

*“Building one world class  
health system for the Gold Coast.”*

**ABORIGINAL  
AND TORRES  
STRAIT  
ISLANDER  
MENTAL HEALTH  
AND SUICIDE**

**Needs  
Assessment  
Summary**



**2018**

**phn**  
GOLD COAST

An Australian Government Initiative

# Aboriginal and Torres Strait Islander Health Mental Health and Suicide

Aboriginal and Torres Strait Islander people require access to mental health services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet their mental health and healing needs of the individual at the local level. Services need to complement and link with other closely connected activities, such as social and emotional wellbeing services, mental health services, suicide prevention approaches and alcohol and other drug services. Culturally appropriate health service providers facilitate more effective mental health service delivery and improved mental health outcomes for Aboriginal and Torres Strait Islander people. This requires cultural awareness, cultural respect, cultural safety and an understanding of the broader cultural determinants of health and wellbeing.

## Identified local health needs and service issues

- Access and awareness of appropriate services
- Mainstream services that are culturally appropriate and safe
- Limited Australian and Torres Strait Islander workforce in specialist mental health services including suicide support



## Key findings

- Gold Coast has a relatively small Aboriginal and Torres Strait Islander population with greater density in Coolangatta, Nerang, Ormeau-Oxenford and Southport.
- While there is limited local data, national trends indicate high rates of mental health issues for Aboriginal and Torres Strait Islander people
- There are limited Aboriginal and Torres Strait Islander specific mental health services and workers; cultural needs are not well met by mainstream service providers.
- There can be stigma associated with Aboriginal and Torres Strait Islander people seeking treatment, and for men there can be “shame” associated with accessing services.
- Men’s groups in the north and south of the region are engaging Aboriginal and Torres Strait Islander men well and could be expanded.



## Prevalence, service usage and other data

In 2016 there were 9,501 people living on the Gold Coast who identified as Aboriginal and/or Torres Strait Islander of which is 1.7% of residents. This is less than the greater Queensland rate of 4%. Local Aboriginal and Torres Strait Islander service providers report that the identified population are likely to be an underestimation.

The Statistical area (SA3) regions with the highest numbers of Aboriginal and Torres Strait Islander residents were Ormeau-Oxenford (2,353 people), Nerang (1,274 people) and Coolangatta (1,200 people).

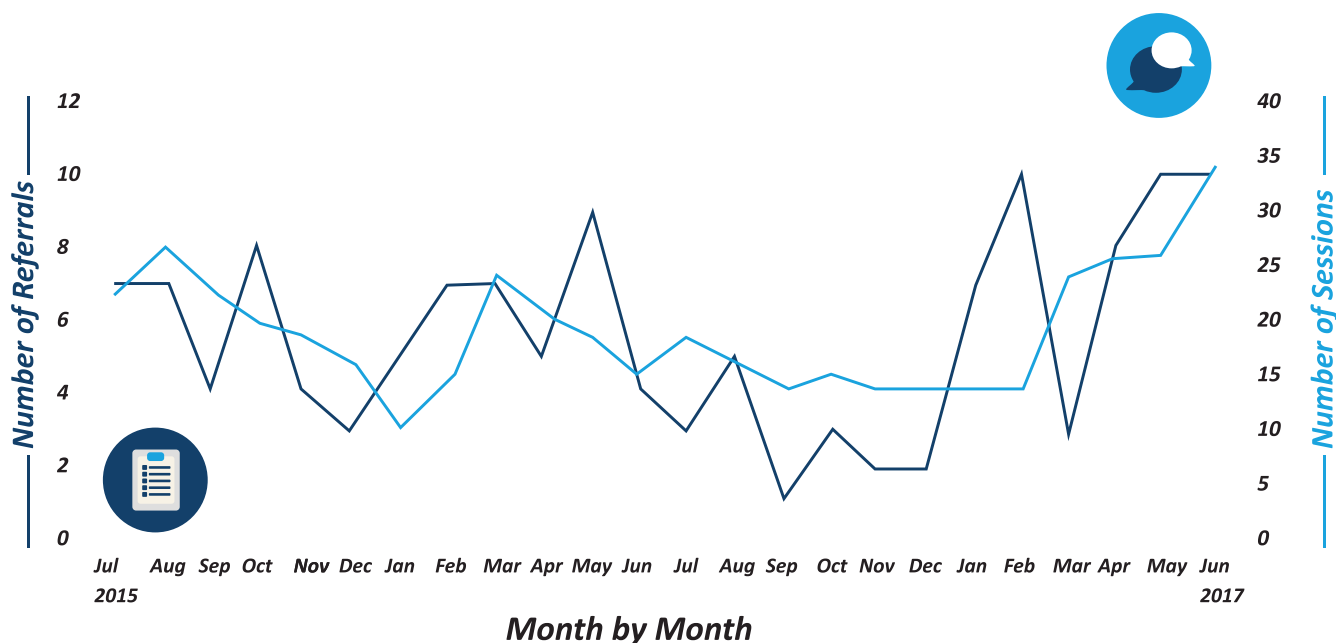
The 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey collected information on wellbeing and found most (nine-in-ten) Aboriginal and Torres Strait Islander people felt happy some, most, or all of the time. However, findings also indicated Aboriginal and Torres Strait Islander adults were almost three times more likely to feel high, or very high, levels of psychological distress (in the 4 weeks prior to the survey) than non-Indigenous adults. This was about 30% of people aged over 18 years. Applying this figure to the Gold Coast's 5,748 Aboriginal and Torres Strait Islander people aged over 18 in 2016, leads to an estimate of 1,724 people.

Of the 665 suicides reported in 2016 in Queensland, 52 (7.82%) were by Aboriginal or Torres Strait Islander people. Of these, 37 were male (71.2%) and 15 were female (28.8%). The majority of Aboriginal and Torres Strait Islander suicides occurred in people under the age of 35 years (65.9%), while just over a quarter were aged 35-54 years (28.6%) and 5.6% were 55 years or older.

Gold Coast had the lowest number of suicides by Aboriginal and/or Torres Strait Islander people in Queensland for the 2011-13 period. True suicide mortality figures in Aboriginal and Torres Strait Islander populations remain poorly understood due to incomplete data collection processes and inaccurate classification systems.

Over the period July 2014 to June 2017, Access to Allied Psychological Services (ATAPS) referral rates for Aboriginal and Torres Strait Islander individuals were small and fluctuated greatly. Figure 1 shows the ATAPS Aboriginal and Torres Strait Islander referral and service frequency over the period July 2014 to June 2017. The ATAPS program ceased as of 30 June 2017 and has been replaced by the Psychological Services Program.

**Figure 1. ATAPS referrals for and service utilization by A&TSI clients, 2015-2017**



For many Aboriginal and Torres Strait Islander people in the community, being able to access culturally safe and competent health care is key to the accessibility and effectiveness of health services. The visible presence of Aboriginal and Torres Strait Islander staff members (such as Aboriginal Health Workers) has been demonstrated to help manage the risk of services unintentionally alienating Aboriginal and Torres Strait Islander people.

Based on 2015 workforce data there very small numbers of clinicians who identified as Aboriginal and Torres Strait Islander people as noted in Table 1.

**Table 1 Number of clinicians who identified as Aboriginal and Torres Strait Islander, GCPHN region and National, 2015**

**General Practitioners**

(GCPHN) region total number of clinicians **693**. Percentage who identified as Aboriginal and Torres Strait Islander **1.2%**  
**Nationally 0.4 %**

**Psychiatrists**

GCPHN region total number of clinicians **66**. Percentage who identified as Aboriginal and Torres Strait Islander **0%**  
**Nationally 0.5 %**

**Psychologists**

GCPHN region total number of clinicians **66**. Percentage who identified as Aboriginal and Torres Strait Islander **0.7%**  
**Nationally 0.7 %**

# Service Mapping

Services	Number in GCPHN Region	Distribution	Capacity Discussion
GCPHN funded Psychological Services Program (PSP), Aboriginal and Torres Strait Islander Social and Emotional Wellbeing service.	Of the 67 PSP providers (2016-17), 19 are contracted to provide Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Services.	Providers are situated across the region.	There are limited mental health services on the Gold Coast that are specifically for Aboriginal and Torres Strait Islander people.
e-mental health services.	AIMhi Stay Strong App.	Online Services. Public and health professional awareness of these services would drive uptake/demand.	While many service providers identify Aboriginal and Torres Strait Islander people as a target group within their broader programs, only the Gold Coast Aboriginal Medical Service (AMS), Krurungal and Gold Coast Health offer specific Aboriginal and Torres Strait Islander services.
Gold Coast Health – 2 programs specifically for Aboriginal and Torres Strait Islander people (focus is on supporting access to mainstream services), also client liaison support outside of programs.	2 (Aboriginal and Torres Strait Islander Health & Yan-Coorara).	Palm Beach and outreach.	The Aboriginal and Torres Strait Islander Health service (Gold Coast Health) deliver one Indigenous specific mental health and Alcohol and Drugs program providing supported access for Aboriginal and Torres Strait Islander people to mainstream mental health and AOD services.
Kalwun - Gold Coast Aboriginal Medical Service - counselling, psychology, mental health nurse, case manager, suicide prevention worker, Alcohol and Other Drugs clinician and General Practitioners. GCPHN funds the social and emotional wellbeing, suicide prevention and Alcohol and other drugs services.	1	3 clinics (1 in Bilinga, 1 in Miami and 1 in Oxenford)	Aboriginal Mental Health Navigator to be appointed by Gold Coast Health 2018.
Krurungal- GCPHN funded non-clinical care coordination for alcohol and other drug issues	1	Outreach, office based at Bilinga	
Krurungal - Partners In Recovery (PIR) - service coordination/facilitation program.	There are 2 part-time ATSI identified positions as PIR workers.	Outreach. Office based at Bilinga. Partners In Recovery due to end in June 2019	

# Consultation

## Service provider consultation

The consultation with service providers identified that there is a clear need for capacity building to ensure cultural capability exists in all mental health services. Wrap-around care and more formalised care coordination and case management as well as support worker options need to be available for Aboriginal and Torres Strait Islander service users. This best promotes client satisfaction and engagement in their care. A holistic approach, outreach models, specific Aboriginal and Torres Strait Islander workers that support mainstream services and establishing strong relationships between mainstream and Aboriginal and Torres Strait Islander services were identified as essential elements to ensure this client group benefit from effective and trusted referral pathways. The limited presence of Aboriginal and Torres Strait Islander workers in the region was a key point throughout the consultation. Particularly the need was identified for an Aboriginal and Torres Strait Islander worker that is skilled in providing suicide prevention.

## Service user consultation

Service users stated that enhancing the Aboriginal and Torres Strait Islander workforce to enable workers to provide care coordination and specialist mental health services such as suicide support would be received positively. Accordingly, feedback also suggested that service user satisfaction could be improved through increasing the coordination of services by using established, well-developed and trusted pathways to support client referrals into culturally appropriate services. Likewise, client satisfaction could also be improved by increasing the cultural competency of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander clients.

There is limited data or input provided through direct consultation with this group. However, feedback did identify that stigma and the “shame factor” can prevent people in this group seeking help. There are some groups on the Gold Coast that provide soft entry points for Aboriginal and Torres Strait Islander men and it is reported that these are working effectively and have the potential to be expanded.

## Consultation and feedback from stakeholders throughout 2018 found:

- The most commonly identified issue affecting access to Indigenous specific services is transport, with secondary issues including access to brokerage funds to cover expenses such as public transport cards, phone credit and fuel.
- Housing issues, rental arrears and lack of funds for food are ongoing system issues that are difficult to overcome. Increase in clients and families that are experiencing or at risk of homelessness.
- There is a demand from community for more Aboriginal and Torres Strait Islander workers, particularly male workers for both mental health and alcohol and other drugs. There is a limited pool of workers and recruitment to new positions is challenging.

# Gold Coast Primary Health Network

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