



North Brisbane and Moreton Bay Joint Regional Needs Assessment (JRNA) 2025-27

This is a joint initiative between Brisbane
North PHN and Metro North Health.

phn
BRISBANE NORTH
An Australian Government Initiative



Queensland Government

Metro North Health



Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

Published by the State of Queensland (Metro North Hospital and Health Service), 2025.



This document is licensed under a Creative Commons Attribution 3.0 Australia licence.

To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Metro North Hospital and Health Service) 2025.

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Metro North Hospital and Health Service).

For more information, contact:

Health Service Strategy and Planning Unit, Metro North Hospital and Health Service, Green Square Cl,

Qld 4006, mnhhs_strategyandplanning@health.qld.gov.au

Knowledge, Planning and Performance, Corporate Services, Brisbane North PHN, Lutwyche Qld 4030, knowledgeplanningperformance@brisbanenorthphn.org.au

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Contents

Summary	4
About the JRNA	5
How the JRNA was developed	6
Region and population snapshot	6
Key JRNA findings	9
Enablers.....	17



Summary

The Joint Regional Needs Assessment (JRNA) is a comprehensive joint Brisbane North PHN and Metro North Health assessment of health and service needs of people living in the North Brisbane and the Moreton Bay region. It is used to identify unmet health needs and service gaps, inform service planning, set service priorities and better manage health resources / to improve community health outcomes.

Priority health needs

The priority health needs¹ identified in the JRNA are primarily related to cancer, mental health, chronic disease including preventable hospitalisations for chronic disease, oral health, women's health, commonly presenting conditions managed by General Practitioners (GPs) (e.g. mental health, chronic conditions, infectious health conditions, gastrointestinal conditions and sleep-related conditions), disability and avoidable mortality particularly for infants, youth, and Aboriginal and Torres Strait Islander peoples.



Priority service needs

The priority service needs² identified primarily related to cancer services, children, adolescent and young adults/youth (including first 2,000 days) services, mental health services, sexual health services, service navigation, specialist services and services for Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people (including refugee population), people with disabilities, people experiencing domestic and family violence and older persons.



Key enablers

The JRNA process also identified key enablers³ to support an effective response to health and service needs including holistic care, affordability, health literacy and health literate environment, social determinants, diverse and inclusive care and workforce development.



Within the region, there are geographical areas which experience higher levels of health and service need compared to the rest of Brisbane North / Metro North Health; these areas are concentrated in the Moreton Bay region including Caboolture, Bribie-Beachmere, Narangba and Deception Bay.

The needs and priorities identified for the North Brisbane and Moreton Bay region in 2024 are similar to those identified in previous years, noting this process happens every 3 years. Some newly identified needs and priorities relate to diverse, inclusive and safe care; needs of the neurodivergent population; affordability of healthcare, impact of the broader social determinants of health; upskilling the workforce to deliver culturally competent care; and improved workforce health and wellbeing. These are further detailed below.

1. Health needs: health needs refer to both healthcare needs and health needs. Healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), while health needs incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet (i.e. healthy eating behaviours), education, employment.

2. Service needs: The identified mismatch between health needs and demand, and the service capability and supply, now and into the future.

3. Enablers: A 'sub-set' of health needs that specifically refer to the fundamental factors that impact quality of life and effective service delivery (not directly associated with condition prevalence / service design and structure).

About the JRNA

The Joint Regional Needs Assessment is a detailed assessment of health needs, based on an analysis of local level data, and community, clinician and service partner consultation. The region's community health and service needs are met by primary, private, and Non Government Organisation (NGO) providers to name a few. The Brisbane North PHN in partnership with Metro North Health and collectively in close consultation with other partners undertook this needs assessment in 2024 (completed periodically every 3 years).

The scope of the JRNA included:

- The geographical area serviced by both Metro North Health and Brisbane North PHN.
- Adults and children residing in the region, and accessing care across primary care, community, and hospital and health services.
- All public and private health services delivered in the region across the care continuum, including primary care, acute, sub-acute, non-acute, ambulatory and palliative care, mental health, oral health, and aged care.
- Services delivered by Children's Health Queensland (CHQ) within the region.

There was a focus on groups of people who are more susceptible to poor health outcomes or who face additional barriers to accessing health services. **These groups included but were not limited to and may be across two or more of the areas:**



Aboriginal and
Torres Strait
Islander people



Older
persons



People living
with mental
illness



People
living with
disabilities



Culturally and
linguistically diverse
(CALD) communities



Refugee and
asylum seeker
backgrounds



Children



People who
identify as
LGBTIQA+



People
experiencing
or at risk of
homelessness

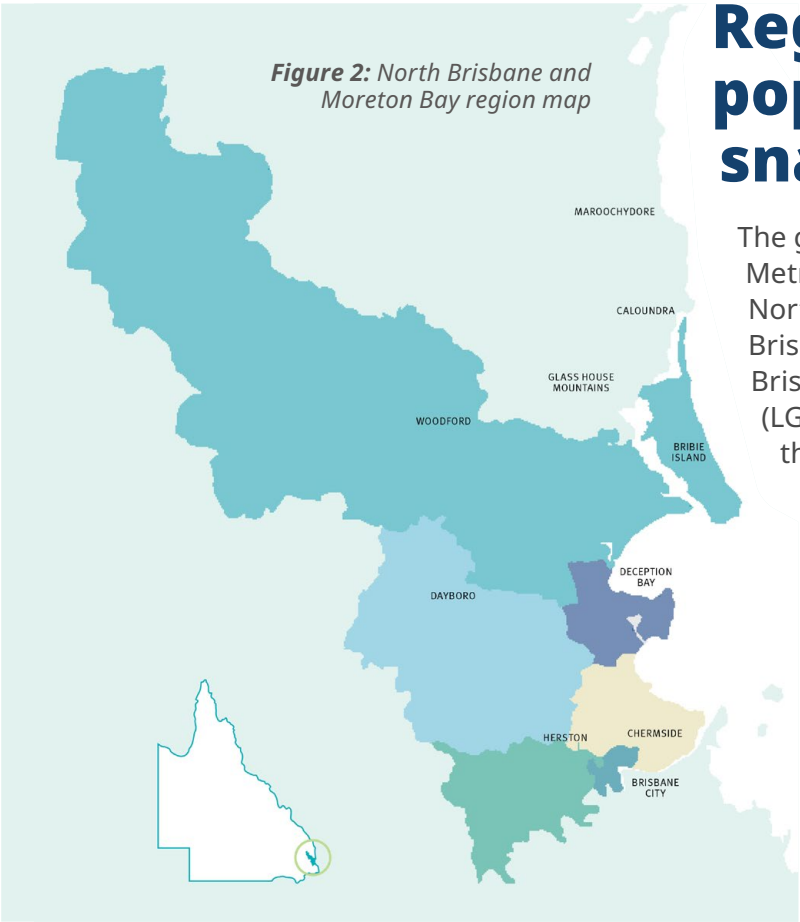
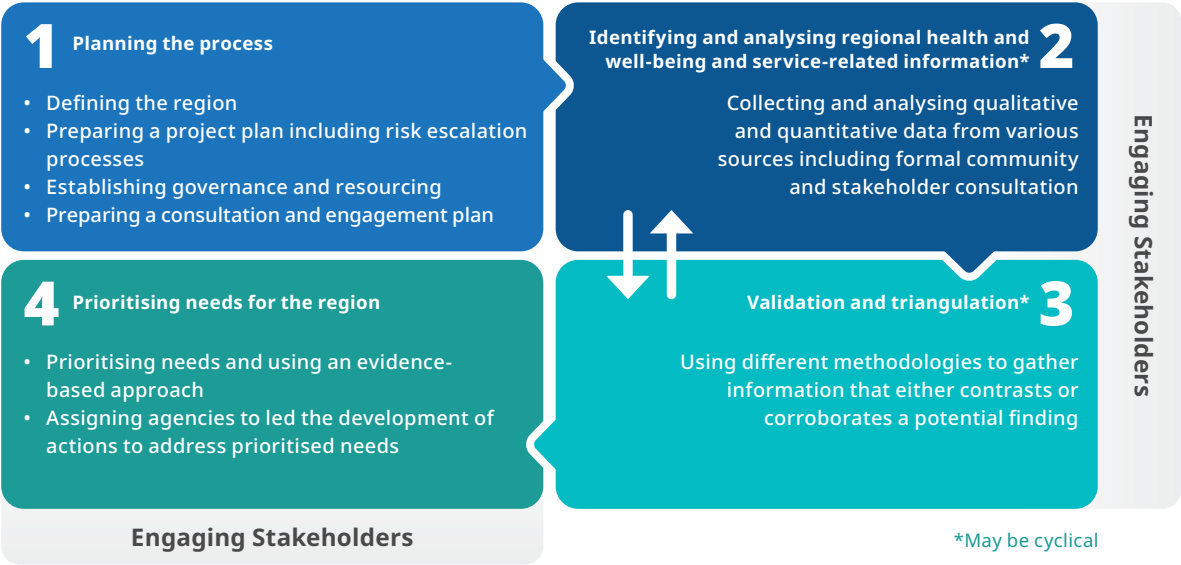


People experiencing
Domestic and Family
Violence (DFV)

How the JRNA was developed

The JRNA was developed over a period of 10 months and required access to expertise in health service planning, community engagement and consultation, health data analysis and reporting, design and administrative support. The process of development is summarised by the four steps below in line with the [JRNA Framework](#).

Figure 1: Process of developing the needs assessment, Department of Health, Framework



Region and population snapshot

The geographical catchment shared by Metro North Health and the Brisbane North PHN covers an area north of the Brisbane River and includes parts of the Brisbane City Local Government Area (LGA), Moreton Bay LGA, and parts of the Somerset LGA (Kilcoy).

LEGEND

- Moreton Bay - North
- Redcliffe - North Lakes
- Pine Rivers
- Brisbane North
- Brisbane Inner City
- Brisbane West

As of 30 June 2023, the North Brisbane and Moreton Bay region estimated residential population was **1,117,678 persons**.

- **29,527** identify as Aboriginal and/or Torres Strait Islander. This is **2.7%** of the population (**Qld 4.6%**); The age group with the highest proportion of Aboriginal and/or Torres Strait Islander was 0 to 4 years. The largest population of Aboriginal and/or Torres Strait Islander people living in Metro North by percentage were reported in Caboolture Hinterland (6.2%) and Caboolture (6.1%) areas.
- Median age in 2023: **36.9 years**.



- **61,075** people have a profound or severe disability this is **5.5%** of the population (**Qld 6%**).
- **Older persons** (persons aged 65 years and above) represented **15.5%** of the population.
- **Children** (aged 0 to 14 years) represent **17.4%** of the total population, with **14%** aged between 15-24 years.

Mental health:

- In 2022, high or very high psychological distress levels (K-10), were experienced at a rate of 14.9% per 100 population, which is **8.9% higher than the national rate**
- Between 2018 to 2022 there were **630 suicide and self-inflicted injuries** at a rate of 12.7 per 100,000 population (Qld 15.2)
- In 2021, **10.6% of the population had a long-term mental health condition**, which is 20.7% higher than the total Australian population (8.8%)
- In 2020-21, there were **2273 hospitalisations for intentional self-harm** at a rate of 215.7 per 100,000 population (Qld 187.7)



Social & economic factors impacting health:

- In 2023, the **unemployment rate was 3.4%** (Australia 3.5%), with 4.4% of the population receiving an unemployment benefit (Australia 3.5%)
- **54.9% of older persons** were receiving an age pension (Australia 63%)
- **158,460 people** are from non-English Speaking backgrounds which is 14.3% of the population (Qld 12.5%)





Health risk factors and chronic disease rates:

For 100 adults in 2022:

- **74.6%** did not meet the physical activity guidelines
- **44.2%** ate adequate amounts of fruit
- **34.6%** were overweight and 31.5 were obese
- **23.6%** consumed alcohol at high risk (more than 4 standard drinks on one day / more than 10 standard drinks in a week)
- **19.7%** experienced high blood pressure
- **14.9%** experienced high or very high psychological distress levels (K-10)
- **11.9%** were current smokers

For 100 adults in 2021:

- **10.6%** had a Mental Health Condition
- **8.9%** had Asthma
- **8.7%** had Arthritis
- **4.5%** had Diabetes
- **4.4%** had Heart Disease
- **3.4%** had Cancer (including in remission)
- **2.1%** had COPD
- **0.9%** had Kidney Disease
- **0.9%** had experienced Stroke
- **0.8%** had Dementia (including Alzheimer's)



Mothers and children:

Between 2019-21:

- **8.6%** of mothers smoked in pregnancy (Qld 11.5%)
- **6.5%** of babies were low birthweight. i.e. less than 2.5 kg at birth (Qld 6.7%)
- **A first trimester antenatal visit** only occurred in **37.6%** of pregnancies (Qld 38.4%)



Cancer screening:

Data collected between 2018-21 indicate cancer screening participation for the North Brisbane and Moreton Bay region to be lower than the national rate, other than for cervical screening which was slightly higher.

Cervical screening



Breast screening



Bowel screening



■ Region ■ National

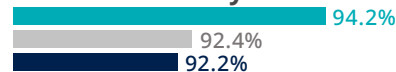


Immunisation rates:

Immunised at 5 years



Immunised at 2 years



Immunised at 1 year



■ Region ■ Qld ■ National

Life expectancy:

- **Males** – 78 years
- **Females** – 84 years



Key JRNA findings

Population group specific health and service needs identified through the JRNA are outlined below. High level findings for each targeted population group are provided below. These findings do not contain all the detail and is not an all-inclusive list. A detailed list of needs is available in the [full report](#).



Aboriginal and Torres Strait Islander people

High level health needs:

- There is a need to respond to the high rates of mortality amongst this population (including infant and youth). Understanding the key factors contributing to these rates is important. This is particularly evident in the Moreton Bay, including Caboolture, Bribie-Beachmere, Narangba, and Deception Bay region. Since 2011, cancer mortality rates in SEQ have increased (179.5 to 242.2 per 100,000 population). The gap between First Nations cancer mortality rates and non-First Nations mortality rates have also widened from a ratio gap of 1.04 times to 1.5 times. Survey and consultations highlight chronic conditions (e.g. asthma, kidney disease), cardiovascular conditions (e.g. heart disease), COPD (respiratory diseases), musculoskeletal disorders (e.g. back pain, arthritis), oral health, sexual health and mental health to be key health areas of concern.
- Strategies to minimise smoking during pregnancy (smoking before 20 weeks) amongst mothers is required, particularly in areas such as Bribie -

Beachmere, Brisbane Inner, Brisbane Inner - North, Brisbane Inner - West, Caboolture, Caboolture Hinterland, Chermside, Kenmore - Brookfield - Moggill, Narangba - Burpengary, North Lakes, Nundah, Redcliffe, Sandgate, Sherwood - Indooroopilly, Strathpine.

- The rate of obesity with BMI of 30 or higher among Aboriginal and Torres Strait Islander people is 31% (50% higher than the Qld rate) of 20%. Given that mothers are also more likely to have below the recommended number (eight) of antenatal visits during pregnancy, measures for preventative health are needed to reduce rates of smoking and obesity, particularly during pregnancy as both can impact health of the mother and child.

High level service needs:

- Collaboration between primary, community and specialist cancer care services for early intervention is needed for this population, especially women (incorporating women and men's cultural consideration).

- Timely and easy access to dental services, increased availability of mental health services, and for programs / initiatives that support social and emotional wellbeing; ensure services are underpinned by family centred care models.
- Access to preventative and holistic care such as regular exercise programs, physiotherapy, chronic pain management, self-care resources, support for personal wellbeing, smoking cessation programs and spiritual health services.
- Clinically responsive home visiting services to manage recovery and treatment outside hospitals (to maximise hospital resources, prevent prolonged hospital stays, and support patients in a familiar and culturally sensitive environment).
- Culturally responsive aged care support, including increased access to residential care facilities and respite services. The SEQ region has seen significant growth with the elders' population experiencing a growth rate of 34% over five years.



Older persons

High level health needs:

- There is a need for support services which recognise and respect older persons and address social needs (e.g. social isolation, financial assistance and future planning).
- The literature also underlines significant barriers experienced by older persons in accessing dementia care services, with support for carers and education for both the community and health professionals deemed essential.
- Improved access to health and aged care services in the community to prevent premature entry into aged care facilities.
- Increased access to mental health services (outpatient, inpatient and community services) for older persons, including responding to the demand and high utilisation of drug and alcohol services for this population.
- Address workforce needs by preventing workforce burnout and improving recruitment / retention for those supporting older persons.

High level service needs:

- Improved navigation and integration of healthcare services, including comprehensive care for older persons with comorbidities and complex care needs.



People living with mental illness

High level health needs:

- Presentation of mental health disorders in the previous 12 months was 24.5% in the Brisbane North PHN region (3% higher than the national average) between 2020-22. Mental health concerns in the region include anxiety, depression, psychosis, personality disorders, suicide and self-harm and alcohol and other drugs (AOD), for which appropriate care and support is needed.
- Population groups with increased mental health needs include Aboriginal and Torres Strait Islander people, refugees, LGBTIQ+ people, CALD populations and youth.
- Accessibility and affordability of services, discrimination, and healthcare training are key themes drawn from community consultation, that impact quality care.
- Aboriginal and Torres Strait Islander people require tailored support to minimise the rates of self-harm and suicide amongst these individuals.

High level service needs:

Improved access to mental health services is needed and increased services within the following areas:

- Crisis, suicide and self-harm support outside a hospital setting.
- Improved coordination and integration across the crisis support service system, particularly for women and children to navigate the system safely.
- Services for children, adolescents and young adults, with tailored services for a range of issues impacting youth mental health.
- Harm reduction services to better support substance misuse.
- Strategies and initiatives to respond to the high demand of drug and alcohol services for adults and older people.
- Community mental health services specifically for people with disabilities, people with neurodevelopmental disorders (NDD), young women and older persons.
- Eating disorders services, including the delivery of tailored services for vulnerable populations.
- Support for parent's mental health during pre and post-natal periods.



People living with disabilities

High level health needs:

- The region has a high number of areas above the benchmark for people with a profound or severe disability and a higher number of National Disability Insurance Scheme (NDIS) participants compared to the Qld average.
- 9 Brisbane Areas with high number of NDIS participants include Caboolture, Redcliffe, Strathpine, Bribie - Beachmere, Caboolture Hinterland, Narangba - Burpengary, North Lakes, Sandgate, The Gap – Enoggera. Brisbane North region has 18.6% of people with a profound or severe disability over the age of 65 years living in long-term accommodation compared with 3.4% who are under the age of 65 years.
- North Brisbane and Moreton Bay has a high number of areas above the disability support pensioner's national benchmark, particularly Caboolture, Redcliffe, Strathpine, Bribie - Beachmere, Caboolture Hinterland, Narangba - Burpengary, North Lakes, Sandgate, The Gap – Enoggera.
- Literature highlights that there are significant barriers to accessing healthcare including physical inaccessibility and discrimination. People with disabilities also experience higher rates of comorbidities and avoidable deaths compared to the general population. Inclusive healthcare environments, better coordination of care and training for health professionals is required.

High level service needs:

- Improved navigation / integration and accessibility of healthcare services through telehealth services, disability focussed clinical positions (consistent medical, social support services), specialised disability health clinics and complex care clinics. Increased access to NDIS and mental health services.
- Disability liaison officers and disability focused clinical positions to coordinate care, alongside improved physical accessibility and transport options to access care.
- Addressing issues of violence and ensuring safety for people with disabilities, particularly women and girls. For example, there is a need for better care and understanding of conditions like autism and Functional Neurological Disorder (FND) which are often misunderstood and lead to discrimination.
- Key themes from community consultation include a need for adequate mental health support, access to affordable and quality healthcare, support services, social, environmental and facility concerns, and managing co-morbidity with chronic health conditions. Additionally, there is a need for improved physical accessibility and transport options to access care.



Culturally and linguistically diverse (CALD) communities



Refugee and asylum seeker backgrounds

High level health needs:

- Mental health, dementia, heart disease, pain, oral health and diabetes are key needs for CALD individuals. In a recent survey by the World Wellness Group (WWG), 23% CALD respondents self-reported that they experience mental health issues 'a lot' of the time. Mental health issues such as anxiety, stress, depression, and trauma are especially prevalent among refugees.
- According to the Primary Mental Health Care Minimum Dataset 2023, among 1,932 multicultural clients who accessed primary mental health services in the region, there were approximately ~47% who accessed psychological therapy, ~36% who accessed child and youth specific mental health services, ~10% who accessed other services, and ~5% who accessed clinical care coordination.
- The literature scan identified chronic conditions like diabetes and heart disease, along with mental health issues, are prevalent in CALD communities. Barriers to healthcare include communication challenges, cultural differences, and stigma. There is an identified need for improved health literacy and better access to services. In the WWG survey (2024), diabetes and oral health issues were reported as key concerns. 18% of people from North Africa reported heart disease.
- 25% indicated they experience physical body pain 'a lot' of the time. For people from Arabic, Iranian, Karen and Syrian backgrounds, survey respondents indicated physical body pain impacted them or their families a lot.

- Key consultation themes include the need for improved access to healthcare services through addressing barriers such as stigma (for mental healthcare), low health literacy, low English proficiency and other cultural barriers.
- There are additional systemic barriers in accessing healthcare including visa status, Medicare eligibility, service costs, geographical availability and inadequate language support that need to be considered.

High level service needs:

- Children from CALD backgrounds need tailored culturally responsive services to include developmental issues to prevent delayed diagnosis and treatment (detailed further under the Children's Health section).
- A CALD model of care is needed including health workforce navigators to improve quality of care, enhance support, and improve navigation within the healthcare system.
- Additional interpreters are needed to improve quality of care, enhance language and cultural support, and improve navigation within the healthcare system for CALD population, and refugees and asylum seekers. There is a high relative utilisation of free interpreting services in General Practice in Brisbane City SA2, followed by the Hills District and Newstead – Bowen Hills.
- Need for oral health services including for the CALD communities and people from refugee and asylum seeker backgrounds.
- There is a need for increased cancer screening (bowel, cervical and breast) among the CALD population.



Children, adolescent and young adults/ youth (including first 2000 days)

High level health needs:

- Specific conditions for children's health which are highlighted are neurodiversity and eating disorders. In the region there are approximately 22.4% of children aged 4-5 years who are developmentally vulnerable on one or more of the AEDC (Australian Early Development Census) Domains. This was lower than the rate of developmental vulnerability in Queensland (24.7%), although exceeded the national rate of 22%. The following areas in Brisbane North scored lowest in the Early Development Index - Caboolture, Narangba - Burpengary, North Lakes, Nundah, Redcliffe, Sandgate, Strathpine.
- Infant mortality rates are above benchmarks for Bribie - Beachmere, Brisbane Inner, Brisbane Inner - North, Brisbane Inner - West, Caboolture - Caboolture Hinterland, Chermside, Kenmore - Brookfield - Moggill, Narangba - Burpengary, North Lakes, Nundah and Redcliffe and youth mortality is above the Queensland rate in Bribie - Beachmere, Narangba - Burpengary, Redcliffe and Strathpine.
- Neonatal/child health is also a focus area due to high rates of premature births; at times due to obesity during pregnancy and high rates of smoking during pregnancy in parts of the community.
- There is a need to address mental health including depression and anxiety in children.
- Address sexual health in adolescents and young adults who have been released from prison.

High level service needs:

- Provide better assessment, therapies and professional services for children with developmental delays and neurodiverse conditions that are linked to mental health; with consideration for service models that support families / children with neurodiverse conditions.
- Gender services to support children and adolescents with gender dysphoria or related issues.
- Need to address mental health during the first 2,000 days and early years (primary school), including offering parents support to identify atypical behaviours and seek help earlier. Early intervention can lead to reduced mental health presentations in adolescents and young adults.
- Mental health services which are appropriate for the 'missing middle' - often too unwell for primary care but not unwell enough for hospital and community care.
- Preventative healthcare services (i.e. immunisation, oral health, and sexual health). There is a need to increase immunisation rates for 2 and 5 Year olds above target for some areas in the Northern Region - Lower immunisation rates in Bribie - Beachmere, Brisbane Inner, Brisbane Inner - North, Brisbane Inner - West, Caboolture, Caboolture Hinterland, Chermside, Kenmore - Brookfield - Moggill, Narangba - Burpengary, North Lakes, Nundah, Redcliffe.

- Need to expand innovative solutions, such as the Intergenerational Programs, the GP in Schools Initiative and the Youth Mental Health and Wellbeing Hub.
- Obesity prevention and management strategies including healthy eating and physical activity.
- Sexual health drop-in centres are needed as an alternative to GPs for adolescents and young adults.
- Support services for social issues including social media use, youth justice and crime, domestic and family violence, food insecurity and homelessness.



People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQ+)

High level health needs:

- Specific health conditions are sexual health, weight loss, and chronic pain management.
- High levels of psychological distress and mental health issues are evident amongst these individuals.

High level service needs:

- Increased access to timely, inclusive, culturally-sensitive and safe healthcare services for people who identify as LGBTIQ+.
- Access to mental health and support services (safe and inclusive), recognising the high rates of psychological distress and suicidality within LGBTIQ+ communities.
- Increased access to affordable healthcare.
- Support services for social issues are namely, social isolation and loneliness, discrimination, police incident management, and additional support for carer.



People experiencing Domestic and Family Violence (DFV)

High level service needs:

- Access to health services including women's health specialists, sexual assault services, trauma informed care, and outreach nurse clinics.
- Increased access to community mental health services, particularly long-term counselling options, psychologists, and outreach nurse-led clinics to enable survivors of DVF to have support to recover from trauma.

- Perpetrator and victim identification and management service across agencies to either proactively prevent or minimise impact.
- Comprehensive sexual assault and sexual health services are needed that provide ongoing support, preventative measures, trauma informed care, sexually transmitted diseases and community sexual assault screening.
- Other key areas include screening services, increased collaboration between DFV agencies, reduced stigma and discrimination of health services.
- Support people experiencing DFV (e.g. with associated trauma) to navigate available primary and secondary health services (e.g. trauma-informed navigators and support workers who collaborate with DFV agencies to better integrate services), including establishing pathways for discharge into community.



Women's Health

High level health needs:

- Women experience higher-than-average cancer incidence, particularly melanoma of the skin, breast cancer, lung cancer, thyroid cancer, liver cancer, and uterine cancer. Breast cancer related avoidable mortality amongst women are more evident in areas such as Bald Hills - Everton Park, Bribie - Beachmere, Caboolture, Caboolture Hinterland, Chermside, Narangba - Burpengary, North Lakes, Sandgate.
- Additionally, compared to the Qld rate, Aboriginal and Torres Strait Islander women have 6.5% lower five-year survival rates for breast cancer.
- Menopause and endometriosis were common reasons females visited a GP. In the past five years, approximately 6,000 women visited a GP for endometriosis and approximately 6,700 women visited a GP for menopause in the region.

High level service needs:

- Improved rates of breast cancer screening for early detection and treatment.
- Appropriate management of pre and postnatal health issues.
- Increased access to affordable reproductive / gynaecological healthcare services that promote healthy reproductive choices with more experienced staff (GPs or Nurse Practitioners) to perform procedures such as Intrauterine (IUD) insertions, contraception, and termination of pregnancy.
- Increased access to timely mental health services for younger through to older women, including improved availability of mental health outreach services, community-based mental health initiatives and specialised mental health support services, including for those experiences domestic and family violence.
- Access to primary care pelvic pain clinics and services.



People experiencing or at risk of homelessness

A separate Health Needs Assessment has been completed for this population. A summary report is linked [here](#).

Enablers

The enablers specifically refer to the fundamental aspects of quality of life and effective service delivery.



Holistic care

This enabler category emphasises comprehensive care models and community support to enhance service navigation, reduce fragmentation, reduce burden on acute healthcare services, and strengthen community support systems. Specifically, for mental health, domestic and family violence, chronic migraines, people with disabilities and Aboriginal and Torres Strait Islander people.



Health literacy and health literate environment

Increasing awareness and understanding of health issues and building skills to lead one's own care is crucial. Improving literacy can help individuals navigate the system better and make informed decisions.



Workforce development

This involves enhancing training for healthcare providers focusing on preventative care and conveying healthcare messages in simple language. For CALD populations, Aboriginal and Torres Strait Islander peoples and people who identify as LGBTIQ+, educating providers on cultural competence is crucial. Women's health requires increased workforce awareness and support for perimenopause and menopause. More education on eating disorders for healthcare providers is also necessary.



Affordability

This focuses on advocating for more affordable mental health services. There is also an emphasis on increasing bulk billing and after-hours primary care services particularly for Aboriginal and Torres Strait Islander people.



Diverse and inclusive care

Ensuring culturally responsive services that reduce stigma, offer holistic care and are free from discrimination for communities such as LGBTIQ+, people with disabilities and Aboriginal and Torres Strait Islander people.



Social determinants

Addressing broader social factors like economic stability, housing, and education is vital.