

Gold Coast Primary Health Network  
NEEDS ASSESSMENTS 2020

# ABORIGINAL AND TORRES STRAIT ISLANDER - MENTAL HEALTH AND SUICIDE



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GOLD COAST

An Australian Government Initiative

# ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SUICIDE

Aboriginal and Torres Strait Islander people require access to services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet their social and emotional wellbeing needs of the community. These needs and responses must be culturally informed, and community led, including healing initiatives to more sustainably address the ongoing effects of colonisation and forced removal policies. 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, an understanding of the broader cultural determinants of health and wellbeing, including colonisation, stolen generations and racism that continue to impact on the lives of Aboriginal and Torres Strait Islander peoples.

While many service providers identify Aboriginal and Torres Strait Islander peoples as a target group within their broader programs, only Kalwun- Gold Coast Aboriginal Medical Service (Kalwun), Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing (Kruungal), and the Aboriginal and Torres Strait Islander Health Service- Gold Coast Health, offers specific Aboriginal and Torres Strait Islander services. The Karulbo partnership brings together these three key partners to improve collaboration between services and provide a platform for community and other services to come together to collaboratively progress the health and wellbeing of the Aboriginal and Torres Strait Islander community.

Kalwun's Social Health Program offers comprehensive support for Aboriginal and Torres Strait Islander people who are struggling with their mental health or for those with alcohol and other drug needs. The program works within a social and emotional wellbeing framework and provides clinical and non-clinical treatment and a range of psychotherapeutic interventions.

Kruungal provides community-based support for Aboriginal and Torres Strait Islander people within the Gold Coast region. This culturally safe connection point and referral service supports individuals and families who are seeking support for a variety of needs, including mental health, suicide prevention, alcohol, and other drug concerns.

To help bridge the gap between mainstream mental health and drug and alcohol services, the Gold Coast Health's Aboriginal and Torres Strait Islander Health Service delivers a range of services to the Aboriginal and Torres Strait Islander community with the Yan-Coorara and Hospital Liaison Services providing advocacy and cultural support to assist the Aboriginal and Torres Strait Islander community to access services. This service within Gold Coast Health also provides cultural awareness training and has recently introduced the Courageous Conversations (TM) About Race Program to support and build cultural capability and provide tools to have conversations about race and racism.

# ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SUICIDE

## Local health needs and service issues

- There is a demand for Aboriginal and Torres Strait Islander mental health, alcohol and other drug work-force to be supported to grow and develop at all levels
- Mainstream services required to have capacity to safely and effectively work with Aboriginal and Torres Strait Islander peoples.
- Mental health, suicide prevention, alcohol and other drugs services continue to actively work towards reconciliation and health equity.
- Access and awareness of appropriate services limited

## Key findings

- Gold Coast has a relatively small Aboriginal and Torres Strait Islander population with higher density in Coolangatta, Nerang, Ormeau-Oxenford and Southport.
- National data indicates the Aboriginal and Torres Strait Islander community is particularly vulnerable
- 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 on.



## Prevalence, service usage and other data

Based on figures from the 2016 Census, the estimated resident population was 11,356 Aboriginal and Torres Strait Islander people living within the Gold Coast region, which represents approximately 1.8% of the total Gold Coast resident population. This is lower than the greater Queensland rate of 4.3%. Local Aboriginal and Torres Strait Islander service providers report that the identified population are likely to be an underestimation. The SA3 regions with the highest numbers of Aboriginal and Torres Strait Islander residents were Ormeau-Oxenford (2,804 people), Nerang (1,494 people) and Coolangatta (1,432 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 before 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.

In 2017-18, Aboriginal and Torres Islander people, who represent 3.3% of the Australian population<sup>1</sup>, accounted for 10.9% of mental health-related ED presentations, compared with 6.7% of all ED presentations. The rate of mental health-related ED presentations for Indigenous Australians was more than four times that for other Australians (455.9 and 106.8 per 10,000 population respectively)<sup>2</sup>. On the Gold in 2019/20, a total of 7,403 mental health-related ED presentations occurred at Gold Coast University Hospital and Robina Hospital. Of these, 375 (5%) were Aboriginal and Torres Strait Islander people.

### ***Social and emotional wellbeing***

Mental health conditions include a wide range of disorders varying in severity. Self-reported data from the Australian Bureau of Statistics survey, in which respondents were asked if they had been diagnosed with a long-term mental health (for example depression and anxiety) and behavioural condition (for example alcohol and drug problems, attention deficit hyperactivity disorder).

In 2018-19, among the total Indigenous Australian population:

- An estimated 24% (187,500) reported a mental health or behavioral condition
- Anxiety was the most reported mental health condition (17%), followed by depression (13%)
- The rate of Indigenous Australians reporting 'high or very high' levels of psychological distress was 2.3 times the rate for non-Indigenous Australians, based on age-standardised rates<sup>3</sup>

### ***Suicide***

The suicide rate in Queensland Aboriginal and Torres Strait Islander peoples is twice that of the non-Indigenous population, and suicide occurs at a much younger age. Intentional self-harm is the fifth highest cause of death for Indigenous people, with males representing the vast majority (83%) of suicide deaths<sup>4</sup>



Of the 757 suicides reported in 2019 in Queensland. Aboriginal and Torres Strait Islander females living in Queensland accounted (11.9%) of all female suicides while males accounted for 8.3% of all male suicides<sup>6</sup>. The age group of 20-24 had the highest number of suspected suicides by Aboriginal and Torres Strait Islander Queenslanders.

Gold Coast recorded the lowest number of suicides by Aboriginal 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.

### **Psychological Services Program**

The Psychological Services Program (PSP) provides short term psychological interventions for financially disadvantaged people with non-crisis, non-chronic, moderate mental health conditions or for people who have attempted, or at risk of suicide or self-harm. This program targets seven underserved priority groups including children, people at risk of homelessness and suicide prevention.

From the 1st of July 2019 to 30th June 2020 there were:

- 1,273 referrals
- 5,716 sessions delivered across the seven target areas

A review of clients accessing Psychological Services Program (PSP) for Aboriginal and Torres Strait Islander people over the last 12 months showed 92 referrals occurred leading to 237 sessions.

**Table 4. Number of persons accessing Psychological Services Program on the Gold Coast, suicide prevention 1st July 2019 to 30th June 2020.**

<b>FY 2019/20</b>	<b>Referrals</b>	<b>Rate of referrals from specified group</b>	<b>Sessions</b>	<b>Rate of total sessions delivered from referrals from specified group</b>
<b>Adult Suicide Prevention</b>	761	60%	3,971	69%
<b>Children</b>	258	20%	1,016	18%
<b>Aboriginal and Torres Strait Islander</b>	92	7.2%	237	4.1%
<b>Homeless</b>	42	3.3%	147	2.6%
<b>CALD</b>	30	2.4%	126	2.2%
<b>Perinatal</b>	63	4.9%	112	2.0%
<b>LGBTIQAP+</b>	27	2.1%	107	1.9%
<b>Total</b>	1273		5,716	

Appropriate, culturally safe accessible services are an essential component of health care for Aboriginals and Torres Strait Islander Australians . Indigenous Australians are significantly under-represented in the health workforce, which potentially contributes to reduced access to care services for the broader Indigenous Australian population. The Indigenous workforce is essential to ensuring that the health system can address the needs of Indigenous Australians. Indigenous health professionals can align their unique technical and sociocultural skills to improve patient care, improve access to services and ensure culturally appropriate care in the services that they and their non Indigenous colleagues deliver.

Health workforce data identified in 2018 of the 807 active General Practitioners on the Gold Coast, 11 (1.4%) identified as Aboriginal and/or Torres Strait Islander with similar findings of Specialist on the Gold Coast with 0.6% identifying as Aboriginal and/or Torres Strait Islander. Data suggest Gold Coast Aboriginal and Torres Strait Islander Health workforce representation is consistent with the national figures.

National data identified in 2018, the age-standardised rate of General Practitioners who identified as Aboriginal and/or Torres Strait was 16 per 100,000 people compared to 113 per 100,000 people among non-Indigenous Australians in 2018

**Table 5. Aboriginal and Torres Strait Islander people in the health workforce, Gold Coast, 2018**

	General Practitioners on Gold Coast	Specialist
Total	807	904
Aboriginal and/or Torres Strait Islander	11	5
Rate of Indigenous workforce	1.4%	0.6%

Source. Health Workforce Data, Department of Health, 2018

## Service System

Services	Number in GCPHN Region	Distribution	Capacity Discussion
Psychological Services Program (PSP), Aboriginal and Torres Strait Islander Social and Emotional Wellbeing service.	20 PSP providers	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.  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.
e-mental health services.	AIMhi Stay Strong App.	Online Services. Public and health professional knowledge of these services would drive uptake/demand.	The Aboriginal and Torres Strait Islander Health service (Gold Coast Health) deliver one Indigenous specific mental health and AOD program providing supported access for Aboriginal and Torres Strait Islander people to mainstream mental health and AOD 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.	Aboriginal Mental Health Navigator to be appointed by Gold Coast Health 2018.
Gold Coast Aboriginal Medical Service - counselling, psychology, mental health nurse, case manager, suicide prevention worker, Alcohol and Other Drugs clinician and General Practitioners.	1	3 clinics, 1 in Bilinga, 1 in Miami and 1 in Oxenford.	The Community Pathway Connector program provides a culturally safe, flexible connection point for Aboriginal and Torres Strait Islander peoples to be supported through an assessment of needs, and warm facilitation of onward referrals through health services and other social determinants of health to support overall wellbeing. This service is limited in capacity.
Kalwun - Non-clinical care coordination for Alcohol and other Drugs issues.	1	3 Aboriginal Medical Service locations (Bilinga, Miami, Oxenford)	
GCPHN Funded Community Pathway Connector Program	1	GCPHN region	

## Consultation

### Joint regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drug Services

- Gold Coast Primary Health Network (GCPHN) and Gold Coast Health jointly led the development of the Plan
- This Joint Regional Plan is a foundational plan for the Gold Coast region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol, and other drugs services in the Gold Coast region
- The process brought together cross-sectoral and community stakeholders to develop, agree and document a shared understanding of the issues our region faces, a shared vision for the future, and a roadmap for change
- The Joint Regional Plan took a person-centred approach to consultation because we understand that whilst there are unique elements to mental health, suicide prevention, alcohol and other drugs, and Aboriginal and Torres Strait Islander social and emotional wellbeing, many of the issues people face are interrelated and multifactorial.
- Local Aboriginal and Torres Strait Islander community representatives were involved in the broad range of stakeholder engagements throughout the planning process, including the governance structures
- In addition to the mainstream engagement opportunities, specific consultation was also conducted with staff from Kalwun-Gold Coast Aboriginal Medical Service, Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing , and Aboriginal and Torres Strait Islander Health Service- Gold Coast Health.
- Consultation with the local Aboriginal and Torres Strait Islander community representatives identified Current state and identified gaps:
  - o The link between racism and poor health outcomes is well established, and a high proportion of Aboriginal and Torres Strait Islander peoples experience high levels of direct and indirect racism daily.
  - o Reconciliation promotes unity and respect and helps to address racism and discrimination by starting conversations and strengthening relationships. While not explicitly focused on service delivery, Reconciliation is about changing attitudes, recognising a shared past, and creating a culturally safe environment
  - o Through this collective action, we can address the broader determinants of health and improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.
  - o Holistic approaches with specific Aboriginal and Torres Strait Islander workers that support main stream services has been identified as essential for the region to provide more equitable and effective service delivery and improved outcomes for Aboriginal and Torres Strait Islander people.
  - o Social and emotional wellbeing is an important foundation for Aboriginal and Torres Strait Islander peoples' health. However, many models of care, including Aboriginal and Torres Strait Islander health checks in primary care, do not include social and emotional wellbeing screenings
  - o The percentage of the health workforce that identifies as Aboriginal and Torres Strait Islander is not proportionally representative.
  - o 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



## 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.

Due to unforeseen circumstances, capturing the graphically recorded consumer journey of an Aboriginal and Torres Strait Islander client was not possible. There is also 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 2019/20 confirmed:***

- 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 go 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.

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