



MENTAL HEALTH

OF THE **7** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **3** RATED MOST HIGHLY BY THE CAC WERE:

1

Holistic approach needed, including more focus on physical health



2

Stigma associated with mental health

3

GPs are seen as the key coordinator of services for people with mental health issues and need the required resources and training

ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » Current cap of 10 sessions under the existing Mental Health Plan is inadequate for those with persistent or severe mental health concerns.
- » Mental Health Nurses under promoted/underutilised.
- » Support GPs to navigate/know about available support (they are already overburdened).
- » More holistic view of mental health required as CAC members felt some GPs were quick to prescribe and that physical and spiritual health must be considered.
- » Dual diagnosis and co-morbidity concerns for those with multiple mental health difficulties and also those with a cognitive impairment or other disability.
- » Families/loved ones must be considered and involved in care planning and response to crisis.



OLDER ADULTS

OF THE **6** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **3** RATED MOST HIGHLY BY THE CAC WERE:

1 Palliative and end of life care including advanced care planning

2 Falls



3 Dementia

“More support is needed to help older people navigate services and improve transition between GP, hospital and RACFs.”

ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » Social isolation identified as a key consideration.
- » Health literacy and prevention emerged as important focus areas particularly around falls.
- » Access to allied health was noted as a good way to maintain and support health.
- » Advanced care planning and advanced care directives should be used to ensure person centered palliative and end of life care.



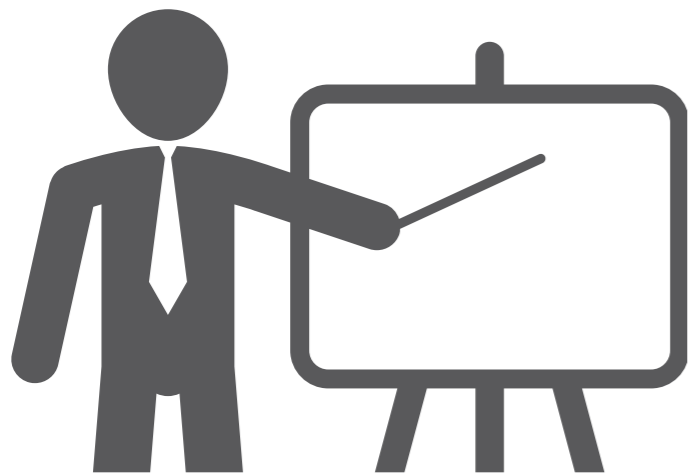
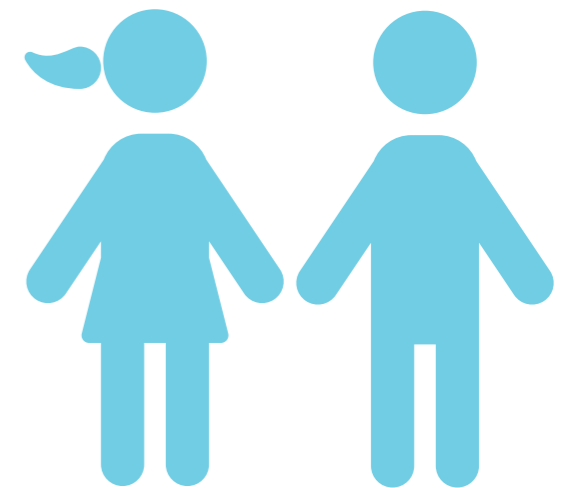
OF THE **8** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **4** RATED MOST HIGHLY BY THE CAC WERE:

1 Alcohol and substance abuse (including ice) as an emerging trend identified as an issue with low numbers of service options generally

3 Limited promotion, prevention and early intervention strategies in the region

2 Mental health services particularly for young people

4 Ensuring access and awareness of appropriate mainstream services



ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » Focus on social inclusion and equity.
- » Improve cultural competency education for health practitioners.
- » There is a lack of Indigenous practitioners, more support needed to increase numbers.
- » Engage and empower Elders, ensure they are supported as change makers.



IMMUNISATION



OF THE **4** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **2** RATED MOST HIGHLY BY THE CAC WERE:

ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » Strong and consistent message from CAC re more information (also clearer information) is needed for parents on immunisation and specific vaccinations.
- » Information also needs to be provided to students/teenagers about vaccinations as it is their body, information should be tailored to be easily understood.
- » Concern raised about demonising those who do not choose to immunise.
- » Credible information regarding side effects and potential adverse responses needs to be proactively provided to parents and students to support informed decision making.
- » Accessibility of vaccines for socially disadvantaged groups and those outside the school system (school aged and older).

1

Focus on areas of low childhood immunisation
(low rates and high numbers of children not immunised)

2

Practice support and workforce training





CANCER SCREENING

OF THE **5** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **2** RATED MOST HIGHLY BY THE CAC WERE:

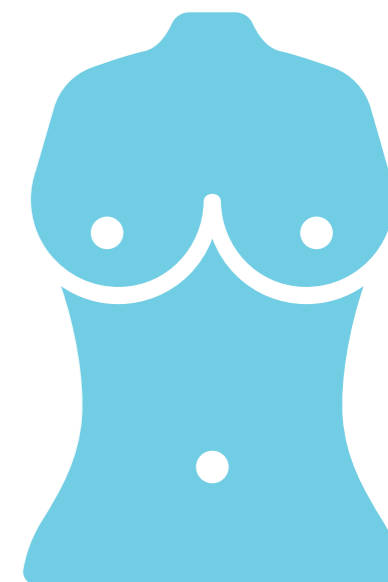
1

Low bowel cancer screening participation



2

Low breast cancer screening participation



“Stigma and ‘yuck’ factor around screening remain, more needs to be done to support acceptance among target groups.”

ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » CAC felt a focus on prostate checks should be flagged as an important future consideration.
- » Community are still not aware of eligibility and benefits of screening.
- » Transient population needs to be factored in to GC results, perhaps better coordination with Northern NSW and improved data sharing with screening providers.



CHRONIC DISEASE

OF THE **6** IDENTIFIED POTENTIAL HEALTH NEEDS AND SERVICE ISSUES THE **3** RATED MOST HIGHLY BY THE CAC WERE:



1 Self-management and health literacy for chronic disease

2 Lack of coordination across the broader health sector particularly discharge planning

3 Medication Management

ADDITIONAL HEALTH NEEDS AND SERVICE ISSUES SUGGESTED BY CAC MEMBERS

- » Holistic approach is needed, physical, mental and spiritual health are connected but do not seem to be considered equally.
- » More support for people to manage their own health and empower them to share ownership of outcomes (technology and education programs).
- » Macular degeneration was also raised, particularly for older people.
- » Stroke was raised as important consideration.
- » Pharmacies have a role to play in supporting chronic disease management.