

Gold Coast Primary Health Network Needs Assessment 2022



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

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GOLD COAST

An Australian Government Initiative

Social & emotional wellbeing for Aboriginal and Torres Strait Islander people

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 improving health equity and cultural needs in mainstream service providers.
- Access and awareness of appropriate services is limited.
- Uncoordinated and inconsistent approach to assessment, referrals, and intake.
- System navigation is difficult for General Practitioners (GPs) and the broader community.
- Low uptake to Aboriginal and Torres Strait Islander Social and Emotional wellbeing services in the Psychological Services Program.
- Changes to the service system result in GPs being unclear about available services and the pathways to access these services.
- Low rate of Aboriginal and Torres Strait Islander people with a 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, and 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.

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 About Race Program to support and build cultural capability and provide tools to have conversations about race and racism.

Utilisation of health services

Based on figures from the 2021 Census, the estimated resident population was 13,901 Aboriginal and Torres Strait Islander people living within the GCPHN region, which represents approximately 2.2% of the total Gold Coast resident population. This is lower than the greater Queensland rate of 4.6%. 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 on the Gold Coast were Ormeau-Oxenford (4,359 people), Nerang (1,759 people) and Coolangatta (1,429 people).

The 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey found that 9 out of 10 Aboriginal and Torres Strait Islander people felt happy some, most, or all the time. However, findings also indicated that around 30% of Aboriginal and Torres Strait Islander adults experienced high or very high levels of psychological distress in the 4 weeks before the survey; three times more likely to feel than non-Indigenous adults. Applying this figure to the Gold Coast Aboriginal and Torres Strait Islander population, an estimated 1,724 people regularly experience high levels of psychological distress.

Mental health ED presentations

In 2017-18, Aboriginal and Torres Strait Islander people, who represent 3.3% of the Australian population¹, accounted for 6.7% of all ED presentations and 10.9% of mental health-related 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.

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

An Australian Bureau of Statistics survey, which asked respondents 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), produced the following findings for the Indigenous Australian population in 2018-19³:

- An estimated 24% (187,500) reported a mental health or behavioural 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.

Data from GCPHN PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region⁴ show that in March 2022, of the 11,3860 active Indigenous patients (three visits in the past two years), 27% (n=3,199) had a coded mental health diagnosis.

Table 1 highlights active Indigenous and non-Indigenous population with mental health diagnoses and 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. Patients with mental health diagnoses, by Indigenous status, Gold Coast, 2021

	Indigenous patients		Non-Indigenous patients	
	Number	Percent	Number	Percent
Total active population	11,860		529,509	
Patients with a mental health diagnoses	3,199	27.0%	108,913	20.6%
Patients with a mental health diagnoses with current prescribed mental health medication	2,157	67.4%	70,462	64.7%
Patients with a mental health diagnoses and a mental health treatment plan (MHTP) in the last 12 months	1,657	51.8%	55,684	51.1%
Patients with a mental health diagnoses and a MHTP review in the last 12 months	605	18.9%	19,544	17.9%
Patients with a mental health diagnoses and a MHTP consult in the last 12 months	1,003	31.4%	33,018	30.3%

Source: PATCAT. Data is from all general practices excluding Kalwun.

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%) of suicide deaths⁷.

Of the 757 suicides reported in 2019 in Queensland. Aboriginal and Torres Strait Islander females in Queensland accounted for 11.9% of all female suicides, and males accounted for 8.3% of all male suicides⁸. The age group of 20-24 had the highest number of suicides by Aboriginal and Torres Strait Islander Queenslanders.

Gold Coast recorded the third lowest number of suicides by Aboriginal or Torres Strait Islander people in Queensland for the 2019-21 period. True suicide mortality figures in Aboriginal and Torres Strait Islander populations remain poorly understood due to incomplete data collection processes and inaccurate classification systems⁹.

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

⁹ S Leske, G Adam, A Catakovic, B Weir and K Kölves, *Suicide in Queensland: Annual Report 2022*, Australian Institute for Suicide Research and Prevention, World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University, Brisbane, Queensland, Australia, 2022

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 2021 to 30th June 2022, PS had:

- 1,620 referrals
- 6,999 sessions delivered

Of those, 111 referrals were for occurred Aboriginal and Torres Strait Islander people, leading to 383 sessions.

Table 2. Number of persons accessing Psychological Services Program, Gold Coast, 2021-22

	Referrals (number)	% of referrals from each group	Sessions (number)	Sessions as % of referrals
Adult Suicide Prevention	1,056	65.2%	4,909	70.1%
Children	235	14.5%	849	12.1%
Aboriginal and Torres Strait Islander	111	6.9%	383	5.5%
Homeless	55	3.4%	197	2.8%
CALD	47	2.9%	248	3.5%
Perinatal	68	4.2%	215	3.1%
LGBTIQAP+	48	3.0%	197	2.8%
General (COVID19 Response)	0	0	1	0.01%
TOTAL	1,620		6,999	

Source: PIR-FIXUS This data set is a component of the minimum data set.

Aboriginal and Torres Strait Islander Health Workforce

Appropriate and culturally safe accessible services are an essential component of healthcare for Aboriginals and Torres Strait Islander Australians¹⁰. 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.

Health workforce data in 2018 found that on the Gold Coast, 1.4% (n=11) of GPs and 0.6% of specialists identified as Aboriginal and/or Torres Strait Islanders. These data are consistent with the national figures; 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.

¹⁰ Department of Health 2013. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Department of Health

Table 3. Aboriginal and Torres Strait Islander people in the workforce, Gold Coast, 2018

	GPs	Specialists
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.	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 of Aboriginal and Torres Strait Islander peoples experience high levels of direct and indirect racism on a daily basis.
- 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.
- 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 workers 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

- The most common issues 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/are 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.
- 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. It is difficult to get consultation for a child outside of school hours.
- Mainstream services lack 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+ in the GCPHN region whose wellbeing has been impacted by the ongoing effects of COVID-19. Most common presentations to the service were due to:

- 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, 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.



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