate of all states and territories above the Northern Territory and Tasmania.

	GP Patients per 1,000 pop	GP services per 1,000 pop	Services per GP provider
ACT	73	112	85
Australia	82	133	92

Table 8: GP Medicare subsidised mental health services in ACT and Australia, 2022-23 (AIHW Medicare mental health services)

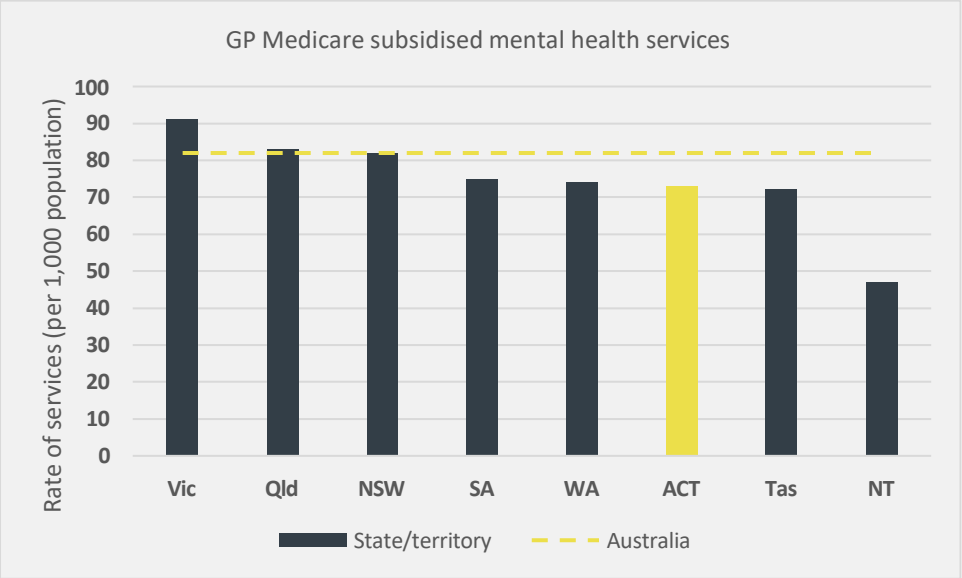


Figure 46: Rate of GP provided Medicare subsidised mental health services by state/territory, 2022-23 (AIHW)

This distribution is similar to the overall delivery of GP services to the states and territories populations. Analysis of the total GP attendances per 100 population shows NSW and VIC with highest rates (771 and 677.9 per 100 population respectively) and the ACT in third lowest place after NT and TAS, with a rate of 495.4 per 100 population (29).

Medicare statistics show that of these GP services provided in 2022-23, 42.5% were billed for GP Mental Health Treatment Plans and 18.6% were Mental Health Plan Reviews (19).

Hospital services

Emergency departments

Data from the AIHW indicates that, in 2022-23, mental health related presentations comprised approximately 3% of the total presentations to hospital emergency departments (EDs) across Australia (20). EDs play a crucial role in managing mental health issues, often serving as an initial point of contact for urgent mental health care, particularly outside of standard clinic hours.

For the ACT, the latest available data come from the Public Health Information Development Unit (PHIDU) for 2020-21. During this period, there were 5,105 mental health and behavioural disorder-related presentations to EDs, making up a slightly higher proportion (3.7%) of all ED presentations in the ACT (21). The ACT data also provide a more granular breakdown, showing that over a quarter (26.7%) of these presentations involved people aged 15-24 years, with an age-standardised rate of 2,380 presentations per 100,000 people in this age group. Regionally, Belconnen (1,423 presentations), North Canberra (942), and Tuggeranong (903) had the highest number of mental health-related ED visits, while Gungahlin and Molonglo had the lowest age-standardised rates (21).

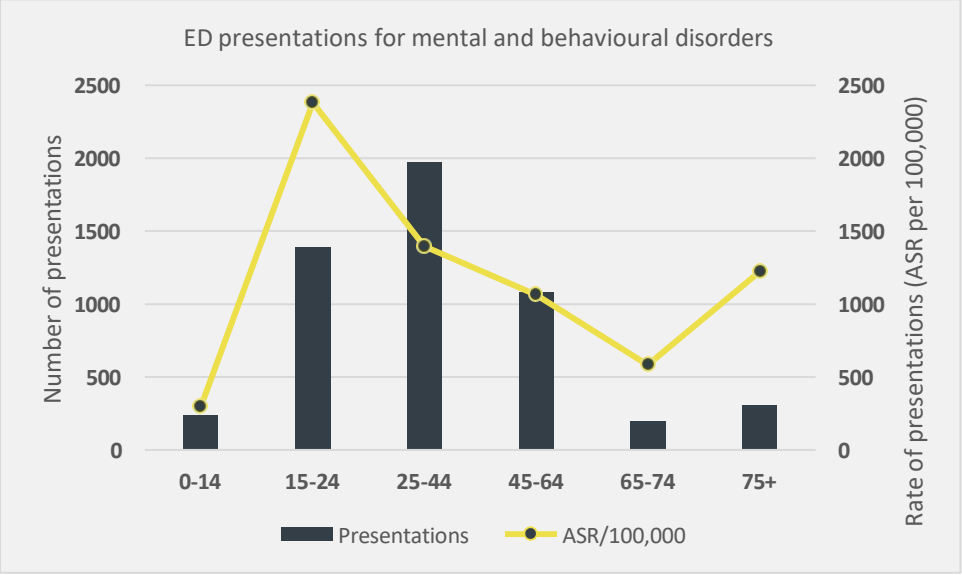


Figure 47: Number and rate of ED presentations for mental and behavioural disorders in ACT, 2020-21 (PHIDU)

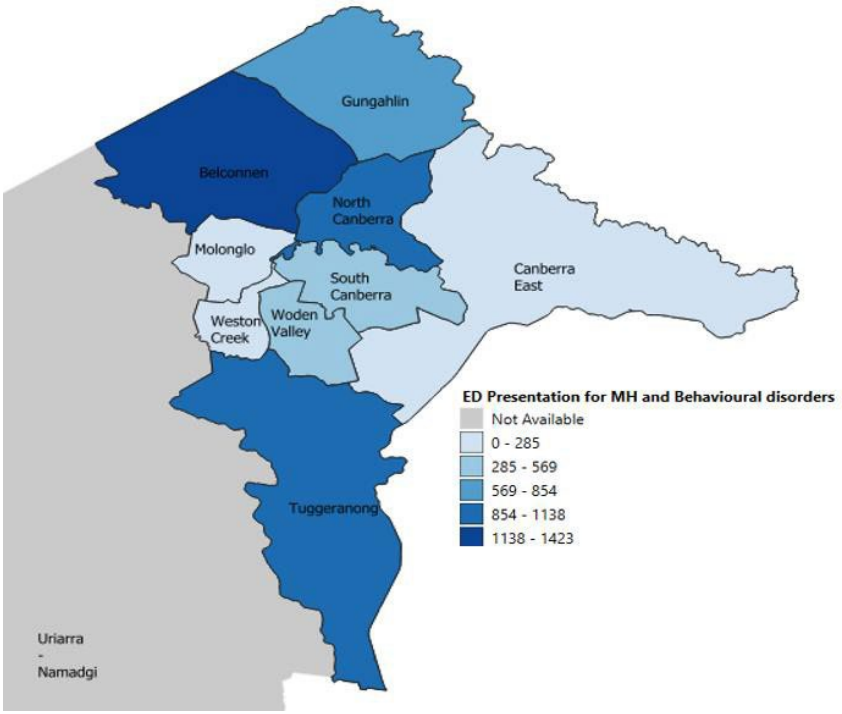
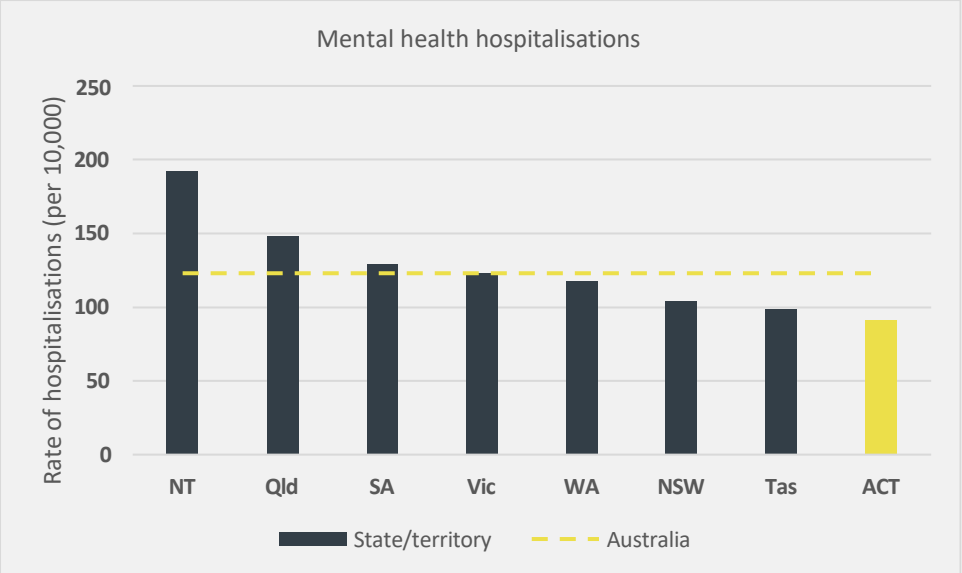
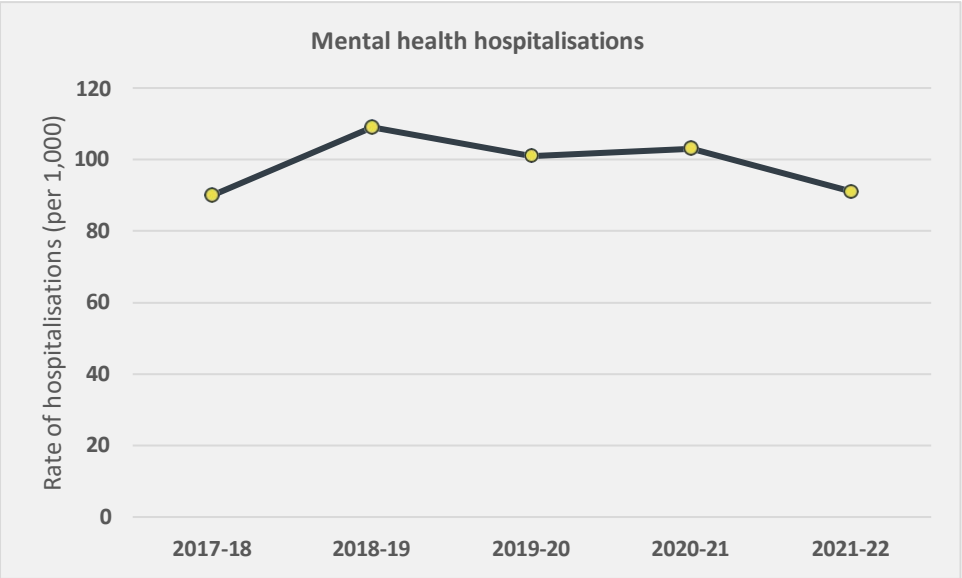


Figure 48: Number of ED presentations for mental and behavioural disorders by SA3, 2020-21 (PHIDU)

Hospital admissions

In 2021-22, ACT had the lowest rate of mental health hospitalisations in Australia, with 91 hospitalisations per 10,000 population (22).





Figures 49 and 50: Rate of mental health hospitalisations by state/territory, 2021-22 and ACT mental health hospitalisations 2017-2022.

PHIDU figures show that in 2020-21, the most mental health related hospitalisations were for people living in Belconnen (944), North Canberra (711) and Tuggeranong (672) (21).

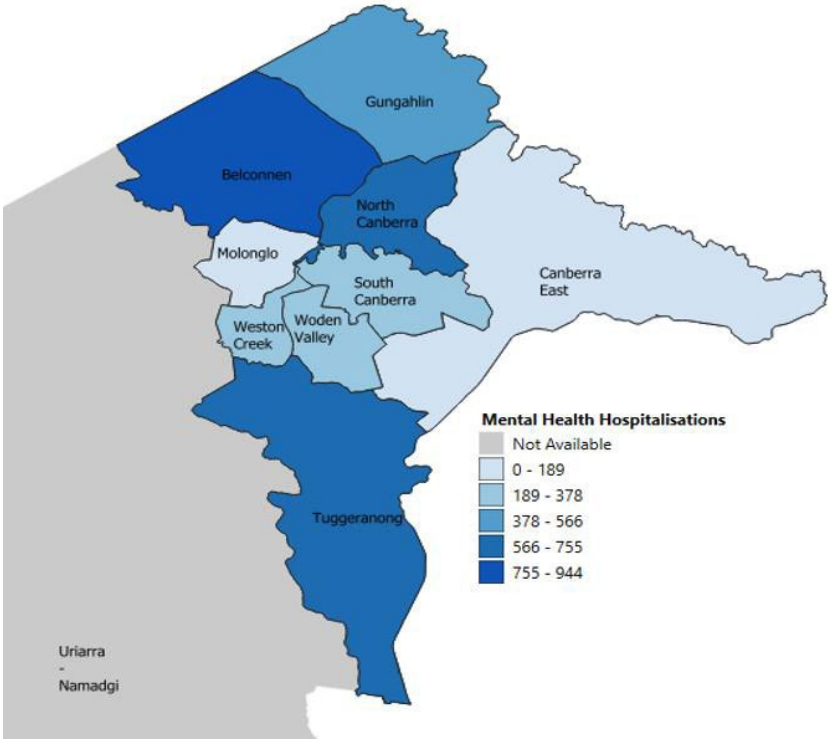


Figure 51: Mental health related hospitalisations by SA3, 2020-21 (PHIDU)

Community mental health services

In 2021-22, 11,220 people living in the ACT used community mental health care services. This is a rate of 25 people per 1,000 population (23) and the second highest of all states and territories, behind Northern Territory (28 per 1,000). The ACT also recorded over 350,000 occasions of service delivered in community settings, at a rate of 780 services per 1,000 population. This rate

of service provision is double that of every other state and territory in Australia, compared to the national rate of 371 services per 1,000 population. (23)

On average, this equates to approximately 32 services per patient in the ACT, compared to a national average of about 20 services per patient. This average helps to contextualise the intensity of care provided in the ACT, indicating a notably higher level of service utilisation per person than seen nationally.

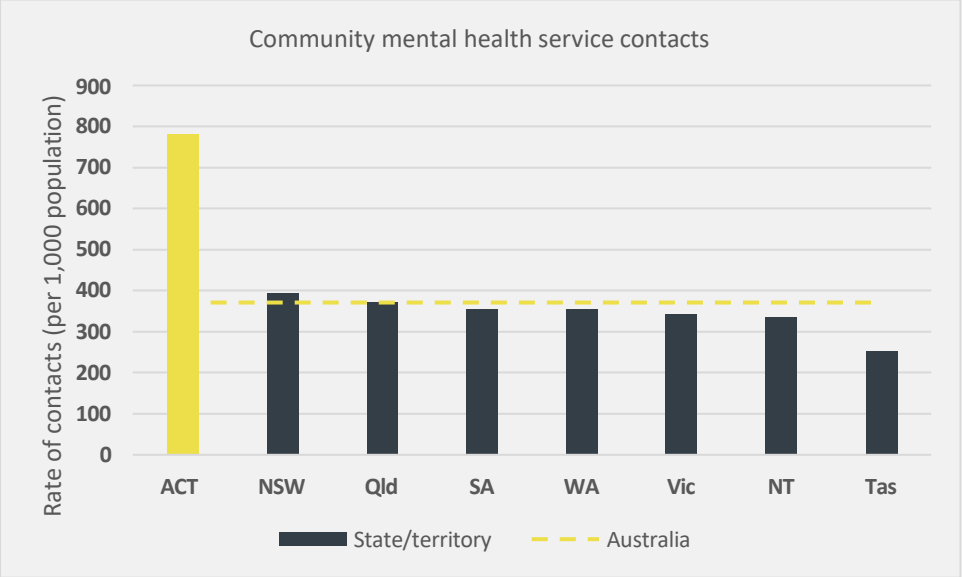


Figure 52: Rate of community mental health service contacts by state/territory, 2021-22 (AIHW)

First Nations Australians account for 7% of community mental health care patients and 6.8% of service contacts in the ACT, with a service contact rate of almost 4 times greater than non-indigenous Australians. This rate of ACT First Nations' consumers (83 per 1,000) is well above the national rate (58 per 1,000). Females are more likely to access community mental health care services, particularly at younger ages, with almost three times more service contacts in girls aged 12-17 years than boys in this age group (23).

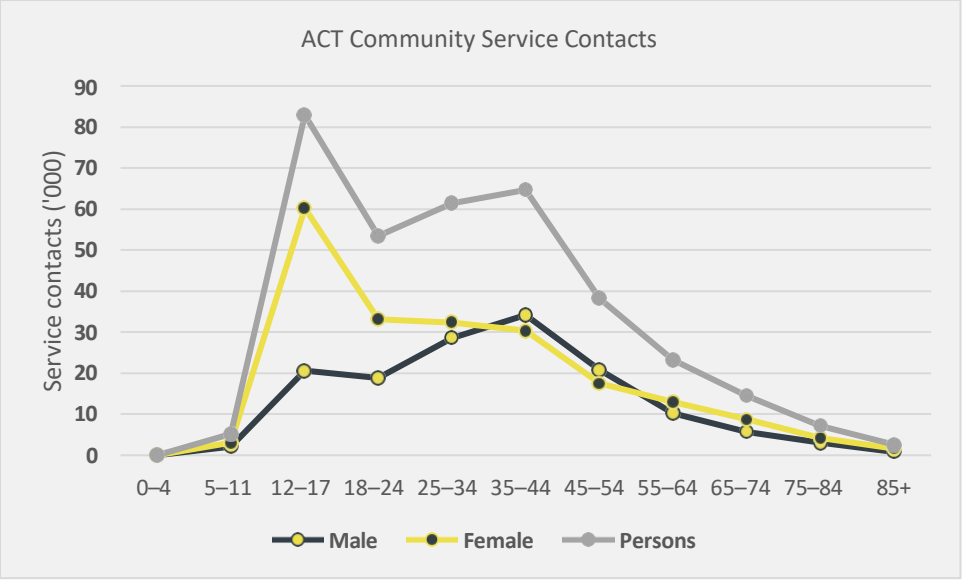
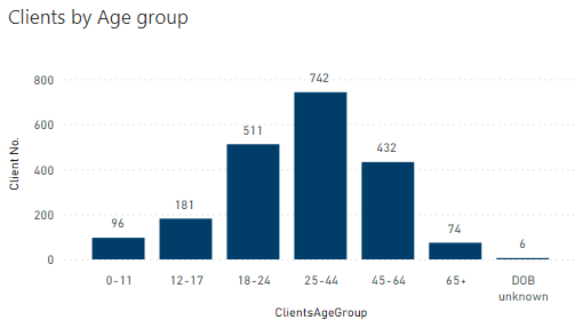


Figure 53: ACT community mental health service contacts by age and sex, 2021-22 (AIHW)

CHN commissioned services

Across the ACT, eleven services provide mental health care for community members that are commissioned by Capital Health Network. In 2023, these services provided mental health care to 1,977 patients, delivering over 18,060 contacts at an average of 8.6 contacts per episode of care. The greatest number of people accessing these services lived in Belconnen (549), Tuggeranong (305) and North Canberra (269) (24). These data are limited to services that agreed to share with Capital Health Network (CHN), and may not represent all mental health service activity in the region.



Figures 54: Client demographics of CHN commissioned mental health services, 2023

Prescriptions

Medications prescribed for treatment of mental health conditions are common across Australia, with 4.8 million Australians (18% of population) filling a mental health-related prescription in 2022-23 (25).

During this time in the ACT, 80,927 consumers (19%) received a mental health related prescription, with a total of 755,010 prescriptions dispensed (25). The number of people receiving prescriptions has steadily increased over the last five years, as seen in Figure 58. The rate of prescriptions increases with age, with older adults, aged 65+ years, holding the highest rates of mental health related prescriptions. A total of 84% of prescriptions were written by GPs, with antidepressants accounting for almost three quarters (74.6%) of total mental health related prescriptions (25).

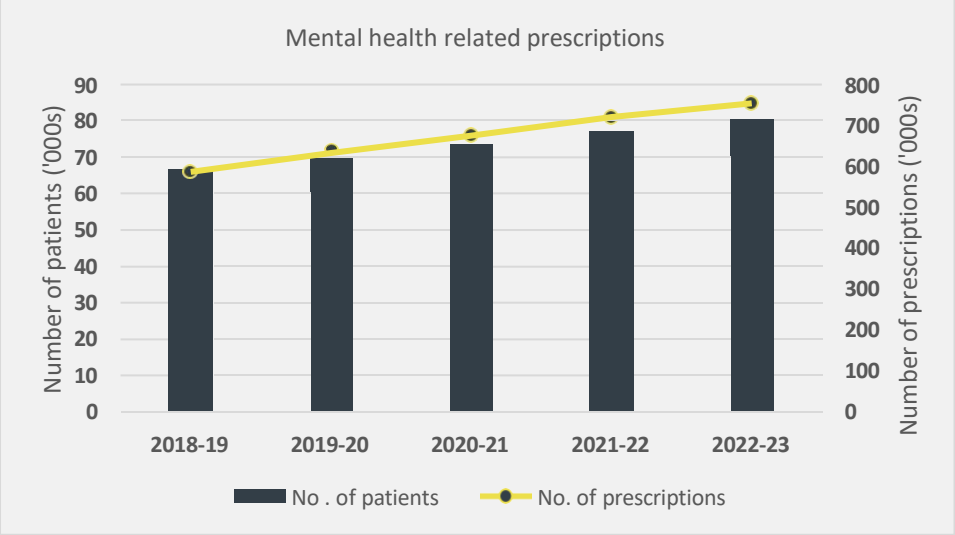


Figure 55: Number of mental health related prescriptions in ACT, 2018-2023 (AIHW)

Summary of service needs

Service data shows a high percentage of Canberrans seek medical assistance for their mental health, with a majority seeing a GP. This highlights the importance of GP accessibility and the role they play in treating mental health conditions. While high rates of people seek mental health assistance in ED and community services, there are low rates of hospitalisations. Women, children and young people in ACT access mental health services at a higher rate than other population groups.

Stakeholder perspectives

Across stakeholder interactions, several recurring themes related to mental health care were prominent. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

Integration of mental health services

A key theme arising from stakeholder consultations was the lack of integration of mental health services across the sector. Much like the mental health itself, stakeholders described the sector as complex and challenging to navigate. This complexity has led to a disconnect between different services, resulting in a fragmented system that hinders effective care.

Key themes:

- **Service fragmentation:**
  The mental health sector faces challenges in achieving full integration, with services often working in parallel rather than in partnership. This fragmentation manifests in a multitude of ways, each creating barriers for people to access services and receive effective care.
- **Awareness of services:**
  Stakeholders noted a lack of awareness about available services and how these services interact and collaborate to work towards shared goals. This lack of awareness extends not only to consumers, but also to GPs and CHS staff working in acute settings. The gap in knowledge creates significant barriers to accessing appropriate care and hinders effective service delivery.
- **Navigational challenges:**
  Stakeholders felt improvements can be made to support consumers to navigate the complex mental health sector to find the care they need. While existing navigation services can help, there is limited awareness of these services, creating an additional barrier that complicates access.
- **Weak referral pathways:**
  Stakeholders also highlighted a lack of strong referral pathways, which contributes to the fragmentation of care. Organisations face challenges in knowing when, how, and why to refer patients to other mental health services, with no clear, agreed guidelines across the sector. An example raised by stakeholders is in post-suicide intervention, where many organisations were unsure where to refer consumers after a suicide attempt, with strict criteria for referrals to some services considered an additional barrier.

This theme was prominent in the ACT Health Insights Report, with avigation and Collaboration cited as challenges for stakeholders.

Collaboration within the mental health sector

In addition to the need for better integration of services, stakeholders identified the critical need to improve collaboration and communication between services in the mental health sector. While service providers held a strong desire to collaborate, they felt there were external factors that often hinder these efforts.

Key themes:

- **External barriers to collaboration:**
  Despite a clear appetite for collaboration, stakeholders reported that external factors such as funding models, a lack of time and resources, and high staff turnover make it difficult for organisations to work together effectively. These barriers limit the capacity of service providers to engage in the collaborative efforts essential for a cohesive mental health system.
- **Inconsistent collaboration across the sector:**
  The level of collaboration varies significantly across the sector, largely depending on the time, energy, and resources that each service can dedicate to building and fostering relationships. As a result, some organisations may engage in robust partnerships, while others struggle to collaborate due to limited resources.

Gaps in the mental health service landscape

Across consultations, stakeholders identified significant gaps in the ACT mental health service landscape. These gaps were noted in both geographical locations and in services for specific populations, with perceived needs that are not addressed. Gaps raised included:

- Access to mental health services in the north of Canberra, including Gungahlin and North Canberra regions
- outreach services across the ACT, with many stakeholders identifying that expanding outreach services would improve access and provide more flexible care, particularly for young people and those with complex needs. The potential for flexible and innovative care through outreach services was seen as critical, especially if these services are well-implemented
- crisis support services
- trauma counselling services
- paediatric and youth services for disordered eating, gender related needs and neurodiversity
- ADHD assessment and treatment services
- services catering for the 'Missing Middle', where people (and particularly young people) experience moderate to severe mental ill health. This population currently struggles to access supports, due to the needs being seen as too severe or complex for the primary care system but not serious enough to receive specialised tertiary supports.

Affordability of mental health care

The cost of accessing mental health services was identified as a common barrier for many in the ACT. There is a lack of mental health services across the ACT for people who cannot afford to self--fund. Stakeholders felt that due to the common perception of Canberra being a highly advantaged city, affordable services are less available for people who may be socioeconomically disadvantaged.

Key themes:

- **Limited affordable services:**
  There is a significant shortage of mental health services for people who cannot afford to self-fund their care or cover the out-of-pocket costs associated with MBS-funded services. While the gap fee (the difference between the MBS schedule fee and the Medicare benefit) is consistent across Australia, out-of-pocket costs, which include what the health professional charges beyond the Medicare benefit, can be prohibitive for many. Research shows that in the ACT, out-of-pocket costs and gap fees for mental health services are notably higher in certain areas compared to many other regions, further exacerbating access issues for lower-income people (27). This issue is particularly concerning when the Better Access initiative only supports 10 sessions per year, which is not enough for many with complex mental health needs. Socioeconomic factors such as income, employment, and education further limit access to these necessary services, exacerbating inequities in mental health care, including in the ACT.

- **Low bulk billing rates:**
  Bulk billing rates across the ACT were frequently highlighted as a contributing factor to accessing mental health care. Many stakeholders noted that the limited ability to see a bulk-billed GP is often an insurmountable initial barrier. GPs are typically the first point of contact for people with mental health issues, and are critical for supporting consumers with referrals, so the cost of a GP appointment can significantly restrict access to downstream interventions and services.

Workforce challenges

Across the ACT, there is a noticeable shortage of professionals working in the mental health workforce. While stakeholders identified widespread challenges in this area, several key issues were particularly emphasised.

Key issues:

- **Psychiatrists:**
  A lack of available psychiatrists was a strong theme in the consultations. Stakeholders felt the demand for psychiatrists far exceeds the current level of supply, leading to long waiting lists, fragmented consumer journeys, and potential lapses in care. Services report difficulty in completing timely referrals when required. The assessment and treatment of ADHD was specifically highlighted as an area where psychiatrist availability is a significant barrier to care, as legislation heavily restricts commencement of treatment with stimulant medication.

- **Psychologists:**
  There is a general view that the demand for psychologists also outweighs the current

supply. Stakeholders reported difficulty in finding publicly available psychologists, contributing to ongoing supply issues. Although the ACT has high rates of Medicare-subsidised services by psychologists, it was felt that many psychologists work in the private or government sector, making them less accessible to the broader population.

- **GPs who specialise in mental health:**
  Stakeholders believe there is a need for more GPs who specialise in mental health care. The current scarcity of specialist GPs can be confusing when referring clients to a GP appointment. Service providers felt more confident referring or recommending clients to GPs who have a known interest and expertise in mental health, and that increasing the number and understanding of such GPs would improve the integration of care.

- **Peer workforce:**
  As supported by the ACTHD Insights Report, stakeholders believed that increasing peer-based services would support both consumers and service providers, ultimately improving the mental health sector as a whole.

- **Recruitment and retention:**
  In addition to supply challenges, service providers indicated that they face significant recruitment and retention struggles in the ACT. Professional shortages mean that many services are understaffed and cannot find suitable candidates when openings arise. The toll of working in the mental health space also contributes to burnout and high staff turnover which, in turn, can affect relationships between services, integration of care, and the overall effectiveness of the sector.

General Practitioners and mental health care

Stakeholders highlighted the role of G0000eneral practitioners in providing mental health care, acknowledging the vital role they play. GPs are typically the first point of contact for people seeking help for mental health problems and often serve as the gatekeepers to other service providers.

Key themes:

- **Integration and communication:**
  Many organisations felt that improved relationships and communication between GPs and community sector organisations would enhance integration of the mental health care system with broader primary care. While recognising the challenges faced by GPs, stakeholders believe that better relationships and communication would lead to increased awareness, more effective referrals, and overall improved quality of care. Since referrals to most services across the ACT require input from a GP, improved communication would help streamline this process, so that people receive timely and appropriate care.

- **Awareness of mental health programs:**
  Stakeholders felt that improving relationships would also increase GPs' awareness and involvement with the numerous mental health programs available in the ACT. This increased awareness could assist GPs to refer to the right service for each consumer, by making informed decisions and increasing confidence in their care. This, in turn, would improve information sharing and shared decision-making, ensuring that effective care is provided to each person.

Cooccurring conditions and complexity of care

The importance of understanding the multitude of factors affecting a person's mental health across consultations was frequently emphasised. Mental health can impact, and simultaneously be impacted by, various areas of wellbeing, including physical health, disability, housing, employment, and education. These intersections can also create barriers to accessing mental health care.

Key themes:

- **Mental health and alcohol and drug (AOD) use:**
  The relationship between mental health and AOD use challenges was regularly raised. Many stakeholders felt that services in these sectors are often working in silos, rather than collaboratively. Cooccurring AOD concerns may sometimes exclude people from accessing mental health services, leading to situations where people are bounced between services and are at risk of falling through the cracks.

- **Complexity of care for young people:**
  Young people with cooccurring conditions or experiencing challenging life circumstances can add an additional layer of complexity for mental health services, particularly in navigating consent and when justice or family protection services may be factors. This complexity makes it more challenging to provide comprehensive care.

Similar challenges were highlighted in the ACT Health Mental Health Insights Report. Solutions suggested within the report, in addition to those raised during CHN consultations, included improving collaboration of services, improving integration of care and referral pathways between services, and providing case management and care coordination services for people with cooccurring conditions.

Funding and models of care

Funding and the models of care that mental health services apply were both identified as potential barriers to providing quality mental health care. Many stakeholders believe that the standard medical model hinders the ability to deliver trauma-informed and person-centred care, which are crucial for addressing people's complex needs, particularly for people with a history of trauma.

Key themes:

- **Trauma informed care**:
  It is estimated that 5 million adults in Australia were affected by childhood trauma, and two--thirds of people presenting to mental health services have a lived experience of child physical or sexual abuse (MH Australia). Many stakeholders feel that the standard medical model of mental health care limits the ability to provide trauma-informed and patient-centred care. Trauma-informed care, identified as a priority within the ACTHD Insights Report, emphasises a strengths-based approach focused on safety, trustworthiness, choice, collaboration, and empowerment (28). However, current models often focus primarily on symptom management, constrained by a lack of flexibility in funding agreements, insufficient resources, and limited time. This results in challenges for providers, who report that they are often, "only able to scratch the surface", when supporting people affected by trauma.

- **Challenges with funding flexibility and duration:**
  The practice of short-term funding for services was seen as a significant challenge by many organisations. Stakeholders felt that the lack of long-term funding limits their ability to provide sustainable, person-centred services. The rigidity of funding structures also restricts the ability to implement flexible, innovative approaches that could lead to better care and improved outcomes. The youth subsector serves as a clear example where the need for innovative models of care is most evident. Organisations suggested that there are opportunities to move away from the traditional office-based "talk therapy" model and instead explore creative outreach services. Options such as outdoor services are proposed as potential innovative solutions to better engage youth and young adults.

Priority populations

Stakeholders identified a number of cohorts within the ACT where the risks of developing mental health conditions are high, so targeted mental health support is required. Those populations face challenges that compound the difficulties in maintaining good mental health and accessing quality, affordable and person-centred care. The priority populations highlighted included:

- First Nations Australians
- people from culturally and linguistically diverse backgrounds
- people who have experienced family, sexual or domestic violence
- people who are or are at risk of experiencing homelessness
- children, adolescents and young adults
- older people
- LGBTIQA+ people.

While individual needs for people within each of these intersections may differ, it is important that services are equipped with the understanding, skills and flexibility required to ensure they provide the mental health care required for each person.

Identified needs

Priority 1

- Improve quality, duration and access to services for young people with mental health conditions in the ACT.
- Improved care navigation and referral pathways into and between mental health services in ACT.
- Allow more time and resources for mental health service providers to focus on collaboration.
- Provide more mental health outreach services to provide mental health care across ACT, particularly to priority populations including young people.
- Address the need for primary care services to be able to provide trauma informed care for all people, including those with mental health issues.

Priority 2

- Improve targeted regional support to people with mental health conditions across the ACT, responding to unique regional needs.

- Improve rates of GP provision of Medicare subsidised mental health services and support GPs to provide quality mental health care.
- Improve access to services that provide ADHD assessment and treatment in ACT, including education, awareness and upskilling of primary care professionals.
- Improve access to psychiatrists in the ACT.
- Improve supports for the mental health workforce working in the ACT, including to improve staff retention and to expand and upskill all primary care professionals to work as part of a collaborative mental health team.

Priority 3

- Improve awareness of and support for girls and women who intentionally self-harm in the ACT.
- Improve provision of care to people at risk of ED presentations for mental health and behavioural conditions in ACT, providing alternative supports where appropriate.

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Chapter 5 Alcohol and drug use

Introduction

Alcohol and other drugs (AOD) are a major cause of preventable illness in Australia. This priority area focuses on the health and wellbeing of people who have been affected by alcohol and other drug use issues, and the impact that alcohol and other drugs can have on people and the ACT community. The role of the primary care sector in treating alcohol and other drug issues was analysed to identify gaps and needs facing people in this population.

Use of multiple substances in the ACT was analysed under the alcohol and other drugs umbrella – alcohol, tobacco, e-cigarettes/vaping, illicit drugs and prescription drugs – to identify issues and challenges related to different substances. There are subsets of the population where harm from alcohol and other drugs may have significant overlap and cause substantial harm. These populations include children (<18 years) and young adults (18-25 years), people with mental health issues and who are homeless or at risk of homelessness.

As the PHN of the ACT region, CHN aims to reduce harm from alcohol and other drugs by providing appropriate and effective primary care. It is important to promote a 'no wrong door' approach by supporting and educating primary care providers so that they are confident providing AOD services and managing and treating consumers with alcohol and other drug concerns, particularly people with comorbidities. Integration of services, defined care pathways and coordinated care for primary care services are integral in this sector, where timely and appropriate care is vital. CHN aims to reduce the impact that alcohol and other drugs on the health and wellbeing of the ACT population by supporting primary care providers in these areas.

Health needs

Alcohol

Alcohol consumption is widespread across Australia and is associated with many social or cultural activities. The sale and consumption of alcohol is legal for adults; however, in the ACT, it is illegal for individuals under the age of 18 to possess or consume alcohol in public places or licensed premises. This law also prohibits adults from supplying alcohol to minors in these locations. Licensed premises can allow minors only in non-alcohol areas, unless supervised by a responsible adult (1).

Excessive alcohol consumption can harm both short and long-term health. Short-term effects include loss of coordination, impaired memory and judgment, nausea, and vomiting. Long-term consequences can be severe, including increased risks of cancer, liver cirrhosis, brain damage, and certain heart diseases (2). According to the Australian Burden of Disease Study 2018, alcohol use was responsible for 4.5% of the total national burden of disease and injury, making it the fifth leading risk factor contributing to disease burden (3).

Alcohol consumption

In the ACT in 2022-23, 4.6% of people reported drinking alcohol daily, while one in five (20%) had not consumed alcohol in the past year (2). Males were more likely to be regular drinkers than females, with 5.8% of males drinking daily and 40.3% drinking weekly. The number of people

drinking daily or weekly in the ACT has dropped over the past 10 years, from 51.1% in 2013 to 39.5% in 2022-23 (2).

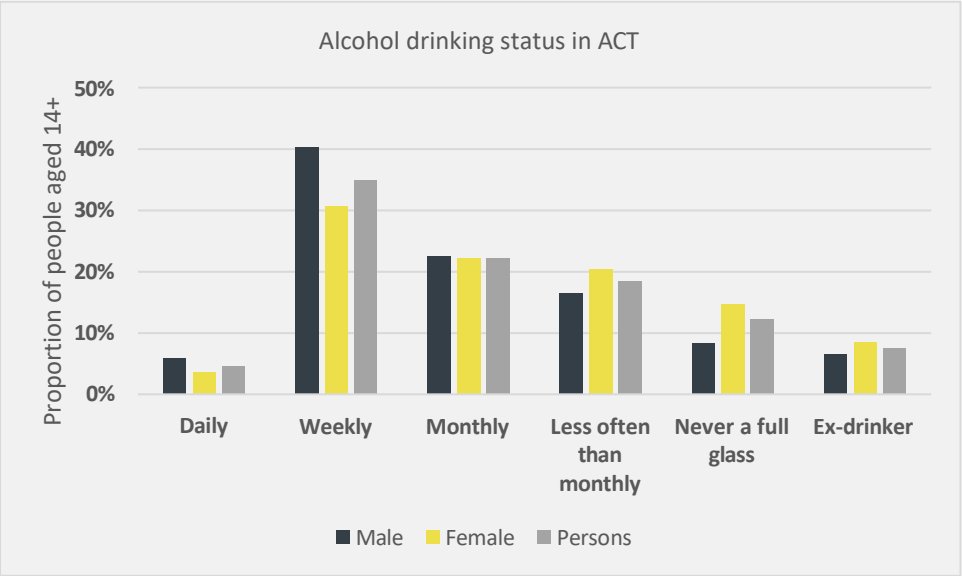


Figure 56: Drinking status of 14+ year olds in ACT, 2022-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

In the ACT, slightly more than one in four people aged 14+ years (26.8%) consumed alcohol at risky levels, with over half (53.2%) consuming alcohol at levels that posed no health risks (2). This is lower than the national rate of risky consumption (30.7%). However, there were lower rates of people abstaining from alcohol in the ACT compared to the whole of Australia.

Males in the ACT were more likely to consume alcohol at risky levels (one in three, 33.3%) than females (one in five, 21.1%), in line with national trends (2).

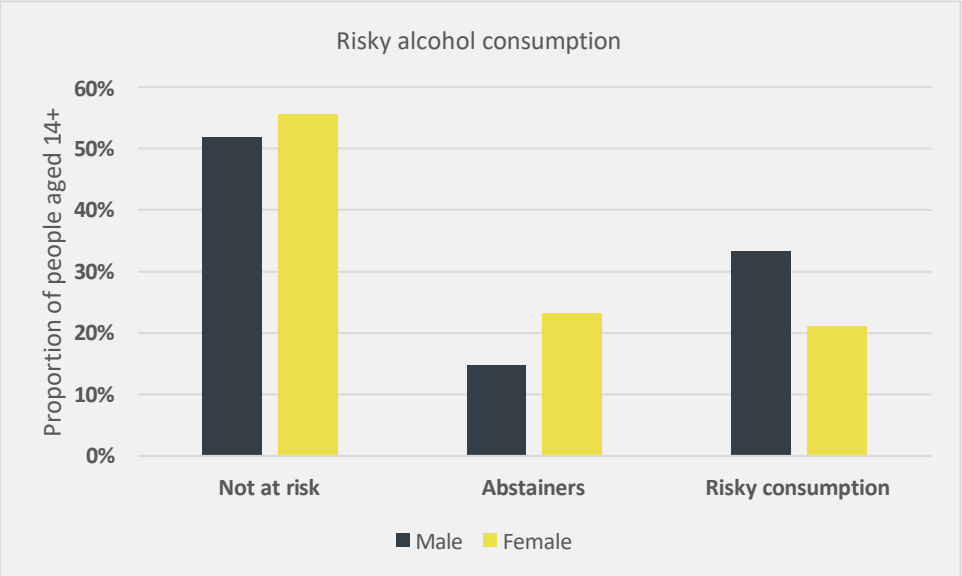
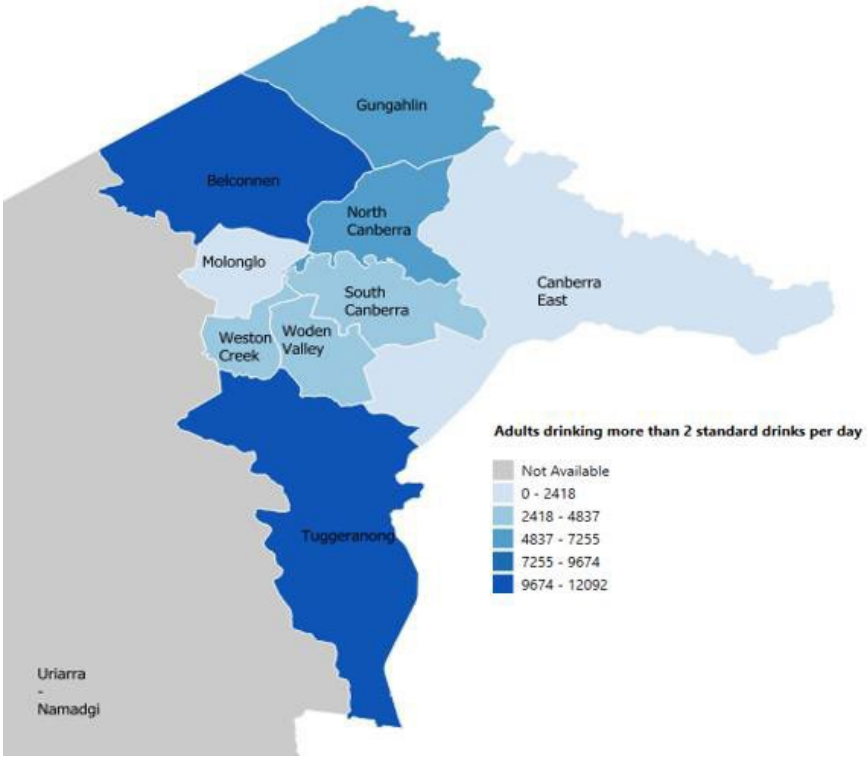
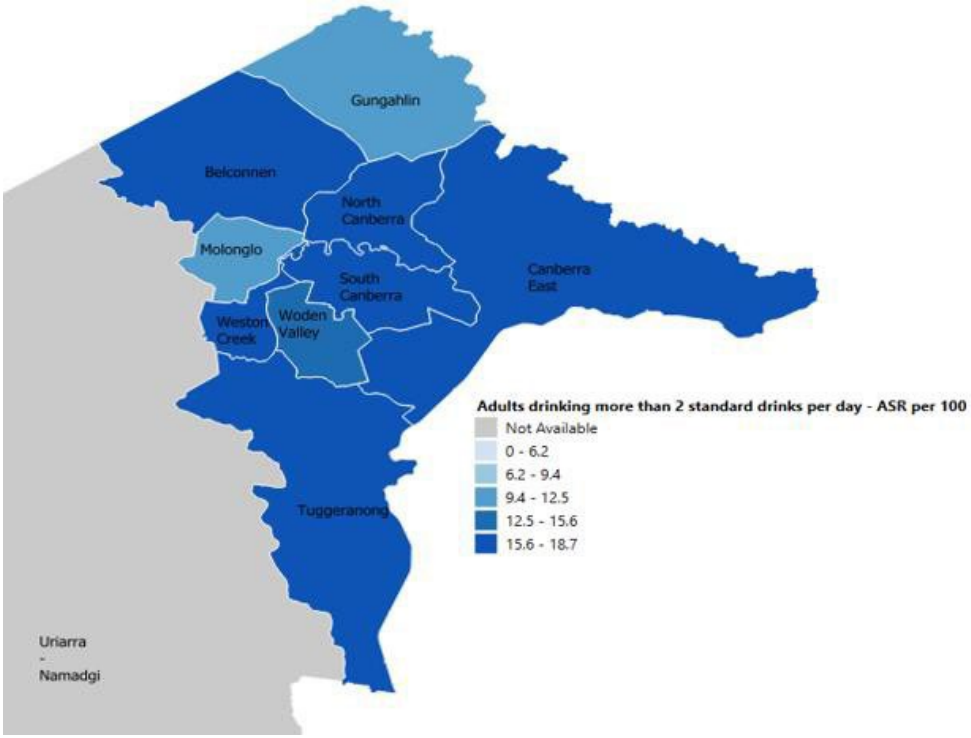


Figure 57: Risky alcohol consumption of 14+ year olds in ACT 2022-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

2017-18 estimates calculated an aged, standardised rate of 15 per 100 adults aged over 18 years in the ACT consumed more than two standard drinks per day on average.





Figures 58 and 59:Maps of adults drinking more than two standard drinks per day, total number and age standardised rates

Alcohol related harm

Drinking alcohol is associated with increased risk of illness, injury and death. In 2018, alcohol use was responsible for 4.5% of the total national burden of disease and injury (3). In the ACT, there were 2.0 disability adjusted life years (DALY) per 1,000 population, slightly lower than national rates (3). DALY life years are a measure of overall disease burden. They combine years of life lost due to early death and years spent living with disability due to health issues.

Essentially, 2.0 DALYs per 1,000 people means that, due to alcohol-related health issues, the population lost the equivalent of two years of healthy life for every 1,000 residents.

According to the 2022-23 National Drug Strategy Household Survey (NDSHS), just under one in four (23.2%) people aged over 14 years in the ACT experienced alcohol related harm in the previous 12 months (4). This includes verbal abuse, physical abuse or fear for their safety. Rates of alcohol related harm decreased in the ACT over the past 10 years. However, there was an increase between 2019 and 2022-23 (4). Further analysis and monitoring are suggested to determine whether these rates will continue to decline or if this marks the start of a new upward trend.

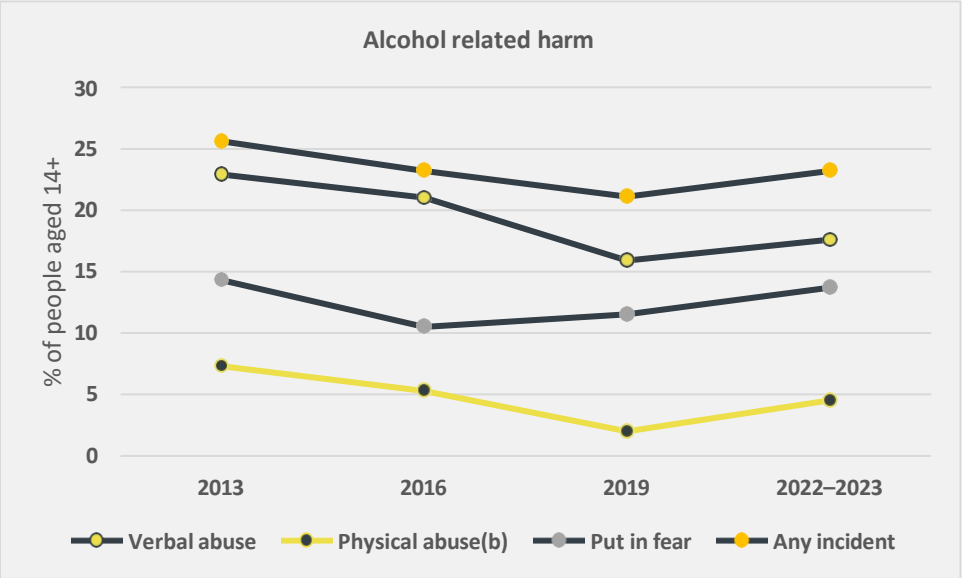
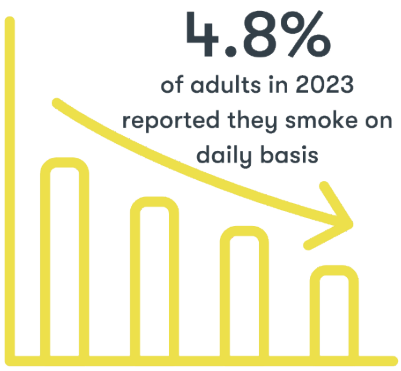


Figure 60: Experience of alcohol related harm 14+ year olds in ACT, 2013-23; (AIHW - 2022-23 National Drug Strategy Household Survey)

Across this same period, nationally, a small percentage of alcohol consumers experienced direct physical harm, with 1.7% sustaining an injury while under the influence of alcohol, and 0.8% requiring hospitalisation (4). However, risky alcohol consumption carries broader risks and remains a significant cause of death in Australia. In 2023, ABS data attributed 1,667 deaths to alcohol, with 90.2% linked to the chronic effects of alcohol (5). There were 183,131 deaths in 2023, a 4.1% decline from 2022. Additionally, the Penington Institute's 2023 Annual Overdose Report revealed 37 unintentional alcohol-related deaths in the ACT from 2017-2021, doubling the number of deaths seen ten years earlier in 2007-2011 (6).

Tobacco

Tobacco is the leading preventable cause of mortality and morbidity in Australia. In 2018, it was responsible for 8.6% of the total national burden of disease and injury (3). Tobacco use is the leading cause of cancer in Australia and contributes significantly to the burden of disease of respiratory diseases, cardiovascular diseases, infections and endocrine disorders (2).



While tobacco use is legal in Australia, supply and consumption are now subject to strict regulations and advertising is prohibited due to greater understanding of the detrimental health effects (2).

Tobacco use in the ACT

Recent NDSHS figures indicated that the proportion of daily smokers in the ACT is decreasing (4). In 2022-23, 4.8% of people aged 14+ years reported being daily smokers, while 70.7% had never smoked (4).

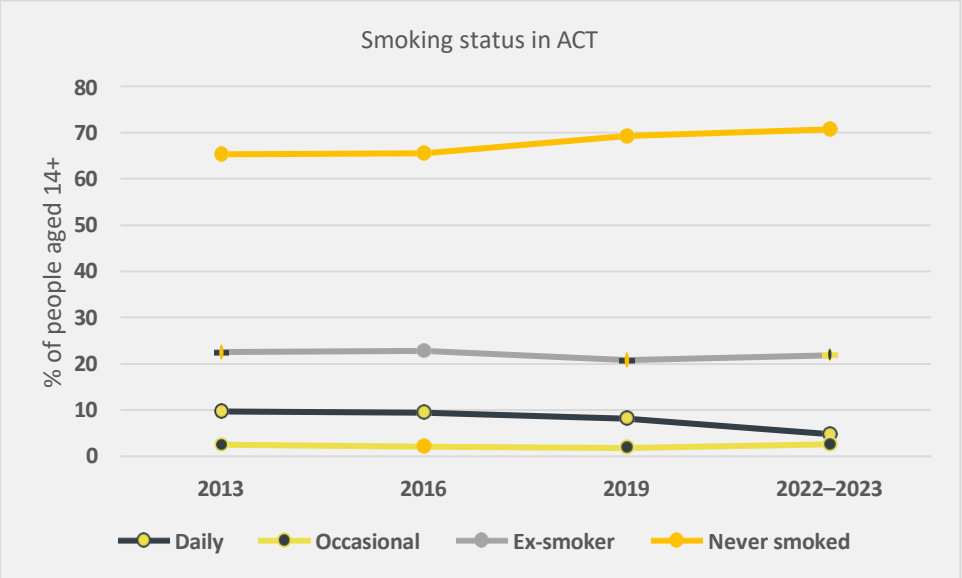


Figure 61: Smoking status of 14+ year olds in ACT, 2013-2023; (AIHW - 2022-23 National Drug Strategy Household Survey)

Similar figures were reported in the 2022 National Health Survey, with 5.9% of all people in the ACT smoking daily (7), and the 2022 ACT General Health Survey, which reported 10.5% of adults in the ACT smoked daily or occasionally (8).

Electronic cigarettes

Electronic cigarettes (also known as e-cigarettes or vapes) are devices that simulate smoking, delivering nicotine and/or other chemicals via a vapour that is inhaled (AIHW AOD). While the long-term health effects of vaping are unclear, recent changes in regulations have restricted access to vapes in Australia.

Conversely to tobacco rates, vape use has increased over recent years, particularly for children and young adults. The 2022-23 NDSHS showed that 5.7% of people aged 14+ years living in ACT used vapes, an increase from 2% in 2019 (4). This equates to around 20,000 people in the ACT who used vapes in 2022-23.

The ACT General Health Survey 2022 shows a similar trend, with approximately four in five adults (79.9%) having never vaped, with the rates of daily users rising sharply from 2.3% in 2020 to 7.1% in 2022 (8). Usage was more prevalent in younger age groups, with 28.7% of 18–24-year-olds using vapes, while only 36.7% in this age group had never used a vape (8).

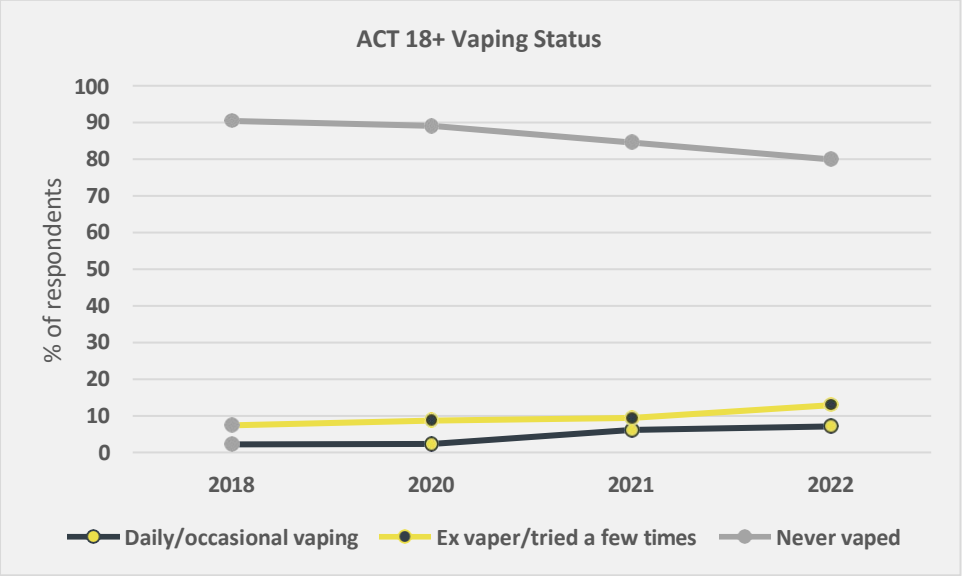


Figure 62: Vaping status of 18+ year olds in ACT, 2018-22; (ACT General Health Survey 2022)

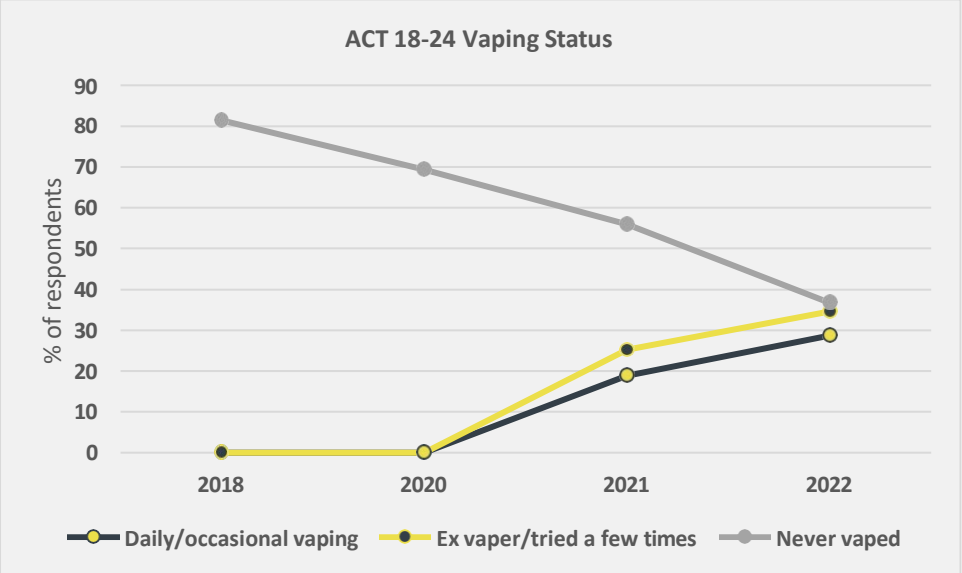


Figure 63: Vaping status of 18-24 year olds in ACT, 2018-22; (ACT General Health Survey 2022)

Illicit drugs

Illicit drug use is considered as:

- Using illegal drugs (such as methamphetamine and cocaine
- using pharmaceutical drugs for non-medical purposes (for example, codeine or benzodiazepines without a prescription)
- using other psychoactive substances in a harmful way (for example, synthetic cannabis, inhalants such as petrol).

Illicit drug use can have numerous health, social and economic effects on people and communities (9).

The rate of illicit drug use in the ACT has remained relatively steady over time, with recent NDSHS reports indicating that 14.1% of people aged 14+ years had used illicit drugs in the previous year (2). This remains below the national rate of 17.9%. Cannabis was the most widely used drug, followed by cocaine, methamphetamine and ecstasy (2).

In 2022-23, almost one in ten (9.2%) people aged 14+ years in the ACT reported experiencing illicit drug related harm, including verbal abuse, physical abuse or being fearful for their safety (4).

Personal possession of small amounts of the most commonly used illicit drugs were decriminalised in the ACT from 28 October 2023. Instead of criminal charges, people found with small amounts of heroin, ice, cocaine and other commonly used substances receive a $100 fine or are referred to a one hour drug education course and health assessment. Anecdotal evidence, including from the ACT police suggest that decriminalisation has not significantly change in behaviour or drug related crime (11).

The Penington Institute's Annual Overdose Report 2023 showed that the rate of unintentional drug induced deaths per 100,000 population increased for all drug types over the last 10 years, both nationally and in the ACT (6). Table 8 shows the rates of drug induced deaths in the ACT over the last 10 years.

	2007-2011	2012-2016	2017-2021
Unintentional drug induced deaths	5.4	5.1	6.4
Drug induced suicides	1.4	1.4	3.6
Total drug induced deaths	7.4	6.7	10.6

Table 8: Rates of drug induced deaths in ACT, 2007-2021; (Penington Institute Annual Overdose Report 2023)

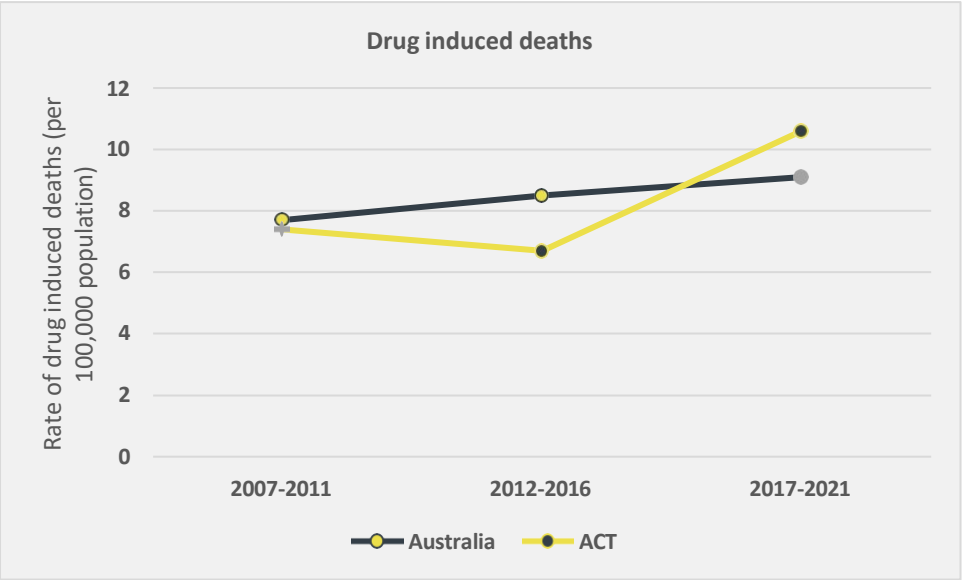


Figure 64: Rates of drug induced deaths in ACT and Australia, 2007-2021; (Penington Institute Annual Overdose Report 2023)

Prescription drugs

The non-medical use of pharmaceutical drugs, including opioids, stimulants, and sedatives such as benzodiazepines and gabapentinoids, remains an ongoing concern in Australia and internationally. These drugs may be misused to achieve euphoria, enhance the effects of other drugs, self-medicate, prevent withdrawals, or improve performance (2). However, data from the Pharmaceutical Benefits Scheme (PBS) for 2021–22 revealed that in the ACT, the medical prescription rates of opioids, benzodiazepines, and gabapentinoids were lower than the national average. The number of patients prescribed these medicines has remained steady since 2015, with a slight decrease in the rate per 100,000, in line with national trends (2).

	Patients	Patient ASR/ 100,000
Opioids	44,131	9,524
Benzodiazepines	8,839	4,068
Gabapentinoids	8,576	1,860

Table 9: Number of patients and rate of PBS prescriptions by drug type in ACT, 2021-22; (AIHW 2024 Alcohol, tobacco and other drugs)

Data from the Penington Institute in 2023 reported that benzodiazepines were responsible for the most unintentional drug induced deaths of all substances between 2017-2021, with 52 deaths (6).

	Number	Rate per 100,000 population
Benzodiazepines	52	2.4
Pharmaceutical opioids	39	1.8
Other pharmaceuticals	49	2.3

Table 10: Number of drug induced deaths in ACT by drug type, 2017-2021; (Penington Institute Annual Overdose Report 2023)

Summary of health needs

Public data shows that while alcohol consumption and tobacco use has decreased in recent years, there is still a substantial number of Canberrans who have experienced harm or health problems due to those substances. Vape rates have risen, and there is particular concern about usage rates by children and young adults. While illicit drug use and prescription drug misuse are less prevalent in Canberra than nationally, deaths associated with these substances increased, affecting the health of the community.

Service needs

AOD treatment services

In 2022-23, there were 17 agencies in the ACT that provided publicly funded treatment for AOD issues (10). As seen in Figure 65, these services were concentrated close to the CBD, with 44% located in North Canberra or South Canberra regions, and only one service in each of Tuggeranong and Gungahlin.

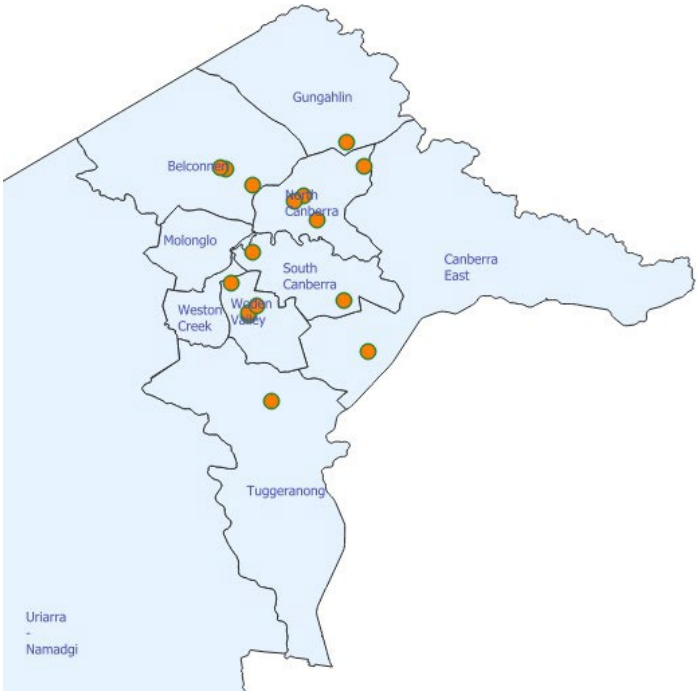


Figure 65: Location of AOD services in ACT by SA3; (CHN local data)

AOD treatment type

These services provided 5,005 treatment episodes to an estimated 3,019 consumers living in the ACT in 2022-23 (10). Of these services, information and education (25.1%) was the most common treatment type provided, followed closely by counselling (24.4%).

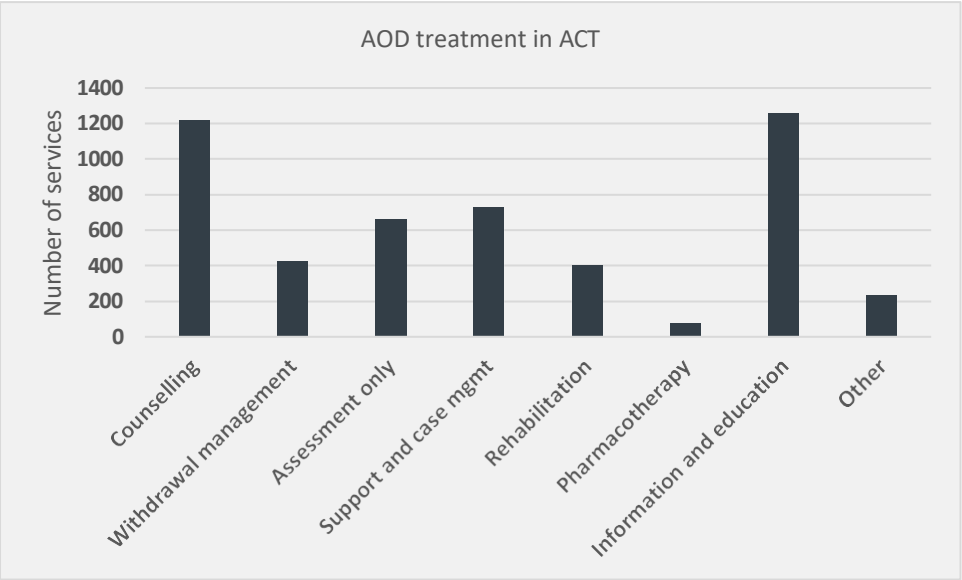


Figure 66: Number of closed episodes by AOD treatment type in ACT, 2022-23; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

The ACT delivers the highest number of information and education treatment services of all PHNs, accounting for 22.1% of services nationally, despite representing only 2.1% of the total national AOD treatment services (10). Although these services are based in the ACT, they are accessible to people who live or work in the region.

Slightly fewer than two in three of all services (64.7%) are provided at a non-residential treatment facility, with outreach services accounting for 23.3% and 9.7% delivered in a residential treatment facility.

AOD consumers

AOD services in the ACT provided treatment to an estimated 3,019 consumers in 2022-23, with 62.7% of consumers male, 11.6% First Nations Australians. Adults aged 30-39 years accounted for over one quarter (27.6%) (10). This discrepancy in service uptake may be due to a combination of factors, including the limited scope of publicly funded AOD agencies in the ACT, a lack of awareness about the risks of alcohol consumption, reluctance to seek treatment, and potential capacity limits within ACT services. This gap highlights an opportunity to address service accessibility, capacity, and public awareness to improve support for individuals at risk due to alcohol and drug use.

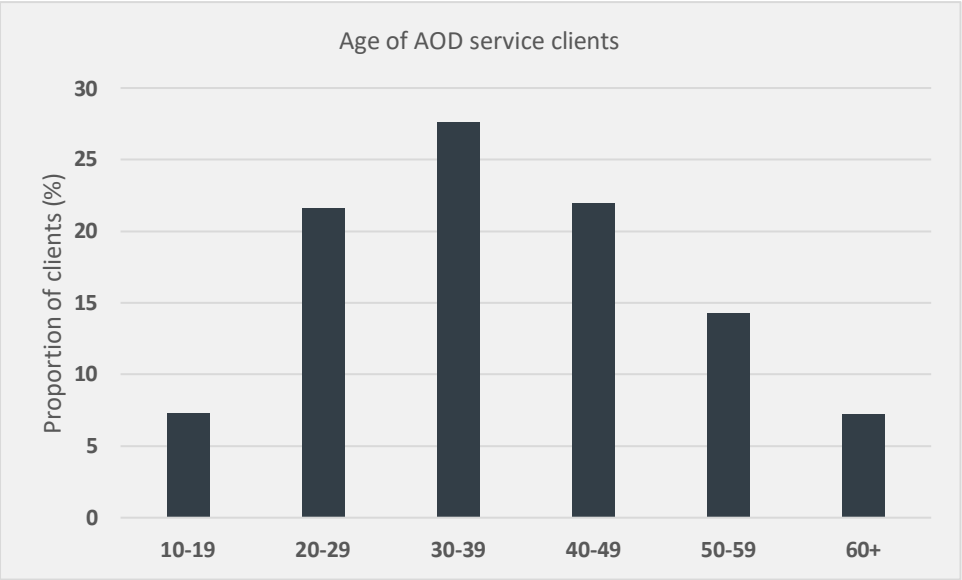


Figure 67: Age of AOD services clients in ACT, 2022-23; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

The most common principal drug of concern was alcohol, accounting for 2,256 episodes in 2022-23 (46.3% of all episodes). Other common drugs requiring treatment were amphetamines, heroin and cannabis. Despite causing a relatively high number of drug induced deaths, only 47 episodes (0.84%) were for treatment of benzodiazepines (10).

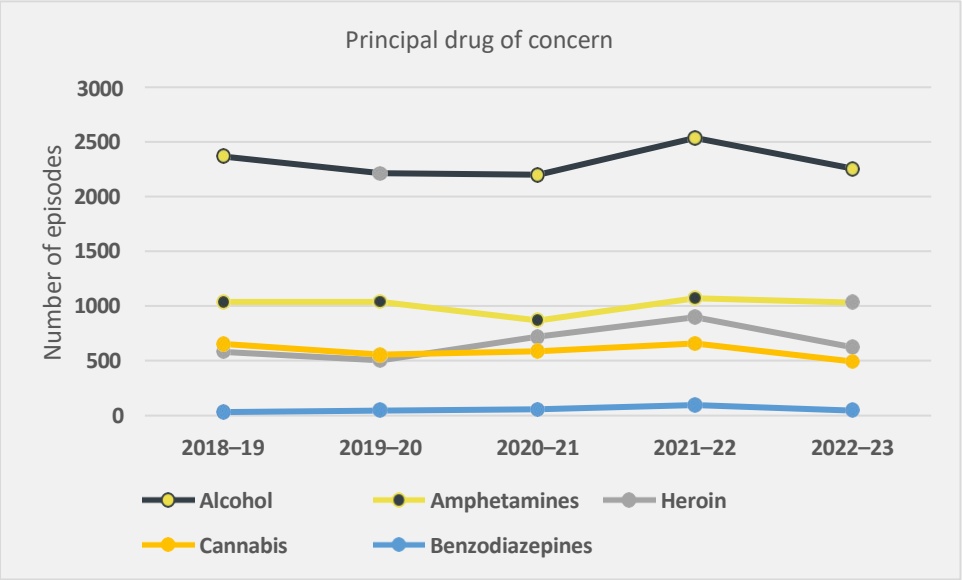


Figure 68: Number of closed episodes by drug type in ACT, 2018-2023; (AIHW - Alcohol and other drug treatment services in Australia – PHN)

Treatment of alcohol and drug misuse

Ambulance attendances

The acute effects of alcohol and drug use can require medical care, leading to ambulance attendances, emergency department presentations and, potentially, hospitalisation. Across Australia and in the ACT in 2022, the highest number and rate of drug related ambulance attendances were for alcohol intoxication (2). Most attendances for alcohol intoxication and illicit drug use were for males. However, 70% of ambulance attendances related to pharmaceutical drugs were for females. Nationally, ambulance attendances for antidepressants were predominantly for females aged 15-34 years (2).

	Number	Rate/100,000	% Males
Alcohol	2149	47.8	55%
Illicit drug use	838	18.8	58%
Pharmaceuticals	910	20.3	30%

Table 11: Number, rate and gender of ambulance attendances by drug type; (AIHW - Alcohol, tobacco and other drugs in Australia. (Sourced from National Ambulance Surveillance System))

ACT had the lowest rate of transport to hospital for ambulance attendances of all states and territories where data is available. Adjusting for age and gender, between 68% and 77% of all AOD related ambulance attendances in ACT required transport to hospital (2).

Emergency department presentations

Across Australia in 2022-23, there were 73,877 alcohol and other drug related presentations to the emergency department. Of these, 26% were classified as GP-style presentations when triaged. CHN does not have access to specific data is for alcohol and other drug related emergency department presentations in the ACT.

Hospitalisations

In 2021-22, hospitalisations with a drug-related principal diagnosis accounted for 1.3% of total hospital admissions in Australia (2). Of these, there were around 19% more admissions for males than females, with the highest rates of hospitalisation for 45–54-year-olds (2). CHN does not have access to specific data is for alcohol and other drug related hospitalisations in the ACT.

Summary of service needs

Service data shows the breadth of treatment options available across the ACT and Australia for AOD issues. Men are more likely to require these services, with alcohol being the most common substance requiring treatment, followed by illicit drugs. Men were more likely to be hospitalised due to alcohol intoxication, with women more likely due to prescription drug misuse.

Stakeholder perspectives

Several recurring themes related to mental health care were prominent in the stakeholder interactions. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

Complexity of care and comorbidities

Stakeholders commonly raised challenges faced by services managing complexities associated with AOD consumers who have mental health comorbidities. They agreed there are too few AOD services across the ACT adequately equipped to deal with consumers who also require mental health support, particularly for more severe mental health issues.

- **Holistic care needs:**
  People in the ACT may not receive holistic care to deal with psychosocial needs, underlying trauma, or other factors contributing to AOD concerns. This can lead to consumers bouncing between services, receiving fragmented care, or being placed in 'the too-hard basket', where services feel they cannot provide appropriate care.
- **Dual diagnosis services:**
  There are no dual diagnosis services in the ACT, but stakeholders highlight that services that offer an integrated approach to assessing and treating mental health and AOD issues, would benefit the sector.

Awareness and integration of AOD services

The lack of integration of AOD services across the ACT prevents people from receiving effective, person-centred care.

- **Fragmented service delivery:**
  While not through lack of goodwill, many stakeholders report collaboration within the AOD sector and cross-sector collaboration with other health and social services could improve. Fragmented and siloed service delivery limits services' ability to provide holistic, patient-centred care to people with AOD issues.

- **Awareness and promotion of services:**
  Promoting and raising awareness of services were raised as a possible contributing factor to lack of integration. Some stakeholders felt that many health professionals and service providers are not sure what different services across the ACT provide and how they can collaborate. This creates challenges with navigating services, referrals, and communication with primary care providers and hospitals.

Funding and resources

Funding and resources were regularly raised as challenges for AOD service providers. Across the ACT, stakeholders agreed that service demand outweighs supply, culminating in long waiting lists and pressure on services to increase capacity.

- **Time and resource intensive care:**
  Holistic care for people with AOD issues requires a great deal of time and resources.

- **Short-term and rigid funding models:**
  Short-term and rigid funding models limit services' ability to plan long-term services and increase pressure on existing services aiming to provide holistic care. This, in turn, can create stressors on staff and the workforce.

Costs to the consumer

The cost and financial impacts of accessing AOD treatments were often raised as a persistent barrier for many in the ACT.

- **Costs to accessing AOD services:**
  While many AOD services are offered free or at low cost, demand for services and waiting lists can make paying for private treatment the best option for timely treatment. This creates inequity between people who can afford to pay for services and those who cannot.

- **GPs and health care costs:**
  The low rate of bulk billing by GPs contributes to these costs, making it challenging for many to see a GP for AOD or health-related issues. Costs climb and add up over time for people who need ongoing treatment, so that many people with AOD concerns must choose between paying for health services or for other cost-of-living expenses.

Stigma

Stigma for people experiencing AOD challenges **continues to be prevalent in the ACT**. While stakeholders commented about a shifting mindset towards a society where AOD issues are viewed through a health lens, rather than an addiction lens, improvements are still needed.

- **Privacy concerns:**
  Stakeholders stressed the importance of privacy, commenting that some in the community may hesitate to attend services in the hospital for fear of being seen in a public area.

Gaps in specialist services

While stakeholders reported an overall lack of supply of AOD, some specialist areas where options in the ACT are most lacking were highlighted.

- **Service gaps for young people (<25 years):**
  Only one service (Ted Noffs) provides treatment for clients aged 13-18 years.
- **Sub-acute services:**
  Gaps in sub-acute services for those discharged from the hospital.
- **Lack of a dual diagnosis service**
- **Lack of opioid replacement therapy**
- **Lack of a safe injecting room**

GP and staff training

- **Upskilling health professionals:**
  A greater focus on staff training was highlighted as a potential solution to improve integration and continuity of care. Due to the complexity of managing consumers with AOD concerns and often associated comorbidities, stakeholders felt that some health professionals need more training, including to build confidence, in managing consumers to reduce the load on specialist services, improve the quality of referrals to specialist services, and improve consumers' experiences of care.
- **Barriers in opioid replacement therapy:**
  Medication for opiate replacement therapy can be a barrier, with pharmacies getting stock and the process of being sent to GPs occasionally causing delays. Few pharmacies in the ACT have signed up for the Opioid Dependency Treatment (ODT) Community Pharmacy Treatment to administer injectable buprenorphine. This program could take some burden off AOD services. However, education, capacity, and capability of current processes are posed as reasons for low uptake.

Increase in outreach services

Many stakeholders reported the need for more outreach services to improve access to services. In 2022-23, a total of 22.7% of AOD services in the ACT were provided in outreach settings, the highest proportion of all PHNs in Australia (AIHW AODTS PHN).

- **Benefits of outreach services:**
  Many stakeholders believe increasing outreach services should be a focus due to the benefits of providing services in an outreach setting—including safety, timely services, and reduced travel.

- **Transport barriers:**
  Transport was frequently raised as a barrier to accessing health services in the ACT due to a complex public transport system, with outreach services a suitable response for people who cannot travel for services.

Identified needs

Priority 1

- Support specialised services for youths and young people with AOD concerns.
- Improve the quality, accessibility, and continuity of services for vape usage among children, adolescents, and young adults (12-25 years) in the ACT.
- Increase services in the ACT for clients with cooccurring AOD and mental health issues.
- Improve access to affordable services for people with AOD issues to manage their health and wellbeing.
- Train and upskill GPs to provide opioid replacement therapies and improve management of consumers with AOD concerns.
- Increase AOD outreach services to provide care to consumers.

Priority 2

- Improve support to people who consume alcohol at risky levels in the ACT and are at risk of alcohol related harm.
- Improve awareness of AOD services across ACT and their role within the sector.
- Improve support for people at risk of hospitalisation due to prescription drug misuse.
- Improve awareness and support for people who experience illicit drug related harm in the ACT.

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Chapter 6 First Nations health

Introduction

This priority area focuses on the health and wellbeing of all First Nations Australians living in the ACT. This is defined in the Constitution of NACCHO as:

'"*Aboriginal health" means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.'* (1).

First Nations Australians' health across the lifespan is discussed, while the interaction between First Nations Australians and primary care services will be explored, focusing on the experiences of First Nations Australians who utilise any primary care services in the ACT.

As the PHN of the ACT region, CHN aims to improve the primary care services available to First Nations Australians. Through understanding service gaps, barriers and challenges faced by First Nations Australians, CHN works to ensure that all primary care is accessible, equitable, inclusive and culturally safe. As the primary care landscape changes and evolves, promoting choice is important, and ensuring that services are safe, appropriate and effective provides all Australians with the ability to choose how to manage their health.

Closing the Gap/historical context

The health and wellbeing of First Nations Australians is greatly influenced by historical factors relating to treatment and discrimination experienced. All Australian governments have committed to working with First Nations people, their communities, organisations and businesses to implement the new National Agreement on Closing the Gap at the national, state and territory and local levels (2). The objective of this agreement is to overcome the inequalities experienced by First Nations people so that their life outcomes are equal to all Australians. Emphasis is placed on shared decision making, building the community-controlled sector, improving mainstream institutions, data sovereignty and improving socioeconomic outcomes (3). Closing the Gap highlights the importance of First Nations people determining, driving and owning the desired health outcomes, building on the strong foundations and deep connection to family, community and culture (2).

First Nations data

Data throughout this chapter are from the 2018-19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). At the time of writing, this was the most recent publicly available data. A new release is scheduled for November 2024, so the data used in this report will be superseded. In future iterations, this data will be updated and analysed to determine if the needs identified are appropriate or adjustments are needed.

The limitations associated with First Nations health data are also acknowledged. Issues such as cultural insensitivity in data collection, underrepresentation of First Nations people and poor data quality can impact the type and value of data. This may lead to data that does not accurately represent the community and does not accurately reflect their health and service needs.

Health needs

Demographics

Estimates based on the 2021 Census suggest that ACT had a resident population of 9,525 First Nations Australians, with males accounting for 50.8% and females 49.2% (4). This equates to 2.1% of the total population, lower than the national level of 3.8%, but equal to the rates in the greater capital city areas (5).

The median age of the First Nations population in ACT is 24, with over half (50.2%) of the cohort under the age of 25. Only 10.6% of this population are aged 55+, which is slightly lower than the national proportion (12.8%). (5)

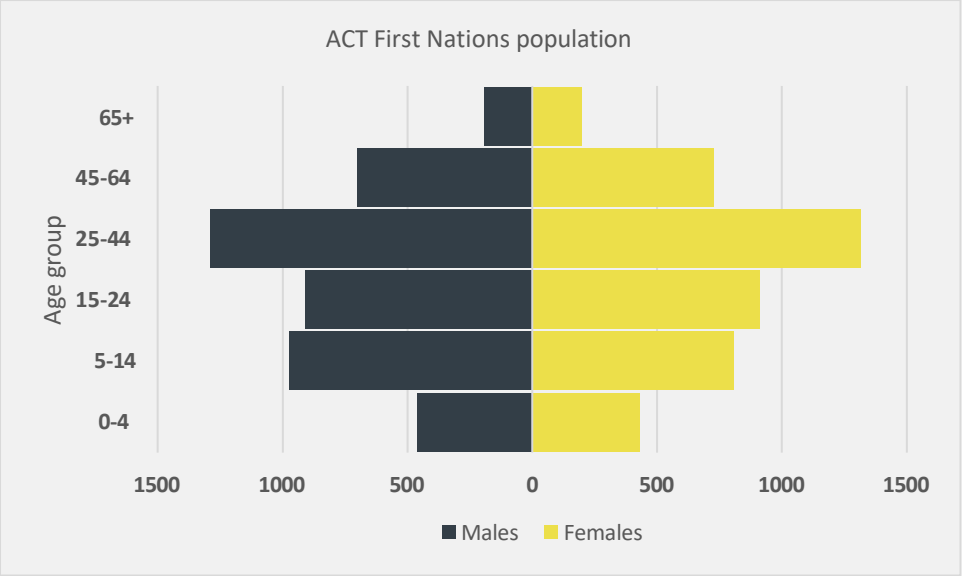


Figure 69: First Nations Australians in ACT by age, 2021 (ABS Census 2021)

Between 2016 and 2021, there was a 26.8% increase in the number of First Nations people living in the ACT (4). This was due to a combination of natural population growth and non-demographic factors such as changing identification status and census response rates. In this time, the proportion of the ACT population who are First Nations Australians also increased, from 1.6% to 2.1%.

Across the regions of Canberra, the largest First Nations populations were in Tuggeranong (2,900), Belconnen (2,344) and Gungahlin (1,538). These regions accounted for 71.2% of the ACT First Nations population, indicating a need for services in these areas. (5)

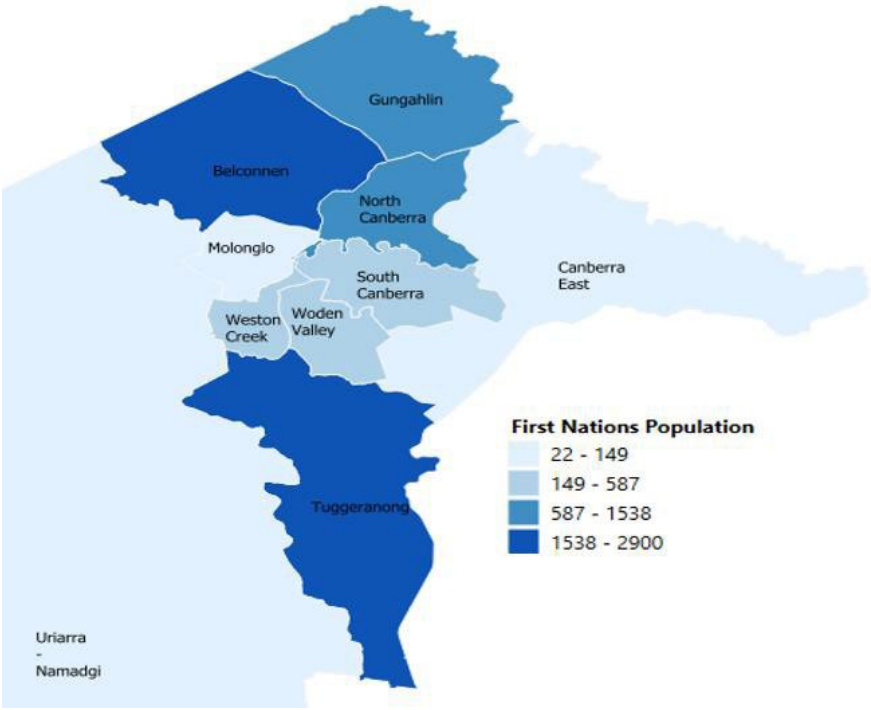


Figure 70: Distribution of First Nations people across Canberra

Determinants of health

The following data relate to socioeconomic factors for First Nations population in the ACT that can affect health. People who experience disadvantage in these areas may have barriers to access primary health care. This, in turn, can affect their overall health and wellbeing. Providers must consider these factors to ensure accessible and equitable service delivery.

Education

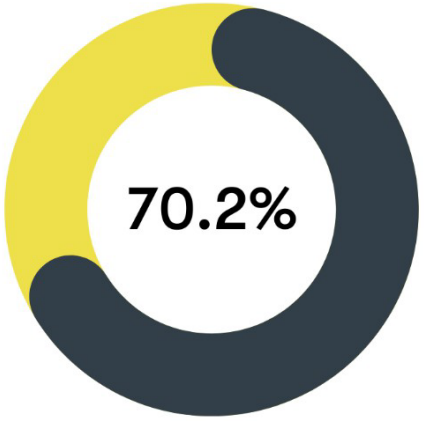
The 2021 Census showed that a higher proportion of First Nations people living in the ACT had completed tertiary education compared to First Nations people across the rest of Australia. Of

Of First Nations people aged 15 and above, almost 1 in 5 (19.8%) in ACT had completed a Bachelor degree level or above

First Nations people aged 15 years and above, almost one in five (19.8%) in ACT had completed a bachelor's degree level or above, compared to the National rate of 7.4%. Similarly, rates of First Nations people in ACT who had completed an advanced diploma or diploma level education were almost twice as high as the national rates (12.3% compared to 6.3%). The rates of educational attainment have increased since 2016, indicating growing access to education for First Nations people in the ACT.

Employment

There is a well-established link between employment and health, with adults who are unemployed experiencing poorer health outcomes. First Nations people aged 15+ years in the ACT are more likely to be in the labour force (70.2%) compared to the rest of the nation (54.1%) (6). Of those in the labour force, 316 (7.2%) were unemployed, with over half of those unemployed aged 15-24 years (6). This is below the national unemployment rate for First Nations people of 12.3%.



First Nations people aged 15+ are more likely to be in the labour force (70.2%) compared to the rest of the nation (54.1%)

Income

According to Census figures in 2021, First Nations people living in ACT had a significantly higher median weekly income than national counterparts (6). This was true across personal, family and household incomes. Median incomes for First Nations people in ACT increased by between 20 and 26% over a five-year period from 2016 to 2021.

	ACT ($)	Australia ($)
Personal	1,004	540
Family	2,472	1,527
Household	2,289	1,507

Table 12: Median weekly incomes of First Nations people in ACT and Australia, 2021 (ABS Census 2021)

Housing

Compared to national figures, similar proportions of First Nations people in the ACT owned their home (43.9%) and rented (54.3%) (6). Household sizes were similar to national rates too, with a slightly lower proportion of First Nations people living in a household of five people or more in the ACT (14.1% compared to 19.4% nationally) (6).

Socioeconomic status

While the data presented above highlight that First Nations people living in the ACT are comparatively advantaged compared to their national counterparts, there is still a gap with non-Indigenous people. First Nations people living in ACT still experience poorer education, income, employment and housing outcomes compared to non-Indigenous Canberrans (6). This highlights the effects of historical, societal and individual barriers experienced by First Nations people living in the ACT, and the need to improve accessibility and effectiveness of the health care system.

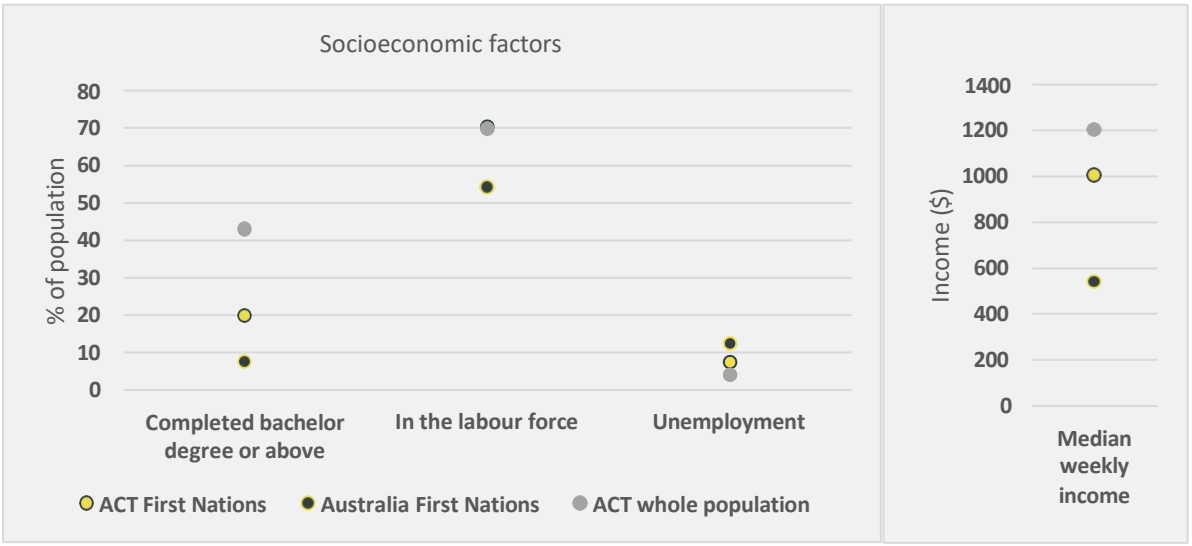


Figure 71: Comparison of socioeconomic factors between ACT First Nations people, national First Nations people and ACT whole population 2021 (ABS Census 2021)

Health behaviours

The following data relate to behavioural factors that affect people's physical, mental and social wellbeing. Changing health related behaviours may reduce the impact of numerous health problems and lower the risk of developing some conditions. Preventive measures and services focused on healthy behaviours may lower burden of disease and impact on health.

Nutrition

Many health conditions, such as heart disease, type 2 diabetes and kidney disease, can be influenced by poor nutrition. A healthy and balanced diet can help prevent or delay these health conditions.

The Australian Dietary Guidelines recommend adults eat at least two serves of fruit and five serves of vegetables daily as part of a balanced diet (10). According to the 2018-19 NATSIHS, fewer than half of First Nations people in the ACT (44.9%) ate adequate daily serves of fruit, while few ate adequate daily serves of vegetables (4.1%) (8).

Less than half (44.9%) First Nations people in the ACT were eating an adequate daily amount of fruit

Only 4.1% were eating an adequate daily amount of vegetables

Fruit and vegetable intake is particularly important for children to ensure growth and development. Almost two in three (64%) First Nations children aged 2-17 years in the ACT met the recommended guidelines for adequate fruit consumption. However, fewer than one in ten (8%) met recommended vegetable consumption guidelines. (8)

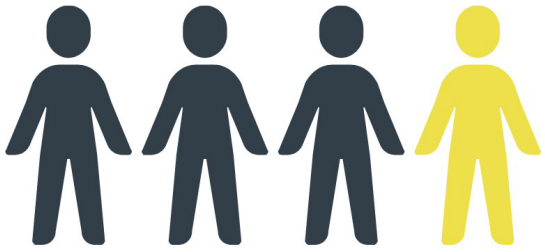
Physical activity

Compared to the Australian First Nations population, people in ACT are more likely to be physically active. A higher proportion of the population report high levels of physical activity (17% compared to 11.7%), and a smaller proportion are sedentary (13.2% compared to 23.6%) (11).

	ACT	*Australia*
High	17.0	11.7
Moderate	35.8	27.8
Low	34.0	36.9
Sedentary	13.2	23.6

Table 14: Self-reported physical activity levels of First Nations people in ACT and Australia, 2018-19 (ACT Health analysis of NATSIHS 2018-19)

Obesity



Approximately 3 in 4 First Nations people in the ACT are considered overweight or obese

Overweight and obesity is a health problem that is associated with a range of health conditions and a significant reduction in life expectancy. Approximately three in four (75%) First Nations people in the ACT are considered overweight or obese, which is lower than the national First Nations rate of four in five (79.5%) (9). However, compared to the non-Indigenous population, a

higher proportion of the population is overweight. This would impact on physical health outcomes and create a greater need for services and care.

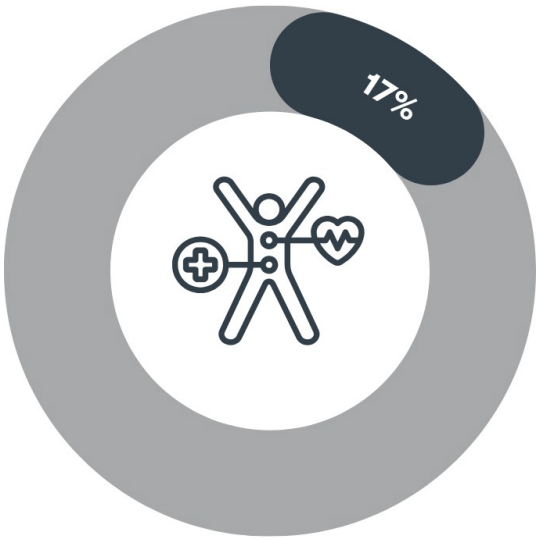
	ACT First Nations	Aus First Nations	ACT Non-Indigenous
ASR per 100 who are overweight or obese	75.0	79.5	64.1

Table 15: Age standardised rates of First Nations people in ACT and Australia who are obese or overweight, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

Health status

Self-assessed health

Self-assessed health status is a measure of a person's perceived level of health and wellbeing (12). It can indicate a population's overall level of health, as well as offer an insight into access to, and success of, the health system.



17% of First Nations population in the ACT report high levels of physical activity

In 2018-19, First Nations people in the ACT were slightly less likely to rate their health as 'excellent' or 'very good', and more likely to rate it 'fair' or 'poor' than their national counterparts (9). There is a much larger discrepancy when comparing to the self-rated health of non-Indigenous people living in the ACT. As seen in Figure 72 First Nations people were far less likely to rate their health as excellent/very good, and almost three times more likely to rate it fair/poor, compared to non-Indigenous people (9). This indicates an overall level of poor health, as well as likely barriers in health care accessibility and effectiveness of care for First Nations people living in the ACT.

Figure 72: Self assessed health of First Nations people in ACT and Australia, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

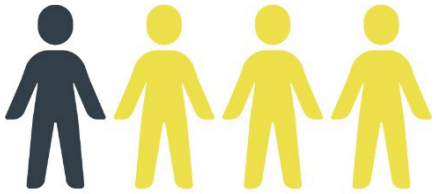
Alcohol

According to the 2022-23 National Drug Strategy Household Survey (NDSHS), one in three (33%) First Nations Australians consumed alcohol at risky levels (7). Results from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) in 2018-19 (8), summarised in Table 13, estimate that a greater proportion of First Nations people in the ACT consumed alcohol and consumed alcohol at risky levels, compared to First Nations people across the country.

	ACT First Nations	*National First Nations*
Consumed alcohol in the last 12 months	82.7%	70.2%
Exceeded single occasion risk guidelines	53.8%	50.1%
Exceeded lifetime risk guidelines	21.2%*	18.4%

Table 13: Rates of alcohol consumption of First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19)

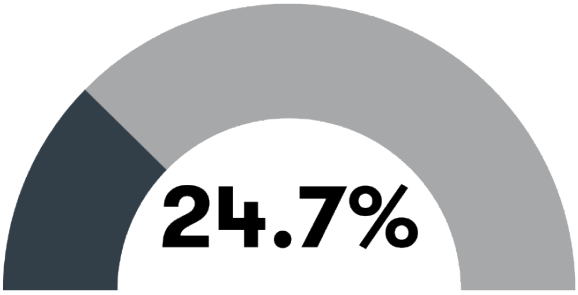
Tobacco



1 in 4 of ACT First Nations people aged 15+ were daily smokers

The 2018-19 NATSIHS showed that tobacco smoking rates for First Nations people living in the ACT were much lower than those of the national cohort (8). One in four (25%) of ACT First Nations people aged 15+ years were daily smokers, compared to 40.5% of First Nations people across the country. A higher proportion of First Nations people had never smoked (44.9%) compared to national counterparts (33.3%). (9)

Drug use



Approximately 24.7% First Nations Australians aged 15+ living in the ACT reported using illicit substances in the previous year

In 2018-19, approximately one in four (24.7%) First Nations Australians aged 15+ years living in the ACT reported using illicit substances in the previous year. This is lower than the national rate (26.9%) and equal lowest of all states and territories (8). Despite these comparatively lower rates, there is a higher than national rate of hospitalisations related to drug use (9.4 per 1,000 compared to 7.9 per 1,000), with only South Australia having a higher age-standardised rate (9).

Chronic conditions

Chronic conditions are long term conditions, lasting six months or more, that contribute to burden of disease. A person diagnosed with a chronic condition will often have poorer health outcomes, poorer quality of life, complex needs and be more likely to die prematurely (13). These complex needs will often create a greater need for services and care, placing strain on health services and systems.

According to the 2018-19 NATSIHS, First Nations people living in the ACT experience higher rates of chronic conditions than their national counterparts (8). Over half (57.1%) reported having at least one of the selected chronic conditions, while over one in three (36.4%) reported having two or more conditions (8). Recent figures from the 2021 Census also show a similar trend, with ACT First Nations people having higher than national rates, despite these figures likely underrepresenting the total number affected (6).

The rates and comparisons of selected chronic conditions from the 2018-19 NATSIHS are shown in Figure 73 below.

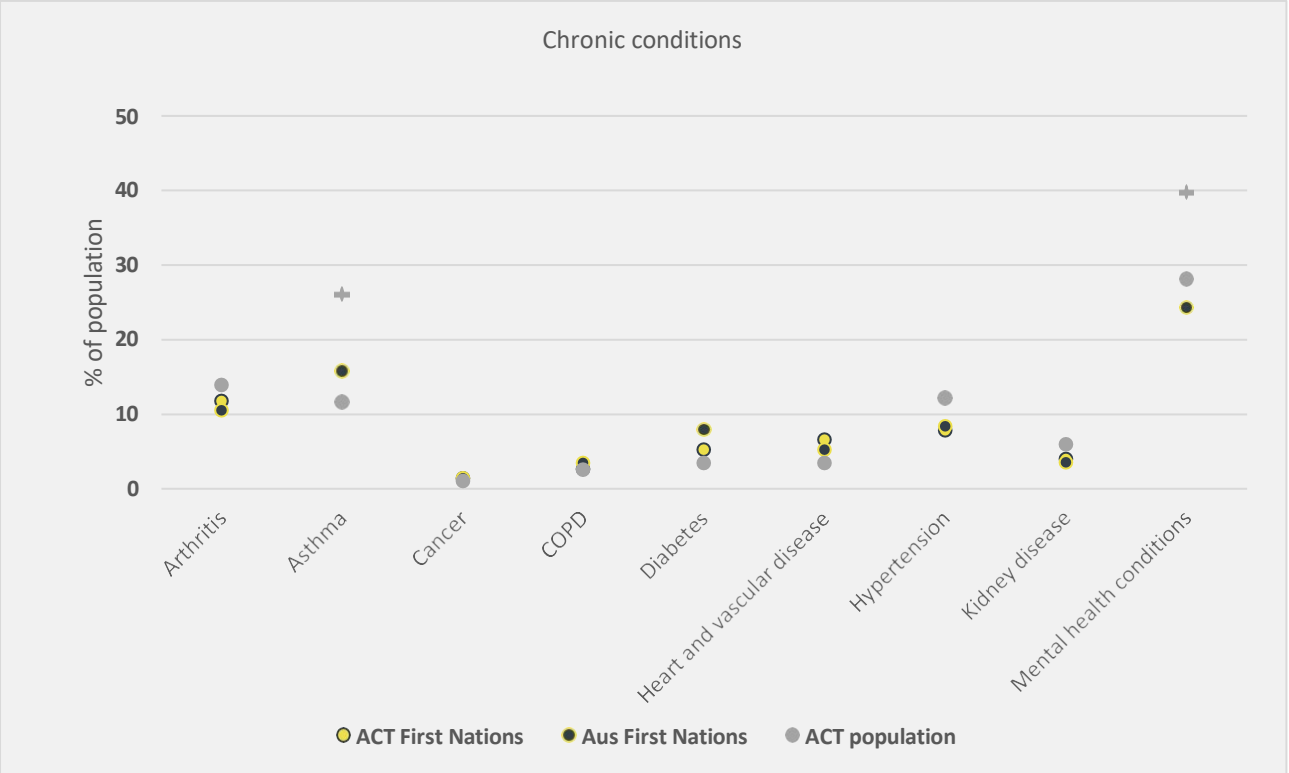


*Figure 73: Chronic conditions prevalence in First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19) *ACT population figures from 2022 National Health Survey*

Analysis of these figures shows significantly higher self-reported rates of asthma and mental health conditions among First Nations people in the ACT, compared with their national counterparts. While rates of heart, stroke, and vascular disease, as well as arthritis, are also higher, most other chronic conditions are comparable to national First Nations' rates. Therefore, services targeting mental health and asthma care may address higher rates experienced by First Nations people.

Compared to the whole ACT population, First Nations people have higher self-reported rates of mental health conditions, asthma, heart disease, and diabetes, but lower rates of hypertension, arthritis and kidney disease.

Disability

A disability is an impairment in body structure or function, a limitation of activities and/or restriction in a person's participation in specific activities (AIHW – HPF). Disability is more prevalent in populations with poorer socioeconomic status, access to health services and health behaviours.

In the ACT, it is estimated that 51.9% of First Nations people aged 15+ years have a disability or restrictive long term health condition. This figure is higher than national rates (46.7%) and rates for non-Indigenous people in ACT (38.4%) (9).

Almost one in ten10 (8.3%) in the First Nations population required assistance with core activities, while just under one in six (15.6%) provided unpaid care or assistance to someone who required it due to disability, health or old age (9).

Mental health

As discussed in the relevant chapter, mental health conditions are highly prevalent in the ACT and across Australia, and have an enormous impact on burden of disease, quality of life, physical health and individual service and care needs.

Social and emotional wellbeing is a key foundation of physical and mental health for First Nations Australians, through a holistic lens of individual, family, kin, community and country (9). Analysis of the 2018-19 NATSIHS suggests almost three in ten (29.2%) First Nations people living in the ACT experienced high levels of psychological distress, similar to national rates (31.8%) (9). According to the National Health Survey, this is almost 2.5 times higher than the proportion of non-Indigenous people living in the ACT.

Similarly, the NATSIHS showed that almost four in ten (39.7%) First Nations people in the ACT suffered from mental or behavioural conditions (8). Anxiety (28.8%) and depression (19.2%) were the most common mental health conditions reported (8). This indicates the importance of mental health services across ACT being well resourced and equipped to provide culturally appropriate care to First Nations people, to offer quality, personalised care to meet their needs.

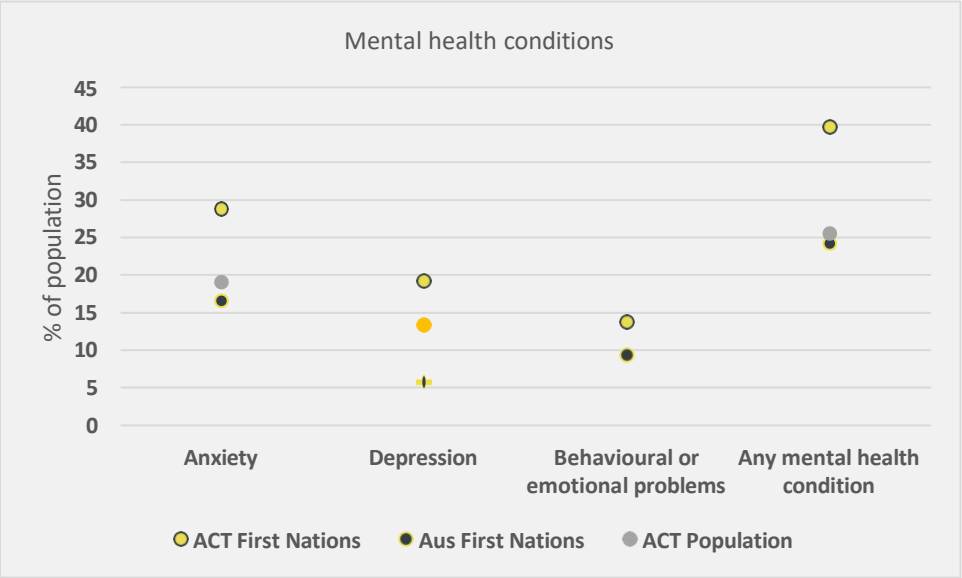


*Figure 74: Mental health conditions prevalence in First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19) *ACT population figures from 2020-2022 National Study of Mental Health and Wellbeing*

Suicide and intentional self-harm

Nationally, suicide prevention in First Nations population is a major public health priority. In 2022, death by suicide was the fifth leading cause of death in First Nations people, accounting for 4.6% of all deaths (14). Young males experienced the highest rates of suicide, with almost three times the rate of non-Indigenous males of the same age. Due to the comparatively low First Nations population residing in the ACT, figures are not publicly reported.

Between 2017-19, ACT had the highest rate for all states and territories of hospitalisations of First Nations people for intentional self-harm (4.8 per 1,000 population) (8). These figures point to maintaining suicide and self-harm prevention as a priority for First Nations people across the ACT.

Ear and eye health

Hearing and vision loss among First Nations people is widespread and much more common than in non-Indigenous Australians. Hearing or vision loss can create developmental issues in children, including learning, social and linguistic difficulties, as well as being associated with behavioural problems. These developmental concerns in turn can lead to health problems as people age, increasing the need for services and care.

In 2018-19, over one in five (20.8%) First Nations people living in the ACT reported ear/hearing problems, greater than the national rate (13.7%) and a higher rate than all other states and territories (8). Despite the higher incidence, between 2017 and 2019 the rate of hospitalisations for ear issues in the ACT (1.6 per 1,000) were lower than the national rate (2.2 per 1,000). Children are commonly impacted to a higher degree, but standardised rates for hospitalisations of children aged 0-14 years in the ACT are lower than national figures (7.2 per 1,000 vs 8.8 per 1,000) (9).

In the same period, almost two in three (65.4%) First Nations people living in the ACT reported eyesight issues. This is the highest rate of all states and territories, and greater than the national rate of over half (52.1%) (9). Similarly to ear issues, there was a lower rate of hospitalisations for eye issues in the ACT cohort, with an age standardised rate of 7.0 per 1,000, compared to the national rate of 11.8 (9).

While these figures suggest that ear and eye health should be a high priority in the ACT, low hospitalisation rates point to accessibility issues and difficulty accessing services and timely and appropriate treatment. That, in turn, may exacerbate issues and leave many with undiagnosed, untreated, or uncontrolled hearing or sight issues.

Maternal and child health

Between 2013 and 2021, there as a relatively stable birthrate, with 1,545 First Nations babies born in the ACT. The highest number of births were to mothers aged 25-34 years, with 7.2% born to teenage mothers aged 15-19 years (11).

Birthweight is a key indicator of infant health and closely related to childhood health and early development. In 2021, one in ten (10.1%) First Nations babies born in the ACT had a low birthweight, in line with national rates (9.6%) (11).

In 2018-19, 87.3% of First Nations children aged 0-2 years in Australia had been breastfed, which is lower than 93.4% for non-Indigenous children in this age group (9). Breastfeeding newborn children and infants is linked to positive outcomes for survival, growth and development and, therefore, recommended for future health outcomes. The 2018-19 NATSIHS estimated 85.7% of First Nations infants aged 0-3 years had been breastfed, roughly in line with national figures (8).

Harmful health behaviours during pregnancy, such as consuming alcohol, smoking and illicit drug use, can have negative health effects on children's growth and development. Analysis of the NATSIHS shows almost one in three (32.2%) Australian mothers with Indigenous children smoked during pregnancy, while a smaller proportion consumed alcohol (9.3%) and used illicit drugs (3.4%). While the number of First Nations children born in the ACT in this period was low, similar rates are likely. (9)

Antenatal care engagement has shown a positive trend nationally, though opportunities remain for improvement in the ACT. Nationally, in 2020, 71% of First Nations mothers had their first antenatal visit within the first trimester (before 14 weeks), up from 50% in 2012. This increase reflects initiatives that emphasize culturally safe and accessible care, approaching the 80% early-visit rate seen among non-Indigenous mothers (22).

In the ACT, 52.1% of Aboriginal and Torres Strait Islander mothers who gave birth had their first antenatal visit at less than 14 weeks in 2020 (85 out of 163 mothers). It is important to note that in many cases, early antenatal care provided by a woman's general practitioner is not reported in the ACT, which may affect these figures (22).

Despite the variation in early engagement, 85.7% of Aboriginal and Torres Strait Islander mothers who gave birth in the ACT attended five or more antenatal visits during pregnancy in 2020 (138 of 161 mothers), aligning closely with the national rate of 88.1% (22).

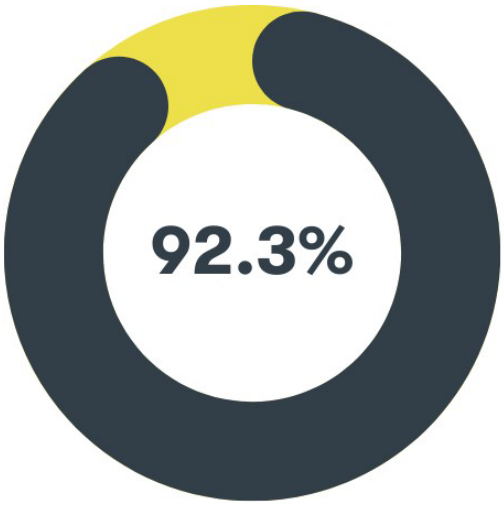
Summary of health needs

Service needs

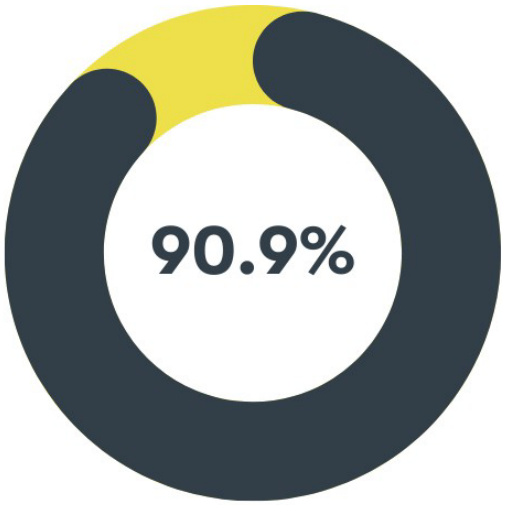
Primary care services

Access to primary care services, including general practice, nurses, allied health and pharmacists, is integral for maintaining good overall health and wellbeing. Having a regular GP or practice is associated with improved care experiences, with patients more likely to report they received very good or excellent care (15).

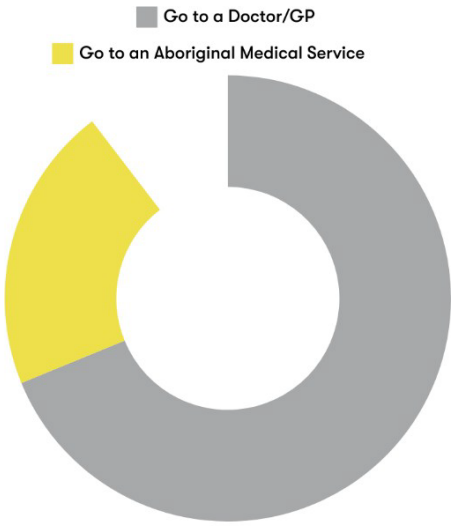
In the ACT, 90.9% of First Nations people reported attending a regular place for primary health care problems or advice (9). This is slightly below the national average (92.3%), and only above Victoria of all the states and territories. Almost seven in ten (68.8%) visit a doctor/GP, while the remaining two in ten (20.8%) attend an Aboriginal Medical Service (AMS) (9).



92.3% is the national average for First Nations people reporting they have a regular place to go to for health problems or advice



90.9% of First Nations people in the ACT reported they have a regular place to go to for health problems or advice



In the ACT almost 7 in 10 First Nations people (68.8%) go to a Doctor/GP, while the remaining 2 in 10 (20.8%) go to an Aboriginal Medical Service (AMS)

When asked about their preferred setting to receive care for health problems and advice, 59.7% reported they would prefer a GP, while over one-third (36.4%) prefer an Aboriginal Medical Service (9). While lower than the national rates (48% prefer AMS), it indicates a proportion of First Nations people in the ACT would prefer to attend an AMS, though they do not currently. First Nations people in the ACT should have greater choice and more opportunity to access the primary care services they want, and to receive quality, culturally appropriate care, regardless of their preference.

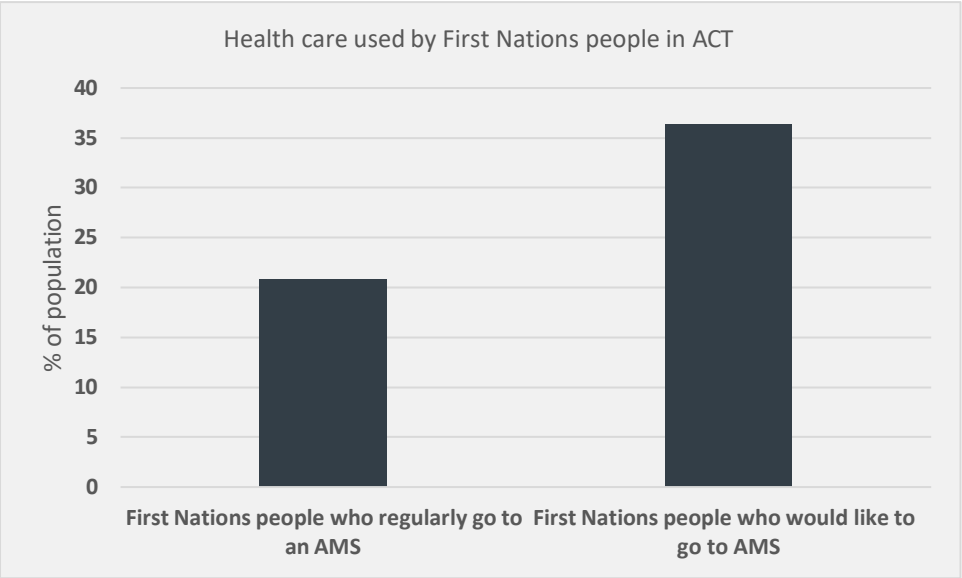


Figure 75: Health care used by First Nations people in ACT, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

The NATSIHS data showed that people who are least disadvantaged (SEIFA quintile 5) and people with one or more chronic conditions are more likely to see a GP, pointing to potential drivers of higher than national ACT rates.

Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715)

First Nations people can receive an annual, Medicare funded health check at their local GP or Aboriginal Medical Service. This is usually bulk billed under MBS Item 715 and without charge to the consumer (the 715 Health Check). The 715 Health Check aims to identify risk factors for illness and chronic conditions, allowing First Nations people to work collaboratively with their preferred healthcare providers to maintain good health and wellbeing. Further Medicare funded follow up services can also be provided following the 715 Health Check.

In 2023, there were 1,650 MBS Item 715 health checks delivered in the ACT, accounting for 17.9% of the total First Nations population (16). While this is a slight increase from uptake in 2021 and 2022, it still shows an overall decline of 715 Health Check rates in the last five years. This is lower than the national uptake rate of 27.9% and, compared to all PHN's, the ACT sits 25th out of 31. A total of 4,170 ACT First Nations people have had at least one 715 Health Check over the five-year period between 2018-2023, accounting for just under half (45.8%) of the First Nations population (16).

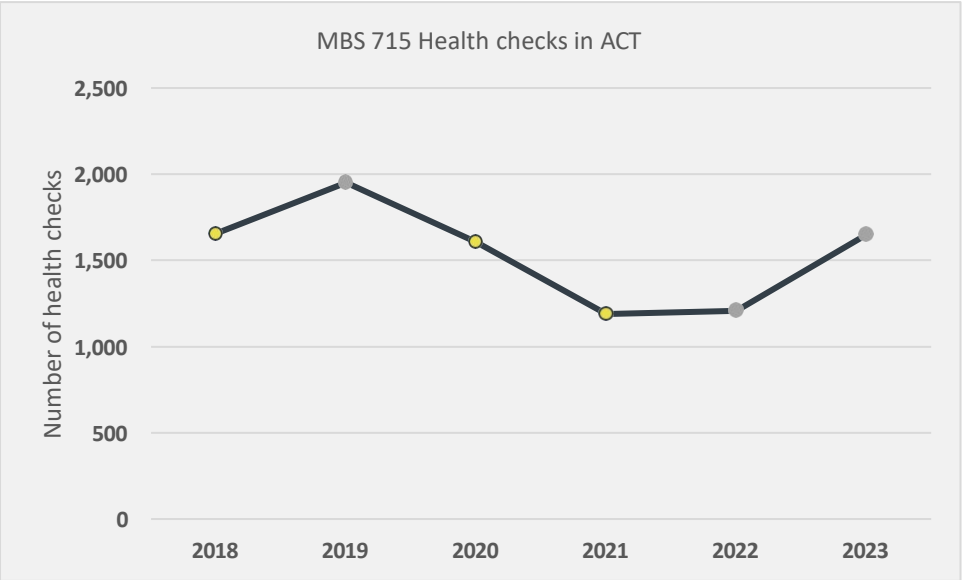


Figure 76: MBS 715 health checks used by First Nations people in ACT, 2018-2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

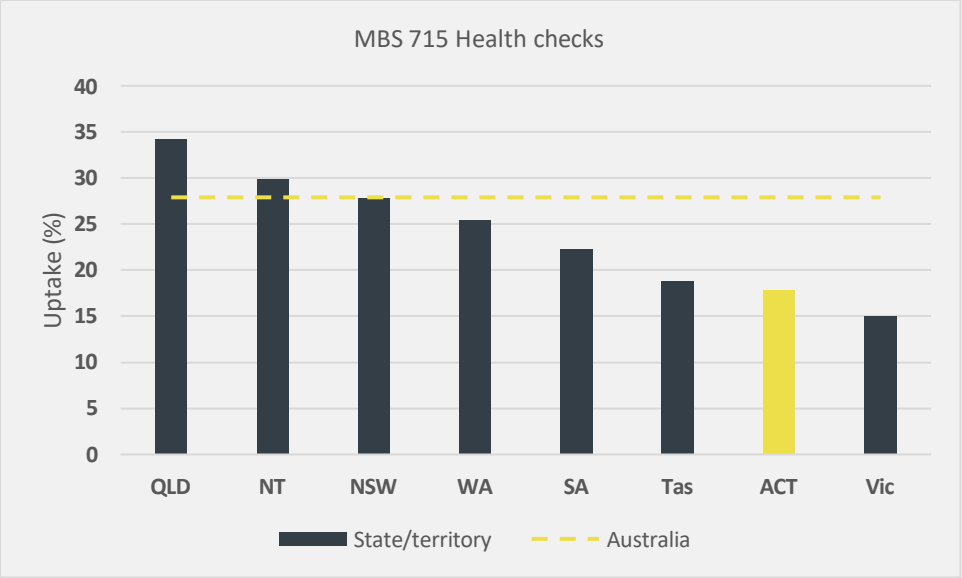


Figure 77: MBS 715 health checks uptake by First Nations people in Australia, 2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

The greatest number of health checks were provided to First Nations people living in Tuggeranong (482), Belconnen (378) and Gungahlin (210). However, these were the same regions with the lowest rates of uptake, indicating higher First Nations populations and potential opportunities to improve rates in these areas in future years (16).

Fewer than three in ten (29.8%) consumers who received a 715 Health Check received a specific MBS follow up service within twelve months. This is lower than the national rate of 45.4%, and again ranks low compared to other PHNs (25th of 31) (16). MBS specific follow up services include practice nurses, allied health practitioners and Aboriginal and Torres Strait Islander health workers and practitioners. Possible reasons for low use of follow up services include lack of service providers, other access barriers, lack of awareness of the specific MBS item numbers or, while less likely, that there was no identified need for additional health care.

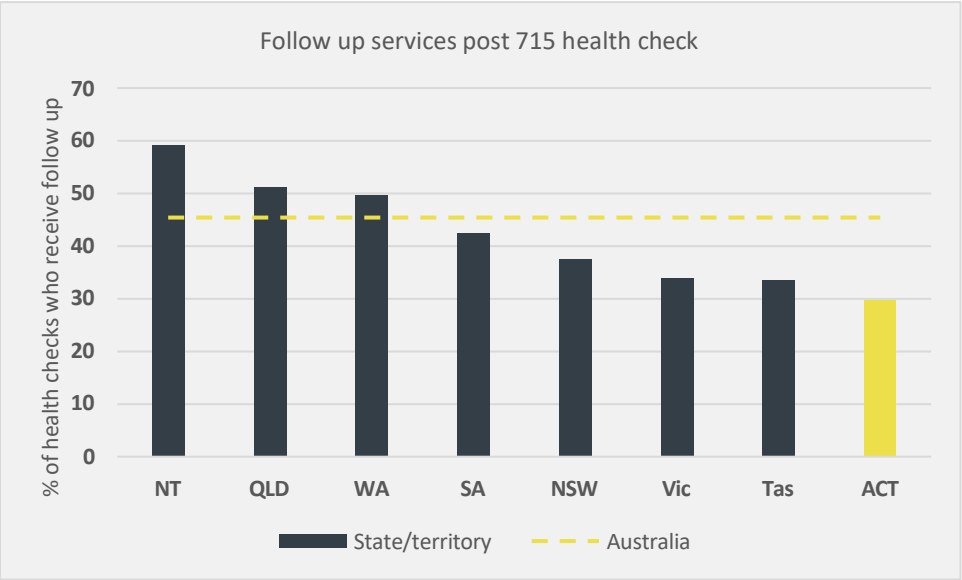


Figure 78: Rate of follow up services post MBS 715 health checks by First Nations people in Australia, 2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

Preventive care

Cancer screening

Cancer screening programs aim to reduce the impact of illness and death from specific cancers, by detecting presence and allowing intervention at an early stage of the cancer's progression. Early detection and intervention for cervical cancer, breast cancer, bowel cancer and prostate cancer can reduce the burden of disease. The proportion of First Nations people in the ACT who had screening tests are outlined below in Table 16.

	ACT	Australia
Had regular mammograms	80%	68.8%
Had regular pap smears	77.3%	68.3%
Ever participated in bowel screening test	38.1%*	21.4%
Ever participated in prostate screening test	50%	58.3%

Table 16: Participation in cancer screening tests by First Nations people in ACT and Australia, 2018-19 (AIHW analysis of BreastScreen data and 2018-19 NATSIHS)

BreastScreen Australia data showed an age standardised rate of 26.8% Indigenous women aged 40+ years participated in its screening programs, slightly above the national rate of 23.6% (9). However, screening rates were lower than for non-Indigenous women aged 40+ years (35%).

Immunisations

Immunisations are highly effective in reducing illness and disease burden from vaccine preventable illnesses. As shown in Table 17, childhood immunisation rates in the ACT are higher than national rates, but generally lower than vaccination rates for non-Indigenous people in ACT (9).

	ACT First Nations	Aus First Nations	ACT non- Indigenous
Fully immunised at 1 year	92.5%	91.1%	96.6%
Fully immunised at 2 years	89.8%	89.1%	95%

Fully immunised at 5 years	97%	96.1%	95.7%

Table 17: Rates of childhood vaccinations for First Nations people in ACT and Australia, 2022 (AIHW analysis of data from the Australian Immunisation Register)

Hospital services

The rate of potentially preventable hospitalisations (PPH), where admission could have been prevented through timely and effective care outside the hospital, is an indicator of the effectiveness of the primary care system. PPH rates for First Nations populations can indicate accessibility of primary care for that cohort.

Between 2019-21, PPH rates for First Nations people in the ACT were much higher than those for non-Indigenous people in the ACT of all ages. PPH rates ranged from 1.25 times to four times higher in First Nations populations across the different stages of the lifespan (9). Compared to the national First Nations population, PPH rates are similar until the age of 34 years, when ACT PPH rates were comparatively much lower than national rates for the rest of the lifespan.

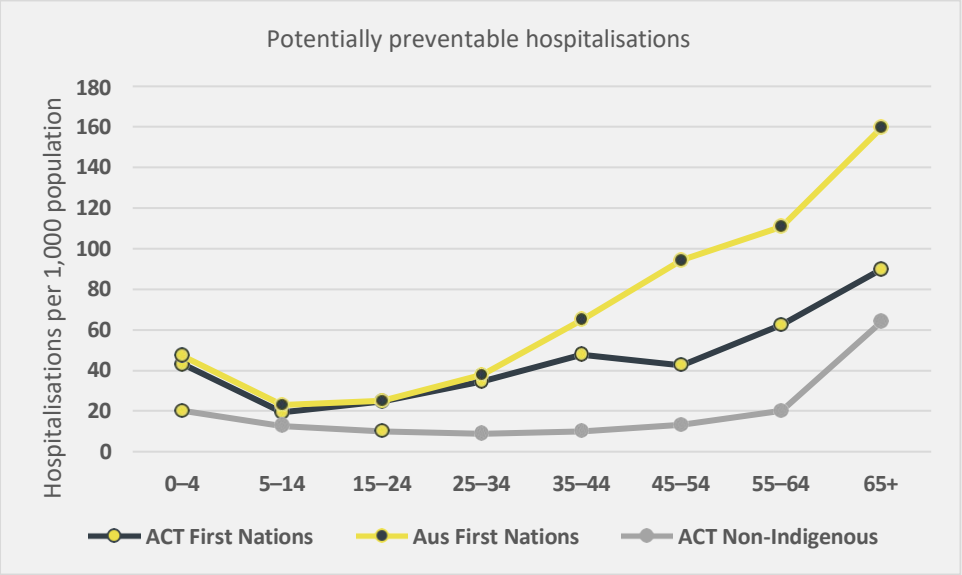


Figure 79: Rates of PPH for First Nations people in ACT and Australia, 2019-21 (AIHW 2024, Selected potentially preventable hospital admissions data visualisation, Aboriginal and Torres Strait Islander health performance framework website)

First Nations people in the ACT experience greater rates of PPH than non-Indigenous counterparts for all types of conditions, with double the age standardised rate of PPH for vaccine preventable conditions, potentially preventable acute conditions and potentially preventable chronic conditions.

Mental health services

In the ACT in 2021-22, a total of 7% of community mental health care consumers were First Nations Australians (17). This equates to a rate of 86 per 1,000 people, which is almost four times the rate of the non-Indigenous population. The national rate is 56 per 1,000 population, indicating greater access to community health services for First Nations people living in the ACT (17).

AOD services

Improper use of alcohol and other substances can cause physical, emotional and social harm to people and their communities. First Nations people in Australia suffer greater rates of harm and burden of disease from AOD issues, with contributing factors including discrimination, intergenerational trauma and inequity. Accessing AOD services can improve people's overall health and wellbeing, as well as reducing harm to community and social connections.

In 2022, First Nations Australians accounted for 18% of people in Australia who received services for their own or someone else's alcohol or drug use (18). First Nations people were six times more likely than other Australians to receive treatment for alcohol or drug use. Local data show that more than one in ten (11.7%) AOD services delivered in the ACT went to First Nations people, indicating a lower proportion in the ACT sought services (18).

ACCHO

There is one Aboriginal Community Controlled Health Organisation (ACCHO) in the ACT. Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) is located in Narrabundah, a suburb within the South Canberra region. Winnunga's primary health care services are provided by general practitioners, nurse practitioners, nurses, midwives, Aboriginal health workers and practitioners, mental health practitioners, and allied health staff including physiotherapy, audiology, optometry, podiatry and dietetics.

In 2022-23, Winnunga provided 81,346 services to 5,355 consumers (19). Approximately four in five consumers (78%) were First Nations Australians, suggesting that approximately 30-40% of First Nations people in the ACT attended Winnunga for medical services (19).

Consumers attended Winnunga from across the whole ACT region, with the most from Tuggeranong (1,064) and South Canberra (998). However, over one quarter (27%) of consumers came from the northern regions of Canberra (Belconnen, North Canberra and Gungahlin), despite the practice's location in South Canberra (19).

The majority of services were provided by nurses (38,587) and GPs (19,434), while there were 1,754 services provided by psychologists and 1,693 by other allied health professionals. Other services including dental, antenatal and postnatal care, community programs and social health programs were also provided for the First Nations community.

Cultural competency and experiences of healthcare

It is vital to provide culturally competent healthcare services to meet the needs of First Nations people in Australia. Cultural competence is defined by the University of NSW as, 'the ability to participate ethically and effectively in personal and professional intercultural settings' (20). Equally important is cultural safety, as defined by health consumers' experience, and not by healthcare providers. It refers to how safe a person feels within the healthcare setting, their ability to access services, and their comfort in raising concerns about their care. This framework ensures that First Nations people receive person centred care that respects their cultural identity and promotes equity in health outcomes. Ensuring that healthcare services are culturally competent and safe can improve access to care, effectiveness of care, personal experiences of care and, ultimately, improve health outcomes for First Nations people.

Analysis of the 2018-19 NATSIHS showed that almost one quarter (24.7%) of First Nations people in the ACT did not visit a doctor in the previous twelve months when needed (9). While ACT data outlining the reasons given is unreliable due to a high margin of error, national data indicates reasons for not attending services. Over one in five (21.5%) First Nations people who did not see a doctor when needed reported that it was due to the cultural appropriateness of the service. Disliking the service, fear or embarrassment, lack of trust and discrimination were key drivers of these numbers. Cost of the service was provided as a key factor for 7.4% of respondents (9).

Experience of care is another key driver of effectiveness of services, with improved outcomes likely for people with positive GP experiences. In 2018-19, fewer than six in ten (58.1%) First Nations people in the ACT rated their overall level of health care received from GPs in the last 12 months as excellent or very good (9). This was the lowest of all states and territories, and well below the national level of 74.9%. As detailed in Table 18 below, the main driver of this poor rating seems to be how much time was spent with each patient, which was well below national rates (9).

	ACT	Australia
Doctor/GP always/usually listens	86%	88.8%
Doctor/GP always/usually explains things in a way that can be understood	86%	87.9%
Doctor/GP always/usually shows respect for what was said	88.4%	91%
Doctor/GP always/usually spends enough time with patient	74.4%	87.5%
Excellent/very good rating of health care received in last 12 months	58.1%	74.9%

Table 18: Experiences of care for First Nations people in ACT and Australia, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

Being subject to discrimination or an unfair experience within a healthcare setting can greatly impact people's health outcomes, compounding existing barriers that affect accessibility of healthcare services. Latest figures from 2018-19 show that almost half (44%) of First Nations people in the ACT experienced discrimination in the previous twelve months, the highest rate of all states and territories (9). Over one in three people (34%) reported they had heard racial comments or jokes (9), while almost one in six (16%) had been told they are less intelligent due to their Aboriginal and/or Torres Strait Islander status.

These figures paint a grim picture of the experiences of First Nations people in the ACT, and the potential harmful effects on access to services and overall health outcomes. As data shows that ACT First Nations people may experience lower levels of disadvantage compared to their national counterparts, there is an expectation of fewer barriers when accessing health services. Patient experience and discrimination data suggest this may not be the case, highlighting the need to improve cultural competency across the ACT. That is an area of focus, including with cultural competency training for primary care staff provided by CHN.

First Nations workforce

There are too few First Nations people who are registered health professionals in the ACT. AIHW analysis of the National Health Workforce Dataset from 2021 showed a rate of 135.4 registered First Nations health professionals per 100,000 population in the ACT, far below the rates of the other states and territories (21). Interestingly, ACT has the highest rates of non-Indigenous registered health professionals (8,367 per 100,000), highlighting the vast difference. Registered health professionals include medical practitioners, nurses, Aboriginal and Torres Strait Islander health workers and practitioners, dentists and allied health professionals. The ACT has the lowest proportion of registered health professionals who are First Nations Australians, with only 0.01% of all registered health professionals in the ACT identifying as such.

Stakeholder perspectives

The legacy of colonisation, ongoing racism, and systemic marginalisation continue to shape the health experiences of First Nations Australians. These factors contribute both to distrust in healthcare systems and to entrenched barriers in accessing care and affects both physical and mental health outcomes. Across our stakeholder interactions, several recurring themes related to the health of First Nations Australians were prominent.

Culturally safe services

- **Cultural safety as a priority**:
  Cultural safety is not just a standalone issue; it intersects deeply with other themes such as mental health and accessibility. Providing culturally safe services, where people feel understood, respected and valued was raised as a high priority for First Nations people. Healthcare consumers reported experiences visiting GPs where they felt their cultural needs were not well understood, and it affected their experience of care and overall service. The importance of cultural safety was stressed with the belief that one poor experience can have a cascade effect, creating barriers to accessing other services and, potentially, leading to avoiding services altogether.

  As supported by the data, many First Nations people in the ACT avoid services due to cultural safety concerns (HPF 3.08 - Cultural competency). A lack of cultural safety in healthcare settings can lead to avoiding services, exacerbating mental health challenges and reducing the overall effectiveness of health interventions."

- **Identifying culturally safe services**:
  Knowing if a service will meet people's cultural needs is a challenge, with cultural safety often a consideration in choosing a new service. While positive experiences are shared through word of mouth among the community, the harmful effects of one poor experience can have an ongoing impact on the community. Methods to identify services that are culturally safe and competent would benefit consumers, and reduce risks associated with negative interactions.

- **Need for cultural awareness training**:
  Stakeholders felt that more cultural awareness training for service providers is required. While there is ongoing work in this area, further educational sessions including refresher courses were suggested to improve overall cultural safety in ACT. While many service providers may complete awareness training, an ongoing commitment to cultural safety and cultural competence requires regular reflection and learning.

Awareness and uptake of 715 health checks

- **Lack of awareness**:
  Stakeholder feedback suggested that the while low takeup of 715 Health Checks is multifactorial, a large proportion can be attributed to a lack of knowledge and awareness of those health checks in the ACT. It was felt that, unless a First Nations person is offered a 715 Health Check by their general practitioner, they would be unaware of their existence and availability. Lack of awareness may compound affordability barriers felt in the ACT, where many eligible people do not access free health checks and follow up services that may identify or prevent future health concerns.

- **Barriers in GP clinics**:
  Potential barriers to GP clinics promoting and offering 715 Health Checks to First Nations consumers include; time, understanding, education, practice systems, and appropriate identification of First Nations consumers.

- **Identifying First Nations consumers**:
  Some clinics face challenges identifying whether a patient is eligible for a 715 Health Check due to incomplete or missing Indigenous identification data. Even when eligibility is confirmed, the time and effort required to review records and contact eligible patients were raised as significant barriers.

- **Time and resources**:
  When the Indigenous status of a patient is known, clinics may still face barriers related to time and resources. With healthcare professionals already stretched, promotion and completion of 715 Health Checks can often become a lower priority. In many cases, GPs must balance providing preventive care with addressing immediate health concerns, which may limit the time available for conducting thorough health checks.

- **Perceptions of clinical utility**:
  Some stakeholders have questioned the clinical value of 715 Health Checks, expressing concerns that they are sometimes viewed as a superficial ‘checkbox exercise’, which may not yield meaningful clinical insights. There is interest in further exploring these perceptions to improve understanding and takeup of 715 Health Checks in clinical practice.

Mental health care for First Nations people

- **Culturally appropriate mental health services**:
  Providing mental health care for First Nations people in the ACT was discussed as a priority for the First Nations community, with social and emotional wellbeing central to health and wellbeing. Stakeholders expressed a view that there is a lack of culturally appropriate mental health services across the ACT for First Nations people, leading to a gap in services. Stakeholders also reported that many First Nations people felt uncomfortable talking about their mental health with medical professionals, preferring instead to speak to family, friends or community members in a less formal setting. Improving the ability for existing services to provide culturally competent care, as well as increasing the breadth of community services and settings may make mental health services more accessible for First Nations people in ACT.

- **Need for trauma-informed care**:
  Stakeholders believed, that for First Nations Australians, the provision of trauma-informed care is valuable and essential. Services that are not equipped to recognise and address the complex historical and cultural factors contributing to mental health issues risk being perceived as inadequate or unsafe. The absence of trauma-informed approaches can exacerbate existing barriers, including distrust of health professionals and concerns around cultural safety. Expanding trauma-informed care training for mental health professionals is essential to bridging these gaps and enhancing accessibility and effectiveness of care for First Nations people. Stakeholders identified that a focus solely on symptom management, without addressing underlying trauma, may fail to meet the needs of First Nations Australians, underscoring the urgency for a more integrated, culturally responsive approach to mental health care.

Accessibility and affordability of health services

- **Access challenges**:
  Accessible health care services are primary barriers for First Nations Australians. First Nations people in ACT reported having difficulty getting appointments with both GPs and allied health practitioners when required, citing long waiting times and an inability to see their preferred provider as key challenges.

- **Financial barriers**:
  Cost of services, particularly in relation to GP appointments and the difficulty in obtaining a bulk billed appointment, was also raised as a challenge. As shown in the data (3.08 – Cultural competency), 7.4% of First Nations people recently avoided seeing a GP due to the cost. For people who are regularly seeing GPs, allied health practitioners and specialists for appointments, the costs of managing their health and wellbeing swells, creating extra financial strain and cost of living pressures.

  Financial barriers, coupled with culturally unsafe environments, can compound the effect, with First Nations people not only avoiding healthcare due to cost, but also due to lack of trust in the system. This dual challenge significantly impacts overall health outcomes.

Discrimination and mistrust in the healthcare system

Overview

The impacts of colonisation and the legacy created by the European settlement are felt by First Nations people throughout Australia, creating a complex relationship with government and authorities. Additionally, First Nations people continue to experience racism, discrimination and injustice, both at a personal level and systematically, resulting from this legacy. For First Nations people, discrimination, racism and injustice experienced in the health care system can cause distrust of health professionals and the healthcare system, leading to avoiding care and, potentially, worsening health outcomes. Ensuring systems and processes central to the health care system do not discriminate, allowing accessibility and opportunity for all, is integral for a strong system.

- **Recent strains on trust**:
  Locally, stakeholders reported strained trust between the First Nations community and the government. The recent Voice to Parliament vote in 2023, was said to have contributed to the strained relationship and has created greater stressors and challenges for First Nations people living in ACT. People have reported worsening experiences of discrimination and racism since this time, creating a greater sense of fear and distrust.

- **Importance of education and reconciliation**:
  It is important that all health care organisations and service providers continue to educate themselves, their staff and the community about the importance of reconciliation, and the benefits it provides to the community. While a longstanding and complex issue will not be solved in a short period, ongoing education and a commitment to improvement is vital in working towards building a safe environment for all.

Partnerships and collaboration

- **Strengthening collaborations**:
  Stakeholders believed fostering collaboration and strengthening partnerships between organisations are important actions for organisations working regularly with First Nations people. Improving partnerships and collaboration should lead to improved health service delivery and benefit the First Nations community by elevating the level of culturally safe, effective health care. While building and maintaining relationships requires time and resources, it is believed the benefits will outweigh the cost for service providers. The benefits for the community include improved referral processes, integration of care, information sharing and a person-centred approach. Where possible, resources should be allocated to create, strengthen and cultivate these relationships to benefit the First Nations community.

Identified needs

Priority 1

- Improve provision of culturally safe services and reduce levels of racism and discrimination within healthcare settings in the ACT.
- Improve provision of chronic disease management services for First Nations people and support for people with chronic conditions and low self-rated health.
- Improve service provision and support for First Nations people with mental health conditions in ACT.
- Improve provision of affordable and accessible primary health care.
- Improve collaboration and partnerships between health care services and community.
- Improve provision of preventive health care services targeted to First Nations people in the ACT.

Priority 2

- Improve awareness of, and support for, First Nations people who experience suicidal or non-suicidal intentional self-harm in the ACT.
- Improve quality and rates of MBS item 715 indigenous health checks and follow up services delivered in the ACT, including support to services to provide those health checks.
- Improve care for First Nations people with eye/vision problems in the ACT, including by increasing awareness of existing services.
- Increasing accessibility to antenatal care for mothers having a First Nations child.

Priority 3

- Improve awareness of socioeconomic disadvantage experienced by First Nations people in the ACT and support provided to those affected.
- Improve care for First Nations people with ear/hearing problems in the ACT.
- Improve provision of integrated care for First Nations people, providing support for those at risk of potentially preventable hospitalisations in the ACT.

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Chapter 7 People at risk of poor health outcomes

Introduction

This priority area focuses on population groups within the ACT that are at higher risk of experiencing poor health outcomes. As identified in previous needs assessments completed by CHN, those populations include multicultural communities, refugees, children and young people, people experiencing or at risk of experiencing homelessness, people who have experienced family, domestic, or sexual violence (FDSV), LGBTIQA+ people, carers and people living with a disability.

Those populations were identified in research and literature as experiencing poorer social and economic determinants of health, which can negatively impact on their overall health and wellbeing. Factors such as income, education, employment, access to social support, discrimination, exclusion and stigma can all contribute to poorer health outcomes. Those populations often also experience barriers and challenges accessing appropriate primary care and healthcare support, highlighting a need for targeted action to support those communities.

As the PHN of the ACT, CHN aims to improve the experience of vulnerable population groups, to improve health and wellbeing outcomes. The primary care system could better support vulnerable communities by addressing gaps in healthcare services, commissioning services targeting these gaps, improving accessibility to current services and improving knowledge and health literacy in these vulnerable populations. CHN intends to support an integrated health care system and act as a bridge between primary, secondary and tertiary health care services by focusing on partnerships, collaborations and connections between health services. It is CHN's goal to ensure that all communities can access the right care, at the right place, at the right time, regardless of social and economic disadvantage.

Limitations

A common challenge across each vulnerable population is a lack of available data. Quality, robust data allows services, health systems and policy makers to make informed decisions to best address the needs of the population. Without available data, the likelihood of not addressing all relevant needs increases and the risk of services not being equipped to meet the needs of all people rises.

While efforts have been made to gather information from key stakeholders to ascertain the challenges facing these populations, further analysis is required. Efforts to improve the availability of data and further engagement with service providers, representatives and community members is required to ensure the needs of vulnerable communities are better understood.

Multicultural communities

The ACT has a diverse population, with over one-quarter of residents born in a country other than Australia. With this diversity in backgrounds comes an array of cultures, communities, experiences and beliefs that shape our region. Personal experiences and beliefs shape people's views around health and health care, so it is essential for the ACT health care system to cater for the entire population and provide quality care for all people.

CHN completed a Health Needs Assessment on the health and services needs of multicultural communities in 2024. Once submitted, this will be available on the CHN website. The key findings from this needs assessment have been summarised below.

Demographics

In 2021, there were 130,653 people in the ACT born overseas (1). 102,028 people were born in a predominately non-English speaking country, accounting for 22.4% of the population. The five most common non-English speaking countries of birth were:

- India (3.8% of ACT population)
- China (2.7%)
- Philippines (1.1%)
- Vietnam (0.9%)
- Malaysia (0.6%).

Approximately one quarter (24.6%) of the population in the ACT speak a language other than English at home, while 8,307 (1.9%) report poor English proficiency (1).

Health and wellbeing

Health data

Data from the 2021 Census estimated that approximately 24% of the population born in a non-English speaking country reported having a chronic condition (1). This is slightly below the proportion of people born in Australia or an English speaking country, with 29.2% reporting a long term condition.

Health services

Participants of focus groups representing multicultural communities highlighted key factors they consider and value when looking for primary care services (2).

- ***Clear communication*:**
  People with low English proficiency appreciate and value providers that can provide complex information in a way that is easy to understand. This means using clear and plain English, taking extra time and using different methods of communication.

- ***Shared language and cultural background:***
  Seeing a medical professional who can speak the same language, or who was born in the same country, often makes people from multicultural communities more comfortable and confident when accessing health care. While acknowledging this may not always be possible, it often leads to a more positive experience of care.

- ***Respect for confidentiality:***
  Participants highlighted confidentiality as a strength of the healthcare system. Knowing that information is private and respected improves trust and experiences of care.

- ***Shared gender:***
  Some communities stated a preference for health professionals of the same gender due to cultural and religious beliefs. This highlights the importance of choice in provider, to ensure individual needs can always be met.

Barriers to care

Discussions held with community members highlighted several key barriers to accessing primary care services faced by multicultural community members in the ACT (2). While some barriers are shared across the entire population, specific challenges faced by people from multicultural communities are summarised below.

- ***Waiting times:***
  Difficulties securing appointments with GPs were raised as key barriers across multiple communities. Being able to book a timely appointment is a challenge in ACT, while many also report long waiting times when attending services. Similar issues are faced with access to specialist services.

- ***Cost of services:***
  Financial constraints are a significant issue for many multicultural communities. Lack of bulk billing GP services contributes enormously and creates stress for many who rely on them to access affordable health care. This leads to avoiding care or to attend Walk in Centres or emergency departments to mitigate costs. Some in the community, such as visiting family members or international students, face even greater challenges as they are not covered by the Medicare system.

- ***Navigation challenges:***
  The complexity of the health care system poses navigational challenges for people from multicultural communities. The challenge of adjusting to a new and different healthcare system is intensified by a lack of accessible and clear information about available services, technological barriers and cultural attitudes.

- ***Communication barriers:***
  People with low English proficiency experience language and communication barriers when accessing healthcare. These barriers are present when speaking directly with health providers, as well as when accessing health information or completing administrative tasks related to managing their health. While interpreter services may assist with communication, availability is inconsistent, and many rely on family members or friends from their community to interpret. Interpretation by family members or friends is not an acceptable solution to lack of professional interpreter services, as untrained translators are not qualified to translate medical terms and it can compromise consumers' privacy and autonomy to make decisions about their own health.

- ***Culturally appropriate care:***
  Culturally appropriate care is essential to meet the diverse needs of multicultural communities. However, this is a source of frustration in the ACT. Differences in expectations, practices and approaches in Australia can lead to needs not being met, impacting the level of trust in the medical system. Improving cultural competency among clinicians would contribute to ensuring that appropriate and effective care is delivered.

Identified needs

- Support primary care providers to deliver culturally competent care to people from multicultural communities.
- Enhance care navigation services for people from multicultural communities.
- Improve data collection and sharing within the ACT, to enhance the capacity to identify and address health needs in multicultural communities.

Refugees

Refugees are people who have been forced to flee their country to escape war, persecution or torture. They are a subset of a group of people from multicultural backgrounds and identified as a high priority group for the health sector nationally. The experiences and challenges that refugees face before arriving in Australia can impact their health outcomes enormously, coupled with the challenges faced with settling into a foreign environment and new health system. Understanding the impacts of these experiences on health and service accessibility is vital to determining health and service needs.

Demographics

PHIDU data reports that there were 3,560 refugees living in the ACT in 2021 (23). These numbers include permanent migrants who entered Australia under the Offshore Humanitarian Program between 2000 and 2021. This equates to 0.8% of the total ACT population.

Health and wellbeing

Health services – Companion House

Companion House is a community sector organisation that provides medical, counselling and development services to newly arrived refugees, asylum seekers and people with complex health conditions. It assists clients to access essential health care and coordinate with partner GPs around Canberra that offer bulk billing and interpreter services. In 2021-22, Companion House provided medical services for 1,289 consumers who recently arrived in Canberra (3).

The quality of care, strength in coordinating services, advocacy and the holistic and culturally sensitive approach were praised by community members who have used Companion House's services. The exceptional care provided to migrant refugees and asylum seekers is a valuable service for many who faced additional barriers to maintain their health and wellbeing.

Barriers to care

In addition to the challenges outlined above for people from multicultural communities, further barriers faced by refugees include (2):

- ***Transition to mainstream GP:***
  Many participants faced challenges in accessing health care after leaving Companion House. A gap is highlighted for people leaving Companion House, where they received comprehensive and coordinated care, to a new provider, where they must navigate challenges such as language barriers and finding the right service. This gap in support can lead to avoiding care and potentially worse health outcomes.

Identified needs

- Support primary care services to understand and address the needs of refugees as they transition to mainstream primary care providers.

People who have experienced family, domestic and sexual violence

Family, domestic and sexual violence (FDSV) is an umbrella term describing a wide range of behaviours and harms that can occur in family and non-family settings (1). It describes any violence that occurs in family and intimate relationships, or sexual violence that occurs in any context. Experiences of FDSV can have far ranging implications on health outcomes and service barriers that must be understood to provide effective specialist services and primary care to meet the needs of that population.

Demographics/prevalence

In the ACT, it is estimated that around 73,200 women (42%) have experienced violence since the age of 15 years (5). In 2022, approximately 9,100 (5.2%) had experienced violence in the last two years. The two-year violence rate has remained relatively stable in the ACT since 2005. The numbers and rates of sexual, physical and violence from a family member are outlined in Tables 19 and 20.

	ACT (Number)	ACT (%)	Australia (%)
Total violence	73,200	41.9	39.2
Sexual violence	43,800	25.1	22.2
Physical violence	54,500	31.2	30.8
Violence by an intimate partner or family member	46,800	26.8	27.4

Table 19: Experiences of FDSV since the age of 15 of women aged 18+; (ABS - Personal Safety, Australia, 2021-22 financial year)

	ACT (Number)	ACT (%)	Australia (%)
Total violence	9,100	5.2	6.6
Sexual violence	3,800*	2.2*	3.0
Physical violence	7,900	4.5	4.8
Violence by an intimate partner or family member	3,100*	1.8*	3.5

Table 20: Experiences of FDSV in the last two years of women aged 18+; (ABS - Personal Safety, Australia, 2021-22 financial year)

Additionally, an estimated 21.3% of women in the ACT experienced emotional abuse and 14.8% experienced economic abuse from their partner (5).

A recent survey conducted with women in the ACT by the Women's Centre for Health Matters found that (6):

- 32% of respondents had been discriminated against
- 43.9% had experienced sexual violence (6.1% in the past year)
- 28.1% had experienced domestic violence (11.6% in the past year)
- 30.5% had experienced family violence (15.1% in the past year).

These findings support ABS estimates, highlighting the extent of gendered violence and the importance of providing accessible and quality care for people who have experience violence.

Health and wellbeing

Health outcomes

National data from 2018 estimates that violence from an intimate partner contributes 1.4% of the total burden of disease among females and contributed to around 230 deaths (7). Intimate partner violence (IPV) contributes substantially to the disease burden of the following (7):

- Depressive disorders (IPV contributes to 15% of depressive disorders total burden in females)
- anxiety disorders (11%)
- early pregnancy loss (17%)
- homicide and injuries due to violence (46%)
- suicide and self-inflicted injuries (19%)
- alcohol use disorders (4%).

Experiences of FDSV can greatly impact people's mental health. Traumatic experiences can affect victim-survivors' psychology which can have short- or long-term impacts on mental health and cause behavioural changes.

In 2021-22, one in two (49.4%) females experienced anxiety or fear following an experience of partner violence from a current partner, while two in three (66.7%) experienced anxiety or fear following an experience of emotional abuse (7). The rates rise for people who experienced violence or abuse from a previous partner, highlighting the long-term effects FDSV can have on victim-survivors.

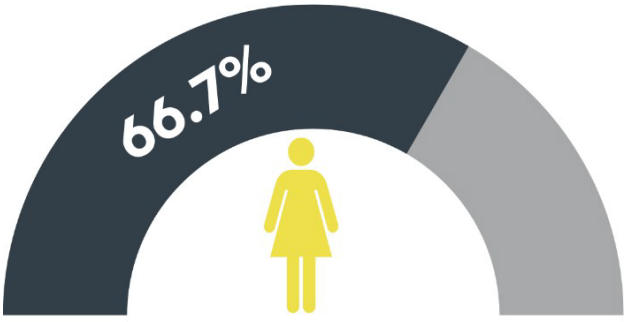
FDSV Services

Domestic Violence Crisis Service (DVCS) and Canberra Rape Crisis Centre (CRCC)

There are numerous services across the ACT that provide support and assistance to victim-survivors of FDSV, and are working to eliminate family, domestic and sexual violence in the region.

DVCS and CRCC are two organisations that provide specialist services to victim-survivors of FDSV in the ACT. In 2021-22, DVCS reported 79,491 service contacts delivered to 4,658 clients (8), while in 2022-23, CRCC reported approximately 73,500 service contacts delivered to a total of 8,573 Canberrans (9). Around 10% of consumers across these services were from multicultural backgrounds, while DVCS reported 6% were First Nations Australians.

It is felt across the sector that crisis centres providing services to victim-survivors of FDSV are oversubscribed. providers and their staff are affected by high staff turnover, long waiting lists, burnout, stress and vicarious trauma. Ensuring services are resourced and equipped to continue to provide those vital services are essential for health and wellbeing outcomes in the ACT. A recent review of DVCS and CRCC commissioned by the ACT Government suggested a focus on strengthening infrastructure, collaboration and partnerships with external partners, coordination between services and cultural competency to improve the current crisis response to victim-survivors in ACT (10).



In 2021-22, 2 in 3 (66.7%) experienced anxiety or fear following an experience of emotional abuse

In 2021-22, 1 in 2 (49.4%) females experienced anxiety or fear following an experience of partner violence from a current partner

Primary care services

While crisis services are integral for victim-survivors of FDSV, stakeholders also place a great deal of importance on mainstream primary care services as the 'other layer' of healthcare for victim-survivors of FDSV. The significance of primary care providers, such as GPs and allied health professionals, to be trained and prepared to recognise potential signs of FDSV, respond to disclosures in a trauma-informed way and provide adequate information and care is noted. Services, such as CHN's FDSV Pilot program which is connecting link workers with general

practices to support integration of care for victim-survivors of FDSV, are working to ensure primary care services can provide quality care for these individuals.

Barriers to care

Barriers to care highlighted throughout stakeholder consultations are detailed below.

- ***Reluctancy to seek care:***
  People who have experienced FDSV are often reluctant to access health care services due to past experiences and a mistrust in health services. Those poor experiences, fear of judgement and fear of being misunderstood mean people avoid care, impacting health outcomes. It is vital to ensure primary care providers understand the needs of FDSV victim-survivors to prevent further poor experiences. Safety concerns, such as perpetrators keeping track of healthcare records or the risk of being followed to appointments, may also contribute to reluctance.

- ***Access to gender sensitive, equity oriented and trauma informed care:***
  Stakeholders felt there is a lack of services across ACT equipped to provide trauma informed care for victim-survivors of FDSV. Matching the service delivered to the needs of the consumer so they receive quality care is important for people in this population, to prevent potential reluctance to attend, or avoiding, services.

- ***Access to crisis support:***
  As highlighted earlier, crisis services in the ACT are oversubscribed. Long wait times and lack of timely service may force people seeking services back into a dangerous environment and cause further harm. It is essential to ensure crisis services are well resourced and prepared for the demand they will receive.

- ***Accessible primary care:***
  Factors affecting the entire population of the ACT in accessing primary care services – such as cost, transport, waiting times – are also key considerations for victim-survivors of FDSV. It should be a goal for the ACT primary care system to make sure all Canberrans can access the services they need when they need them.

Identified needs

- Improve access to gender sensitive, equity oriented and trauma informed care for victim-survivors of FDSV.

- Improve access to crisis support services for people experiencing FDSV and enhance integration of care between primary care services and crisis support services.

Homelessness

People experiencing homelessness, or people at risk of homelessness, are among the most socially and economically disadvantaged populations in Australia (11). People who are experiencing homelessness face a range of personal, social, financial and structural challenges, which impact their health and wellbeing and their capacity to engage with the healthcare system and other services. Providing care and support to mitigate these socioeconomic challenges is imperative to assist people in this population to manage their health and wellbeing.

Demographics

In 2021, there were an estimated 1,777 homeless persons living in the ACT, an increase of 11.3% from the total number in 2016 (1,596 people) (12). The rate of homelessness in the ACT is improving, decreasing from 48.7 per 10,000 population in 2011 to 39.1 per 10,000 population in 2021, with ACT now experiencing the second lowest rate of homelessness of all states and territories.

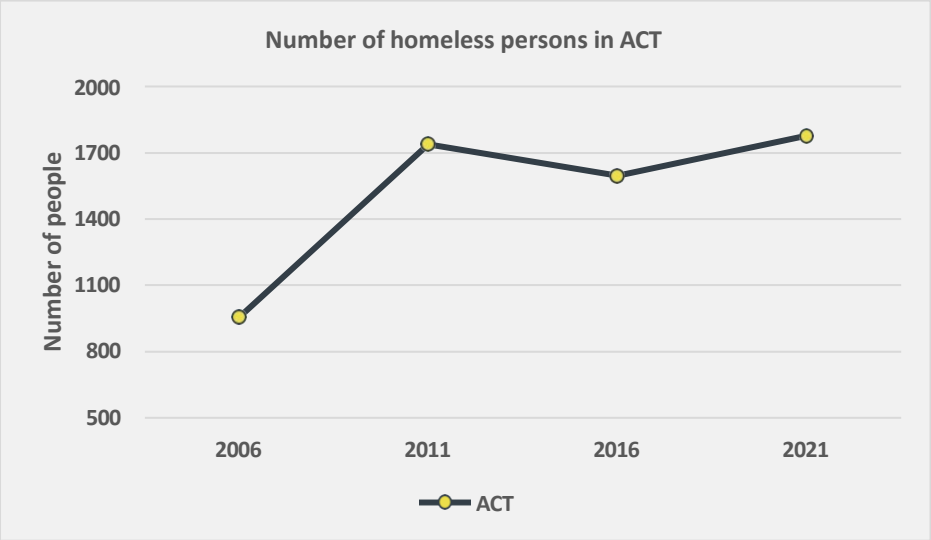


Figure 80: Number of homeless persons in ACT 2006-2021; (ABS 2023, Estimating Homelessness: Census)

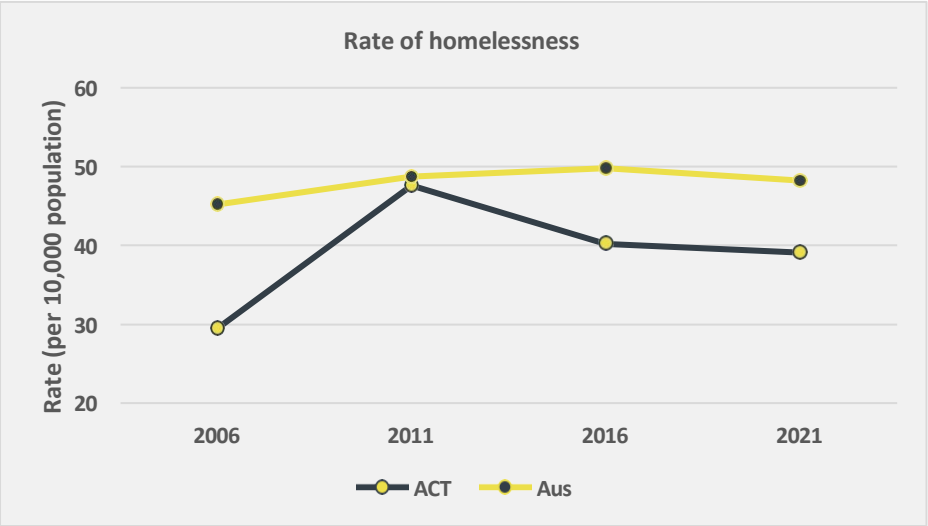


Figure 81: Rate of homelessness per 10,000 population in ACT and Australia 2006-2021; (ABS 2023, Estimating Homelessness: Census)

The highest proportion of people who are homeless were aged 25-34 years, while 12.3% of the homeless population were aged 55+ years (12).

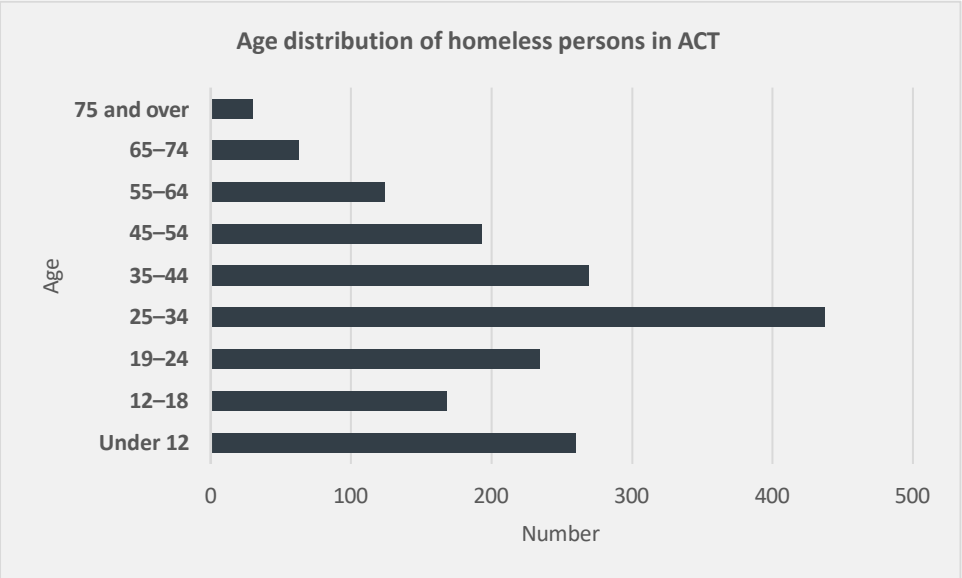


Figure 82: Age of homeless persons in ACT 2006-2021; (ABS 2023, Estimating Homelessness: Census)

The homeless population in 2021, comprised (12):

- 1,040 (58.5%) males
- 126 (7.1%) First Nations Australians
- 69 (3.9%) who needed assistance with core activities.

There were 59 rough sleepers in the ACT, which is a rate of 1.3 people per 10,000 population, giving ACT the second lowest rate of rough sleepers of all states and territories. Almost half (48.6%) were living in supported homeless accommodation, with the rest living in other temporary housing or dwellings (12).

Health and wellbeing

Homelessness services

Data show that 3,900 people sought assistance from specialist homelessness services in 2022-23 (13). This rate of one in 116 people receiving homelessness assistance is lower than the national rate (one in 95). The top three reasons for seeking assistance were (13):

- Housing affordability stress (49%)
- housing crisis (48%)
- financial difficulties (47%).

In recent years, the average duration of accommodation and the duration of support provided to those seeking services has increased significantly and are well above the national rate (14).

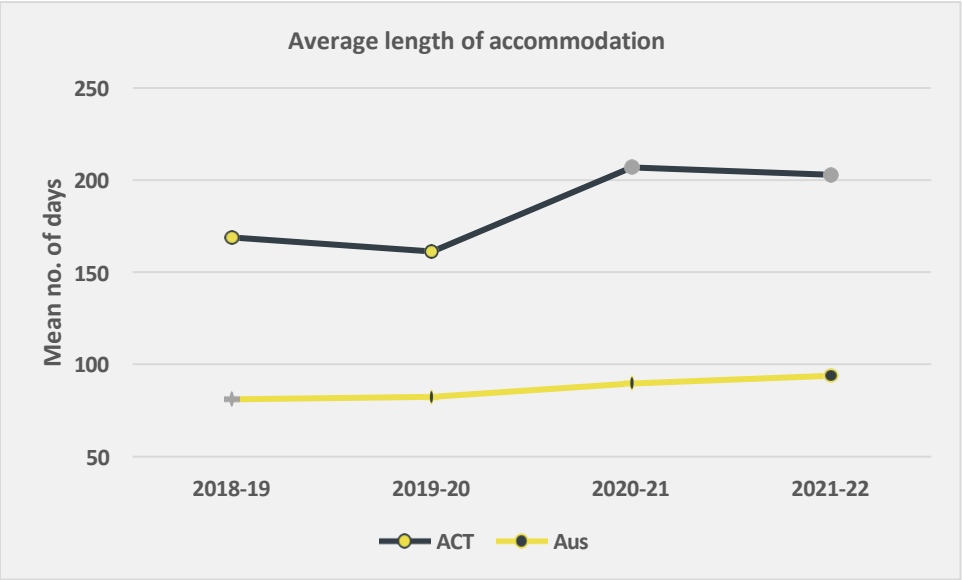


Figure 83: Average length of accommodation at homeless services ACT and Australia; ACT Health - ACT Homelessness Data Snapshot 2023)

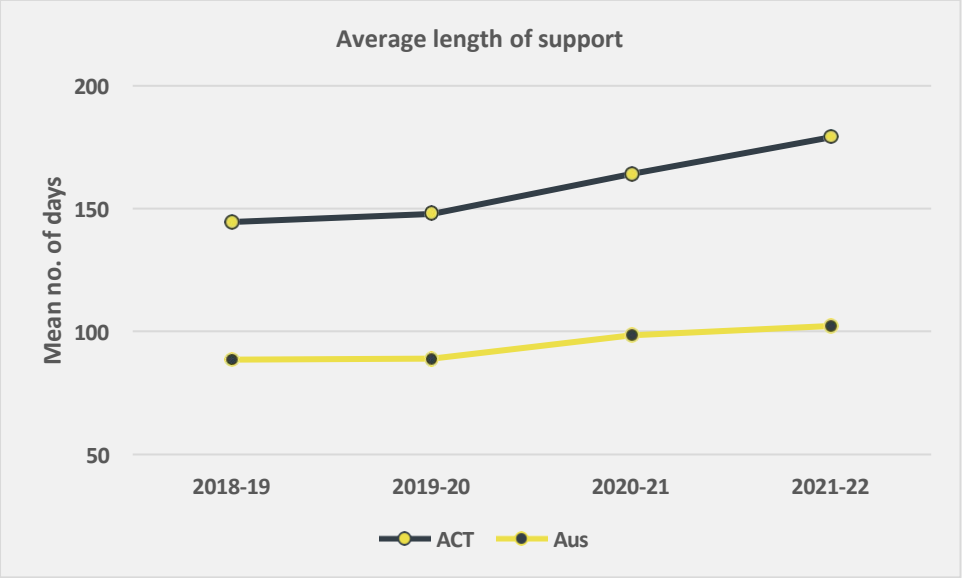


Figure 84: Average length of support from homeless services ACT and Australia; (ACT Health - ACT Homelessness Data Snapshot 2023)

Of those seeking assistance in 2021-22, a proportion have a high level of complexity and vulnerability, including (14):

- 45% with mental health issues
- 39% experiencing domestic and family violence
- 16% with alcohol and other drug issues
- 2% with a disability.

Barriers to care

Stakeholders who participated in the ACT Health Homelessness Commissioning Insights Report in 2022 identified a number of key themes, barriers to care and service gaps in the homelessness sector. Many challenges faced in the sector are likely to impact people's ability to access primary care services, as set out below.

- ***Housing and accommodation:***
  Housing and accommodation shortages throughout the ACT create a lack of clear pathways out of homelessness. The mean length of support and accommodation provided by services in the ACT is evidence of the lack of pathways out of homelessness. Safe and affordable housing provides a stable platform for people to address other support needs and increase the likelihood of people engaging with primary care services.

- ***Support for clients with high levels of complexity and vulnerability:***
  Increasing support for people with high levels of complexity, including mental health and AOD issues, will improve integration and care for people in homeless populations. Better equipped homelessness services can assist with integrating and coordinating services, including better access to health services.

- ***Coordination with health services:***
  Improving relationships between the homelessness sector and health services was highlighted as a challenge that would greatly improve health outcomes if addressed. The ability for homelessness services to identify and address health needs for people seeking services and linking them to relevant providers could address numerous accessibility barriers to primary care.

Identified needs

- Improve integration of primary care services and homelessness support services to enhance accessibility and delivery of primary health care services.

LGBTIQA+ people

LGBTIQA+

LGBTIQA+ is an acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other terms used to describe diverse experiences of gender, sexuality and sex characteristics. The acronym is evolving, and different acronyms may be used to describe different populations. Acronyms used in the source material of data and research are used in this report.

The diverse experience under the LGBTIQA+ umbrella is also acknowledged, with the understanding that data, experiences and needs may not always represent the entire population, which may vary for both cohorts and people within the population.

Demographics

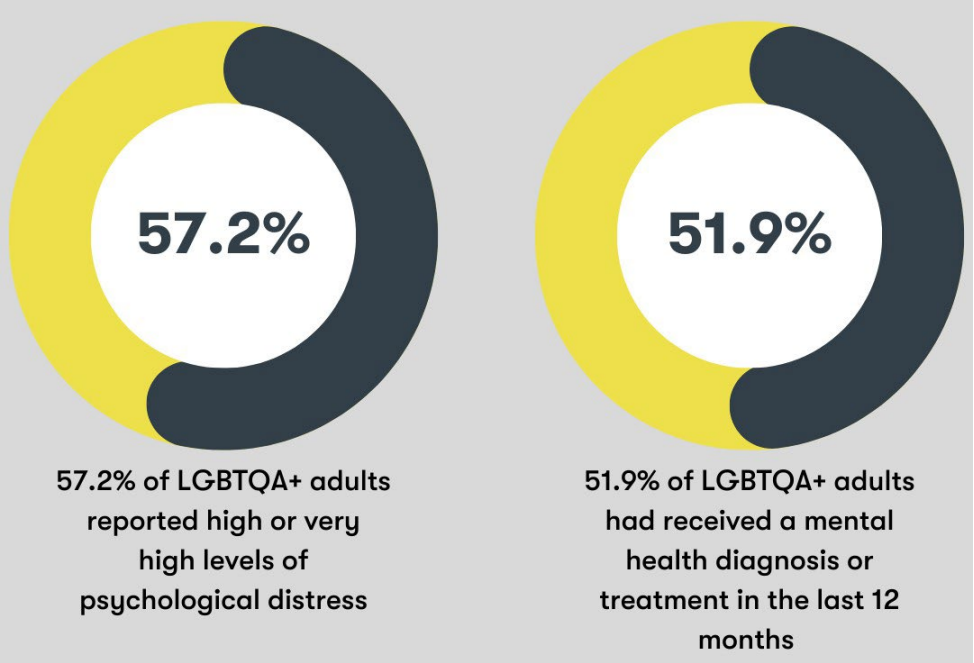
There is a critical gap in research estimating how many people in Australia are lesbian, gay, bisexual, transgender and intersex (LGBTIQ) (15). While the exact proportion is unknown, varying reports have estimated that 3-11% of the Australian population identifies as lesbian, gay, bisexual, transgender or intersex (15,16).

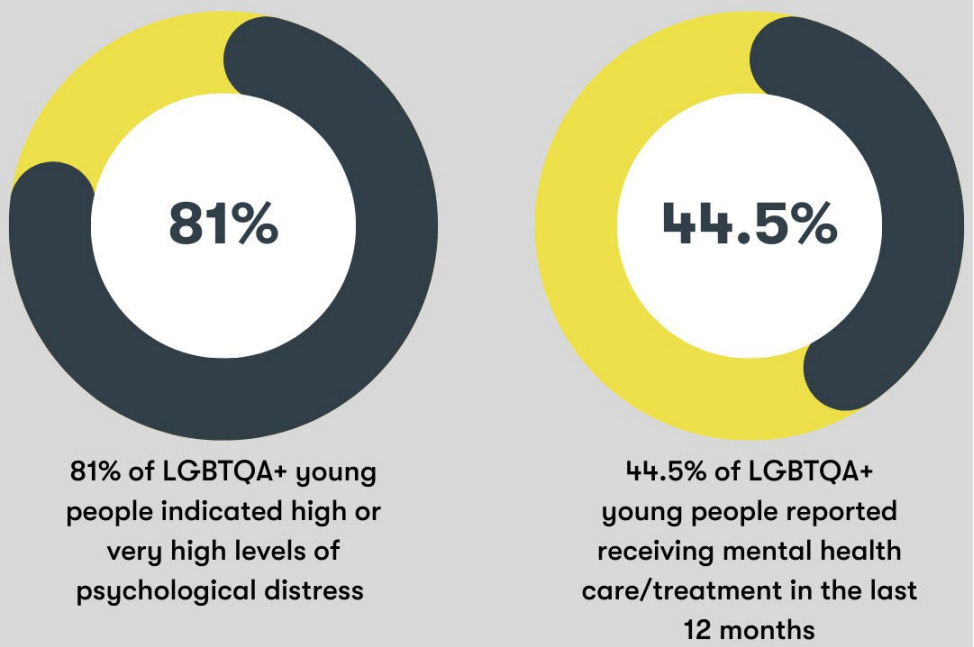
Questions covering sexual orientation and gender planned to be included in the 2026 ABS Census will improve available data and knowledge to support policy and decision making.

Health and wellbeing

Mental health

Mental health disparities are seen among LGBTIQA+ people relative to the general population, as a result of prejudice, stigma and discrimination experienced in everyday life (17). When compared to non LGBTIQA+ people, LGBTIQA+ people experience higher rates of psychological distress, conditions such as depression and anxiety, and demonstrate high rates of suicidal ideation and suicide attempts (17).





Research has shown:

- 57.2% of LGBTQA+ adults reported high or very high levels of psychological distress (4x greater than the general population) (18)
- 51.9% of LGBTQA+ adults received a mental health diagnosis or treatment in the preceding 12 months (18)
- 80.4% of LGBTQA+ young people in the ACT indicated high or very high levels of psychological distress (81% of respondents in Australia) (19,20)
- 54.1% of LGBTQA+ young people in the ACT reported receiving mental health care/treatment in the preceding 12 months (44.5% of respondents in Australia) (19,20).

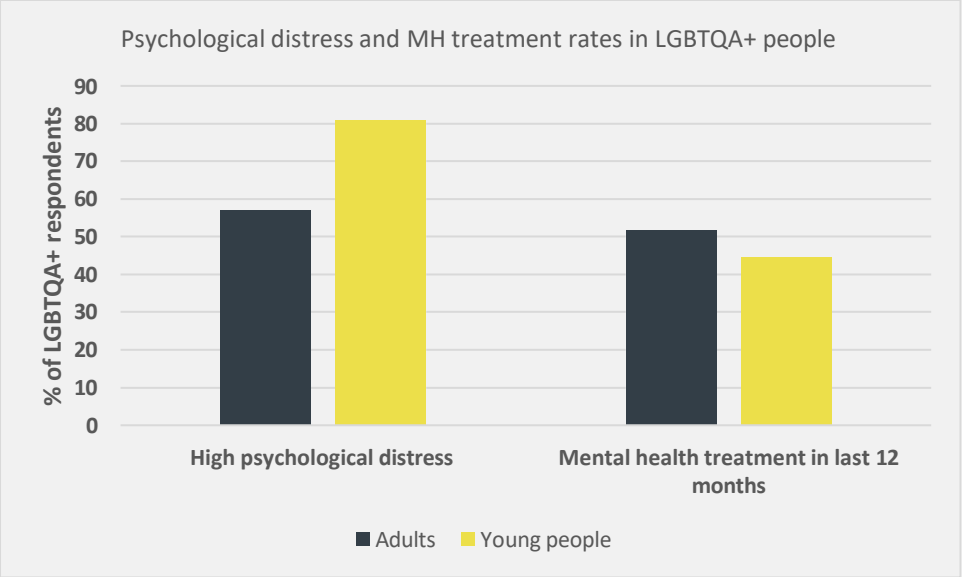


Figure 85: Psychological distress and mental health treatment rates in LGBTQA+ people in Australia; (Private Lives 3 (2020) and Writing Themselves In 4 (2021))

Suicide and self-harm

LGBTIQA+ people are more likely to experience suicidal ideation, attempt suicide and self-harm than non LGBTIQA+ people.

Private Lives 3 highlighted that 74.8% of LGBTQA+ adults experienced suicidal ideation in their lives, and 30.3% attempted suicide in their lives (18).

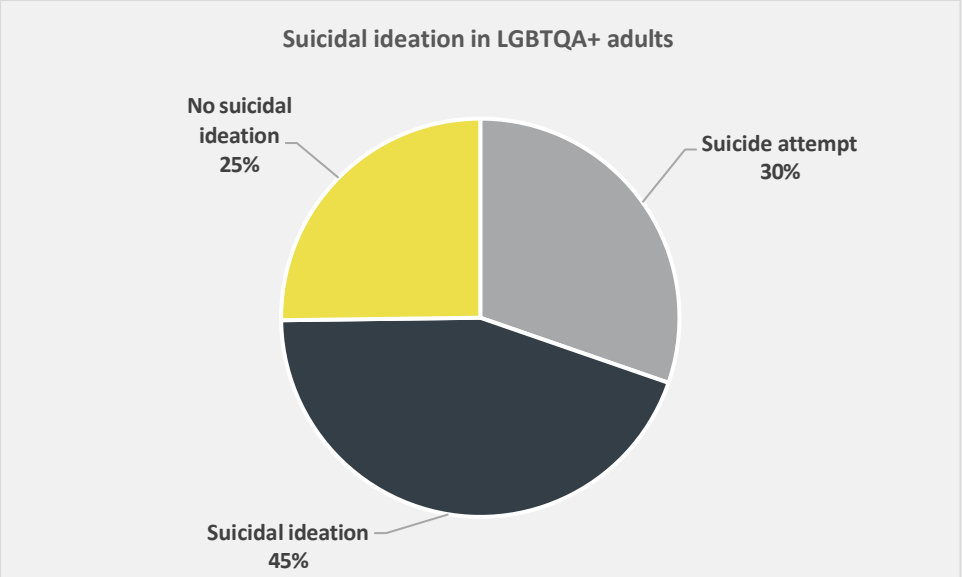


Figure 86: Suicidal ideation in LGBTQA+ adults in Australia; (Private Lives 3 (2020))

Writing Themselves In 4 reported that 58.2% of LGBTQA+ young people (55% of ACT respondents) experienced suicidal ideation in the preceding twelve months, while 40.1% had self-harmed in the preceding twelve months (41.2% of ACT respondents) (19,20).

Mental health services

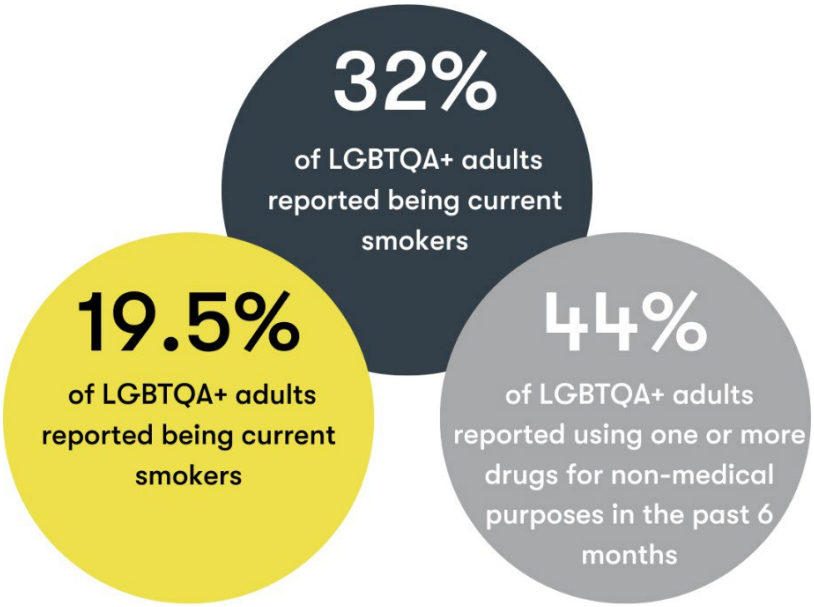
There is an evident need for quality, accessible services that can cater for the unique barriers and requirements of the LGBTIQA+ community. A recent report showed that, of the young LGBTQA+ people who accessed professional support for their mental health, fewer than half (47%) reported that the support improved their mental health condition (17). This highlights the importance of structuring services to reduce access barriers and promoting safety and comfort for people who engage, to improve quality care and health outcomes.

Alcohol and other drugs

LGBTQA+ people are more likely to use licit and illicit substances and are more likely to have a problematic relationship with alcohol and other drugs than non-LGBTQA+ people (17). This exacerbates the potential harm, effects on health outcomes and service need that consumption of alcohol and other drugs.

The Private Lives 3 study highlighted (18):

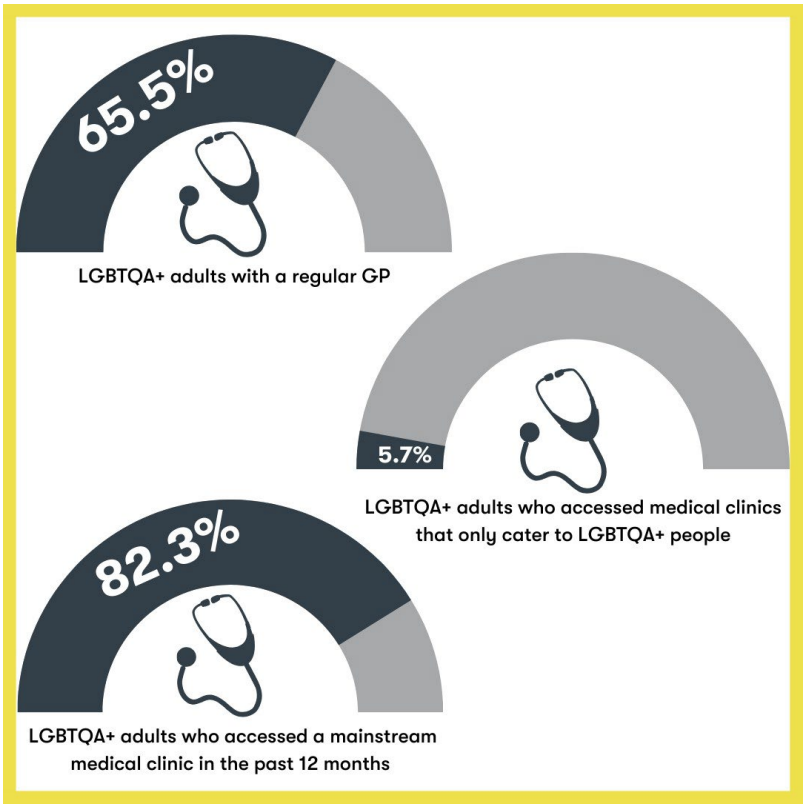
- Almost one in five LGBTQA+ adults (19.5%) reported being current smokers, with 5.7% using vapes
- almost one in three LGBTQA+ adults (32%) reported drinking alcohol weekly, with 16.9% of respondents expressing some difficulty managing alcohol consumption and that it had negatively impacted their everyday life in the preceding 12 months
- almost half of LGBTQA+ adults (44%) reported using one or more drugs for non-medical purposes in the past 6 months. Drug use amongst the LGBTQA+ population was much higher than in the general Australian population.



Almost 1 in 5 participants in Private Lives 3 reported a preference for an alcohol support service provider that catered specifically for LGBTQA+ people, while 55% preferred a mainstream service that is known to be inclusive (17). That highlights the importance of creating a safe, welcoming space for LGBTQA+ people to receive the care they need, while also emphasising the importance of LGBTQA+ friendly mainstream services. Ensuring resources and training are provided to existing services to provide safe, inclusive services is integral in the AOD sector.

Experiences of healthcare

Health disparities between LGBTQA+ people and the general population corresponds to an increased need for healthcare services among LGBTQA+ people (17). Understanding the service needs of this cohort is, therefore, integral for providing adequate primary care – limiting the harmful impacts of refusal of care, substandard care and mistreatment or discrimination.



In relation to primary care services that are used by LGBTQA+ people (18):

- Almost two in three (65.5%) LGBTQA+ adults have a regular GP
- over four in five (82.3%) of LGBTQA+ adults accessed a mainstream medical clinic in the preceding 12 months
- 5.7% of LGBTQA+ adults accessed medical clinics that only cater to LGBTQA+ people.

A large proportion of LGBTQA+ adults reported a preference for accessing services that are known to be LGBTQA+ inclusive. This highlights choice and accessibility is important for people living in the ACT, so that services offering accessible and affordable care do so safely and inclusively for LGBTQA+ people (18). Almost two-thirds (63.2%) of LGBTQA+ young people who accessed an LGBTQA+ specific service reported it improved their situation, compared to 35-50% of people who accessed a mainstream service.

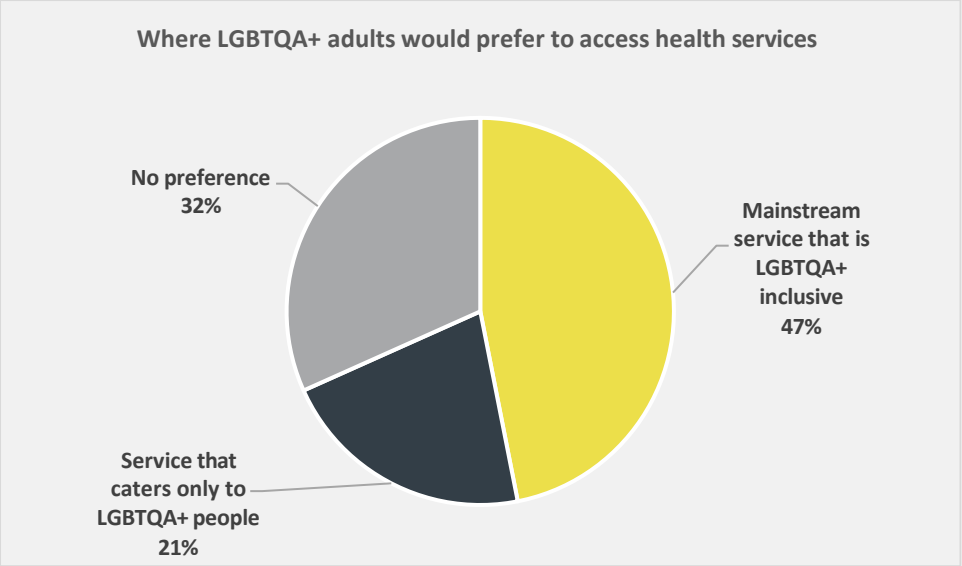


Figure 87: Healthcare preferences in LGBTQA+ adults in Australia; (Private Lives 3 (2020))

Respect for people's sexual orientation is integral when accessing health care. Experiences where LGBTQA+ people feel their sexual orientation is not respected or understood can exacerbate internal stressors, erode trust in healthcare services and underpins avoidance of care – ultimately affecting overall health outcomes. Participants who felt their sexual orientation were respected were more likely to report lower levels of psychological distress and higher subjective general health (17).

Ensuring services are trained, resourced and supported to provide respectful and inclusive care is key to meeting the needs of LGBTQA+ people and improving health and wellbeing outcomes (17). The Private Lives 3 report showed that LGBTQA+ people were more likely to feel their sexual orientation is respected at a medical service that caters specifically to LGBTQA+ people, or at a mainstream service known for inclusivity (18).

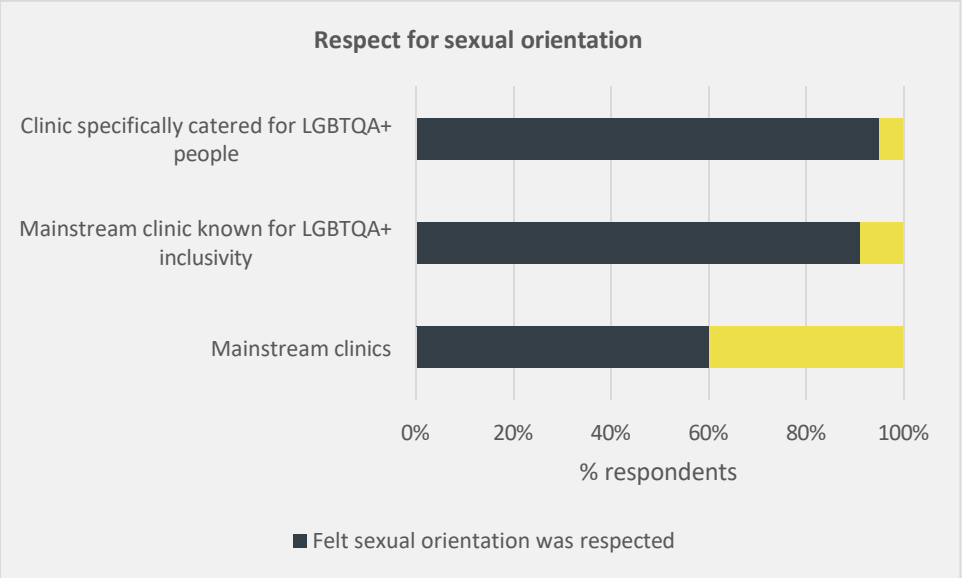


Figure 88: Proportion of LGBTQA+ adults in Australia who felt their sexual orientation was respected; (Private Lives 3 (2020))

Barriers to care

Consultations with stakeholders outlined several relevant themes and barriers that affect care for LGBTIQA+ people living in the ACT. These barriers are set out below.

- ***Awareness and knowledge:***
  Stakeholders felt that there is a lack of awareness and understanding of LGBTIQA+ safety and inclusivity in the ACT. Instances of service providers communicating poorly, not using inclusive language and misgendering LGBTQIA+ people highlight areas for improvement to service accessibility. Stakeholders believed that improving the number of services that are safe, appropriate, knowledgeable and gender affirming would improve outcomes for LGBTIQA+ people in the ACT. They flagged the need for education and training for primary care providers to improve awareness of LGBTQA+ and best practice approaches, highlighting its identification as a critical priority in ACT Health's 2019-20 LGBTIQ+ Health Scoping Study Report (21).

- ***Improved referral practices:***
  A consequence of improving knowledge and awareness of LGBTQA+ needs would be improved referral pathways. LGBTQA+ services in the ACT felt many referrals to their services are made due to a lack of understanding and a perception that dealing with LGBTQA+ people's issues are complex. As a result, LGBTQA+ people are often referred to these services when health needs could be met by the original providers, increasing the load on LGBTQA+ services and longer waiting lists.

- ***Access to services:***
  Factors affecting service accessibility of for all Canberrans – such as cost, bulk billing rates, location, transport – equally affect LGBTIQA+ people. These barriers are compounded by other barriers faced by LGBTIQA+ people, further hampering access for this cohort.

- ***Peer-led services:***
  Stakeholders outlined a lack of peer led LGBTIQA+ services in the ACT as a key barrier impacting health outcomes. Studies have shown that, if given the choice, 80% of LGBTIQA+ people would prefer to access LGBTIQA+ peer-led service than a mainstream service (22). Peer-led services are important for reducing barriers to healthcare and support services, providing a safe space where LGBTIQA+ people feel safe and accepted, providing specialist advice and improving connection to community (22). LGBTIQA+ people are also less likely to experience stigma, discrimination and abuse at peer-led services than mainstream services (22). Peer-led services were highlighted in ACT Health's Scoping Study as a critical priority.

- ***Intersectional needs:***
  Providing health care to LGBTIQA+ people with intersectional needs was highlighted as a challenge by stakeholders. Understanding these intersections when providing inclusive health care, is key to meeting people's health needs. Key LGBTIQA+ population groups, including First Nations people, people from multicultural communities, people who

have experienced FDSV and people with a disability, have different needs that must be considered when providing care.

- ***Discrimination and exclusion:***
  Experiences of stigma, discrimination and exclusion are commonly reported by LGBTIQA+ people living in the ACT. Examples such as inaccessible intake forms and eligibility criteria for services, through to experiences of misgendering and abuse when accessing health care all have profound impacts on the physical and mental health of LGBTIQA+ people. Improving understanding, awareness and eradicating these experiences is necessary to improving the community's overall level of health and wellbeing.

Identified needs

- Support primary care services to provide gender inclusive, respectful services to reduce experiences of discrimination in health care settings.
- Improve provision of mental health care services to LGBTIQA+ people.
- Increase provision of peer led LGBTIQA+ services in the ACT.
- Support services to reduce the level of inappropriate referrals to LGBTIQA+ services in ACT.

Children and young people

The early stages of the lifespan are integral for future health, development and wellbeing. Childhood, adolescence and early adulthood are critical for developing positive health and social behaviours, which have long lasting impacts into adulthood. Understand the particular challenges that young people face is important to ensure the primary care system is equipped to best provide high quality care to meet this population's needs.

Demographics

As of 2022, children and young people (ages 0-24) comprised approximately 31.6% of the Australian Capital Territory's (ACT) population, with an estimated 83,188 children aged 0-14 years (18.2% of the total population) and 61,162 young people aged 15-24 years (13.4%) (23). The gender distribution within these age groups is relatively balanced, with 51% males and 49% females. Regional data showed that the highest numbers of individuals in the 0-24 age cohort were in Belconnen (33,440 individuals), Gungahlin (31,054), and Tuggeranong (27,514). In terms of the proportion of the local population aged 0-24, Gungahlin had the highest proportion at 35.2%, followed by Molonglo at 34.1% and North Canberra at 33.9%. Conversely, regions in the southern part of Canberra, such as South Canberra and Woden Valley, had relatively lower percentages of residents in the 0-24 age group. These figures highlight the distribution and concentration of younger populations across different regions within the ACT (23).

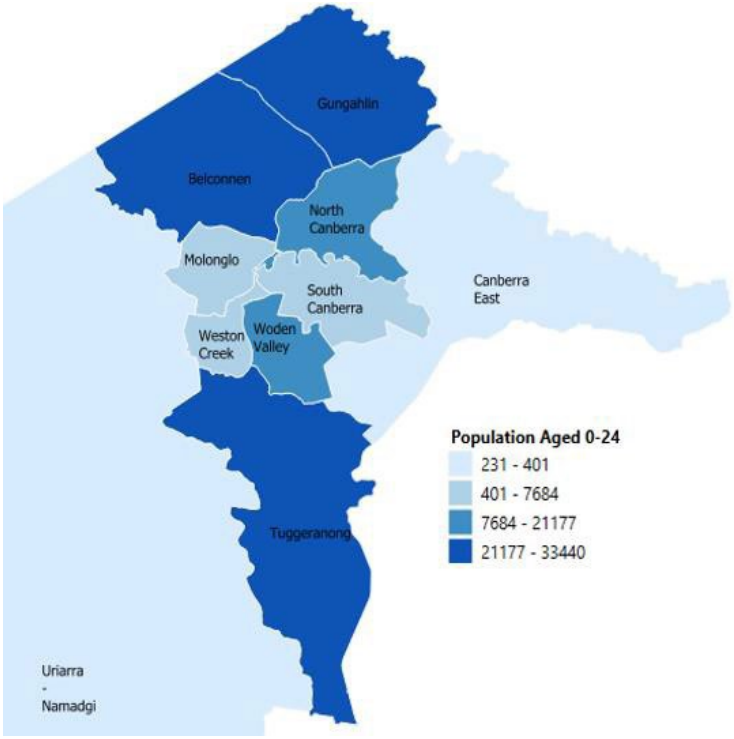


Figure 89: Number of children and young people by SA3 location 2022

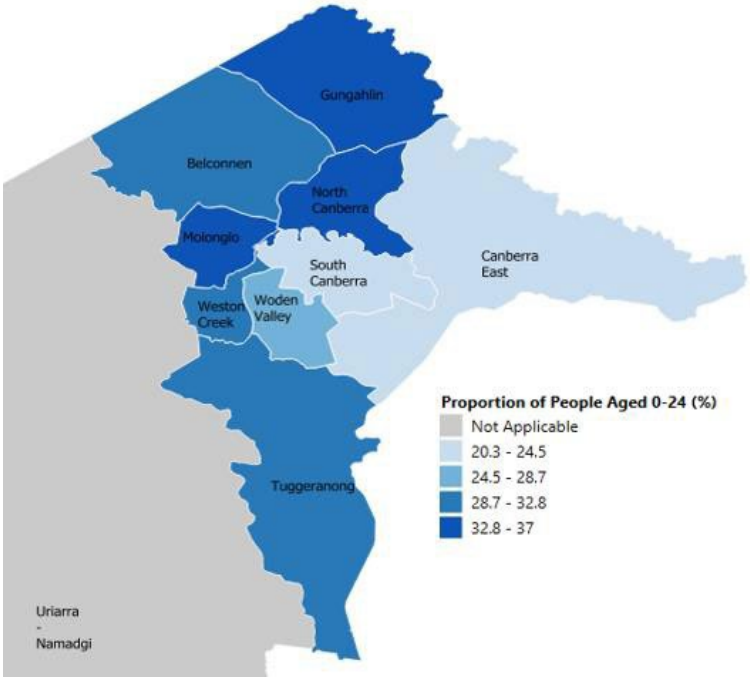
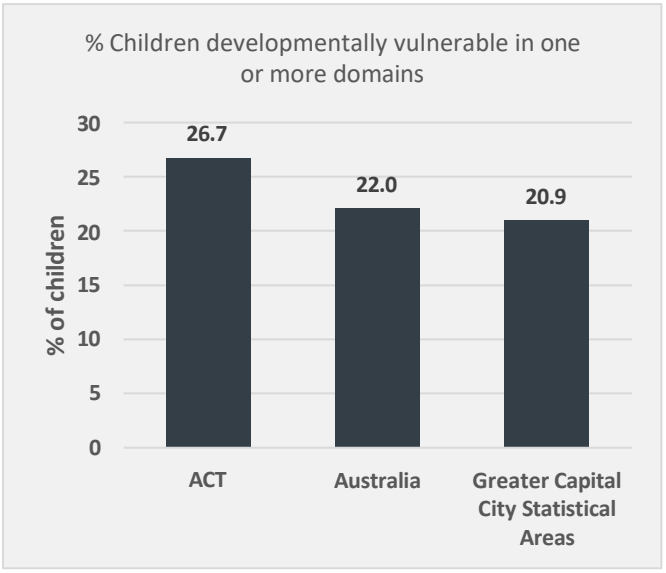


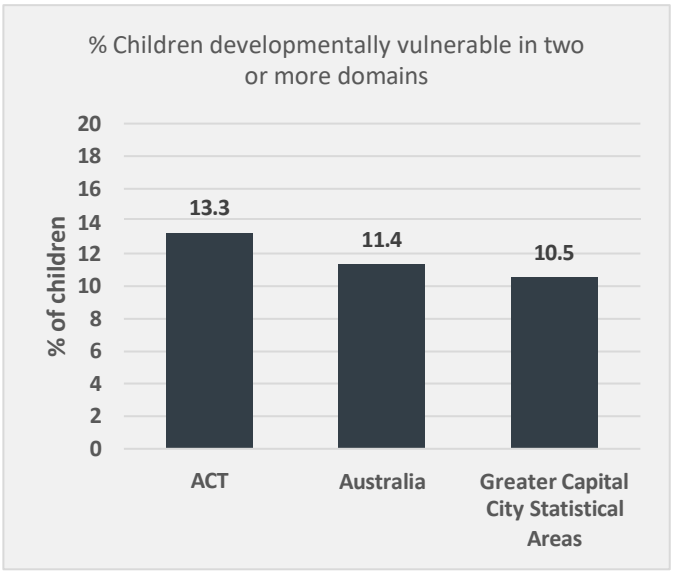
Figure 90: Proportion of children and young people by SA3 location 2022

Health and wellbeing

Early childhood development

Findings from the 2021 Australian Early Development Census (AEDC) show that 26.7% of children beginning their first year of school in the ACT were developmentally vulnerable in one or more of the five domains of early childhood development (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge) (24). A total of 13.3% of children in the ACT were developmentally vulnerable in two or more domains, indicating high risk. Both figures were higher than the national figures and greater capital cities, indicating poorer performance in the ACT. Fewer than half (47.3%) children in the ACT were on track in all five domains (24).





Figures 91 and 92: Percentage of children who are developmentally vulnerable in one or more and two or more domains, 2021; (AEDC 2021)

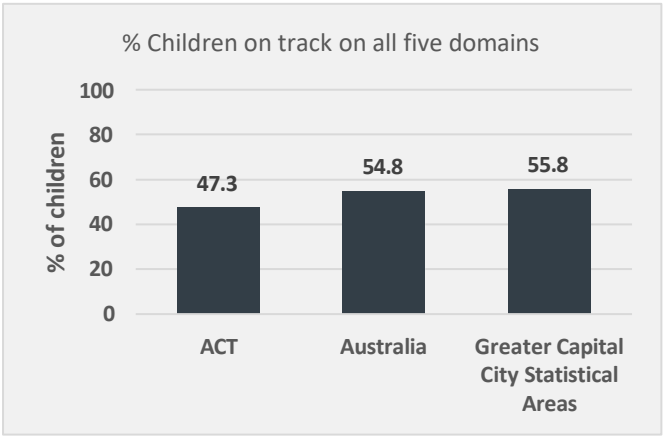


Figure 93: Percentage of children who are on track in all five domains, 2021; (AEDC 2021)

AEDC figures over time showed an increasing trend in the proportion of developmentally vulnerable children in the ACT, with poorer figures in each three-year cycle since 2012 (24).

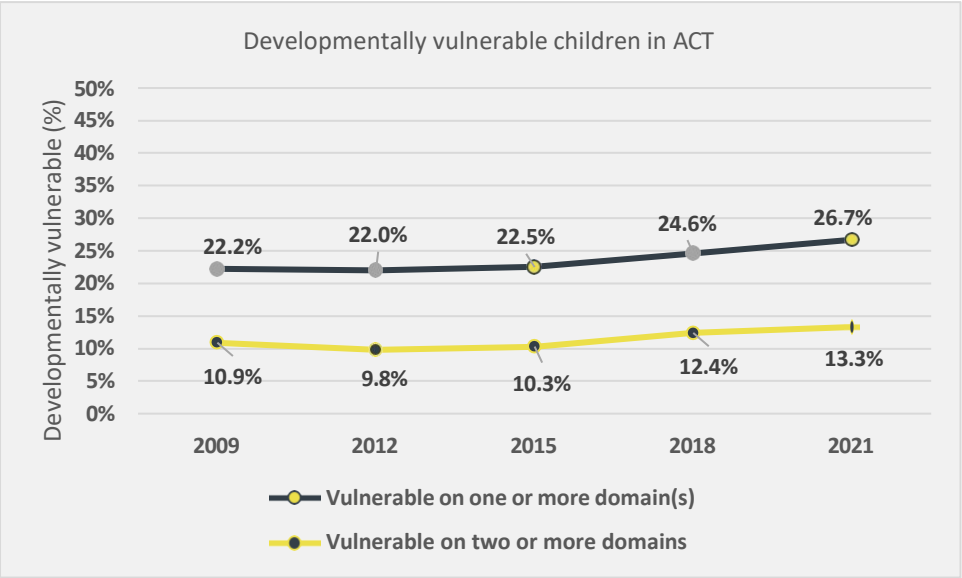


Figure 94: Proportion of developmentally vulnerable children in the ACT in 2009-2021. (AEDC)

Analysis by SA3 area highlights Belconnen and Tuggeranong as the two areas with the highest rates of children's developmental vulnerability in the ACT in one or more and two or more domains, and the lowest proportion of children on track in all five domains (24). Together with Gungahlin, they were the three regions with the most developmentally vulnerable children.

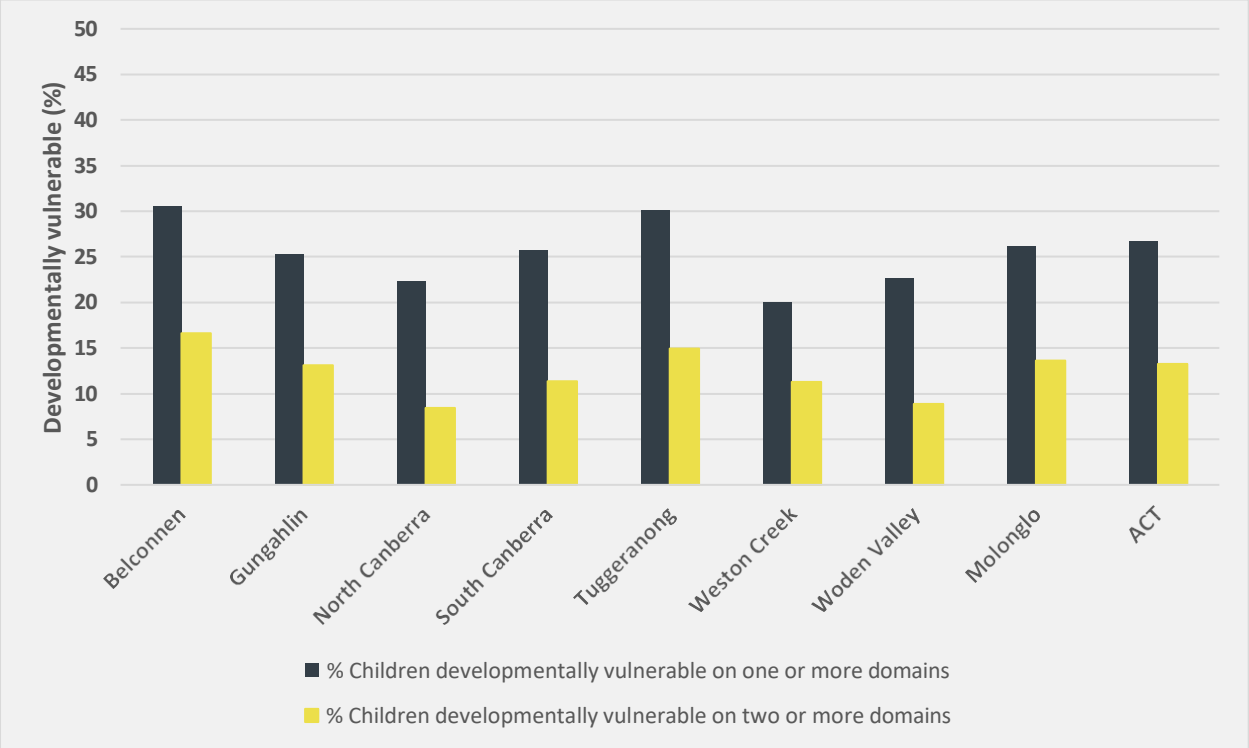


Figure 95: Proportion of developmentally vulnerable children and proportion of on track children by SA3 in the ACT; (AEDC 2021).
NOTE: Canberra East and Urriara Namadgi omitted from chart due to having no children in Census.

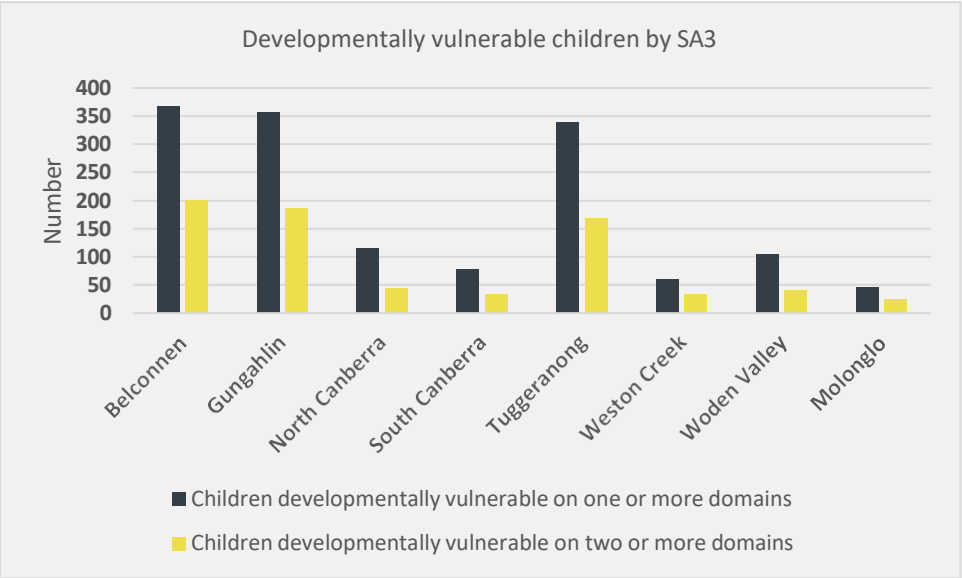


Figure 96: Number of developmentally vulnerable children by SA3 in the ACT; (AEDC 2021)
NOTE: Canberra East and Urriara Namadgi omitted from chart due to having no children in Census.

AEDC domains were shown to predict later health, wellbeing and academic success. ACT's poor results in recent AEDC cycles potentially point to current or future challenges for the primary care system, affecting areas such as mental health, chronic conditions and socioeconomic status. Efforts to ensure children and their families are provided with the best environment to grow and develop is important for ensuring future health and wellbeing, and this emerging issue should be monitored and addressed.

Mental health

As discussed in the mental health chapter, the mental health and wellbeing of children and young people is critical during development. It is estimated around 1 in 5 children aged 12-17 are experiencing a mental health condition, while prevalence of mental health conditions is highest in the 18-24 age group, affecting 35.1% (25).

Supporting children and young people to deal with mental health conditions and manage their mental wellbeing is a priority for the primary care system.

Alcohol and other drugs

Alcohol consumption in children and adolescents is linked with impaired brain development and increased risk of alcohol related harm in the short term and long term (26). Reducing consumption and encouraging safe drinking in young people is important to reduce harm.

The ACT Secondary Students Alcohol and Drug Survey (ASSAD) in 2022-23, estimated around two in five (39.5%) students aged 12-17 years had consumed alcohol in the past year, with almost one in five (17.8%) in the past month (27).

As discussed in the AOD chapter, reports of increasing presentations to AOD services across the ACT by children and young people highlight an area of great potential harm. Ensuring young people can receive adequate, appropriate care for AOD concerns is vital to reduce the short- and long-term impact of alcohol and other drugs in the ACT.

Mortality

Between 2017 and 2021, there were 79 infant deaths in the ACT. The infant mortality rate of 2.8 deaths per 1,000 births is the second lowest of all states and territories in Australia (23).

In the same period, there were 105 deaths of young people aged 15 -24 years in the ACT. The age-standardised rate of 34.2 deaths per 100,000 population is again the second lowest of all states and territories, and below the national rate of 37.3 (23).

Barriers to care

A number of barriers specific to children and young people have been identified across the ACT, impacting this population's ability to access primary care services.

- ***Accessibility of primary care:***
  Factors affecting accessibility to primary care services - such as affordability, location, transport and waiting times – are also applicable to children and young people. Young people are likely to have lower incomes, exacerbating the effects of low bulk billing rates in the ACT and effectiveness of services with high out of pocket costs. The Inquiry into Raising Children in the ACT's report on improving health outcomes in children and young people recommended that bulk billed GPs should be available to more Canberrans (28).

  Many young people may also rely on family or public modes of transport, enhancing the importance of accessible service locations. A mixture of these factors may limit young people's access to health care, potentially leading to worse health outcomes.
- ***Accessibility of MH services:***
  In addition to accessibility factors outlined above for primary care services, there are barriers to accessing mental health services, including awareness of stigma and fear of accessing services. Services that stigmatise or discriminate against people with certain diagnoses make them inaccessible (29).

- ***Family support and consent:***
  Consent for services may be a factor, particularly for children under the age of 18 years. Capacity to provide informed consent, or requirements around a parent or guardian providing consent may be a barrier particularly in cases where a young person may not want to share their issues with others. Stress and mental health challenges may be exacerbated when families do not support the child or young person seeking care. Navigating these challenges may be tricky for service providers. However, it may lead to mistrust in services and avoidance of care if not addressed.

- ***Trauma informed care:***
  Stakeholders outlined the importance of trauma-informed and person-centred care in improving engagement and experiences with mental health services. CYMH Alliance's 'Our Say' – Youth Lived Experience FAQs explained that it is essential for services to be trauma informed so young people feel comfortable and safe in a situation where they are vulnerable, and so they are not adversely affected or triggered by their experience (29). The consequences of not being trauma-informed include exacerbation of distress, distrust of services and avoiding seeking help.

- ***Models of care:***
  Stakeholders felt that traditional medical models of care for youth mental health services are not always the most appropriate, and opportunities to provide innovative and flexible services should be explored. Options such as single session interventions, group-based programs and nature-based programs were proposed as alternatives to office based models and talk therapy. Outreach services that consider people's interests and situations are preferred by many services. Flexible services are likely to improve accessibility and take up of youth mental health services, working towards overall improvements in health outcomes.

Identified needs

- Improve identification, awareness and primary health care supports to young children who are developmentally vulnerable.
- Improve provision of mental health care services to children and young people, including supporting innovative and flexible models of care.

Carers

Carers are essential to the health and wellbeing of those they support, often assisting with daily activities, providing emotional support, and helping navigate complex care systems. "According to the Australian Government Carer Recognition Act 2010, 'a carer is someone who provides unpaid care and support to a relative or friend who has a disability, medical condition, mental illness, or is frail due to age.'" These carers come from all walks of life and include young carers, First Nations carers, and those from culturally and linguistically diverse backgrounds. Each group may face unique challenges that can impact their own physical and mental health as they support others.

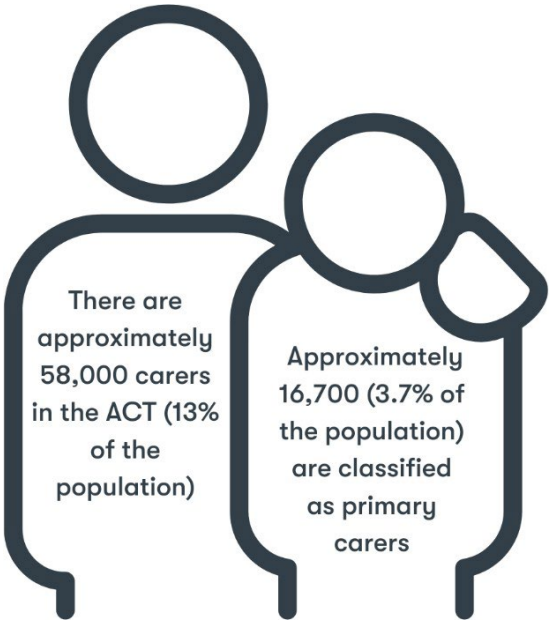
In 2021, CHN conducted a Needs Assessment, *Exploring the needs of local family and friend carers in the ACT community*, providing valuable insight into the diverse challenges faced by carers. For further information, see here.

Demographics

The 2022 ABS Survey of Disability, Ageing and Carers (SDAC) estimated there were approximately 58,000 carers in the ACT, equivalent to 13% of the population (30). Approximately 16,700 (3.7% of the population) were classified as primary carers – who provide the most informal assistance with the core areas of mobility, self-care and communication.

Nationally in 2022, females (12.8%) were more likely to be carers than males (11.1%) and the proportion of people who were carers increased with age. Slightly more than one in eight (12.9%) of all carers were under the age of 25 years. On average, just over half of primary carers (51%) spent fewer than 20 hours per week caring, while 30.3% spent an average of more than 40 hours per week caring (30).

Carers were less likely to be in the labour force and had a 10% lower median income compared to non-carers, highlighting socioeconomic factors that have a potential impact on their own health and wellbeing (30).



Health and wellbeing

Health outcomes

The 2021 Carer Wellbeing Survey found that carers are more than twice as likely to have low wellbeing than the average Australian (31).

The following findings also highlight the potential effects on health and wellbeing outcomes for carers living in the ACT:

- 52.5% had fair or poor self-rated health, compared to 21.2% of adult Australians
- 40.3% were three times more likely than the average Australian (13.8%) to regularly experience loneliness
- 32.5% had significantly higher rates of psychological distress than the average Australian (16.9%).

Quality of life

A survey completed with carers living in the ACT in 2021 highlighted views on how caring for another person is affected their own quality of life (32). Results showed that caring impacts quality of life in a variety of ways, including:

- 68.4% of carers felt their physical health is negatively impacted by their caregiving responsibilities
- 78% of carers felt their mental health is negatively impacted by their caregiving responsibilities
- 50% of carers have experienced financial stress due to their caregiving responsibilities
- 66.1% of carers felt a sense of burden because of their caregiving responsibilities
- 54.3% felt isolated due to their caring responsibilities.

The findings supported national findings, highlighting health and wellbeing challenges faced by carers living in the ACT, and indicating a need for support and care targeted towards this cohort.

Barriers to care

- ***Service navigation:***
  Carers find and access relevant services required for the person with care needs. Understanding the health landscape and awareness of the services available is a challenge for many carers, contributing substantially to stress. Providing navigation services in the ACT would likely benefit carers and reduce potential harm from barriers.

- ***Experiences with primary care:***
  Carers in the ACT felt overlooked in primary care, with the 2024 Carers Wellbeing survey showing over 60% felt GPs did not ask about their own needs as a carer (31). Carers play a key role in decision making and information sharing, so it is important to appropriately include and listen when they attend primary care services. Improved communication between primary care providers and carers would likely improve the experience and quality of care, reducing potential stress and impacts on mental wellbeing.

Identified needs

- Improve supports for carers in the ACT to manage their own physical, social and mental health and wellbeing.

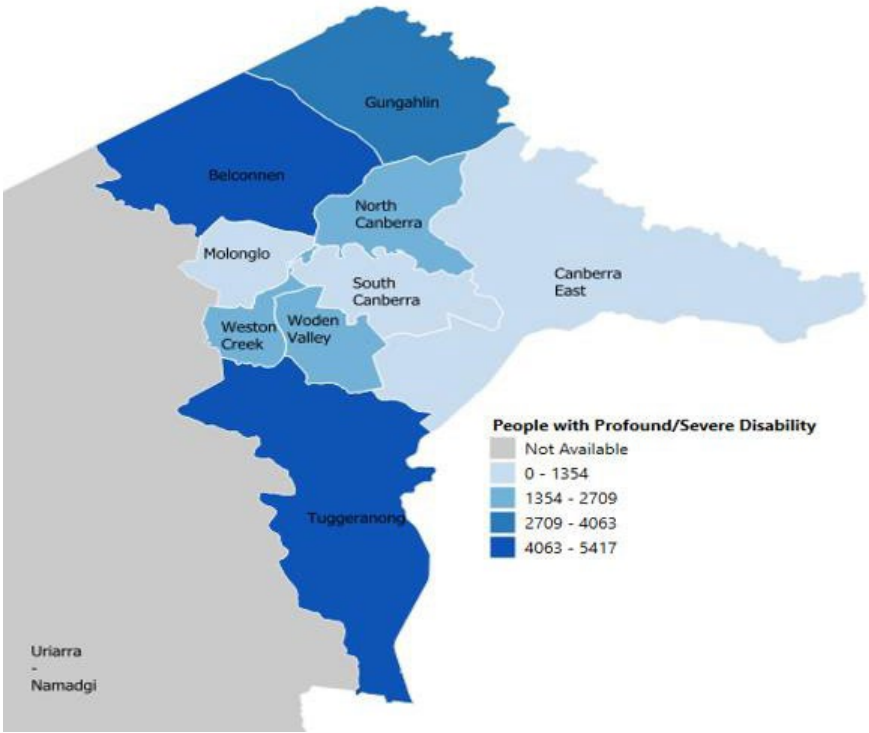
People with a disability

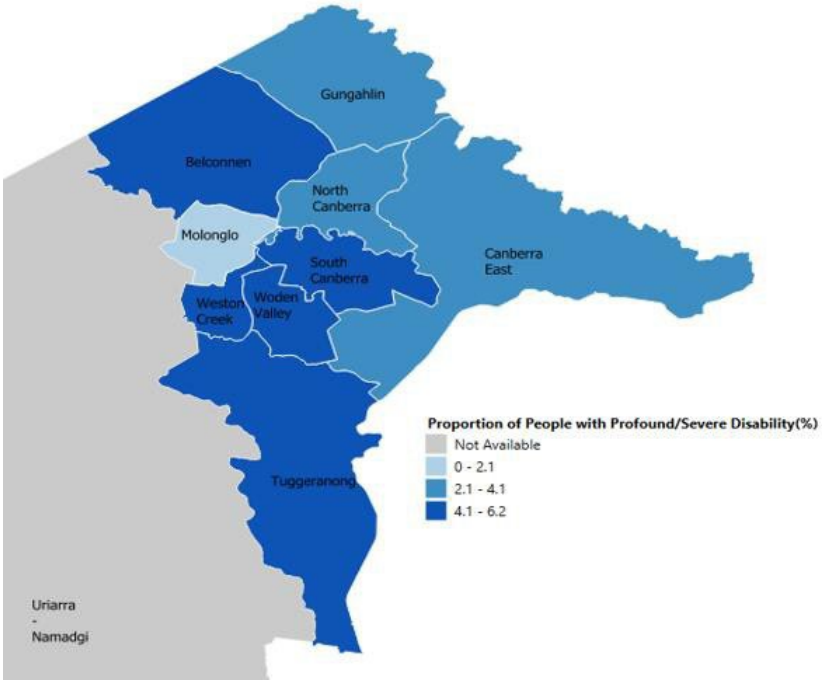
People with a disability have an impairment, activity limitation or participation restriction that impacts their everyday life, and often require support in various aspects of daily life. People with a disability experience poorer health outcomes than people without a disability and face barriers to access the health care system. Understanding the challenges for people in the ACT with a disability is necessary to provide quality, accessible care to all.

Demographics

In 2022, there were an estimated 86,800 people living with a disability in the ACT (30). This equates to almost one in five (19.4%) of the ACT population living with a disability, slightly below the national rate (20.9%) (30).

Of these, approximately 29,000 (6.4% of the population) have a profound or severe disability, where they often or always need help with a core activity of daily living (28). Census data showed that the greatest number of people living with a disability reside in Belconnen (5,417) and Tuggeranong (4,850), while the SA3 regions with the highest proportion of people living with a disability are in Weston Creek (6.2%), Tuggeranong (5.6%) and Woden Valley (5.4%) (1).





Figures 97 and 98: Number and proportion of people with profound disability by SA3 area, 2022

Nationally, disability prevalence was similar for males and females, while prevalence increased across the lifespan with 83.1% of people aged 90+ years living with disability. ACT figures from 2022 are yet to be released, but expected to show similar trends.

Health and wellbeing

Health outcomes

People living with a disability are more likely than those without to have poor general and mental health. In 2020-21, adults with a disability were half as likely to have reported their health as excellent or very good, and 2.5 times more likely to have experienced high psychological distress (33). They were also more likely to have higher health risk factors than people without a disability, including smoking and poor diet.

Barriers to care

Some people with disability experienced barriers to accessing and using health services, including long waiting times, costs, accessibility of buildings, discrimination by health professionals and lack of communication between health professionals (33). While data is limited, they suggest that people with a disability are more likely to experience access barriers than people without a disability.

- ***Waiting times:***
  In 2018, 24% of people aged 15-64 years with a disability waited longer than acceptable for a GP appointment (33).

- ***Cost:***
  Data suggest 7.6% of people with a disability aged under 65 years delayed or did not see a GP when needed due to cost (33). Cost is a factor for all within the population.

However, people with a disability are likely to require more frequent appointments with GPs and with other health professionals.

- ***Physical accessibility:***
  People with a physical disability or mobility impairment may require the building to be accessible to attend an appointment. Factors include stairs, rails, width of doors and hallways, removal of obstacles and visibility. Inaccessible environments may increase risk of harm or lead to avoiding care.

- ***Discrimination:***
  In 2022, approximately one in ten (9.9%) people with a disability experienced discrimination due to their disability in the previous twelve months (30). While these numbers likely apply in the ACT, there is a high margin of error in ACT specific figures. Discrimination may affect people's mental health and wellbeing, while increasing barriers to accessing health care and services.

- ***Lack of communication:***
  Nearly half (47%) of people with a severe or profound disability saw three or more health professionals for the same condition (33). Poor communication between professionals can lead to stagnancy of treatment, inefficient care and confusion in care plans. Ensuring strong communication between multidisciplinary team members is vital to quality of care.

- ***Avoiding care:***
  In 2022, around one in three (34.7%) of people with a disability in Australia avoided situations due to their disability (30). Avoiding health care and support services at that rate could lead to decline in function and wellbeing for people with disability.

Identified needs

Multicultural communities

- Support primary care providers to deliver culturally competent care to people from multicultural communities.
- Enhance care navigation services for people from multicultural communities.
- Improve data collection and sharing within the ACT, to enhance the capacity to identify and address by tailoring services to support specific multicultural communities.

Refugees

- Support primary care services to understand and address the needs of refugees as they transition to mainstream primary care providers.

FDSV

- Improve access to gender sensitive, equity oriented and trauma informed care for victim survivors of FDSV.
- Improve access to crisis support services for people experiencing FDSV and enhance integration of care between primary care services and crisis support services.

Homelessness

- Improve integration of primary care services and homelessness support services to enhance accessibility and delivery of primary health care services.

LGBTIQA+ people

- Support primary care services to provide gender inclusive, respectful services to reduce experiences of discrimination in health care settings.
- Improve provision of mental health care services to LGBTIQA+ people.
- Increase provision of peer led LGBTIQA+ services in the ACT.
- Support services to reduce the number of inappropriate referrals to LGBTIQA+ services in ACT.

Children and young people

- Improve identification, awareness and primary health care supports to young children who are developmentally vulnerable.
- Improve provision of mental health care services to children and young people, including support of innovative and flexible models of care.

Carers

- Improve supports for carers in the ACT to manage their own physical, social and mental health and wellbeing.

Disability

- Improve accessibility to primary care services and supports for people in the ACT with a disability.

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Chapter 8: Older adults' health

Introduction

This priority area focuses on the health and wellbeing of older adults living in the ACT. Older adults are defined by the AIHW, as people who are 65+ years old, or First Nations Australians who are 50+ years old.

Subgroups within the older adult population that experience unique challenges have been analysed and discussed, identifying specific health needs. The varied cohorts in the population are acknowledged, with understanding that health and service needs for some in the population may be entirely different to needs of others. In particular, older people living in the community have different needs and require different support than people who live in residential aged care.

As the PHN of the ACT region, CHN aims to improve primary health care provision to older people living in the region, to improve the health and wellbeing outcomes in that population. CHN ensures that all older adults receive appropriate and effective primary care by supporting primary care service providers, improving accessibility of services for older adults and ensuring the system is integrated and connected.

The role of CHN is also to investigate and understand the needs of older adults in the ACT, acknowledging the barriers and challenges faced by this cohort. Understanding these health needs, helps to effectively commission services and implement appropriate programs to improve the overall health status of older adults in the ACT.

Older adults in the ACT

In 2022, there were an estimated 62,140 people living in the ACT aged 65+ years (1), equating to 13.6% of the total population. Over half of the older population in the ACT was aged 65-74 years (57.4%), with the proportion decreasing as age progresses. A greater proportion of older people were female (54.8%) than male (45.2%) (2).

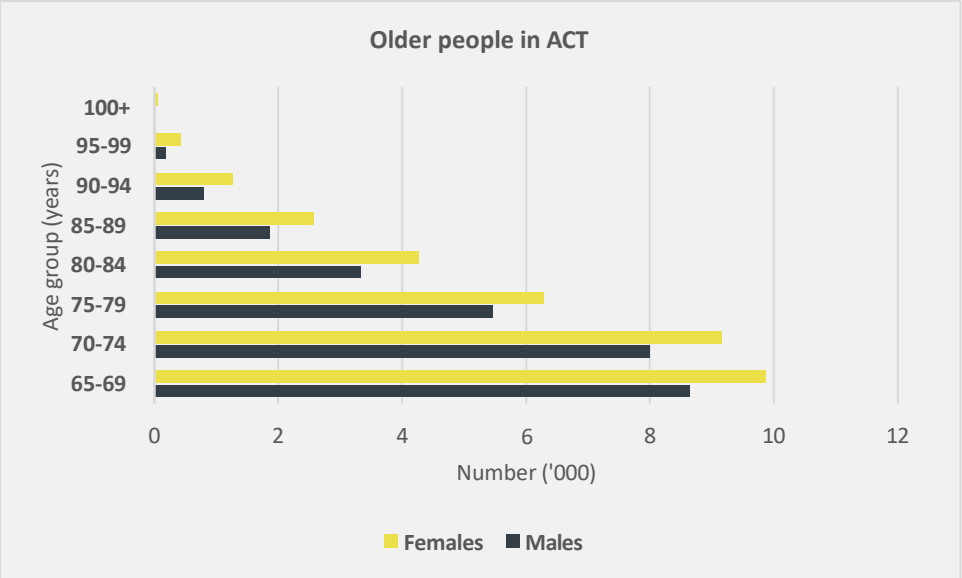
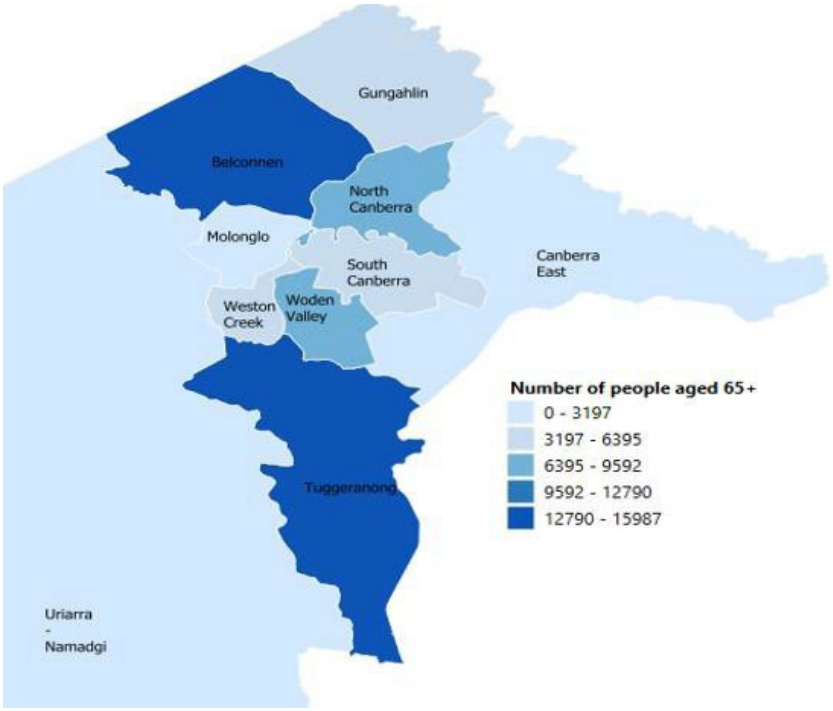
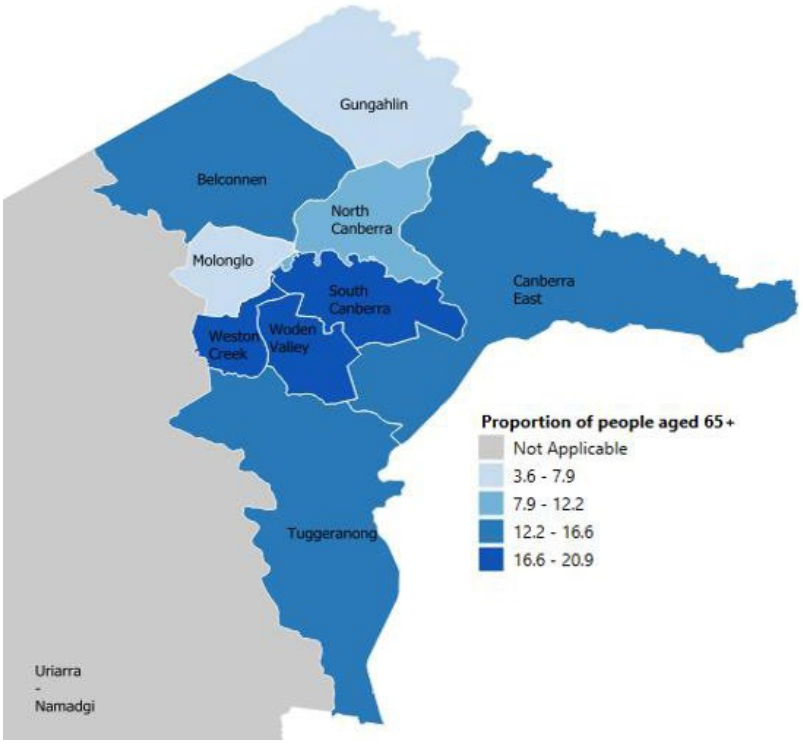


Figure 99: Age distribution of older people in ACT, (ABS Census 2021)

Belconnen (15,987) and Tuggeranong (13,953) have the greatest number if people aged 65+ years in the ACT, in line with their large populations, however areas in the inner south have the highest proportion of people aged 65+ years (Weston Creek (20.9%), South Canberra (18.5%) and Woden Valley (18.5%)) (1).



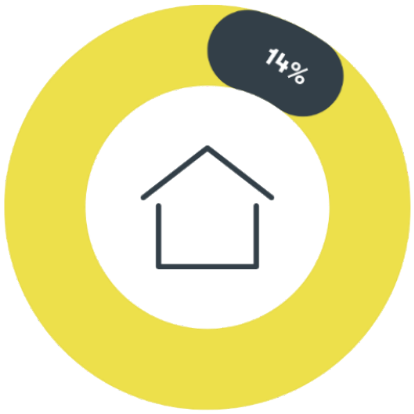


Figures 100 and 101: Number and proportion of people aged 65+ years by SA3

Health needs

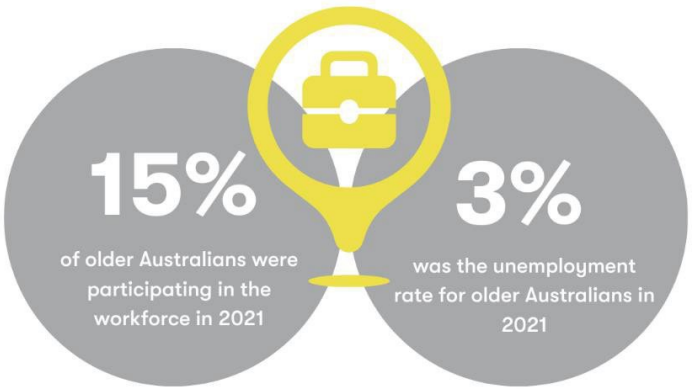
Determinants of health

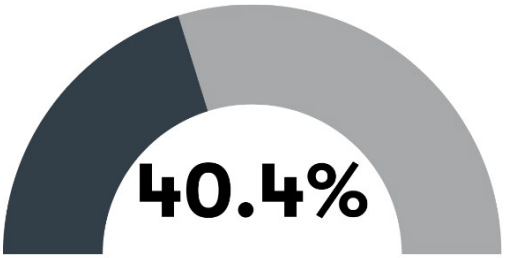
As discussed in previous chapters, determinants of health are the factors and circumstances that impact personal and community overall level of health and wellbeing. They include the physical, social and economic environment as well as individual characteristics and behaviours.



14% of households with a primary occupant aged 65+ were rented

Housing, employment and income are three socioeconomic factors that can have a significant impact on the health of older Australians. Nationally in 2017-18 (74%), around three in four households with a primary occupant aged 65+ years were owned without a mortgage, while one in seven (14%) were renters (3). Older people living in rental accommodation, especially private rental accommodation, are at greater risk of poverty and negative impacts on health and wellbeing (3). Older people account for 3.9% of homelessness services consumers in the ACT (4).





40.4% of the older population in the ACT receive an age pension

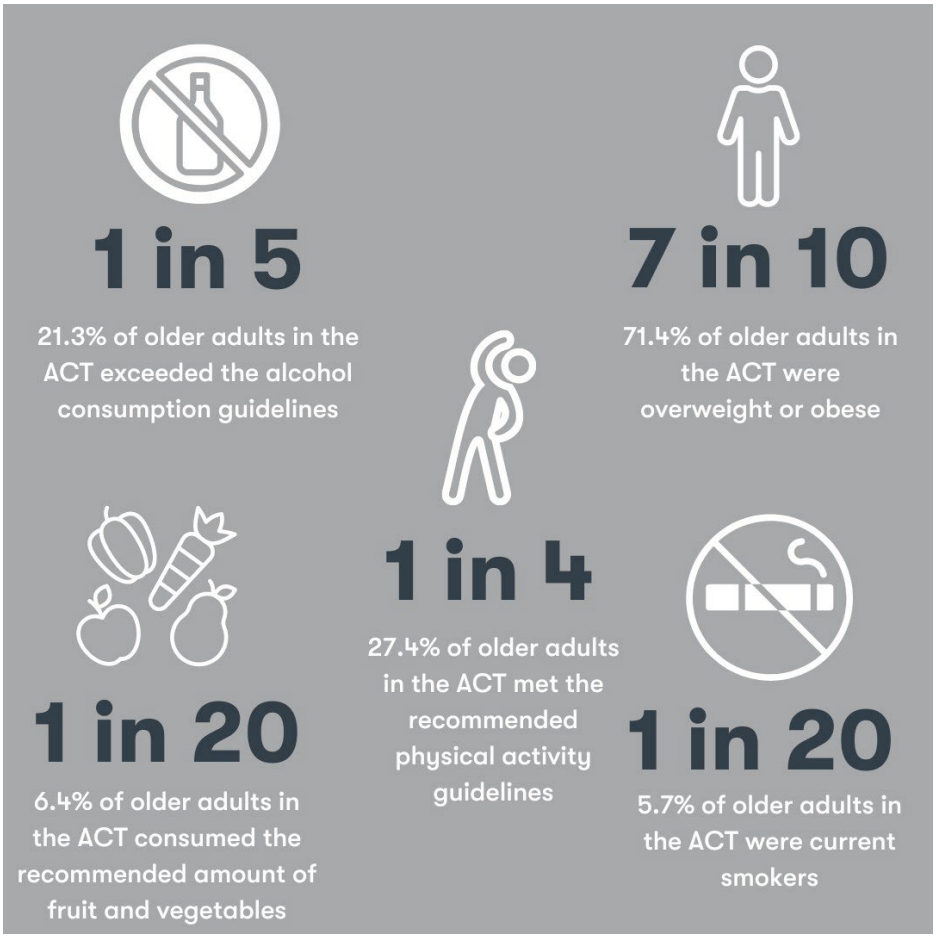
Participation in the labour force for older adults in Australia is rising. In 2021, with 15% of older adults participating in the workforce, a number that has more than doubled in the last 20 years. The unemployment rate (that is, people actively looking for work) for older adults across Australia was 3% in 2021 (3).

Income and wealth can indicate the financial security of older adults, providing insights into their ability to manage cost of living and cover essential needs as they age. Government income support payments to older Australians include the Age Pension, Disability Support Pension and Carer Payment (3). In June 2023, over 25,000 people in the ACT received Age Pension, accounting for approximately 40.4% of the older population (1). Just fewer than 10,000 (15.7%) older adults who were not eligible for Commonwealth Government income support payments, but met income thresholds, held a Commonwealth Seniors Health Card, which provided eligibility for subsidised medical expenses.

Health behaviours

As across all stages of the lifespan, personal behaviours and decisions can impact health and wellbeing. Consumption of alcohol, smoking or vaping, poor diet and inadequate physical activity contribute to burden of disease and increase the risk of negative health outcomes. According to the NHS, in 2022 (5):

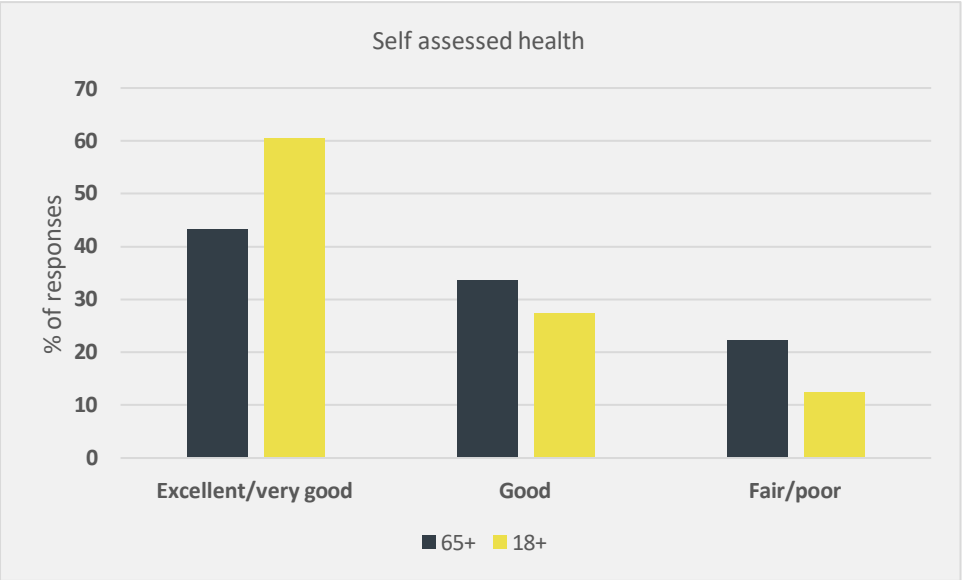
- One in five (21.3%) older adults in the ACT exceeded the alcohol consumption guidelines
- seven in ten (71.4%) older adults in the ACT were overweight or obese
- only one in twenty (6.4%) older adults in the ACT consumed the recommended amount of fruit and vegetables
- one in four 27.4%) met the recommended physical activity guidelines
- one in twenty (5.7%) older adults in the ACT were smokers.



Health status

Self-assessed health

According to the NHS in 2022, older adults in the ACT were much less likely to rate their health as 'excellent' or 'very good' than those aged below 65 years (5). Only 43.2% of older adults rated their health as 'excellent' or 'very good', while one in five (22.2%) rated their health as 'fair' or 'poor'. There was a discrepancy between gender, with females significantly more likely to rate their health as excellent/very good and less likely to rate it as fair/poor (5).



Figures 102 and 103: Self assessed health of older people in ACT (ABS – National Health Survey 2022)

Chronic conditions and disability

As Australians get older, the likelihood of living with a chronic condition or disability increases. It was estimated that approximately four in five older Australians live with a chronic condition (3). As discussed in the relevant chapter, chronic conditions contribute significantly to burden of disease and people's function and wellbeing. That creates greater health needs, with many older adults requiring health care services and assistance for core daily functions.

The Survey of Disability, Ageing and Carers (SDAC) in 2022 showed that just over one in four (26.9%) of older adults in Australia aged 65+ years required assistance for personal activities, while almost two in five (39.8%) required assistance for daily activities (6). The level of assistance required increases with age, with over 75% of people aged 85+ years needing daily help. The level of assistance required increases for people living in residential aged care, with 96.8% requiring daily assistance.

Mental health

Maintaining positive mental health as people age is an important factor for older adults' health and wellbeing. Poor mental health and psychological distress are associated with poor physical health and are linked to chronic conditions and disability. Factors such as social isolation, loss of independence and dealing with grief and bereavement are more likely to occur as people age, potentially impacting mental wellbeing. Subgroups of older people may also be at higher risk of developing poor mental health, such as carers, people in hospital and people living in residential aged care.

In the ACT, rates of psychological distress and mental health conditions were lower for older adults than the general adult population. In 2022, approximately 5,300 older adults in the ACT were predicted to have a high or very high level of psychological distress, accounting for 9.4% of this population. Three in four (74.2%) older adults reported low levels of psychological distress, significantly higher than any other age bracket in the ACT (5).

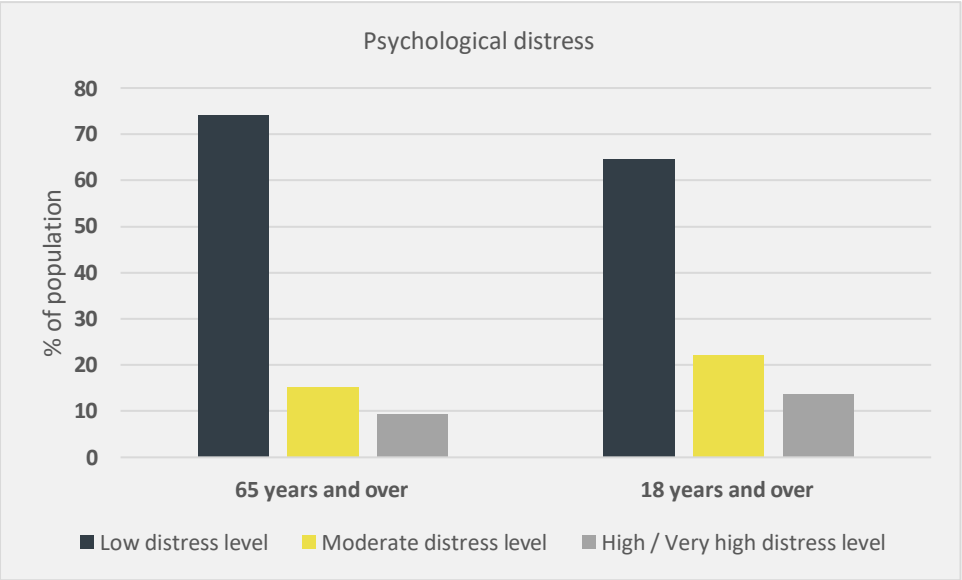


Figure 104: Psychological distress in older people in ACT, (ABS – National Health Survey 2022)

The 2023, the ACT General Health survey found that self-rated mental health was higher in older adults in the ACT, with 61.9% rating their mental health as 'excellent' or 'very good' compared to only half (51%) of the adult population (7).

Figure 105: Self assessed mental health of older people in ACT, (ACT General Health Survey 2023)

The 2023, the ACT General Health survey also found that one in four (25.4%) older adults had been diagnosed with a mental health condition, slightly below the rate for all adults (29%). This trend was present for anxiety, depression and other mental health conditions (7).

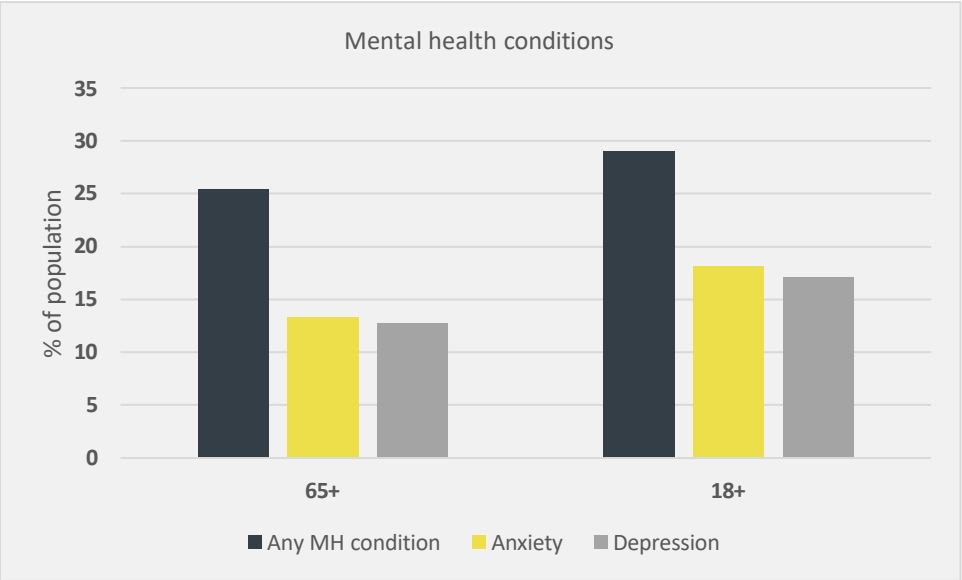
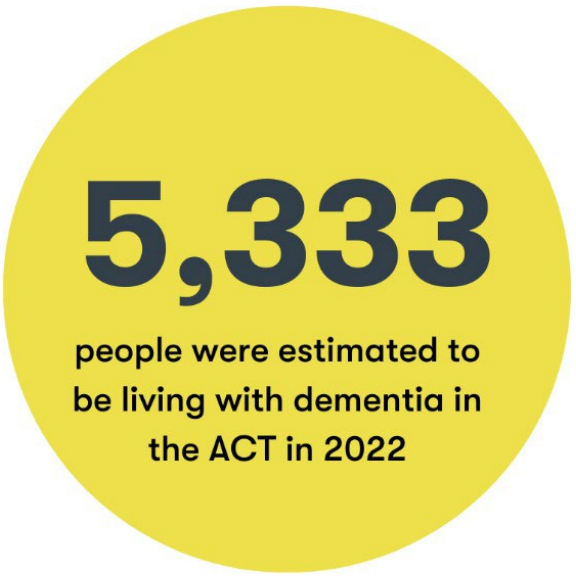


Figure 106: Mental health conditions prevalence in older people in ACT, (ACT General Health Survey 2023)

Dementia

Dementia describes a group of conditions characterised by a gradual impairment of brain function. It is commonly associated with memory loss, but also affects speech, cognition, mobility, personality and behaviour (8). As the natural course of the disease leads to gradual decline, most sufferers are older adults. Dementia gradually impairs function and the ability to undertake daily living activities, increasing service needs and care requirements for those diagnosed.

In 2023, it was estimated around 411,100 people in Australia were living with dementia. This is equivalent to 15 people with dementia per 1,000 population. However, the rate increased to 84 people with dementia per 1,000 people aged 65+ years (9). It is the second leading cause of death in Australia and the second leading cause of burden of disease for all age groups. Modifiable health behaviours, including obesity, physical activity and tobacco smoking, contribute substantially to the burden of dementia.



An estimated 5,533 people lived with dementia in the ACT in 2022, with approximately two-thirds of these women (9). Most recent estimates from 2019 suggested a relatively even split between those living in the community and those living in residential aged care facilities.

Regardless of living arrangement, people with dementia often have increased care and service needs, resulting in high service usage. In 2021-22, people with dementia living in the community used an average 38 MBS services (compared to 22 for people without dementia), while people living in permanent residential aged care used an average 45 MBS services (compared to 52 for people without dementia). GP attendances were the most common MBS services used, followed by pathology, specialists, imaging and allied health (9).

Common activities in which people with dementia need assistance include health care (84%), mobility (78%), cognitive tasks (72%) and self-care (70%) (10).

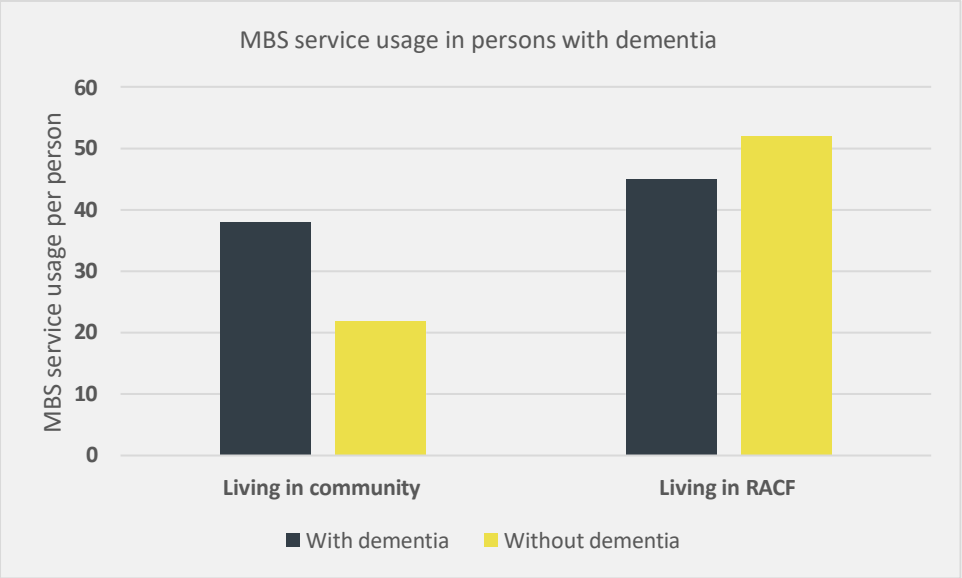


Figure 107: MBS services used by people with dementia in ACT, 2020-21 (AIHW – Dementia in Australia, Primary health care services 2024)

Service needs

Primary care

Older Australians are more likely to use primary care services than younger adults. The proportion and rate of the ACT population who use GP services, specialists and allied health services all increase with age (11). As seen in Figures 108 and 109, services were used more frequently by older Australians.

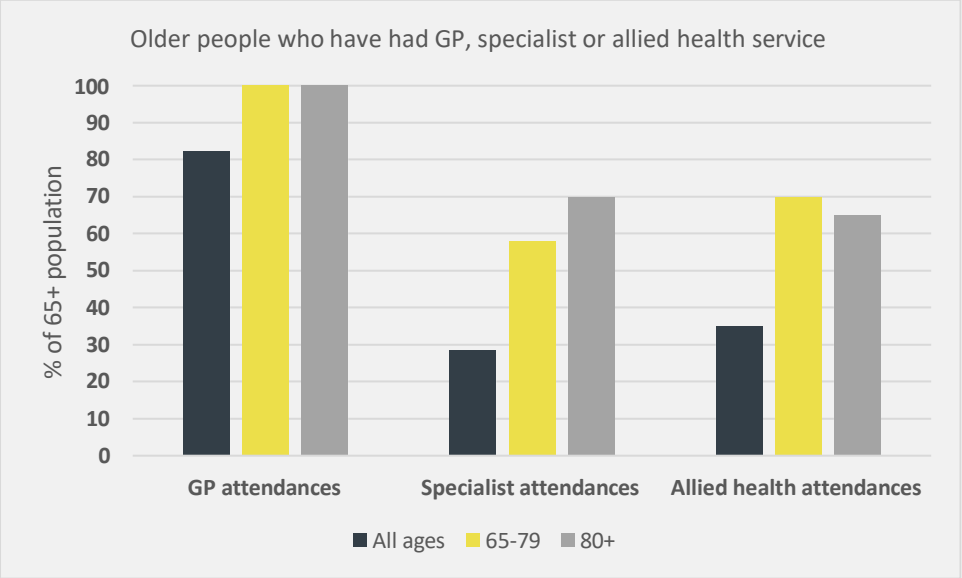


Figure 108: Proportion of older people in ACT who saw GP, specialist or allied health service, 2022-23 (AIHW – Medicare subsidised GP, allied health and specialist services across local areas, 2022-23)

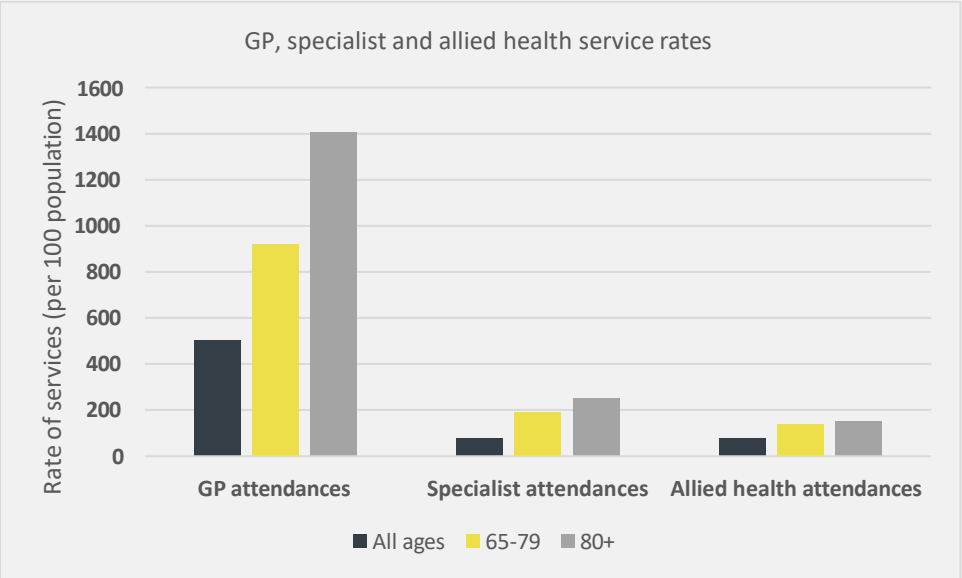


Figure 109: Rate per 100 people of GP, specialist or allied health services used by older people in ACT, 2022-23 (AIHW – Medicare subsidised GP, allied health and specialist services across local areas, 2022-23)

Older adults aged 75+ years are eligible for annual MBS subsidised GP health assessments to manage their health and wellbeing. Local data suggests that 10,888 older adults living in the ACT received a subsidised health assessment between July 2022 and June 2024, at a rate of 0.18 health assessments per target population (12). Improving the proportion of people aged

75+ years receiving regular health checks from their GP may improve health outcomes, as potential issues could be screened earlier and care plans could be updated regularly.

The number of older adults' health assessments for each SA3 region are highlighted below, with people living in Belconnen (3,569), Gungahlin (1,431) and Weston Creek (1,365) receiving the most assessments (12).

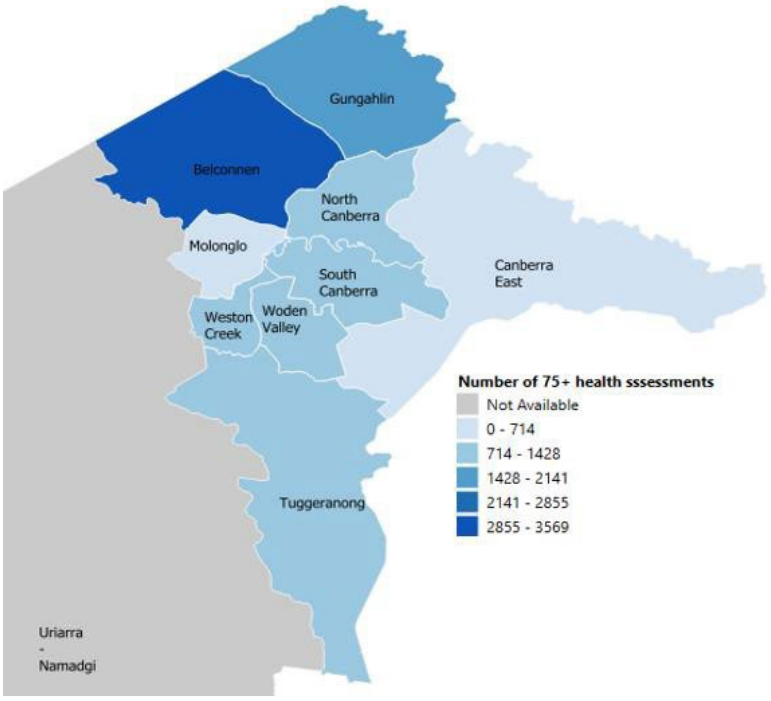


Figure 110: Number of health assessments for 75+ year adults by SA3

Hospital services

Potentially preventable hospitalisations

Older people in the ACT are almost three times more likely to have hospitalisations that may have been prevented by providing primary health care. In 2021-22, there were 2,946 PPHs for people aged 65+ years, at an age standardised rate of 5,047.2 per 100,000 population. This rate is lower than the national rate of PPH (1).

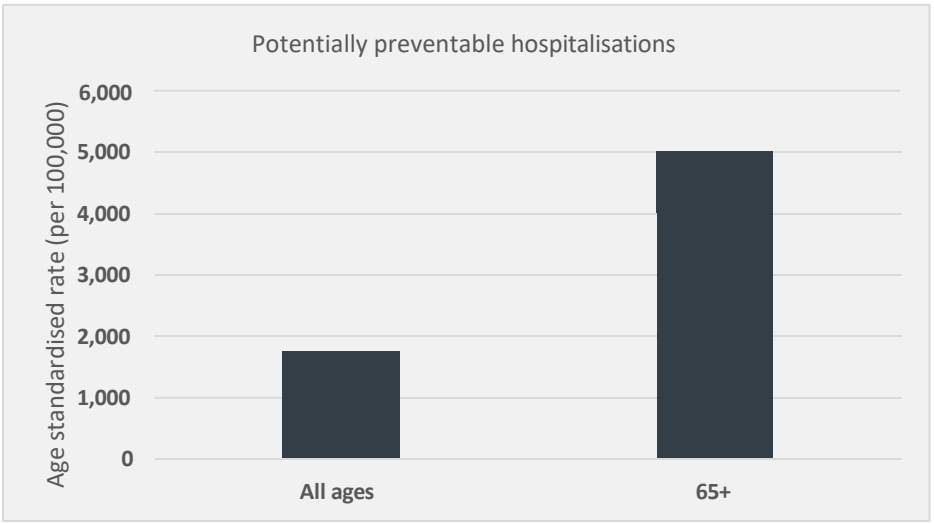


Figure 111: Age standardised rate of potentially preventable hospitalisations in older people, 2020-21 (PHIDU)

The greatest number of PPHs were for people living in Belconnen (816) and Tuggeranong (661), where the rates per population are also highest across the Canberra region (1).

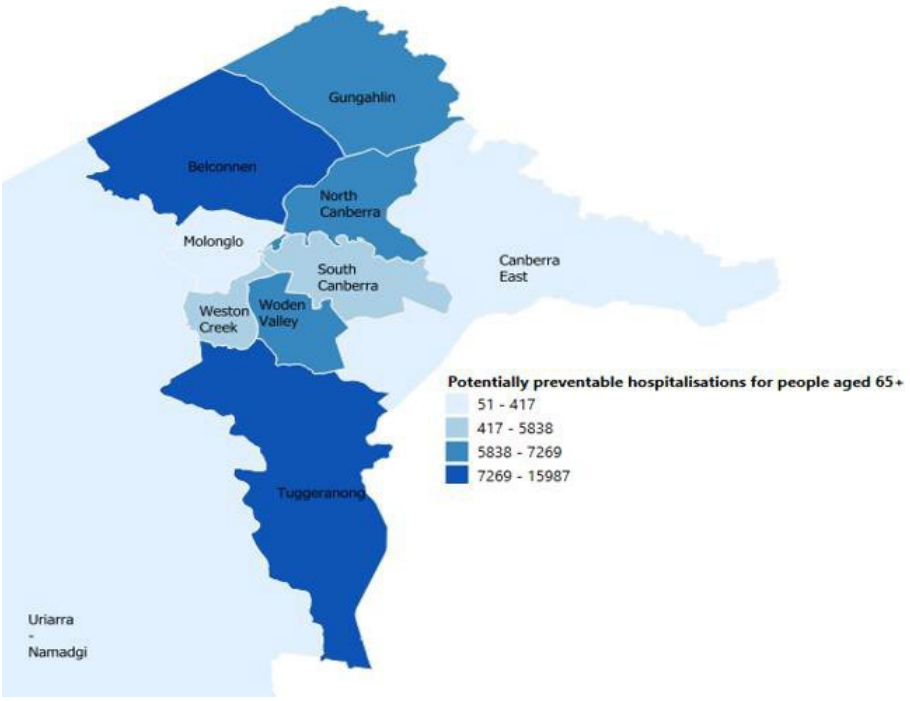


Figure 112: Potentially preventable hospitalisations for people aged 85+ years by SA3

ED presentations

In 2020-21, there were 26,472 presentations to the emergency department in the ACT by people aged 65+ years (1). The rate of ED presentations remained steady for all age ranges until the age of 75 years, when there was a spike in the rate of presentations. This spike highlights a possible lack of accessibility to primary care services for this cohort, creating strain on the secondary health care system.

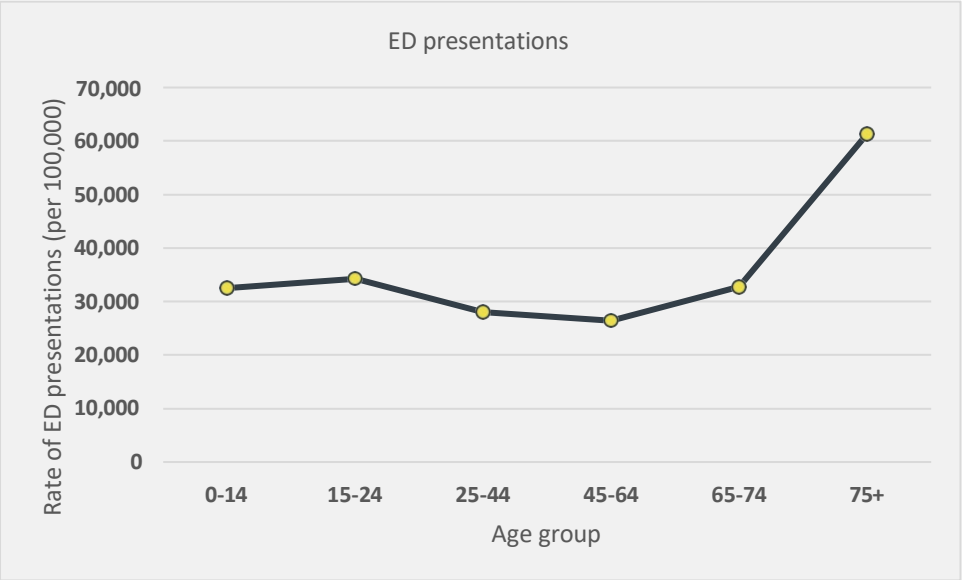


Figure 113: Age standardised rate of ED presentations by age, 2020-21 (PHIDU)

In a similar trend to PPH rates, the most ED presentations were by older adults living in Belconnen (7,509) and Tuggeranong (5,704), with the highest rates per population for people aged 75+ years also indicated in these regions (1).

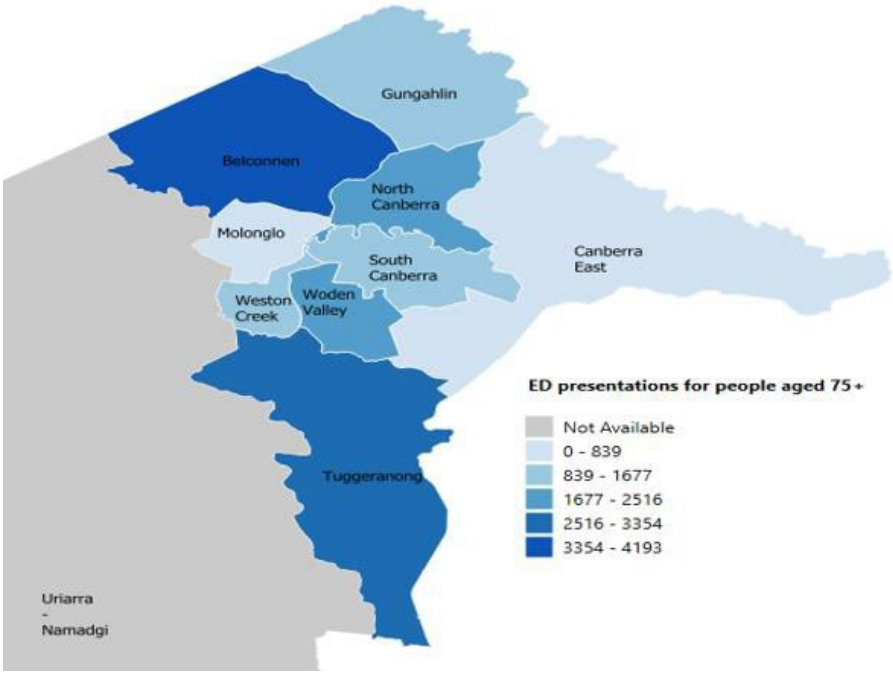


Figure 114: Emergency department presentations for people aged 75+ years by SA3

Community aged care services

Older adults living in the community can access government funded aged care services to live safely and independently at home. After receiving an Aged Care Assessment, the level of funding is determined based on care needs. Funding can be used to access allied health services, nursing and caring services, domestic assistance and home maintenance and other supports. The two most common support packages are the Commonwealth Home Support Programme (CHSP), for people with lower-level care needs, and Home Care Packages (HCP), for people with more complex needs. According to GEN aged care data, there were 39 services providing home care (HCP) and 54 services providing home support (CHSP) in the ACT in 2023 (13).

In 2022-23, there were 8,907 people in ACT using CHSP funding, at a rate of 139.5 people for every 1,000 people aged 65+ years. Females accounted for over two-thirds (68.1%), one in nine (11.1%) had a carer and almost one-third (29.7%) had a disability. Almost two in five (38.8%) people using CHSP services were born outside Australia, while only 1.2% identified as First Nations Australians. The most commonly used services in 2023 were domestic assistance, followed by transport, social supports and allied health services (13).

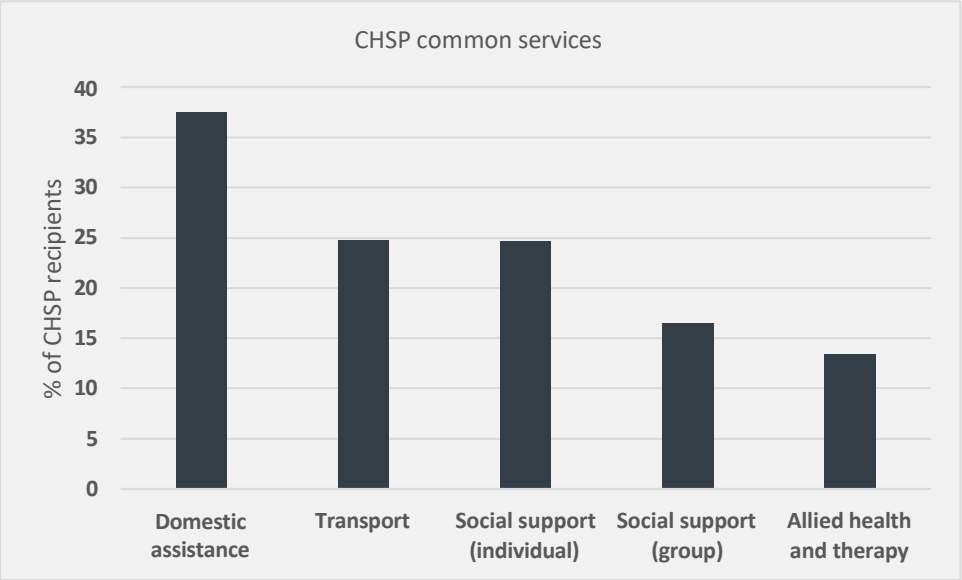


Figure 115: Most commonly used CHSP services in ACT, 2022-23 (AIHW – GEN Aged care data)

A total of 2,749 older adults in Australia used HCP funding in 2022-23, with over two-thirds (67.2%) receiving level 3 and level 4 packages, indicating higher care needs (13).

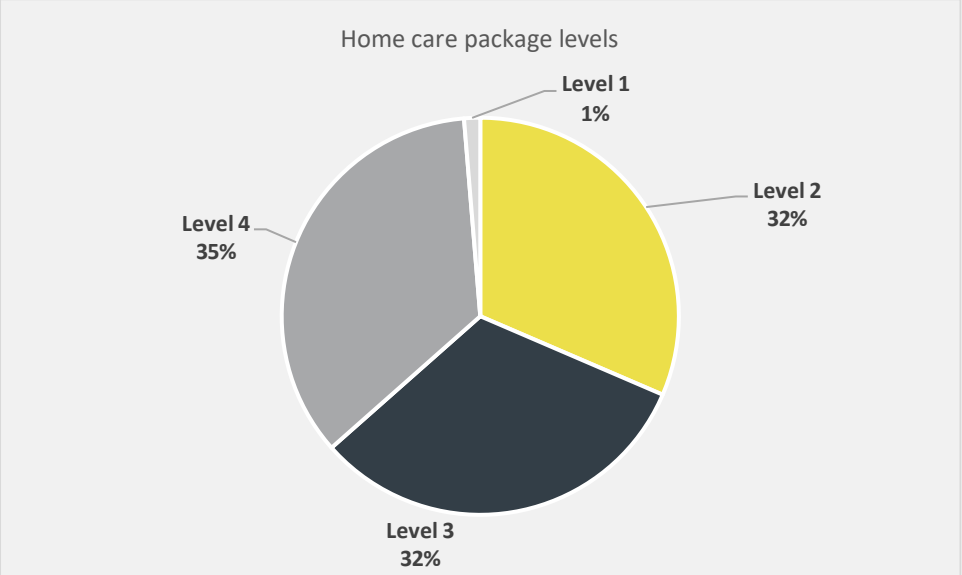
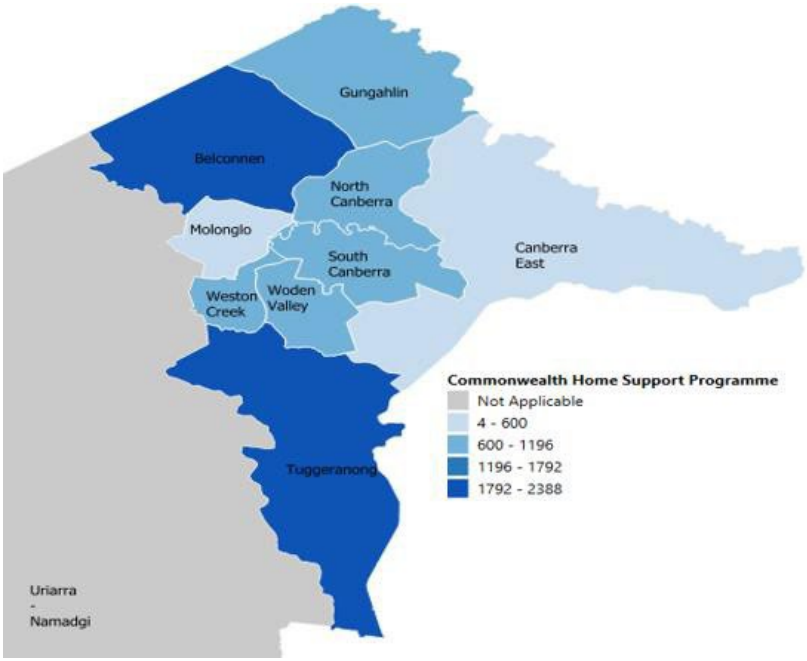
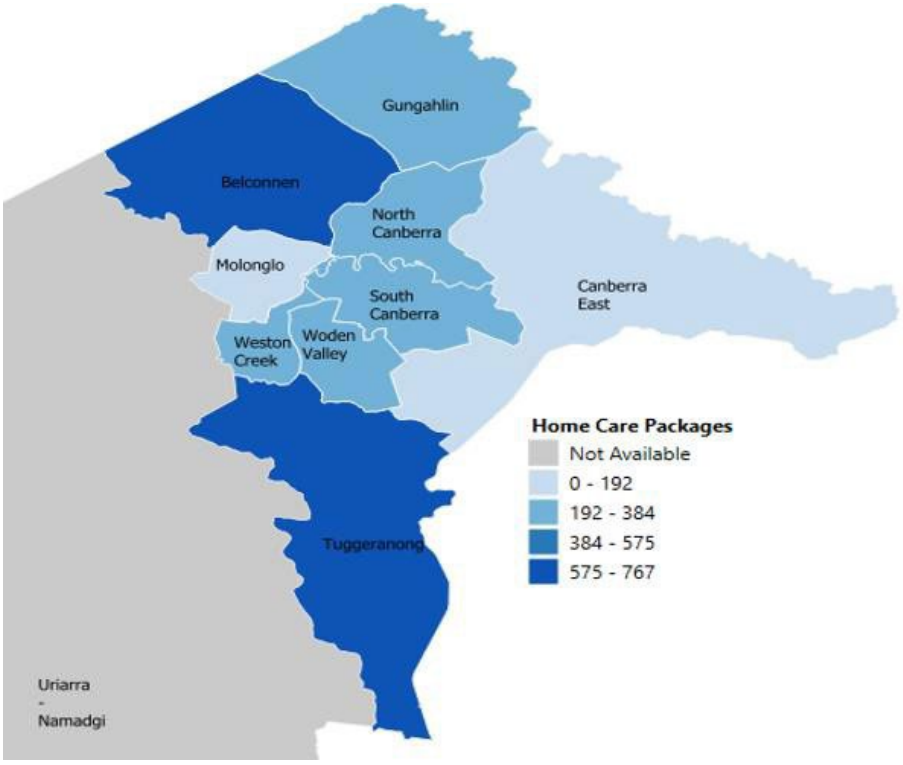


Figure 116: Home care package levels in ACT, 2022-23 (AIHW – GEN Aged care data)

GEN figures show the geographical distribution of both CHSP and HCP clients, with the greatest number living in Belconnen and Tuggeranong. The distribution between SA3's is shown below (14).





Figures 117 and 118: Number of people receiving home care packages (CHSP and HCP) by SA3 areas

Overall, GEN figures show approximately 18.8% of older people in the ACT accessed community aged care services. Compared to estimates of 27% of older adults requiring assistance for personal activities and 40% of older adults who require assistance for daily activities (6), the numbers suggest a gap between service usage and need in the ACT. Improving access to, and provision of, community aged care services in the ACT is recommended to address the gap.

Residential aged care services

Residential aged care is available to support people as an alternative to home care, or when they cannot live safely and independently in their own homes. Residential aged care facilities provide around the clock assistance, including activities of daily living (ADLs), nursing and allied health support for people with higher care needs.

Residential aged care places in ACT

In 2023, there were 2,745 residential aged care places available across 27 residential aged care facilities in the ACT. This is equivalent to 62.3 residential aged care beds for every 1,000 people aged over 70 years living in the ACT (1). A further 139 beds were available for transitional care and short term restorative care. On 30 June 2023, there were 2,386 permanent residents at an occupancy rate of around 87% (13).

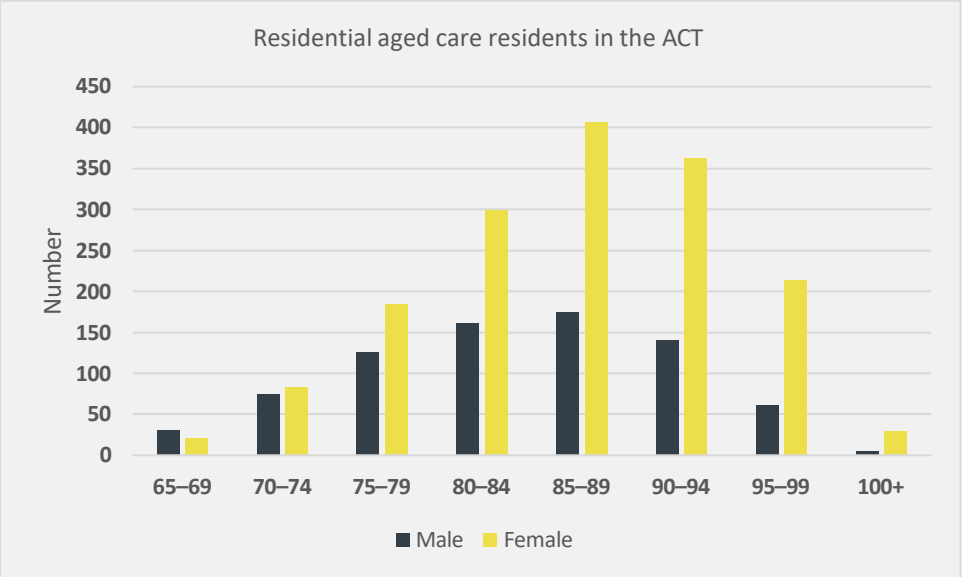


Figure 119: Residential aged care residents in ACT by age and sex, 2022-23 (AIHW – GEN Aged care data)

Approximately one-third (33.7%) of residential aged care places were in the north of Canberra, with the remaining two thirds situated south (1). While these beds are spread relatively evenly by SA3 region, Belconnen (51.3) and Tuggeranong (41.4) have a low number of places per target population, while Gungahlin has zero residential aged care places, despite a target population of 4,150. While residential aged care operators will take consumers from all regions, location is an important factor for many when considering moving into residential care. A large proportion of people prefer to stay close to where they lived independently or close to family members.

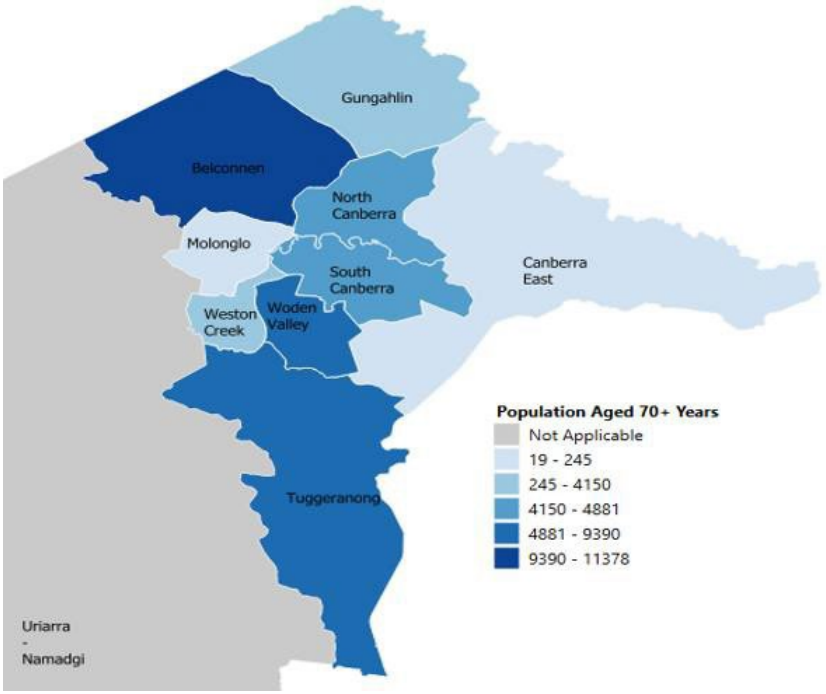


Figure 120: Number of people aged 70+ years by SA3

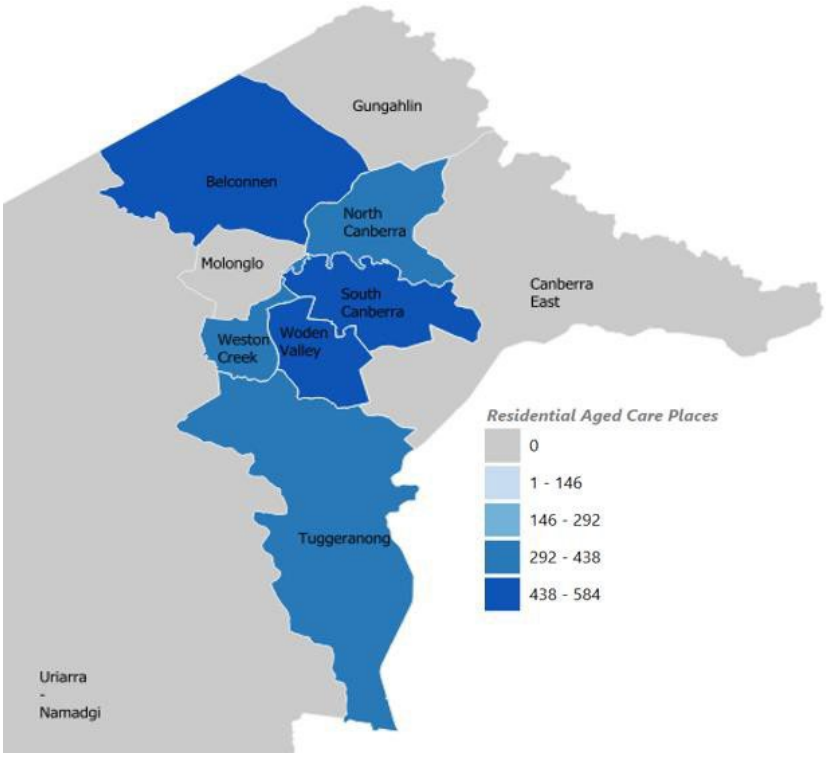


Figure 121: Residential aged care places by SA3

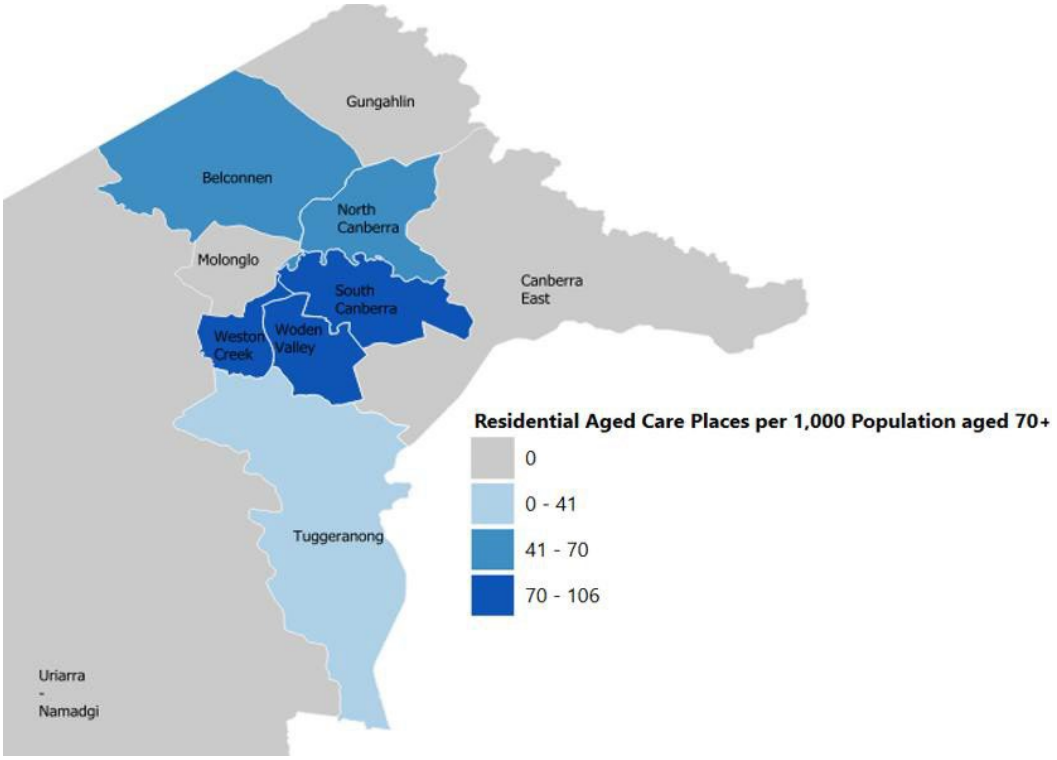


Figure 122: Residential aged care places per 1,000 people aged 70+ years by SA3

Care needs

People's care needs when living in residential aged care can range from independent to requiring high levels of care for complex needs. Data on care needs of people in residential care in ACT in 2021-22 showed (13):

- Over half had high care needs for activities of daily living (ADLs)
- over half had high care needs for cognition and behaviour
- approximately 45% had complex health care needs.

Staffing and nursing requirements are higher in facilities where there is a greater proportion of residents with high care needs, placing greater stress on the workforce. Ensuring that residential aged care facilities are funded and well equipped to handle the complexity of care required for their resident cohort is essential for reducing the burden on health care services and hospitals in the ACT.

Palliative care services

Palliative care aims to prevent and relieve suffering and improve the quality of life of people with life limiting illnesses (15). While palliative care can support people of any age, a recent AIHW report showed that approximately 87% of people receiving palliative care services in their final year of life, and 87% of those who needed palliative care, were older adults aged 65+ years (16).

Data collection and identifying palliative care services remain a national issue, with limited data available across data collections and health settings. In 2022, AIHW released the National Palliative Care and End of Life Care Information Priorities Report, outlining challenges and potential solutions (15).

Hospitalisations

In 2021-22, there were 1,156 palliative care related hospitalisations in the ACT region (15). The rate of 25.5 palliative care related hospitalisations per 10,000 population was the lowest of all 31 PHNs across Australia. The rate of primary palliative care hospitalisations, where the primary care type was palliative, was 15.6 (15).

Medications

In 2022-23, the rate of PBS Palliative Care Schedule prescriptions in the ACT was 5,141 prescriptions per 100,000 population (15). The majority of palliative care related prescriptions were for pain relief, followed by gastrointestinal symptoms and neurological symptoms. Rates in the ACT are similar to national rates overall, with a slightly higher proportion of prescriptions for pain relief.

Residential aged care

In 2021-22, a total of 19.9 residential aged care residents received palliative care services (as described by ACFI appraisal) per 100,000 population (15). This is the third highest rate in Australia, behind Tasmania (31.4) and NSW (22.2).

Stakeholder perspectives

Stakeholder raised several recurring themes related to older adults' health and aged care. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

Complexity of the aged care system

A common thought across aged care stakeholders related to complexity of the aged care system in the ACT, creating challenges for consumers and providers. The vast aged care sector can be difficult to engage with for many older adults, creating gaps or stagnancy in service provision and, ultimately, affecting health outcomes of older Canberrans.

Key themes

- **Understanding the aged care system:**
  The size, breadth and capacity of the aged care system makes interaction challenging. A high level of health literacy is required to understand the services people need, how to access those services and who to speak to about specific issues. A lack of self-efficacy for people dealing with the health and aged care system can manifest in avoiding care or asking for assistance. A common challenge for many in the community is understanding the differences between the Commonwealth Home Support Programme (CHSP) and a Home Care Package (HCP), including how to access and organise services, fee contributions and costs, as well as how the funding is provided.

- **Service navigation:**
  For many older adults in ACT, it is challenging finding the best service that to meet their personal needs. This may be compounded for people who lack family and social supports, and for people from CALD backgrounds with language barriers. Services such as care finders try to address this issue. However, they cannot support the entire older population.

- **Service fragmentation:**
  A common point raised was the lack of integration of services across the aged care and health care systems. Referrals and transitions between services are often fragmented, impacting continuity of care. Collaboration across sectors, particularly between aged care services and medical services, were highlighted as an area for improvement.

General practitioners and aged care

As health declines and care needs increase, being able to easily access a GP is vital for older people. GPs play a key role in identifying risks, coordinating services and preventing decline in people as they age. Key areas where GP input is vital were raised consistently throughout the process.

Key themes

- **Awareness of and coordination with aged care services:**
  While acknowledging the challenges faced with the daily requirements on GPs, many aged care stakeholders highlighted collaboration with GPs as a key area for improvement in the ACT. As the first point of call in the primary care space, maintaining knowledge of available aged care services and the relevant referral processes is important to direct older adults to the right service. Conversely, regular feedback and communication from aged care services to the referring GP would improve cooperation and health outcomes.

- **Referral processes:**
  A referral from a GP is a requirement to access many aged care services. Many older people must return to their GP regularly when care needs change and new services are recommended, highlighting the importance of GP accessibility. If older adults cannot get an appointment with their regular GP, it may delay or prevent them accessing required care.

Cost and affordability for older people

As identified across all populations, the costs of accessing health care are a key factor to maintaining health and wellbeing. As older people tend to face more health issues with age, the number of appointments with GPs, allied health professionals, specialists and others often increases. Ensuring older people are able to receive the care they need without creating extra financial stress is a concern for many stakeholders.

Key themes

- **Bulk billing GP services:**
  The difficulty in obtaining a bulk billed GP appointment across Canberra is a common barrier to receiving health care. Older adults are likely to require more frequent appointments, while cost of living pressures are stressful for many, particularly people who rely on government payments such as Age Pension. Inability to access bulk billed appointments may lead to delay or avoiding health care, worsening health outcomes.

- **Primary and secondary costs:**
  As well as the primary costs of aged care services and medical appointments, stakeholders highlighted the secondary costs of accessing services as impactful for older people. Transport costs, parking and loss of income for people still in the workforce are smaller, often less obvious costs which may accumulate, creating further financial pressure.

- **Fee contributions:**
  Many service providers in the ACT report that fee contributions are an initial barrier to access community aged care services. CHSP and HCP services are means tested, so consumers are required to contribute to service costs. People may be unaware of the requirements, and some will forgo services rather than make the payments.

Challenges associated with ageing

As adults get older, they may face physical, social and emotional challenges. These challenges can directly affect people's health or limit their capacity to access services to manage their wellbeing. While some factors may not be modifiable, stakeholders felt it is important for service providers, community and decision makers to be aware of the challenges and understand their potential impacts.

Key themes

- **Physical and cognitive decline:**
  Some physical and cognitive decline is natural as people age. These changes may affect overall health and wellbeing and people's ability to access health and aged care services. Poor physical function may limit attendance at appointments and transport options and can affect daily living activities. Declining cognition increases need for social supports and may make engaging with health professionals, managing appointments and understanding health status difficult. Ensuring that services are equipped to cater for people with physical and cognitive limitations is an important aspect of service delivery.

- **Transport:**
  Stakeholders felt that transport often limits older people in the ACT region. While an issue that affects the entire population, older people are more likely to rely on public transport. Factors such as frequency of service, proximity of bus and tram stations and stops to reduce walking distance and physical accessibility of public transport vehicles are pertinent and potential barriers for older people.

- **Social isolation:**
  As age advances, many older people begin to lose their social support system, as family, friends and carers may live elsewhere or die. This increases the risk of social isolation, where older people do not engage with their surrounding community. Stakeholders report that there are many older adults in the ACT in this category, impacting their social, mental and physical health, while also limiting their ability to access health and aged care services.

- **Lack of trust**:
  A common challenge for the aged care system reported by numerous stakeholders is that older adults in the ACT may hesitate to engage with medical and aged care services due to previous poor experiences. Therefore, it is important for service providers to understand this and work to rebuild trust through positive interactions.

Transitioning to residential aged care

Many older people need to move into residential aged care as their care needs grow and they can no longer live safely and independently. While this decision is often made to ensure people receive the care and assistance they need, the process of transitioning into residential aged care presents specific challenges. The challenges below were prominent in discussions with aged care stakeholders.

Key themes

- **Loss of identity and fear:**
  Many older adults living in the community fear moving into a residential aged care. A prime concern is loss of identity, stigma associated with loss of independence and pride about not receiving increased care. Managing these concerns and fears is important to overcome barriers and ensure a smooth transition.

- **Cost and coordination of relocation:**
  Stakeholders report that when a decision is made to move into residential aged care, the process of relocation is challenging for many in the ACT. Financial costs, time pressures and the mental toll of relocation are all barriers. Many felt there is a lack of services and supports to assist. These barriers may exacerbate health concerns and create further stressors at such a vulnerable time.

- **Lack of RACH places**:
  Despite data showing an occupancy rate of 87%, many stakeholders felt that there is a lack of residential aged care beds available in the ACT. Proposed contributing factors include funding of beds, location of places and eligibility criteria. This could prevent people who cannot pay out of pocket costs, people who do not want to travel too far from their previous residence or family, or people whose care needs may exceed the requirements of the available beds.

Challenges faced by residential aged care providers

Older people who live in residential aged care often have higher and more complex care needs than people living in the community. This in turn creates greater care demands and challenges for providers.

Key themes

- **Lack of crisis services:**
  Stakeholders reported a lack of crisis support services available for aged care residents. Particularly relevant for residents with dementia or mental health conditions, staff are often ill-equipped to manage situations where residents decline and are in crisis. A lack of external services to assist in these situations with demand based specialised

response often means facilities cannot properly care for residents in need. The challenges often impact intake processes, as providers may be unable to accept new or returning residents assessed as high risk.

- **Workforce challenges:**
  Providers regularly report staff retention and recruitment are ongoing challenges. High turnover, low volume and training requirements often place greater stress on existing staff, exacerbating the challenging nature of the work, affecting the care provided, including residents' health and wellbeing.

Digital literacy

Use of digital tools and technologies in healthcare is growing rapidly. Stakeholders felt that the digital health tools and a changing health landscape present great challenges for older people in the ACT. Ability to confidently use digital technology, understand the benefits and interact safely in the digital world are key considerations for many.

Key themes

- **Digital skills and competence**:
  Stakeholders felt that, while many older people have high skill levels, a proportion struggle to engage with digital tools and technology. This can create challenges in areas such as booking appointments, receiving scripts and referrals and attending virtual appointments. Service providers must understand the challenges that some people face to ensure that everyone has an equal opportunity to access services and health outcomes are not affected.

- **Trust in digital tools:**
  Stakeholders felt that older people in ACT lack trust in using digital tools. Borne from a combination of low competence, mistrust in sharing private information widely and concerns about data breaches and scams, many older adults hesitate to use digital tools. This can disconnect them from the health care system, reduce opportunities to engage and impact the ability for services to provide streamlined, integrated care.

Lack of service availability

Across consultations, there were a range of services that were consistently identified as difficult to access for older people in the ACT. These services are set out below.

- **Gardening and domestic services:**
  Sourcing available providers for gardening and domestic services was almost universally raised as a challenge for CHSP recipients in the ACT. Potential impacts include overgrown or untidy premises which may increase fall risks for frail aged adults.

- **Allied health services:**
  There are long waiting lists for services such as occupational therapy, physiotherapy and podiatry through CHSP and HCP. Delays in receiving services may exacerbate people's decline in function.

- **Hoarding and squalor:**
  Many community aged care providers reported a lack of hoarding and squalor services in the ACT. While not affecting many people, it can be difficult to access services when they are needed. Often hoarding and squalor concerns need to be addressed before further health needs can be identified and targeted, creating barriers for further care provision.

Identified needs

Priority 1

- Improve coordination and collaboration between GPs and aged care services.
- Improve provision of palliative care services for older adults in the ACT.
- Improve supports to older adults at risk of PPH and ED presentations in the ACT, providing alternative supports where appropriate.
- Improve the rates of older adults' MBS health assessments delivered in the ACT to support ongoing care and management of people at risk of functional decline.
- Enhance care navigation supports for older adults to navigate the health and aged care system in ACT.

Priority 2

- Improve support to older adults with poor self-rated health in ACT.
- Improve provision of affordable health and aged care services in the ACT.
- Improve the process of transitioning into a residential aged care facility in ACT, including both community supports and residential aged care assistance.

Priority 3

- Improve take up of, and competence with, digital health tools by older adults in the ACT.
- Improve accessibility to primary care services for older adults living in residential aged care.
- Improve provision of primary health care for older adults with dementia in the ACT.

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Chapter 9 Digital health

Introduction

What is digital health?

Digital health considers health and health care in the context of digital societies. As digital technologies develop and grow, their application into the healthcare system and delivery of health care can improve efficiency, integration, implementation of multidisciplinary care and health outcomes. Digital health not only focuses on data, information and knowledge from interactions with the healthcare system, but also on all societal activities that can affect people's health and wellbeing. Analysis of the data can be used to encourage and generate better value for health investments and better health outcomes.

CHN and digital health

Capital Health Network's aim is to create and support a trusted primary care system, empowered by digital systems and a digitally literate workforce, to provide quality person centred care. CHN works with drivers and enablers of digital health systems to facilitate system integration and data use that can improve health outcomes for people using the primary care system in the ACT. CHN uses a four pillar digital health strategy to influence health in the ACT through digital technologies. The four pillars are: Better health, Better care, Better supported workforce and Better value.

As discussed in the Care across the continuum chapter, four themes have been identified as central to providing primary care for the entire population. These are: Access, Affordability, System integration and Patient experience. Analysing these themes through a digital health lens helps to identify areas for utilising digital health tools to address challenges and barriers in the ACT healthcare system.

CHN can then better support digital health implementation by identifying and developing solutions in areas where digital health can add value and quality to primary care provision.

Digital health tools

The following digital health tools and technologies are discussed in this chapter. This is not an exhaustive list of the available systems, tools and services that can add value to the healthcare system.

MyHealthRecord

MyHealthRecord is a Commonwealth Government platform for safely and securely storing personal health information, which is available to consumers and their healthcare providers at any time (1). It allows consumers to control their own data and information, and choose who else can access them, on a secure platform. Health professionals with access can see consumers' medical histories, immunisations, test results and relevant information to ensure they are always up to date with the consumers' journeys.

Telehealth

Telehealth means having a consultation with a healthcare provider by phone or video call (2). It allows consumers to consult healthcare providers when a physical examination is not necessary, providing greater choice, convenience and flexibility for consumers.

E-referrals and e-prescriptions

Electronic prescriptions are safe and convenient alternative digital versions of paper prescriptions, (3). They allow consumers to manage and fill their medications using their mobile device, keeping track of regular and multiple medications and prescriptions. Similarly, e-referrals are an alternative to paper referrals, allowing health professionals to refer patients to another provider and share relevant information. These alternatives promote streamlined care and reduce the risk of lost information or data.

Practice software

Most healthcare services use practice management software to collect, store and use key information of their consumer base. Familiarity and usability of software is important to ensure practices can maximise the data they hold to improve health and wellbeing outcomes for consumers

Better health

Managing consumer data

The Digital Health Record (DHR) is the ACT government's system for recording and storing all health information for visits to any ACT public health service (4).

At a more local level, general practices across ACT use practice software to maintain notes, progress and key information related to consultations and services provided. This software helps maintain consumers' medical histories and can be used to assist clinical decision making. The data collected can be analysed to understand consumer communities and their health and service needs. Storing and accessing health data safely and easily addresses system integration issues and, if handled well, will likely facilitate a smooth consumer experience.

Data safety and security

Digital tools such as MyHealthRecord and practice software provide safe and secure platforms for storing personal health information. However, there is still a risk of both unintentional and malicious disclosure of sensitive health information, which is a challenge across all services and platforms that utilise digital tools and technology. While robust processes and policies are crucial to minimising the risk of data breaches, it is equally important for both consumers and healthcare providers to be aware of cybersecurity issues and understand how to protect data and systems. Ensuring that healthcare providers are trained in cybersecurity practices is essential to protecting sensitive data.

Safety and security of data was raised as a key concern by many in the ACT community. Personal experiences and scams and media portrayals of data breaches portrayed can create a vigilance around digital technology, driving hesitancy to engage. This is particularly true for populations with low data literacy, such as older people, or people with poorer access to digital technologies.

The importance of robust processes and policies to minimise the risk of data breaches is paramount. Digital health systems must meet data storage and data sharing legislative requirements, including the Privacy Act and the Australian Privacy Principles.

Better care

Using digital health tools and technologies

Digital health tools benefit health and healthcare services across the ACT and Australia. Greater take up will increase those benefits, as a greater proportion of the population experience streamlined, integrated health care.

MyHealthRecord

As at June 2024, there were approximately 406,000 people living in ACT with data held on MyHealthRecord (5). In 2024, there were 218 healthcare organisations using MyHealthRecord to upload data. Of the active organisations, 101 were general practices in the ACT (6).

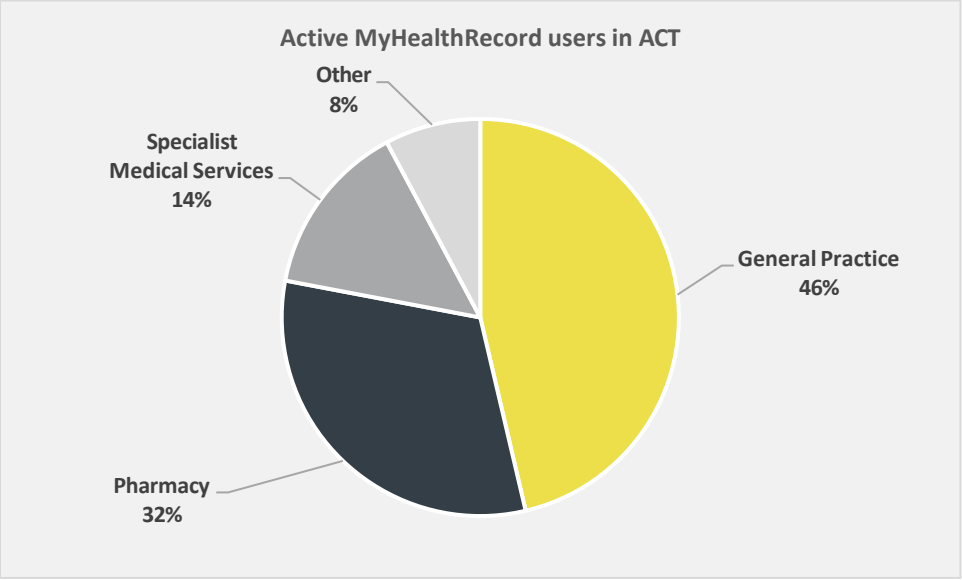

Figure 123: Active MyHealthRecord users in ACT by profession, 2023-24 (CHN local data)

There were over four million uploads to MyHealthRecord in the ACT In the 2023-24 financial year. This included 27,611 Shared Health Summaries, which are consumers' clinical records providing an up-to-date summary of diagnosed health conditions and medicines. Over 800,000 records were uploaded by general practices, with just under 1.8 million uploaded by pharmacies. (6)

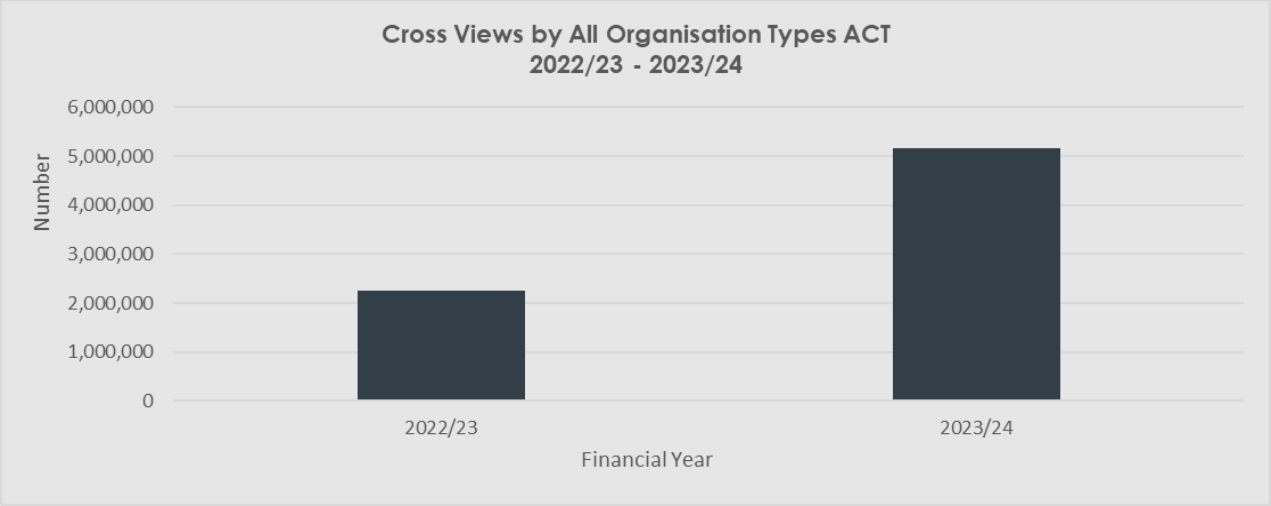

Figure 124: Cross views of MyHealthRecord by all organisation types ACT 2022/23 to 2023-24

There was a 128% increase in 'cross views' – documents viewed uploaded by one organisation and viewed by another – from 2,263,022 in 2022/23 to 5,149,387 in 2023-24.

The gradual increases in the latter part of the year, particularly from February to April, indicating consistent engagement in health record sharing is shown in Figure 125.

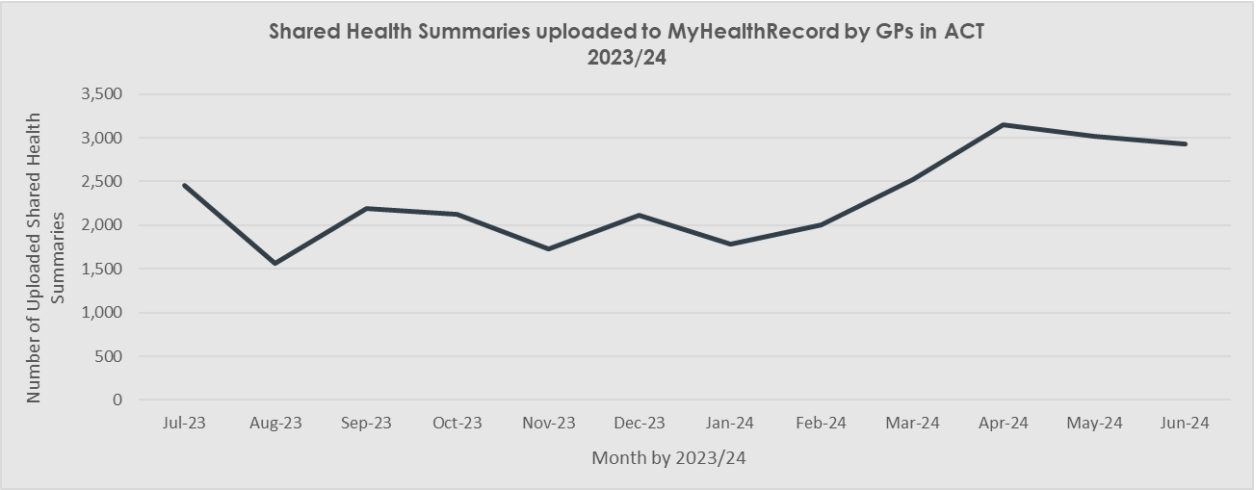

Figure 125: Shared health summaries uploaded to MyHealthRecord in the ACT 2023-24

The total shared health summaries uploaded to MyHealthRecord in the ACT show a generally stable trend, with some fluctuations throughout the year. The highest number was in April 2024, with 3,153 shared health summaries, while the lowest number was in August 2023, with 1,566 summaries.

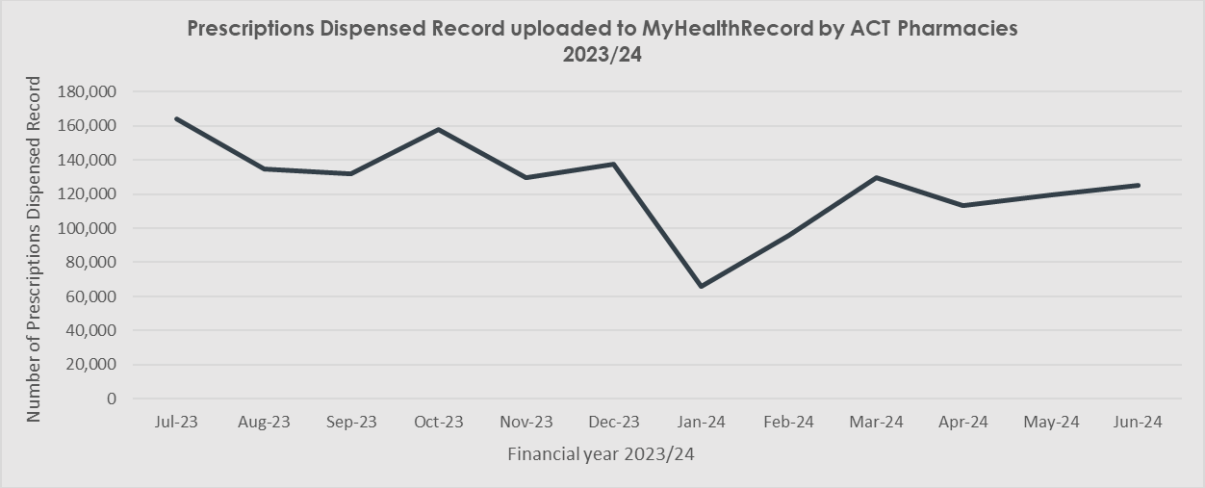

Figure 127: Cyclical fluctuations in prescription dispensation uploaded to MyHealthRecord by ACT pharmacies2023/24

The most prescription dispensed records uploaded to MyHealthRecord by ACT pharmacies was in July 2023, with 164,215 prescriptions. The fewest were in January 2024, with 65,974. Following this low, there was a gradual recovery in subsequent months, indicating a seasonal trend with higher volumes in the mid-year and lower volumes during the summer.

Consistent uploading of discharge summaries to MyHealthRecord by ACT health organisations, particularly in autumn and winter, are shown in Figure 128.

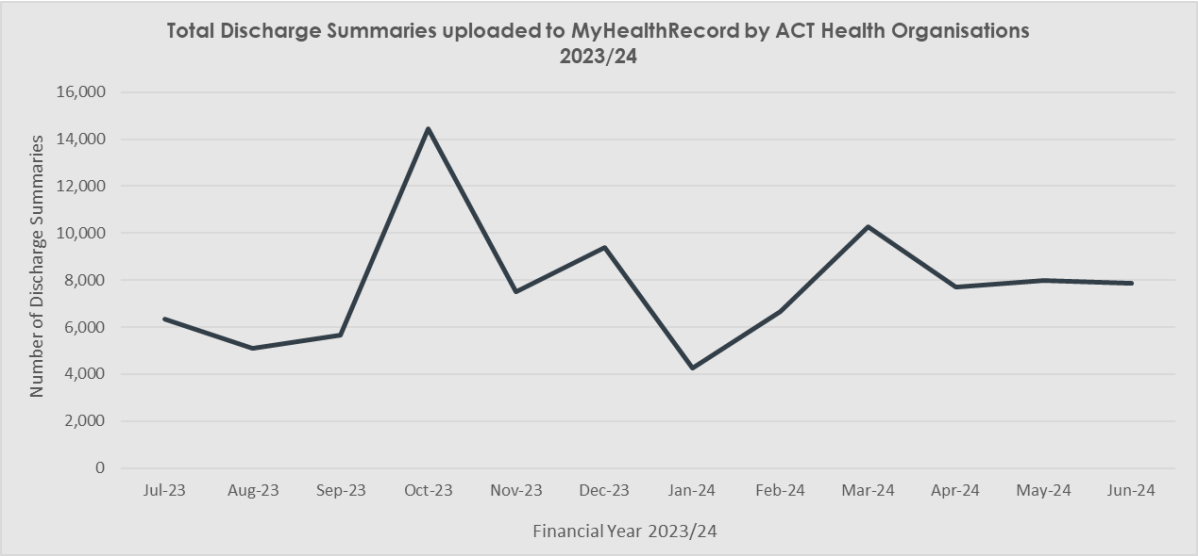

Figure 128: Total discharge summaries uploaded to MyHealthRecord 2023/24

The total discharge summaries uploaded to MyHealthRecord by ACT Health Organisations peaked in October 2023, with 14,434 summaries, with the lowest figure of 4,260 in January 2024. Overall, Figure 128 shows a fluctuating trend, with higher uploads in the latter part of the year and a general decline during the summer months.

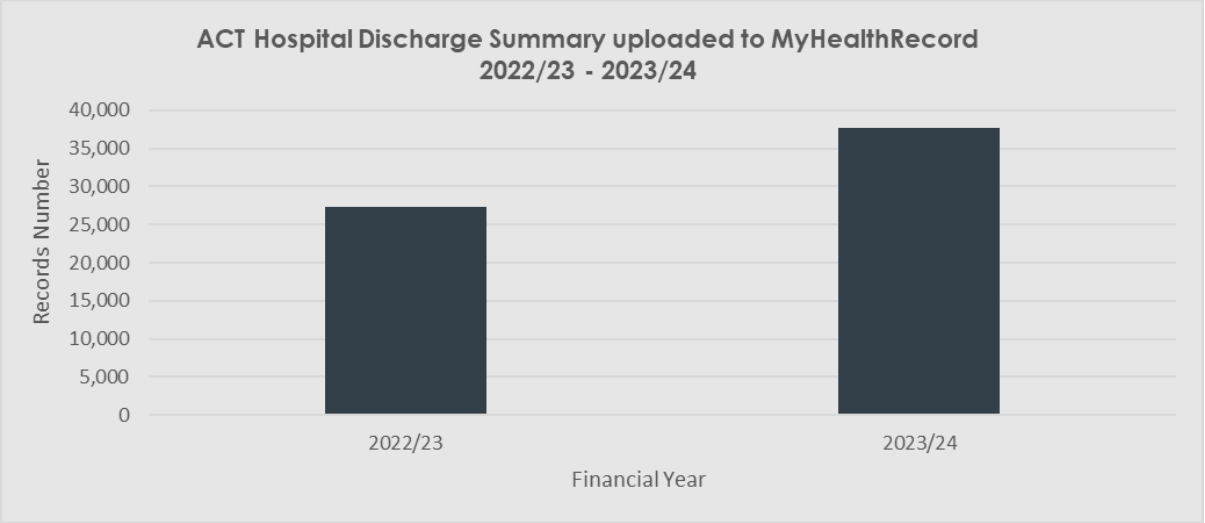

Figure 129: ACT hospital discharge summaries uploaded to MyHealthRecord 2022-23-2023-24

There was a 38% increase in ACT hospital discharge summary uploaded to MyHealthRecord from 2022/23 (27,374) to 2023/24 (37,765).

Telehealth and video consultations

In the 2023-24 financial year, there were 284,312 Medicare Benefits Schedule (MBS) items claimed relating to telehealth, which includes both telephone and video consultations, delivered in the ACT (7). Most of these telehealth consultations were delivered by GPs (>99%).

This equates to a rate of 601.3 telehealth and video consultations per 1,000 population, well below the national rate (961 items per 1,000 population). With no rural or remote areas in ACT, there may be lower demand for telehealth consultations.

It is important to note that the majority of telehealth consultations were conducted by phone, rather than video, with phone consultations (MBS item 91891) accounting for 81.7% of all claimed items, while video consultations (MBS item 91800) contributed only 4.2%.

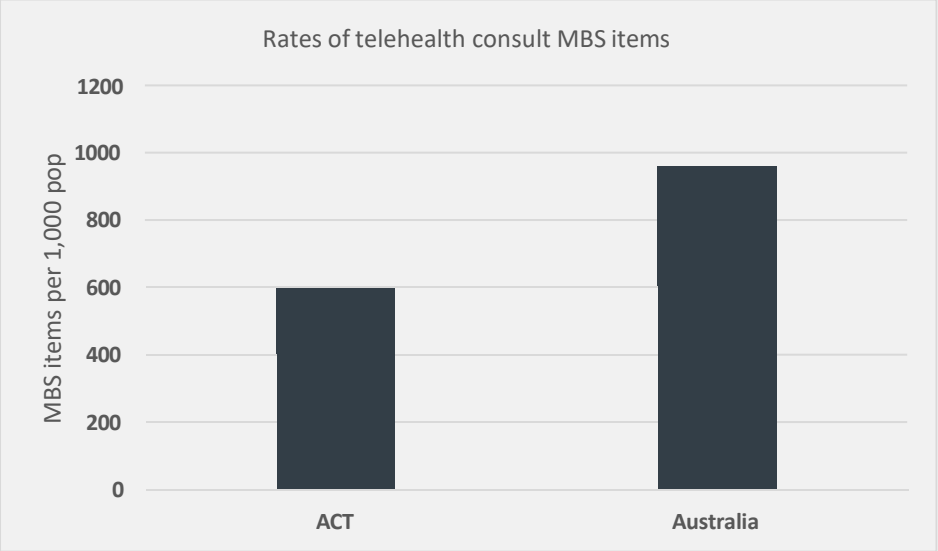

Figure 130: Rate per 1,000 population of telehealth phone and video consultations MBS items in ACT and Australia, 2023-24 (MBS Statistics)

E-referrals and e-prescriptions

In financial year 2023-2024, there were 57,379 e-referrals sent to Canberra Health Services and 35,675 e-referrals sent to private specialists in the ACT. The number of monthly e-referrals has been steadily increasing, showing growing uptake throughout the ACT (6).

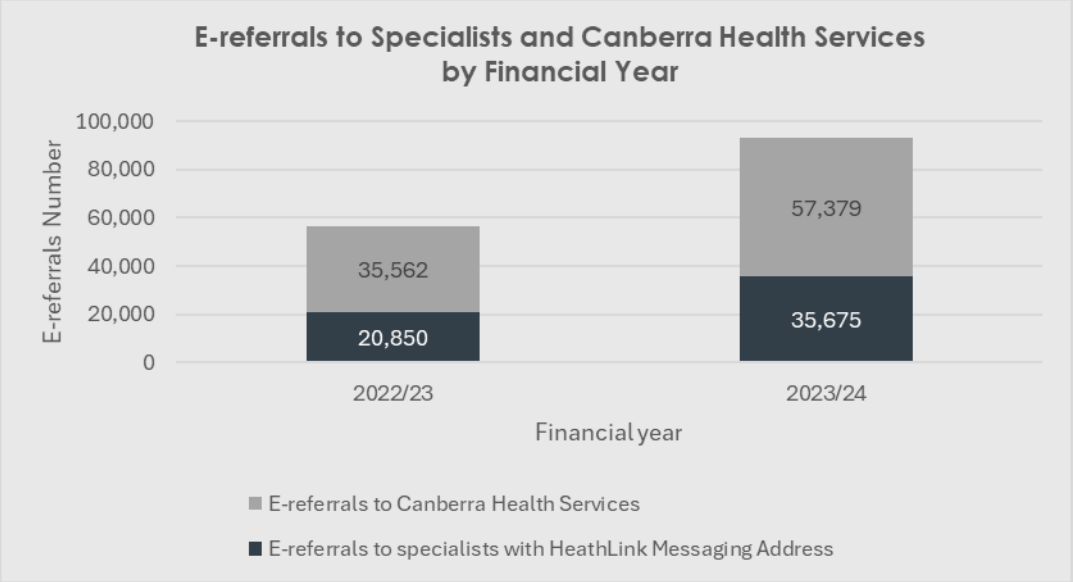

Figure 131: E-referrals to Specialists and Canberra Health Services, ACT, 2022-23-2023-24 (HealthLink and SR Referrals)

Electronic prescriptions offer a safe and convenient alternative to traditional paper prescriptions, reducing the risk of errors and streamlining processes for both consumers and healthcare providers. Since May 2020, more than 219 million e-prescriptions were issued across Australia, prescribed by over 85,000 providers. While specific data for the ACT are not available, the nationwide rollout demonstrates widespread adoption. Both e-referrals and e-prescriptions enhance integration of healthcare services, improving patient experiences by simplifying interactions across providers.

Active Script Lists (ASL) were also introduced as a key initiative, helping to manage polypharmacy—the use of multiple medications by consumers—by providing a centralised electronic record for dispensers and prescribers, ensuring better medication management and reducing risks of drug interactions. This is further supported by the electronic prescribing for dispensers' initiative, which improves efficiency and safety in the dispensing process.

Integrating care

Digital tools can support integrating healthcare services to work collaboratively towards people's health and wellbeing goals. MyHealthRecord, e-referrals, e-prescriptions and other tools allow consumers and providers to access and share information quickly and easily, facilitating a smooth consumer journey through the healthcare system. This reduces the risk of confusion of care goals and avoids potential misalignment between consumers and the various service providers involved in delivering care.

There are several challenges reported by stakeholders in achieving improved integrated care utilising digital tools. A key challenge is the lack of interoperable systems, or a centralised data system, prevents effective information sharing. This means that data collected using one digital system or software application will \not accurately transfer to another system or software without losing information or quality. This can create issues when different platforms are used and limits information sharing.

As a result of low interoperability, many stakeholders reported that digital tools contribute to clunky processes and cause a high administrative burden on users. Referrals, discharge summaries and care plans may be incomplete or lack important information and follow up to gather relevant details.

To support the adoption of digital health initiatives and integrated care, interoperability of systems and a centralised data infrastructure are often highlighted as key solutions. However, while these improvements are essential, they address only part of the challenge.

A significant barrier lies in the current preference among some healthcare providers for sending referrals manually instead of utilising electronic systems. Many healthcare providers also lack necessary telehealth infrastructure to facilitate virtual care – a vital component for modern, integrated healthcare. Efforts are underway to address these issues, such as the Department of Health and Aged Care's (DOHAC) Strengthening Medicare grants, CHN's COVID-19 grants to primary care providers, and Telehealth Grants to Residential Aged Care Homes (RACHs). These grants aim to support healthcare providers to acquire required equipment and develop the capability to conduct virtual care.

Virtual care itself holds promise for enhancing care integration. However, the infrastructure is still evolving, and many practices, RACHs, and other health providers are in the early stages of equipping themselves and becoming proficient in delivering virtual care. In the ACT, recent drafting of the Virtual Care Strategy represents a positive step toward establishing a structured approach to virtual care. Until this framework is finalised and released, there remains uncertainty about the strategic direction and optimal utilisation of virtual care to fully support healthcare integration in the ACT.

In summary, while advancing interoperable systems and centralised data is crucial, addressing the broader range of issues – including referral practices, telehealth readiness, and structured virtual care strategies – is equally vital to realise the full potential of digital health initiatives.

Multidisciplinary care

Health care provision can be strengthened through the delivery of multidisciplinary care, which can be facilitated by digital technology. As discussed, key health information can be shared between health professionals across different occupations. This ensures all service providers can have access to the same information, promoting shared decision making and care planning across the multidisciplinary team. This can provide clarity in the role for each professional as they work towards the patient's goals.

Digital health barriers faced by service providers may hinder providing multidisciplinary care. An example in the ACT is using Digital Health Record, ACT Health's platform that stores health and treatment data from visits at an ACT public health service. DHR keeps an up-to-date information about ACT residents' health, which can be accessed at any time. A source of frustration for many Canberra GPs is that they do not have access to DHR records, and must

rely on key information being provided in discharge summary or relayed directly by the patient.. This lack of integration impedes processes and creates a greater administrative burden in gathering relevant information. Exploring solutions to integrate GPs into the multidisciplinary team with access to DHR records were suggested as digital health improvement areas in the ACT (4).

Better supported workforce

Digital literacy of service providers

Effective rollout of digital health tools requires an educated, digitally literate workforce. The strength of a system relies on the capability of the users –primary care professionals must be well trained and educated to maximise the benefits. While acknowledging the advantages of a number of digital tools, general practice stakeholders indicated that the rollout of each digital tool requires significant time to train staff. The time and resources that must be allocated to digital health balloons with the growing number of available tools and the rapidly changing health landscape.

While it is largely accepted that primary care professionals in the ACT are well versed in using digital health tools, there are a couple of areas where improvements could be made. Some frustrations were shared around the information inputted when using digital health tools, particularly in referrals and discharge summaries. Often these documents lack sufficient detail to continue clinical treatment without further follow up, imposing greater demands on the recipient. While lack of interoperability may contribute, improving awareness and understanding of the full requirements for users is recommended to create a seamless process.

Access to digital health tools

Many primary care providers in the ACT are well-equipped with the means and infrastructure to implement digital health technology into everyday processes. While elements are targeted for improvement – such as GP access to DHR and RACH infrastructure for telehealth appointments – overall accessibility of digital tools is strong.

The difficulties faced by primary care providers relate to cost and change. The financial cost is reported as substantial for general practices to implement, update and install digital health tools into everyday practices. Updating infrastructure, software and systems for multiple tools can be costly, while practices may lose revenue during implementation and training. While the long-term benefits are recognised as worth the cost, this may impart short term disadvantages.

While short term impacts may be financial, in the medium to long term, the challenges associated with digital health access are the changing systems and culture associated with implementation. Bringing in new systems and standard procedures requires change across the whole organisation, often extending into interactions with patients and other providers. Managing change over time is a key consideration for general practices and other primary care providers implementing new digital tools.

An additional, critical challenge is the regular turnover of staff in healthcare services, which disrupts retention of digital health knowledge and skills. With each staff transition, there is a loss of expertise, necessitating continuous retraining and upskilling on digital health systems. This turnover not only adds to the financial and logistical costs of implementing digital health, but also hinders the ability of providers to build a stable foundation of digital literacy over time.

Retaining digital competency through staff transitions is, therefore, a key consideration for practices aiming for successful, sustainable integration of digital health tools.

Consumer centred care

Digital health tools are implemented to augment providing person centred care. A challenge raised by stakeholders is that there can be a disconnect between the capability of digital tools and consumer expectations. Stakeholders felt that a portion of the population does not fully understand the role that digital health plays, often creating misalignment between expectations and information that can be uploaded or shared. Managing these expectations is critical to ensure that both consumers and providers have a positive experience of digital health tools, creating an appetite for further expansion in the future.

Better value

Digital literacy of consumers

From the perspective of health professionals, digital literacy of consumers is critical for effective rollout and use of digital tools. There will be no additional health and wellbeing benefits provided by technology if consumers cannot navigate the tools, apps and software to manage their care.

While stakeholders believe that, overall, there is a high level of digital literacy across the ACT, they identified subpopulations with poorer digital literacy, including First Nations Australians, multicultural communities and people experiencing homelessness. While improving digital literacy in these groups would aid the use of digital health tools to improve outcomes, it would also require addressing lack of equity in accessing digital health tools.

Access to digital health tools

Access to digital health tools is a key barrier to successful application of digital tools in health care, and stakeholders report there is a lack of equity in access to digital health across the ACT. There are people who lack IT infrastructure or access to reliable internet connection, limiting their ability to engage with digital health. Housing stress, which may affect people with a low income, people who are experiencing or at risk of homelessness or people who have experienced FDSV, may affect people's capacity to access digital health tools. With rising cost of living pressures being experienced across the country, there are people in the ACT who may have to make financial decisions that impact their ability to connect online and engage with digital technologies.

Understanding and awareness of challenges for some in the community is integral for service providers and policy makers, who may need to alter their processes to better support people with poor access to digital tools. Choice of options for how people access health care must be considered, rather than applying a uniform approach to using digital tools. This will assist in providing equitable primary care across the region.

Adoption of digital health tools

There were reports that there may be slow uptake of digital health tools and a hesitancy to engage by some sectors of the community. Older adults were particularly highlighted as slower adopters of digital health tools. Security concerns, difficulty learning and using digital devices,

cognitive decline, poor vision and general resistance to a changing healthcare system were all highlighted as driving factors to resistance and hesitancy.

While providers can support and encourage older adults to engage with digital tools, ultimately it is a consumer choice. Non-digital options must be offered to ensure that consumers have the best possible outcomes, whether or not they choose to engage with technology.

Identified needs

- Support to equip primary care services with digital health infrastructure to allow widespread implementation of digital health services across the ACT.
- Improve interoperability of digital health tools and technologies used in the ACT to facilitate integrated care and improve transition of care.
- Provide ongoing education and training for primary care professionals in the ACT to increase take up and improve effectiveness of digital health tools in the ACT.
- Continue education and support for health consumers to improve digital literacy in the ACT community and promote confidence in using digital health tools.

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Chapter 10: Workforce

Introduction

Providing primary care is impossible without a strong, capable workforce of suitably qualified and trained health professionals.

The primary health care workforce is integral to delivering health services in the ACT that meet the needs of consumers and the community. CHN's responsibility is to ensure the health and primary health care workforce in the ACT is supported and prepared to provide the best possible care to people in the region, with a person centred mindset and in an inclusive environment.

This chapter analyses available data to better understand the primary health care workforce in the ACT – considering staff volume, skills, distribution and diversity. It is necessary to understand workforce challenges and barriers of specific professions, as well where barriers may be shared across professions. Factors that can facilitate a strong and robust workforce is discussed, to highlight areas where CHN can assist in supporting the primary health care workforce.

Primary care health professionals

This priority area focuses on the health workforce in the ACT, with specific attention towards the primary care workforce, including general practitioners, practice nurses and other staff working in general practices, as well as allied health professionals. While there is no formal exhaustive definition, allied health professionals comprise a broad range of professions that have a direct role in patient care and often work closely with GPs in a multidisciplinary team. They include pharmacists, physiotherapists, occupational therapists, exercise physiologists, dieticians, speech therapists, psychologists, optometrists and podiatrists. The relationships between these services in the ACT and their contribution to providing patient centred care are considered and discussed.

ACT primary care workforce

GP workforce

In 2023, there were 638 Primary Care GPs working solely in the ACT (1). This number has risen steadily since 2018, at a rate of 1.7% per year.

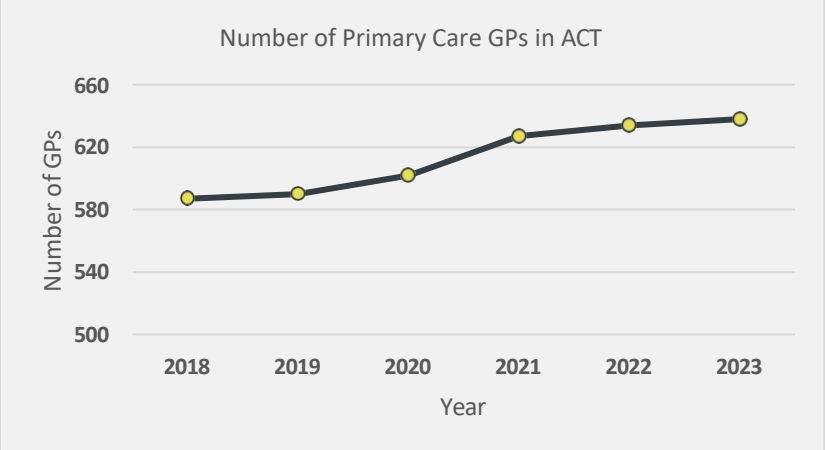

Figure 133: Number of primary care GPs in the ACT, 2023 (DOHAC – General practice workforce)

The GP full time equivalent (GPFTE) in the ACT was 414.2 (1). While this rate has risen in the last five years, it remains lower than its peak in 2021, and showed a slight decline in the past two years. This is the equivalent of 90.7 GPFTE per 100,000 population, a rate well below the national rate of 112.3 per 100,000 and the second lowest of all states and territories.

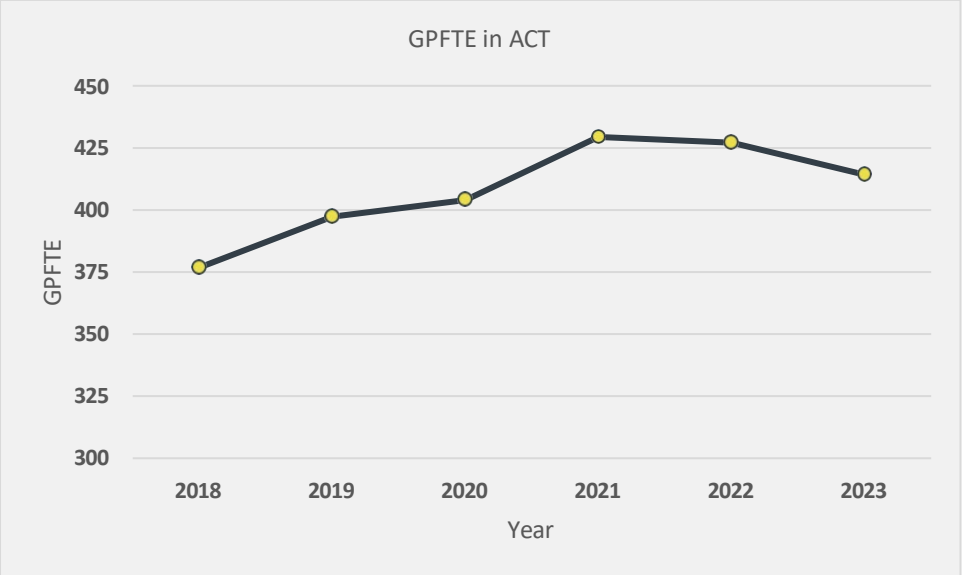

Figure 134: GPFTE in ACT, 2018-2023 (DOHAC – General practice workforce)

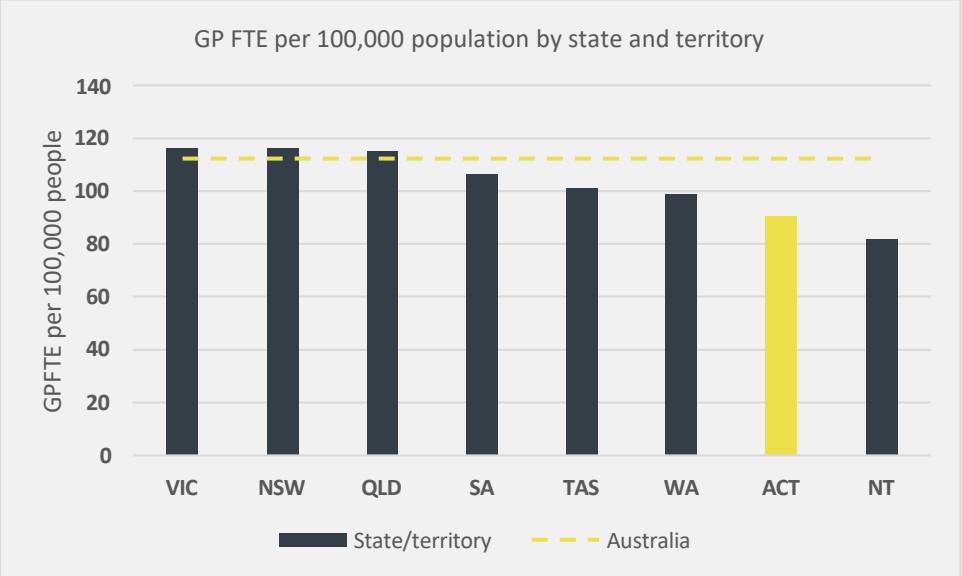

Figure 135: GP FTE rates per population across Australia, 2023 (DOHAC – General practice workforce)

The proportion of female GPs is growing, with 52% of GP FTE delivered by female doctors in 2023, compared to 48% in 2018 (1). This differs greatly from the national figures, with female doctors only accounting for 42% of the total GP FTE in Australia.

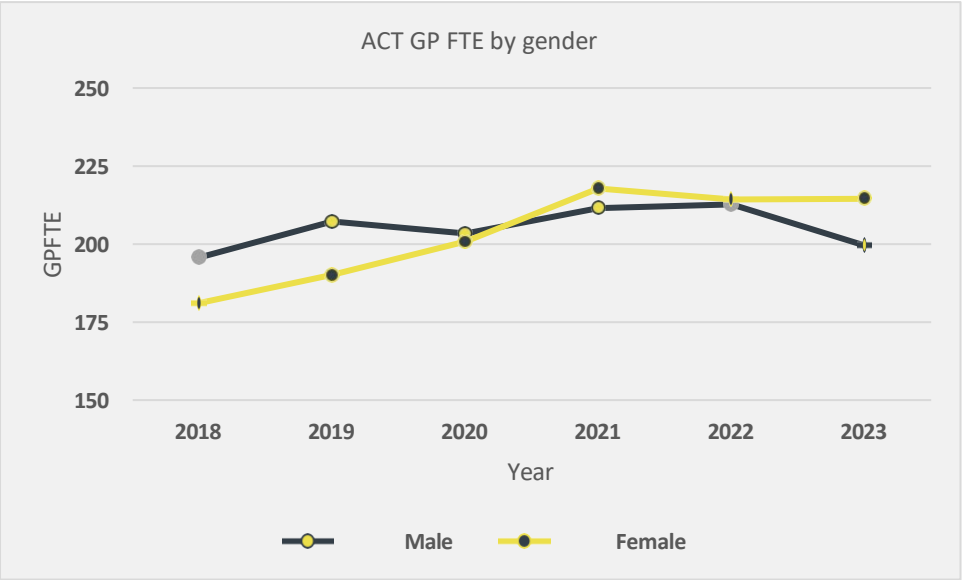

Figure 136: ACT GPFTE by sex 2018-2023 (DOHAC – General practice workforce)

There were 2,351,968 services delivered by GPs in 2023 (1). The number of GP services provided per population (5.1) and number of GP services provided per consumer (5.7) were both below national rates, as outlined in Table 21. This could indicate a lower need for services or poor access to GP services.

	GP services per population	GP services per patient	GP services per GPFTE
ACT	5.1	5.7	5,679
Australia	6.5	7.6	5,789

Table 21: GP services in ACT and Australia, 2023 (DOHAC – General practice workforce)

Practice nurses

Practice nurses work within the primary care system at general practice clinics, with a key role as part of the multidisciplinary team working with GPs and allied health professionals.

In 2022, there were 153 registered practice nurses working in the ACT, delivering 137 FTE (2). There are fewer nurses now than in 2021.

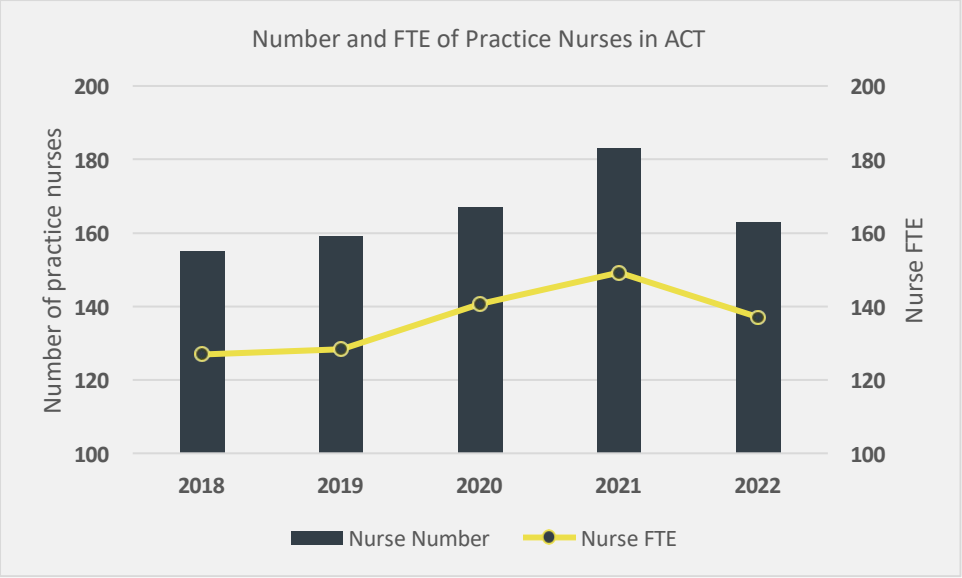

Figure 137: Number and FTE of primary care nurses in ACT, 2018-2023 (DOHAC – Health workforce data)

Within the practice nurse population (2):

- 94% were female
- 6% were aged 65+ years
- 2.5% were First Nations Australians

Allied health workforce

The allied health sector comprises a range of services provided by health practitioners who are university qualified and have specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses (3). These practitioners include, optometrists, occupational therapists, pharmacists, physiotherapists, podiatrists and psychologists.

Profession	Number	FTE	5 year growth (FTE)
Optometrists	90	83.6	+34%
Occupational Therapists	144	126.7	+54%
Pharmacists	323	312	+13%
Physiotherapists	336	296.3	+28%
Podiatrists	56	56	+20%
Psychologists	440	364.1	+10%

Table 22: Allied health services in ACT, 2023 (DOHAC – Health workforce data)

The number and FTE of allied health professionals in the ACT has increased over the last five years, as shown in Table 22 (2). This growth is important as the population of the ACT increases, to ensure continued management and multidisciplinary care for preventing and treating health conditions.

Sustainability

Ensuring the sustainability of the primary care workforce is a key task facing the ACT health system. Barriers faced by the primary care workforce create stress and challenges for the system, and addressing the barriers is key to a thriving primary care system now and in the future.

Maintaining and growing workforce numbers is important to allow the primary care system to continue to provide services to meet growing needs of the population. GPs who move to a new location, cease working clinically or retire from practice must be replaced by a new wave of doctors to regenerate the workforce. Naturally, older GPs are more likely to retire, while younger GPs and GP registrars are likely to have a longer career.

In 2023, 12% of GPFTE was provided by GPs aged 65+ years (1). As seen in Table 23, the proportion has remained relatively steady at 11-13% since 2018, with a spike in 2021 followed by a decline in the past two years towards pre-2021 levels.

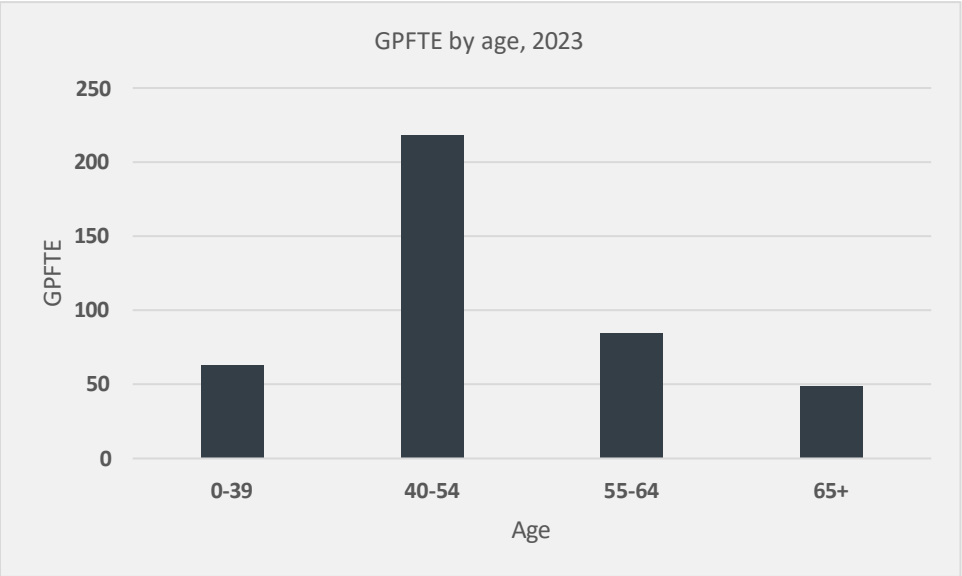

Figure 138 Age distribution of primary care GP FTE in ACT, 2023 (DOHAC – General practice workforce)

	2018	2019	2020	2021	2022	2023
Total GP FTE	376.8	397.3	404.1	429.4	427.1	414.2
65+ GP FTE	42.4	44.8	46.2	56.7	51.6	49.2
65+ Proportion of FTE (%)	11.3	11.3	11.4	13.2	12.1	11.9

Table 23: GPFTE number and proportion by GP's aged 65+ in ACT, 2018-2023 (DOHAC – General practice workforce)

The number of GP FTE provided by GP trainees (or registrars) was 32.5 in 2023, which was 7.8% of the total GP FTE in ACT (1). That is an annual growth rate of 8% over the last five years from 22.3 FTE in 2018, while the proportion of GP trainees also increased over the period.

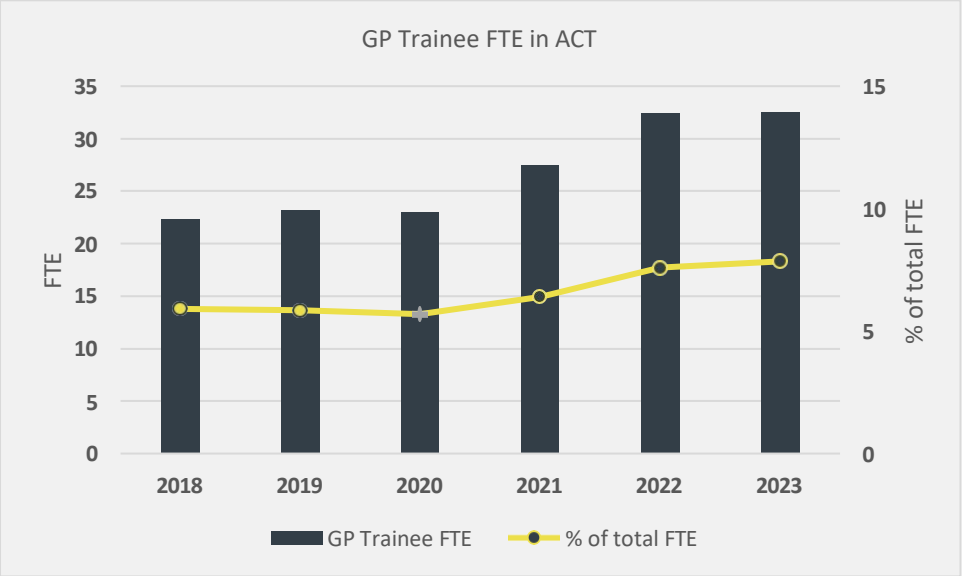

Figure 139: Number and proportion of primary care GP trainee FTE in ACT, 2018-2023 (DOHAC – General practice workforce)

In 2021, there were 0.49 GP trainee FTEs for every 65+ GP FTEs, a ratio that increased to 0.66 in 2023. While addressing the sustainability of the GP workforce is paramount, the growing ratio is a positive indicator for the age distribution of the GP workforce in ACT.

Barriers to sustainability

Barriers raised by stakeholders across the ACT that threaten the sustainability of the primary care workforce, and are detailed below.

- ***Ageing workforce:***
  Despite data suggesting the proportion of older GPs has remained relatively steady, stakeholders felt that the overall GP workforce is getting older and there are not enough younger GPs living and working in Canberra. A lack of younger GPs moving to ACT and preferring to live and work elsewhere raises a concern that the workforce volume will not grow at a rate required to match the growing population in the ACT, and that primary care provision and accessibility will suffer. The impact was particularly felt in certain regions of the ACT, where smaller, traditionally family-owned general practices, have GPs approaching retirement age, without younger GPs to support the practice in the future. This could create GP gaps in these regions, reducing accessibility to care. Further analysis is suggested to identify locations at risk.

- ***General practice closures:***
  Stakeholders were concerned about the potential loss of smaller, independent general practices in the ACT and the increase in large, corporate style general practices. Fuelled by the need to streamline costs of running a general practice and a lack of incentives provided to practices, many feel that only large general practices with many doctors can be profitable. Stakeholders were concerned that the trend could lead to concentration of doctors in large, central practices, with fewer general practices operating throughout the region. That could reduce accessibility and choice for consumers. It could also improve care coordination and multidisciplinary care.
- ***Resourcing:***
  Lack of funding and resources was identified as a key challenge facing general practices and the primary care workforce. Currently, costs of providing bulk billed services to all consumers are higher than income generated through Medicare repayments to practices. This was seen by many as the primary factor pushing general practices in the ACT to move to a private billing model, increasing out of pocket payments and financial stress on consumers. Increasing funding and resources to GPs would alleviate some of these concerns and enhance bulk billed services as a viable option for more general practices in the ACT.

- ***Perceptions of GP as a career:***
  The perception of general practice as a career option for junior doctors may have a substantial effect on their career decisions. Many stakeholders expressed the view that a career as a GP is considered disadvantageous, compared to other medical career options. Factors such as lack of early exposure to general practice, together with lower salary compared and lower perceived respect and recognition than other medical specialties were thought to contribute. Increasing exposure of junior doctors to general practice could improve perceptions of GPs and strengthen the workforce in ACT.

- ***Burnout:***
  'Burnout' is a syndrome resulting from chronic workplace stress that has not been successfully managed, and is characterised by feelings of exhaustion, feelings of distance, negativity and cynicism towards work and reduced personal efficacy (4). A survey completed in 2023 found that over 75% of GP registrars experienced moderate to high levels of burnout (5). High stress levels, high expectations, a large administrative load and overwhelming complexity may contribute to GP burnout and were proposed as challenges faced by many GPs in the ACT. Understanding, addressing and supporting people in the workforce who may be experiencing feelings of burnout is necessary to promote a strong, effective workforce. Similar experiences were reported across many allied health professions, with burnout cited as a key factor in turnover and turnover intention (6).

Barriers to support

Stakeholders identified areas impacting on the ability of the primary care system to provide continued support and assistance to younger, less experienced doctors. The two prevailing themes were lack of GP supervisors and lack of financial support.

- ***Lack of GP supervisors:***
  Stakeholders across the ACT reported a lack of experienced GPs willing to supervise GP registrars. Suitable supervisors are older, experienced doctors; and there is a high demand for their services. There are several competing opportunities for this cohort in the region, such as research roles and GP advisory roles with government and non-government organisations. This means that there are alternative paths for GPs who would like to reduce their clinical hours, limiting availability of GP supervisors.

- ***Financial support:***
  Many stakeholders felt that a barrier facing recruitment of GP supervisors is the associated financial sacrifice. GP supervisors suffer a reduction in clinical hours and, consequently, the number of consultations and practice income generated. It was felt that the lost revenue exceeds the payments made to a GP supervisor, meaning many general practices and GPs will be forgoing potential income.

Identified needs

- Improve support and assistance to primary health care professionals in the ACT to reduce risk of burnout and departure from the workforce.
- Improve supports to general practices to ensure long term sustainability of clinics across ACT.
- Improve incentives for GPs to become GP supervisors and focus on attracting GP registrars by addressing barriers to entry, promoting general practice as a career, and providing robust support to ensure growth and sustainability of the GP workforce.
- Provide ongoing education and training for primary care professionals to provide culturally safe, inclusive and responsive care to the ACT community.

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