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➤ **Social & emotional
wellbeing for
Aboriginal and Torres
Strait Islander people**

Needs Assessment

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GOLD COAST

An Australian Government Initiative

➤ Social & emotional wellbeing for Aboriginal and Torres Strait Islander people

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 Primary Health Network (GCPHN) 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.

Health needs and service issues

- Limited Aboriginal and Torres Strait Islander health workers.
- Mental health, suicide prevention, alcohol and other drugs services continue to actively work towards reconciliation and health equity, cultural needs improving in mainstream service providers.
- Access and awareness of appropriate services limited.
- System navigation is difficult for General Practitioners and people.
- Low uptake to Aboriginal and Torres Strait Islander Social and Emotional wellbeing services in Psychological Services Program.
- Evolving service system results in General Practitioners being unclear about available services and the pathways to access these services.
- Low rate of Aboriginal and Torres Strait Islander people with a coded mental health diagnosis in Gold Coast mainstream general practices.

Key findings

- National data indicates the Aboriginal and Torres Strait Islander community is particularly vulnerable.
- Indigenous patients on the Gold Coast have a lower prevalence of coded mental health diagnoses compare to non-Indigenous in Gold Coast general practices (Excluding Kalwun).
- Indigenous patients with a coded mental health diagnoses had a slightly higher rate compared to non-Indigenous for people who had claimed a mental health treatment plan in the last 12 months (Excluding Kalwun).
- Gold Coast has a relatively small Aboriginal and Torres Strait Islander population with higher density in Coolangatta, Nerang, Ormeau-Oxenford, and Southport.
- 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.
- High rate of emergency department presentations for mental health for Aboriginal and Torres Strait Islander people.

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 GCPHN region, which represents approximately 1.8 per cent of the total Gold Coast resident population. This is lower than the greater Queensland rate of 4.3 per cent. Local Aboriginal and Torres Strait Islander service providers report that the identified population are likely to be an underestimation. The Statistical Area Level 3 (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 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 per cent of people aged over 18 years. Applying this figure to the Gold Coast's 5,748 Aboriginal and Torres Strait Islander people aged 18 years and over in 2016, is an estimate of 1,724 people.

Mental Health Emergency department presentations

In 2017-18, Aboriginal and Torres Islander people, who represent 3.3 per cent of the Australian population¹, accounted for 10.9 per cent of mental health-related ED presentations, compared with 6.7 per cent 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)². On the Gold Coast 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 per cent) 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, 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 per cent (187,500) reported a mental health or behavioural condition.
- Anxiety was the most reported mental health condition (17 per cent), followed by depression (13 per cent).
- 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 rates³.

Analysing data extracted from GCPHN PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region⁴. As of March 2021, of the 10,340 active Indigenous patients (three visits in the past two years) 7 per cent (n=728) had a coded mental health diagnosis. Table 1 highlights active Indigenous and non-Indigenous population with coded chronic obstructive pulmonary diagnoses, with management indicators.

1 ABS (Australian Bureau of Statistics) 2018. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. Cat. No. 3238.0.55.001. Canberra: ABS

2 Mental health services in Australia, Australian Institute of Health and Welfare, 2020

3 ABS (Australian Bureau of Statistics) 2019. National Aboriginal and Torres Strait Islander Health Survey, 2018-19. ABS cat. no. 4715.0. Canberra: ABS.

4 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), the data is still able to provide valuable insights into population cohorts that access primary care in the Gold Coast PHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple general practices.

Table 1. Active population with coded mental health diagnoses, Indigenous and non-Indigenous patients, March 2021

	All general practices excluding Kalwun		All general practices excluding Kalwun	
	Number	Rate	Number	Rate
	Indigenous patients		Non-Indigenous Patients	
Total active population	10,340		515,662	
Active population with a coded mental health diagnoses	728	7%	100,407	19%
Active patients with a coded mental health diagnoses who have a current prescribed Mental health medication	455	63%	64,598	64%
Active patients with a coded mental health diagnoses and claimed a mental health treatment plan (MHTP) in the last 12 months	229	31%	26,884	27%
Active patients with a coded mental health diagnoses and claimed a MHTP review in the last 12 months	67	9%	7,315	7%
Active patients with a coded mental health diagnoses and claimed a MHTP consult in the last 12 months	110	15%	13,123	13%

Source, PATCAT including 158 general practices

Suicide

Suicide and self-harm behaviours arise from a complex web of personal, social, and historical factors⁵. Experiencing the sorrow and loss of family and community members in short succession can mean being in a constant state of grief and mourning⁶.

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 per cent) of suicide deaths⁷.

Of the 757 suicides reported in 2019 in Queensland. Aboriginal and Torres Strait Islander females living in Queensland accounted (11.9 per cent) of all female suicides while males accounted for 8.3 per cent of all male suicides⁸. 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.

⁵ Dudgeon P, Calma T & Holland C 2017. The context and causes of the suicide of Indigenous people in Australia. *Journal of Indigenous Wellbeing* 2(2):5–15

⁶ Silburn S, Robinson G, Leckning B, Henry D, Cox A & Kickett D 2014. Preventing suicide among aboriginal Australians. In: Dudgeon P, Milroy H & Walker R (eds). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2nd edn. Canberra: Australian Government, pp. 147-64

⁷ Australian Bureau of Statistics (2018). *Catalogue 3303.0—Causes of Death*. Canberra. Australia.

⁸ Leske S., Adam, G., Schrader, I., Catakovic, A., Weir, B., & Crompton, D. (2020). *Suicide in Queensland: Annual Report 2020*. Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, Griffith

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 2020 to 30th April 2021 there were:

- 1,605 referrals
- 6,596 sessions delivered

A review of clients accessing Psychological Services Program (PSP) for Aboriginal and Torres Strait Islander people over the last 10 months showed 112 referrals occurred leading to 319 sessions.

Table 2. Number of persons accessing Psychological Services Program on the Gold Coast, 1st July 2020 to April 2021. This data set is a component of the minimum data set.

FY 2020/April 2021	Referrals	Rate of referrals from specified group	Sessions	Rate of total sessions delivered from referrals from specified group
Adult Suicide Prevention	826	51%	3,656	55%
Children	264	16%	884	56%
Aboriginal and Torres Strait Islander	112	7%	319	47%
Homeless	30	2%	92	51%
CALD	46	3%	200	72%
Perinatal	57	4%	144	42%
LGBTIQAP+	27	2%	121	75%
General (COVID19 Response)	243	15%	1,180	81%
Total	1,605		6,596	58%

Aboriginal and Torres Strait Islander Health Workforce

Appropriate, culturally safe accessible services are an essential component of healthcare for Aboriginals and Torres Strait Islander Australians⁹. 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.

⁹ Department of Health 2013. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Department of Health

Health workforce data identified in 2018 of the 807 active General Practitioners (GP) on the Gold Coast, 11 (1.4 per cent) identified as Aboriginal and/or Torres Strait Islander with similar findings of Specialist on the Gold Coast with 0.6 per cent 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 GPs 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 3. Aboriginal and Torres Strait Islander people in the workforce, Gold Coast, 2018

	GPs 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

Underserved Groups

Many underserved groups have higher rates of psychological distress and may not access services due to numerous determinants including location, cost, culturally appropriateness of the service provider and language barrier.

These characteristics may make it difficult for people to participate, especially if the ways in which they are expected to contribute do not make allowances for the barriers they may face. Some of the key factors that can impact people's ability to access and successfully engage in services include language, age, gender identity, geographic location, income, ethnicity, education, residential status, sexual orientation, health, and religion. As a result, careful consideration of services to best meet their needs are required.

A current barrier for underserved population groups accessing the Medicare Benefits Schedule Better Access initiative is the out-of-pocket cost for the patient. Australian Bureau of Statistics survey identified that high out-of-pocket cost prevent people with long-term or chronic conditions from seeking healthcare and place financial strain on low-income consumers¹⁰. An increasing number of people delay visits to GPs and psychologists because of cost consideration¹¹.

In 2016-17, 43.1% of Gold Coast residents out an out-of-pocket cost for a non-hospital Medicare service. For these patients with a cost, the median amount spent in the year was \$145 per patient. This means that half of patients with cost spent more than \$145, and half spent less¹²

In 2018-19, \$12,148,391 was the total fees charged by the clinical psychologists, comprising the benefits paid by Medicare and patients' out-of-pocket cost with 80,083 services being claimed¹³

¹⁰ Patient Experiences in Australia, Summary of Findings, Australia Bureau of Statistics, 2020

¹¹ Patient Experiences in Australia: Summary of Findings, 2011-12, Australian Bureau of Statistics

¹² Australian Institute of Health and Welfare analysis of Department of Health, Medicare Benefits claims data, 2016-17

¹³ Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits Schedule (MBS) claims data, 2018-19

Data, research and consultation with service users, service providers, community members and Clinical Council identified the following groups as potentially underserved and people in distress (including those who do not have a current mental health diagnosis and maybe at increased risk of suicide on the Gold Coast:

- Aboriginal and Torres Strait Islanders
- Culturally and Linguistically Diverse
- LGBTIQAP
- perinatal – have had a baby in the last 12 months
- children up to 12 years old
- children in out of home care (up to 12 years old)
- experiencing or at risk of homelessness
- people who have attempted, or are at risk of suicide or self-harm
- veterans
- youth justice
- older adults (aged 65 and over)
- children with autism
- people with a dual diagnosis
- complex families
- people with an eating disorder
- men linked to family court
- victims of family and/or domestic violence

System Navigation

Consultation throughout the 2020 Gold Coast Joint Regional Plan between Gold Coast Health and Gold Coast Primary Health Network identified that there is a high demand for system navigation support and to support people to assess and determine suitable options. There are two elements to services navigation that have been identified:

- 1) Uncoordinated and inconsistent approach to assessment, referrals, and intake.
 - Most services operate an assessment and intake component for their service meaning individuals and referrers often have to share their story at each transition point or when ascertaining eligibility. When people are not matched to the right service initially, they have to retake the intake process, which can be a system inefficiency and can contribute to a poor experience and poor outcomes. Additionally, the frustrating experience of trying to find the right fit can result in disengagement and opportunities for early intervention may be lost with people presenting to the system later in crisis.
 - An inconsistent approach to assessment (e.g various tools) leads to inconsistent assigned levels of care, resulting in discrepancies in the type of care provided across providers and regions, for similar clinical presentations
 - Referrals to services are often inappropriate, resulting in people being under or over serviced.
- 2) Limited awareness/understanding of service infrastructure, including availability and capability of services.
 - Referrals to services are often inappropriate, resulting in people being under or over serviced.
 - There are many pathways to mental health, AOD and suicide prevention and support services. Community members and service providers perceive that the local service system changes frequently due to funding changes, resulting in providers and people being unclear about available services and the pathways to access these services. There is a need for timely and accurate information and easily identifiable access points for individuals seeking care, so that they can be matched with the service which optimally meets their needs.

Service system

Services	Number in GCPHN Region	Distribution	Capacity Discussion
Psychological Services Program (PSP), Aboriginal and Torres Strait Islander Social and Emotional Wellbeing service.	18 PSP providers	Providers are situated across the region.	<ul style="list-style-type: none"> • 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. • 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. • Aboriginal Mental Health Navigator to be appointed by Gold Coast Health 2018. • 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.
e-mental health services	AIMhi Stay Strong App.	Online Services. Public and health professional knowledge of these services would drive uptake/demand.	
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.	
Gold Coast Aboriginal Medical Service - counselling, psychology, mental health nurse, case manager, suicide prevention worker, Alcohol and Other Drugs clinician and GPs	1	3 clinics, 1 in Bilinga, 1 in Miami and 1 in Oxenford.	
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

Various consultation activity was undertaken across the Gold Coast community, clinicians and service providers. Mechanisms included broad scale community briefing, consumer journey mapping, one-to-one interviews, industry presentations, working groups and co-design processes.

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

- The link between racism and poor health outcomes is well established, and a high proportion on of Aboriginal and Torres Strait Islander peoples experience high levels of direct and indirect racism on a daily basis.
- Reconciliation on 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.
- 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.
- Holistic approaches with specific Aboriginal and Torres Strait Islander workers that support mainstream 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.
- 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.

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 2020/21 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.
- Continued presentation of situations of a more complex nature to mental health services, requiring a longer and more coordinated response.
 - Care coordination for this setting, would enhance opportunity to engage in a multidisciplinary way and over a longer period of time.
- Increased need for MH, Alcohol and other drugs and Psychological services/workforce.
- Complexity of people and their situations continues to be an issue unmet on the Gold Coast - where specific skills and cultural safety are required.
- Service users have indicated limited after-hours services at the three Kalwun medical services
 - Difficult to get consultation for a child outside of school hours.
- Mainstream services confidence delivering culturally competent Aboriginal and Torres Strait Islander services.

COVID-19 Impacts

The Wesley Mission Queensland COVID-19 Recovery Service was established to provide responsive wellbeing support for people aged 16 years and over living in the GCPHN region whose wellbeing has been impacted by the ongoing effects of COVID-19. Below are some of the common presentations to the service:

- Loneliness and social isolation
- Suicidal ideation
- Problems with secure housing
- Financial barrier's such as loss of employment/struggles to secure adequate ongoing employment
- Overall anxiety and depressive presentations – low mood and lack of motivation
- Struggles with accessing services such as Centrelink and NDIS
- Loss of routine
- Grief and Loss
- Difficulties in accessing appropriate higher mental health services in a timely manner due to long waitlists

In addition to the above, very early on in the rollout of this service it became apparent that schools needed support as children's anxiety levels had increased; anecdotally home-schooling had a massive impact on some students finding it difficult to re-engage in face-to-face learning. Parents were also struggling with how to deal with the impact of COVID-19 on the mental health and wellbeing of their children.



Australian Government



An Australian Government Initiative

Gold Coast Primary Health Network

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