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# Aboriginal and Torres Strait Islander health services report, **2010–11**

OATSIH services reporting—key results





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*Authoritative information and statistics  
to promote better health and wellbeing*

# **Aboriginal and Torres Strait Islander health services report, 2010–11**

## **OATSIH Services Reporting—key results**

Australian Institute of Health and Welfare  
Canberra

Cat. no. IHW 79

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We would like to acknowledge those from Aboriginal and Torres Strait Islander primary health care, stand-alone substance use, and Bringing Them Home and Link Up counselling services who provided data for this report. The OATSIH Services Reporting (OSR) database is the most comprehensive data collection available describing Australian Government-funded Aboriginal and Torres Strait Islander primary health-care, stand-alone substance use, and Bringing Them Home and Link Up counselling services. The contribution of each service to this achievement is greatly appreciated.

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# Abbreviations

ACT	Australian Capital Territory
AHW	Aboriginal and Torres Strait Islander health worker
AIHW	Australian Institute of Health and Welfare
APHDPC	Australian Population Health Development Principal Committee
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
BTH	Bringing Them Home (counsellors)
CDs	collection districts
DoHA	Department of Health and Ageing
FTE	full-time equivalent
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OSR	OATSIH Services Reporting
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization



# Key findings

## Primary health care

- In 2010–11, Aboriginal and Torres Strait Islander primary health-care services, funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), provided 2.5 million episodes of health care to about 428,000 clients. Compared with 2009–10, there was a 4% increase in episodes of care and a 1% decrease in the number of clients reported. More than three-quarters of clients (77% or 331,000) were Aboriginal or Torres Strait Islander.
- About 5,500 full-time equivalent (FTE) staff, including 3,600 FTE health staff and 1,900 FTE managerial, administrative, support and other staff, worked and were paid by their service. This is 14% higher than in the previous year. These staff were assisted in the delivery of primary healthcare by 193 FTE visiting health professionals paid for by other organisations.
- Aboriginal or Torres Strait Islander people held more than half (54%) of the FTE positions.

## Substance use

- In 2010–11, Aboriginal and Torres Strait Islander stand-alone substance use services (funded by OATSIH) provided treatment and assistance for substance use issues to about 28,600 clients, an increase of 9% compared with 2009–10. More than three-quarters of clients (76% or 21,600) were Aboriginal or Torres Strait Islander.
- About 880 FTE staff from a variety of health (490 FTE) and managerial, administrative, support and other staff (390 FTE) worked at and were paid by their service. These staff were assisted in the delivery of substance use treatment by 51 FTE visiting health professionals paid for by other organisations.
- Aboriginal or Torres Strait Islander people held more than half (61%) of the 880 FTE positions.

## Bringing Them Home and Link Up counselling

- In 2010–11, Bringing Them Home and Link Up counselling services (funded by OATSIH) provided counselling to about 11,800 clients, an increase of about 10% compared with 2009–10. Most (92% or 10,900) clients were Aboriginal or Torres Strait Islander.
- These services reported 44,400 client contacts, which is 22% lower than in the previous year, 2009–10.
- A total of 142 counsellors (124 FTE) were employed by the counselling services. Most services (83%) had at least one Aboriginal or Torres Strait Islander counsellor.

## Data quality

- The majority of 2010–11 OSR questionnaires received had one or more of the following data quality issues: missing data, inappropriate data provided for a question, or lack of coherence of data from two or more questions. These issues were resolved in consultation with the services submitting the data.

# 1 Introduction

The Australian Government supports a variety of service providers who deliver health care to Aboriginal and Torres Strait Islander people in many locations around Australia. These services include primary health-care services, stand-alone substance use rehabilitation and treatment services, and Bringing Them Home and Link Up counselling services.

Access to primary health care is critical for preventing ill health, effectively managing chronic disease and improving health outcomes to close the gap in life expectancy between Indigenous and non-Indigenous Australians. Aboriginal and Torres Strait Islander primary health-care services generally provide comprehensive primary health care. This includes access to doctors, nurses, allied health professionals, social and emotional wellbeing staff, and medical specialists. In addition, some receive funding to provide substance use services. Some primary health-care services do not provide comprehensive primary health care but focus on specific activities such as health promotion programs, maternal and child health care, and social and emotional wellbeing.

Tobacco, alcohol and substance misuse are major risk factors for chronic disease, and can have a significant effect on the safety, health and wellbeing of individuals, families and communities. Indigenous stand-alone substance use services funded under the Substance Use Program are delivered in a broad range of settings including residential and non-residential treatment and rehabilitation services, primary health-care services, sobering-up shelters and transitional after-care programs.

Bringing Them Home (BTH) and Link Up counsellors help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families to reunite with their families, culture and community, and to restore their social and emotional wellbeing. The Bringing Them Home Counsellor Program provides counselling and other related services to individuals and families. Link Up services support people in tracing, locating and reuniting with their families.

## Purpose of this report

This report presents the main findings from the 2010–11 OATSIH Services Reporting (OSR) data collection. In 2008–09, the OSR data collection replaced the Service Activity Reporting, Drug and Alcohol Services Reporting, and Bringing Them Home and Link Up counselling data collections previously collected by the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The Australian Institute of Health and Welfare (AIHW) collected data from Aboriginal and Torres Strait Islander primary health-care services, stand-alone substance use services, and Bringing Them Home and Link Up counselling services that received funding through OATSIH for 2008–09, 2009–10 and 2010–11.

This report presents information on the activities of these services during 2010–11. It provides general information about the services and their operation. It looks at the services, programs and activities undertaken and provides information on the number of clients, episodes of care, and client contacts. These data inform Indigenous health policy, and program development and implementation.

Chapter 2 presents the main findings for Aboriginal and Torres Strait Islander primary health-care services for the 2010–11 reporting period.

Chapter 3 presents the main findings for Aboriginal and Torres Strait Islander stand-alone substance use services for the 2010–11 reporting period.

Chapter 4 presents the main findings for Bringing Them Home and Link Up counselling services for the 2010–11 reporting period.

## Scope

The data for this report were obtained from primary health care, stand-alone substance use and Bringing Them Home and Link Up counselling service providers that received funding from OATSIH for the period 2010–11, and that responded to the OSR questionnaire. Many of these services also receive funds from other sources (for example, state or territory governments, or Medicare benefits). The data in the OSR collection relate to service staffing and health care delivery from all funding sources.

In 2010–11, 300 services received funding from the Australian Government through OATSIH to provide a range of services to Aboriginal and Torres Strait Islander people. This represents 222 OATSIH-funded services and their auspiced services (see Glossary). In some cases, OATSIH provides funding to an organisation (the auspicing service) that subsequently funds the provision of services by one or more independent or semi-independent bodies (the auspiced services). Of the 300 services, there were three types:

- Primary health-care services: of which 235 out of 236 (almost 100%) responded to the OSR questionnaire, including 73 auspiced services. A number of these primary health-care services were also funded by OATSIH to provide substance use services.
- Stand-alone substance use services: of which 49 out of 51 (96%) responded to the OSR questionnaire, including 5 auspiced services. These services do not receive OATSIH funding for primary health care and represent about half of all OATSIH-funded substance use services.
- Bringing Them Home and Link Up counselling services, of which 89 out of 91 (98%) responded to the OSR questionnaire, including 5 auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health care or substance use services.

OATSIH-funded services include both Aboriginal community controlled health services (see Glossary) and non-community controlled health organisations.

This report uses the Remoteness Structure of the Australian Standard Geographical Classification (ASGC) (ABS 2006). All locations in Australia are classified to one of five remoteness areas based on the ABS Accessibility/Remoteness Index of Australia (ARIA). The remoteness areas used are *Major cities*, *Inner regional*, *Outer regional*, *Remote*, and *Very remote*. Each remoteness area is an aggregation of collection districts (CDs) that share common characteristics of remoteness in the context of Australia as a whole, based on physical road distance to the nearest urban centre. For more information, see the Glossary.

## Data quality

The data were collected using the OSR questionnaire, which combined previously separate questionnaires for primary health, stand-alone substance use, and Bringing Them Home and Link Up counselling services.

AIHW sent a paper copy of the 2010–11 questionnaire to each service and requested completion of relevant sections. The AIHW examined all completed questionnaires and identified three major issues with the data quality: missing data, inappropriate data provided for a question, and lack of coherence of data from two or more questions. The majority of questionnaires received had one or more of these data quality issues. Where needed, AIHW staff contacted services to follow-up and obtain additional or corrected data. After entering the data on the data repository system, staff conducted further data quality checks. It should be noted that some data presented in this report—particularly around client numbers, episodes of care and client contacts, are estimates of actual figures and should be used and interpreted with caution.

Appendix B presents more information on the data quality and limitations of the OSR data.

## 2 Aboriginal and Torres Strait Islander primary health-care services

### 2.1 About primary health-care services

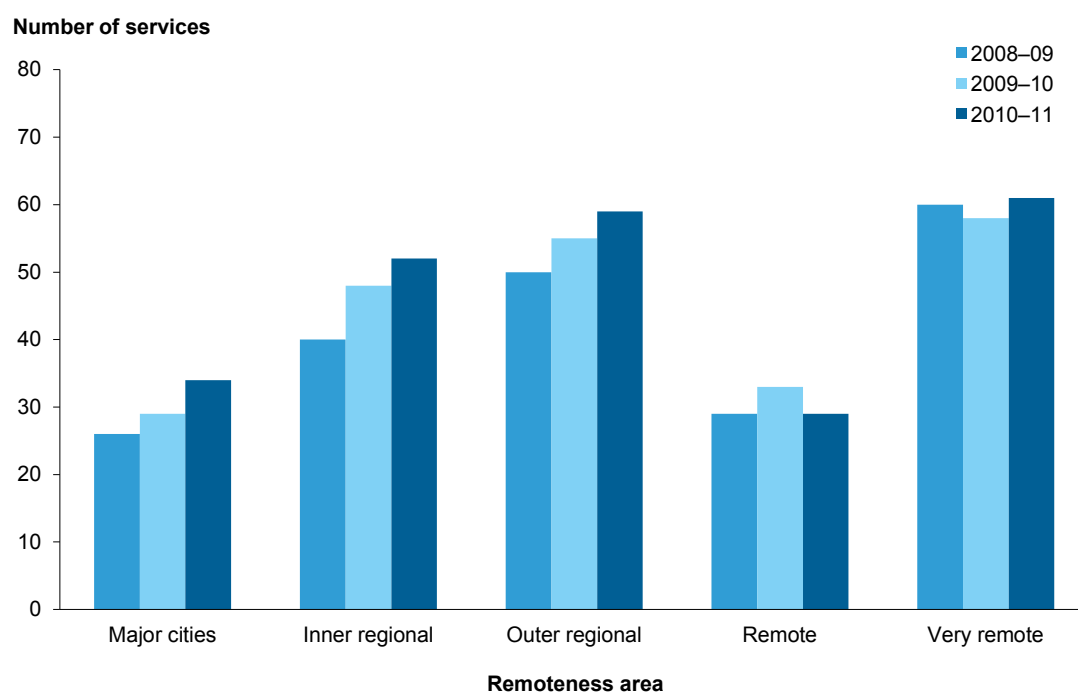
In 2010–11, 235 primary health-care services that received funding from the Australian Government through OATSIH to provide primary health-care services to Aboriginal and Torres Strait Islander people responded to the OSR questionnaire. The response rate is almost 100% with only one outstanding. The number of primary health-care services is 5% higher than the number reported on in the previous year (223 services). In this report, these services are referred to as ‘Aboriginal and Torres Strait Islander primary health-care services’, or simply as ‘primary health-care services’.

#### Location

Aboriginal and Torres Strait Islander primary health-care services were located in all states and territories, and across all geographical areas, from cities to very remote areas.

About a quarter of primary health-care services were located in *Very remote* (26% or 61 services), *Outer regional* (25% or 59), and *Inner regional* areas (22% or 52). The remaining services were located in *Remote* areas (12% or 29), and *Major cities* (15% or 34). The proportion of services located in *Remote* and *Very remote* areas decreased slightly from 2008–09 to 2010–11 (14% to 12% and 29% to 26% respectively) (Figure 2.1).

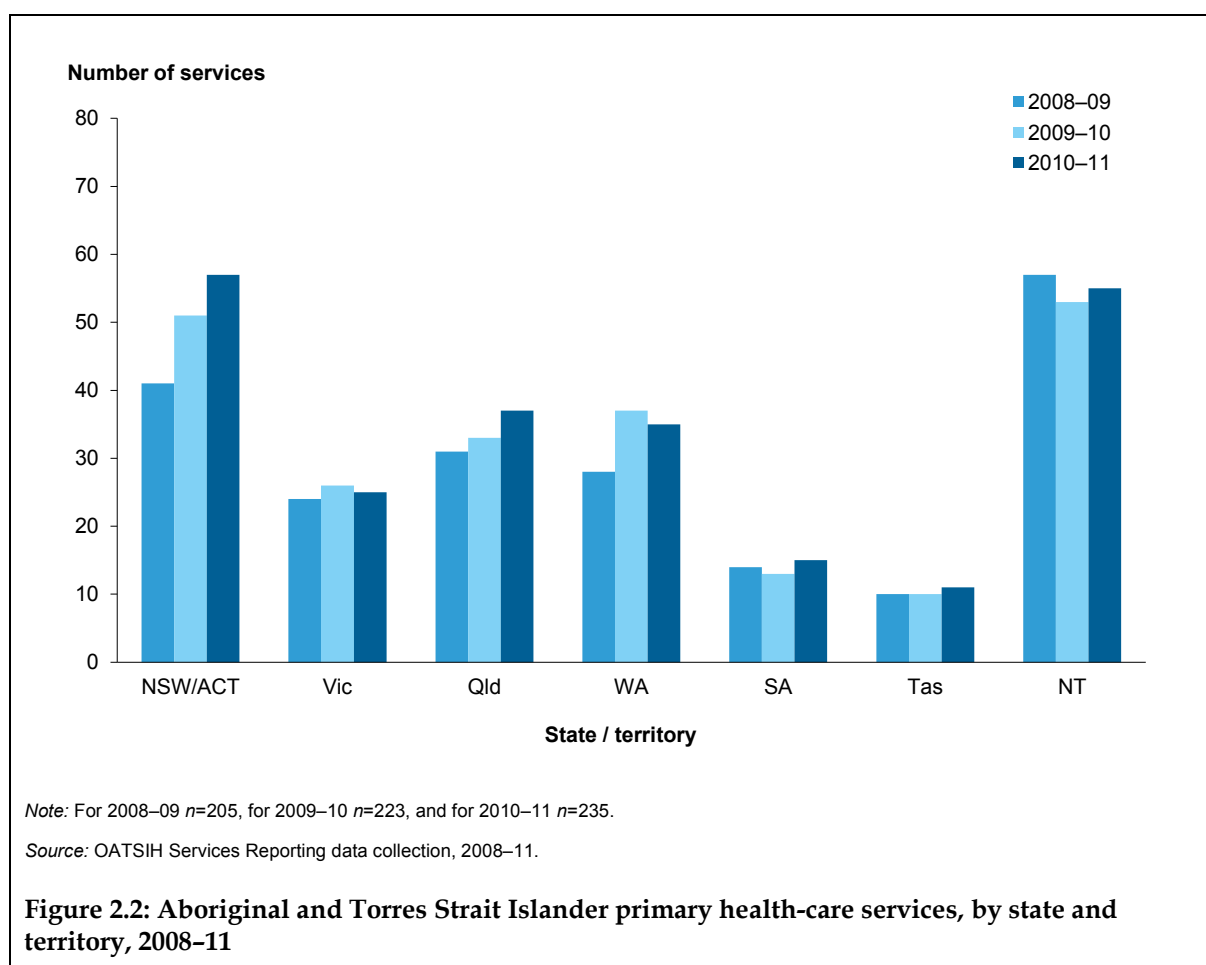
Nearly a quarter (24%) of primary health-care services were located in New South Wales and the Australian Capital Territory combined (57 services), followed by Northern Territory (23% or 55). The remaining services were located in Queensland (16% or 37), Western Australia (15% or 35), Victoria (11% or 25), South Australia (6% or 15) and Tasmania (5% or 11). The proportion of services in NSW increased from 2008–09 to 2010–11 (20% compared with 24%), and decreased in the Northern Territory (28% compared with 23%) (Figure 2.2). Figure C.1 in Appendix C maps the locations of all Aboriginal and Torres Strait Islander primary health-care services.



*Note:* For 2008-09  $n=205$ , for 2009-10  $n=223$ , and for 2010-11  $n=235$ .

*Source:* OATSIH Services Reporting data collection, 2008-11.

**Figure 2.1: Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008-11**



## Accreditation

Accreditation is an important part of quality improvement in primary health-care services. In 2010-11, 7 in 10 (71%) Aboriginal and Torres Strait Islander primary health-care services were accredited. There has been a gradual increase in the total number of services accredited since 2008-09 (Table 2.1). Most accredited services (74% or 123) achieved accreditation by the Royal Australian College of General Practitioners (RACGP) against their standards. RACGP standards provide a framework for quality care and risk management; and practices meeting these make a commitment to safe, high-quality primary health care delivery (RACGP 2011).



**Table 2.1: Aboriginal and Torres Strait Islander primary health-care services, by accreditation type<sup>1</sup>, 2008–11**

Accreditation type	2008–09		2009–10		2010–11	
	Number	Per cent	Number	Per cent	Number	Per cent
RACGP <sup>2</sup> accreditation	84	81.6	96	71.6	123	73.7
Organisational standard accreditation	17	16.5	39	29.1	47	28.1
Other accreditation	13	12.6	18	13.4	30	18.0
<i>Total accredited services</i>	<i>103</i>	<i>50.2</i>	<i>134</i>	<i>60.1</i>	<i>167</i>	<i>71.1</i>
<i>Total services not accredited</i>	<i>102</i>	<i>49.8</i>	<i>89</i>	<i>39.9</i>	<i>68</i>	<i>28.9</i>
<b>Total services</b>	<b>205</b>	<b>100.0</b>	<b>223</b>	<b>100.0</b>	<b>235</b>	<b>100.0</b>

*Notes*

1. Some services had more than one type of accreditation.
2. RACGP: Royal Australian College of General Practitioners.

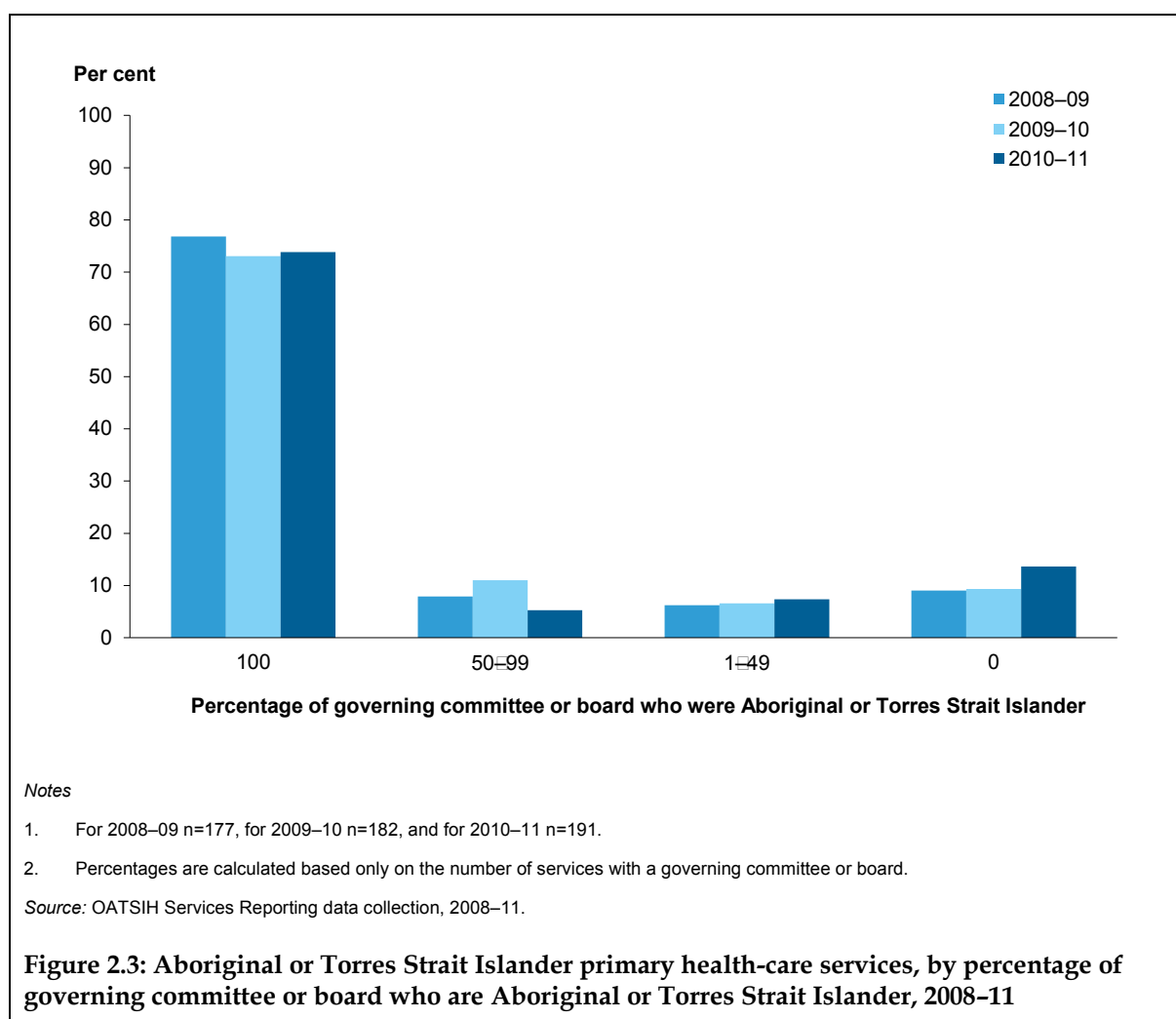
*Source:* OATSIH Services Reporting data collection, 2008–11.

## Governance

The Australian Government supports a variety of health service providers, including Aboriginal community controlled health services (see Glossary) and services run by state and territory governments.

For the community-controlled health sector, governance is an important issue because it can influence the success or failure of an organisation. In 2010–11, 81% or 191 Aboriginal and Torres Strait Islander primary health-care services provided information on the makeup of their board or committee. Nearly three-quarters of these (74%) had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people. A small proportion (14%) had a board or committee with no Aboriginal or Torres Strait Islander members (Figure 2.3). These proportions are similar to the previous year (82%, 73% and 95% respectively). The governing committee or board of most services (95%) held regular meetings during 2010–11.

In 2010–11, 81% of services provided information on their income and expenditure, and committee members' training. Nearly all of these services (99%) presented income and expenditure statements to the committee or board at least twice a year and in nearly four in five services (79%), board or committee members received training to help them in their roles. The questions on governing committees were not relevant to many auspiced primary health-care services, hence the lower response rate for these questions.



## Staffing

Aboriginal and Torres Strait Islander primary health-care services meet their staffing needs through a variety of arrangements. Most staff work for, and are paid by, the individual health service. Other staff visit the service and are paid either by the service or another organisation.

### Staff working at and paid by the service

In 2010-11, nearly all (98% or 231) Aboriginal and Torres Strait Islander primary health-care services provided information on the number of staff who worked for and whose salaries were paid by their service. As at 30 June 2011, these services employed about 5,539 full-time equivalent (FTE) staff across a variety of health (3,644 FTE), and managerial, administrative, support and other roles (1,895 FTE). This is 14% higher than in the previous year (4,842 FTE). The main types of health staff employed by services were Aboriginal and Torres Strait Islander health workers (AHWs), doctors, nurses and a variety of social and emotional wellbeing staff.

More than 8 in 10 services employed one or more nurses (83%), with 789 FTE nurses employed across all services. A similar proportion (81%) had an AHW on staff with 916 FTE AHWs employed. More than 6 in 10 services employed a doctor (63%), with 362 FTE doctors

employed by services. Some services also employed dental care staff (23% or 135 FTE) and traditional healers (4% or 14 FTE).

Social and emotional wellbeing staff were an integral part of primary health care delivery, with about 6 in 10 (58%) services employing a total of 467 FTE social and emotional wellbeing staff – commonly counsellors, psychologists and social workers.

Many services provide transport for their clients. More than half of services (55%) employed a total of 297 FTE drivers or field officers. In addition, most primary health-care services employed management and support staff. Nine in ten services (91%) employed a total of 1,895 FTE managerial, administrative and support staff. About a third of these (35% or 641 FTE) were employed as chief executive officers, managers and supervisors.

### **Distribution of staff**

The distribution of health staff varied with remoteness. As at 30 June 2011, most services (81% or 186) employed an AHW. About a quarter of these services were located in each of *Outer regional* (28%), *Inner regional* (23%), and *Very remote* (22%) areas. The rest were located in *Major cities* (13%) and *Remote* areas (13%). Of the 916 FTE AHWs employed, nearly a third (31%) were located in *Outer regional* areas, 21% were located in *Inner regional* areas, 17% in *Remote* areas, 15% in *Major cities* and 15% in *Very remote* areas.

Most services (83% or 192) also employed a nurse. About one-third of these services were located in *Very remote* areas (29%) and nearly a quarter in both *Outer regional* (24%) and *Inner regional* (21%) areas. A further 14% were located in *Remote* areas and 13% were in *Major cities*. Of the 789 FTE nurses employed, 58% were located in *Very remote* areas (31%) and *Remote* areas (27%) combined. A further 17% were located in *Outer regional* areas and 13% in both *Inner regional* areas and *Major cities*. This reflects the greater role of nurses in primary health care delivery in *Remote* and *Very remote* areas, and as does the high proportion of client contacts made by nurses in these areas.

About two-thirds of services (63% or 146) employed a doctor. About half of these (51%) were located in *Outer regional* (27%) and *Very remote* areas (24%) combined. A further 19% were located in *Inner regional* areas, 16% in *Remote* areas and 14% in *Major cities*. Of the 362 FTE doctors employed, 23% were located in *Remote* areas, 22% in *Major cities*, 22% in *Outer regional* areas, 19% in *Inner regional* areas, and 14% in *Very remote* areas.

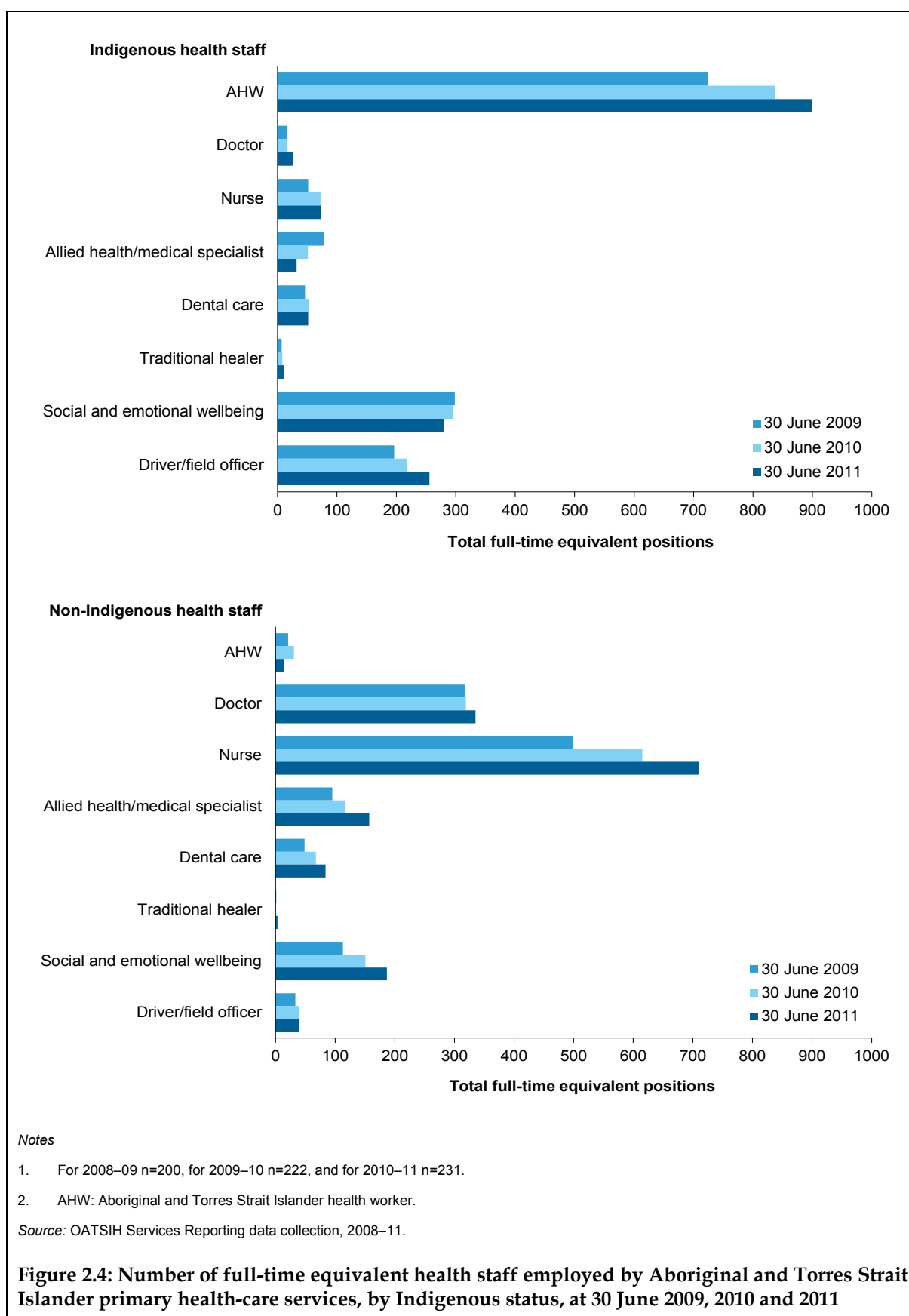
There were 134 services (58%) that employed social and emotional wellbeing staff. About a quarter of these services were located in each of *Outer regional* (28%) and *Inner regional* areas (24%). The rest were evenly distributed in *Major cities* (16%), *Very remote* (16%) and *Remote* areas (16%). Of the 467 FTE social and emotional wellbeing staff employed, 30% were located in *Outer regional* areas, 24% in *Remote* areas, 17% in *Major cities*, 16% in *Inner regional* areas, and 13% in *Very remote* areas.

### **Indigenous status of staff**

As at 30 June 2011, more than half (54% or 3,008 FTE) of the positions paid for by Aboriginal and Torres Strait Islander primary health-care services were occupied by Aboriginal and Torres Strait Islander people, while 2,486 FTE staff (45%) were non-Indigenous. These proportions are similar to the previous year (57% and 43%). Almost all AHWs (98% or 899 FTE) were Aboriginal and Torres Strait Islander, as were most drivers and field officers (86% or 256 FTE). Six in ten (60% or 280 FTE) social and emotional wellbeing staff were Aboriginal and Torres Strait Islander, as were 17% (32 FTE) of allied health professionals and medical specialists, mostly in health promotion roles. A small proportion of doctors (7% or 26 FTE)

and nurses (9% or 73 FTE) were Aboriginal and Torres Strait Islander. Again, these proportions are similar to the previous year:

- 96% of AHWs
- 85% of drivers/field officers
- 66% of social and emotional wellbeing staff
- 32% of allied health professionals
- 5% of doctors and
- 10% of nurses (Figure 2.4).



## Visiting staff

Visiting health professionals provide a range of health-related activities and services for Aboriginal and Torres Strait Islander health service providers. In 2010–11, three-quarters (177) of services reported 193 FTE visiting staff paid for by another organisation. This is 10% higher than in the previous year (175 FTE). The main types of visiting health professionals were nurses (28 FTE), allied health professionals and medical specialists (55 FTE), social and emotional wellbeing staff (26 FTE), and doctors (25 FTE) (Figure 2.5). About 2 in 10 (18%) visiting staff were Aboriginal and Torres Strait Islander. This is similar to the previous year (19%).

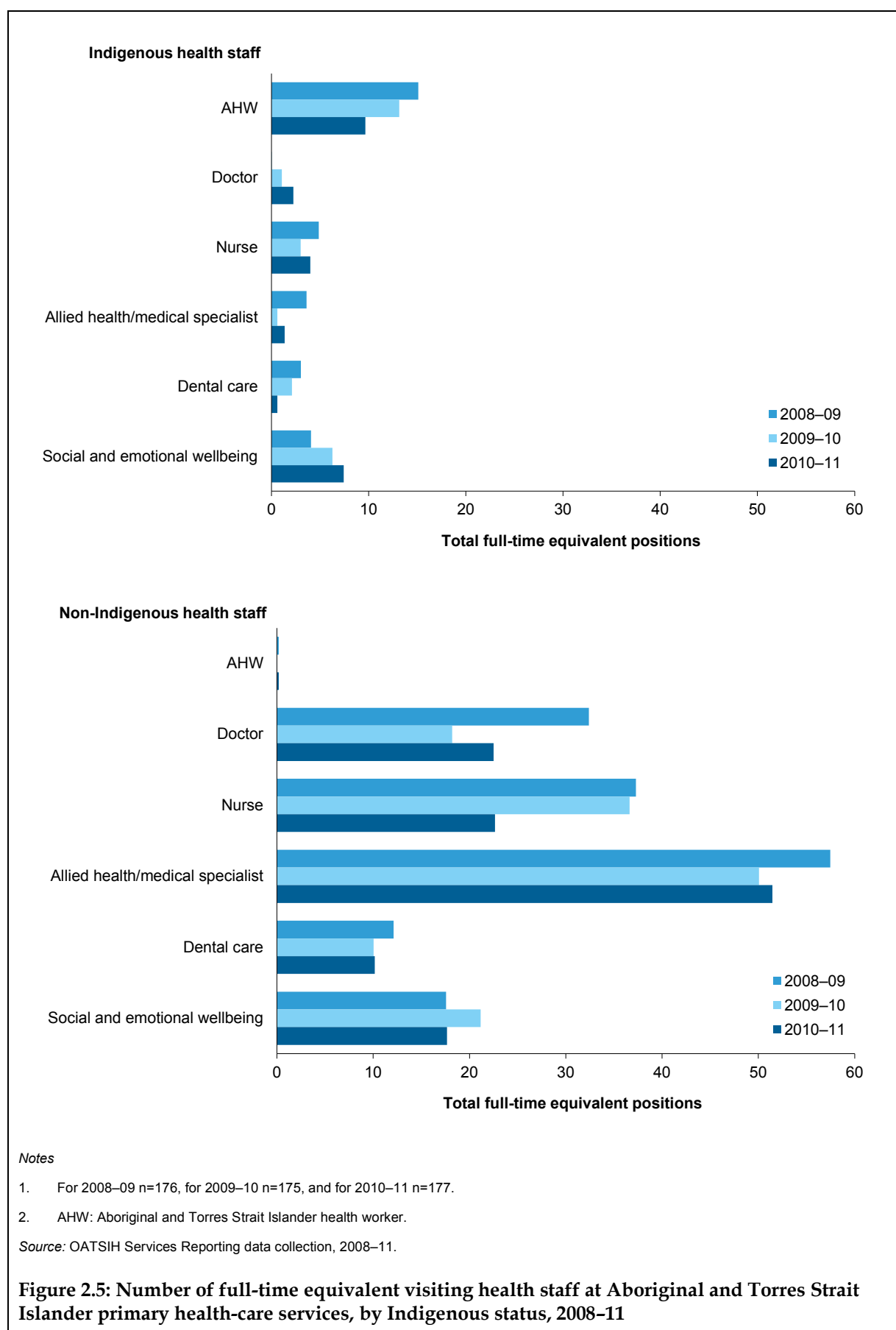
Most (90%) services were visited by an allied health professional(s) or medical specialist(s) (see Glossary). More than 4 in 10 services had nurses (47%), and social and emotional wellbeing staff (42%) that visited the service. Nearly 3 in 10 services (27%) had a visiting doctor(s). These proportions are generally similar to the previous year (nurses 42%, social and emotional wellbeing staff 46% and doctors 27%). It is important to note that while many services reported visiting health staff, the frequency and duration of these staff visits varied among services.

Of the 159 services with visiting allied health professionals and medical specialists, 31% were located in *Very remote* areas, and 27% were located in *Outer regional* areas. Of the 55 FTE visiting allied health professionals and medical specialists 26% were located in *Very remote* areas, 22% in *Remote* areas, 20% in *Outer regional* areas, 17% in *Major cities* and 15% in *Inner regional* areas.

Of the 83 services with visiting nurses, 41% were located in *Very remote* areas, 24% in *Outer regional* areas and 19% in *Inner regional* areas. Of the 28 FTE visiting nurses, 43% were located in *Very remote* areas, 23% in *Outer regional* areas, 19% in *Inner regional* areas, 8% in *Major cities* and 7% in *Remote* areas.

Of the 48 services with visiting doctors, 46% were located in *Very remote* areas. While 52% of the FTE visiting doctors were dedicated to services in *Remote* and *Very remote* areas.

Nearly one-third (31%) of services with visiting social and emotional wellbeing staff were located in *Very remote* areas. About a quarter were located in both *Outer regional* (24%) and *Inner regional* areas (23%). Of the 26 FTE visiting social and emotional wellbeing staff, 38% were located in *Inner regional* areas, 32% in *Very remote* areas, 12% in *Outer regional* areas, 10% in *Remote* areas and 8% in *Major cities*.

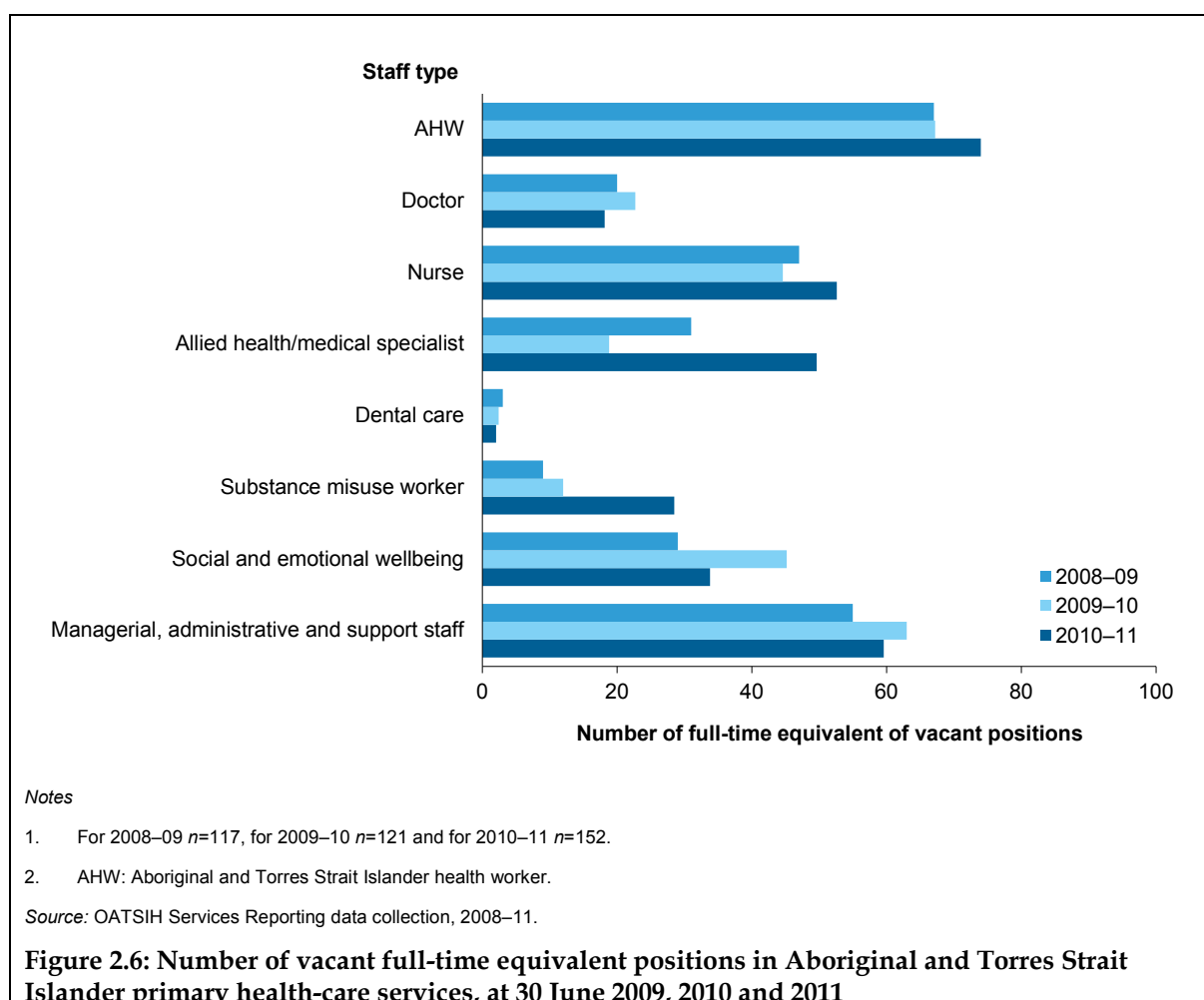




## Staff vacancies

Nearly two-thirds (65%) of all Aboriginal and Torres Strait Islander primary health-care services reported having one or more staff vacancies at 30 June 2011 – a total of 395 FTE positions, equivalent to 7% of all reported FTE positions. The position vacancies are higher than the previous year (295 FTE). Nearly 1 in 5 vacant positions were for an AHW (19%), 15% were for managerial, administrative and support staff, and 13% each were for nurses, allied health and medical specialists (Figure 2.6). Allied health and medical specialist vacancies make up a higher proportion of total vacancies than in the previous year (13% compared with 6%).

More than half of vacant positions (53%) were vacant for 5–26 weeks. A third of vacant positions (34%) were vacant for 27 weeks or more, this is lower than in the previous year (41%). Three-quarters of vacant positions were in services located in *Very remote* (28%), *Remote* (20%) and *Outer regional* areas (28%) combined, and a further 14% were in services located in *Inner regional* areas and 10% in *Major cities*. Compared with the previous year, a lower proportion of vacancies were in *Remote* areas (20% compared with 25%), and a higher proportion were in *Outer regional* areas (28% compared with 20%).

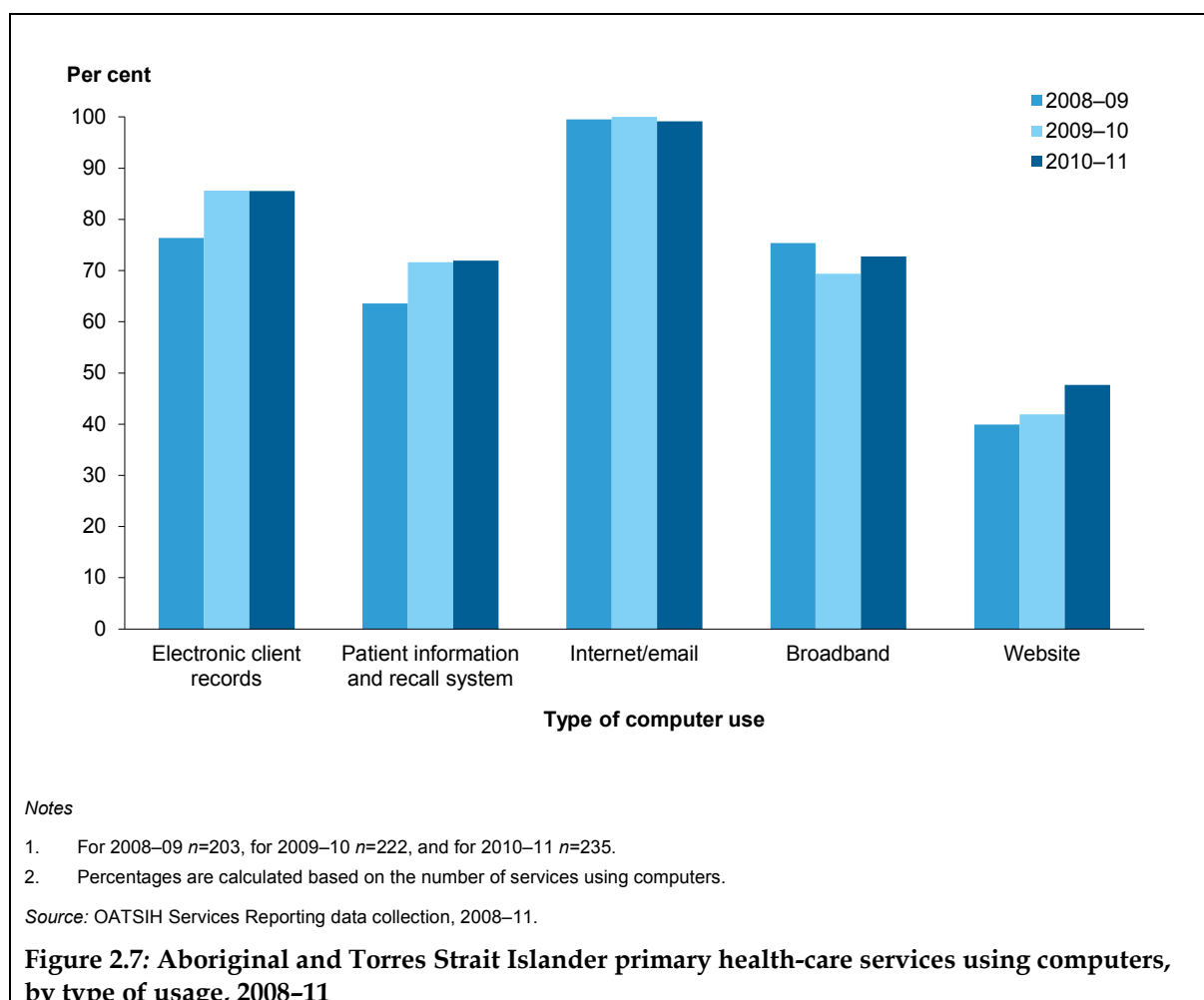


## Information technology

Information technology is integral in supporting the work of primary health-care services. Electronic client records and patient information and recall systems play an important role in supporting the provision of clinical services. These systems are particularly important for patients with chronic disease. They allow practices to identify these patients and recall them as required to ensure comprehensive patient care. Email and Internet are also useful communication tools.

All 235 Aboriginal and Torres Strait Islander primary health-care services (100%) reported using computers. Of these, 99% used email and the Internet, and 73% had a broadband Internet connection. About half of services (48%) reported having a website, this is higher than in the previous 2 years (Figure 2.7).

Electronic client records were used by most services (86%), and more than two-thirds (72%) had electronic patient information and recall systems. These proportions are identical to the previous year.



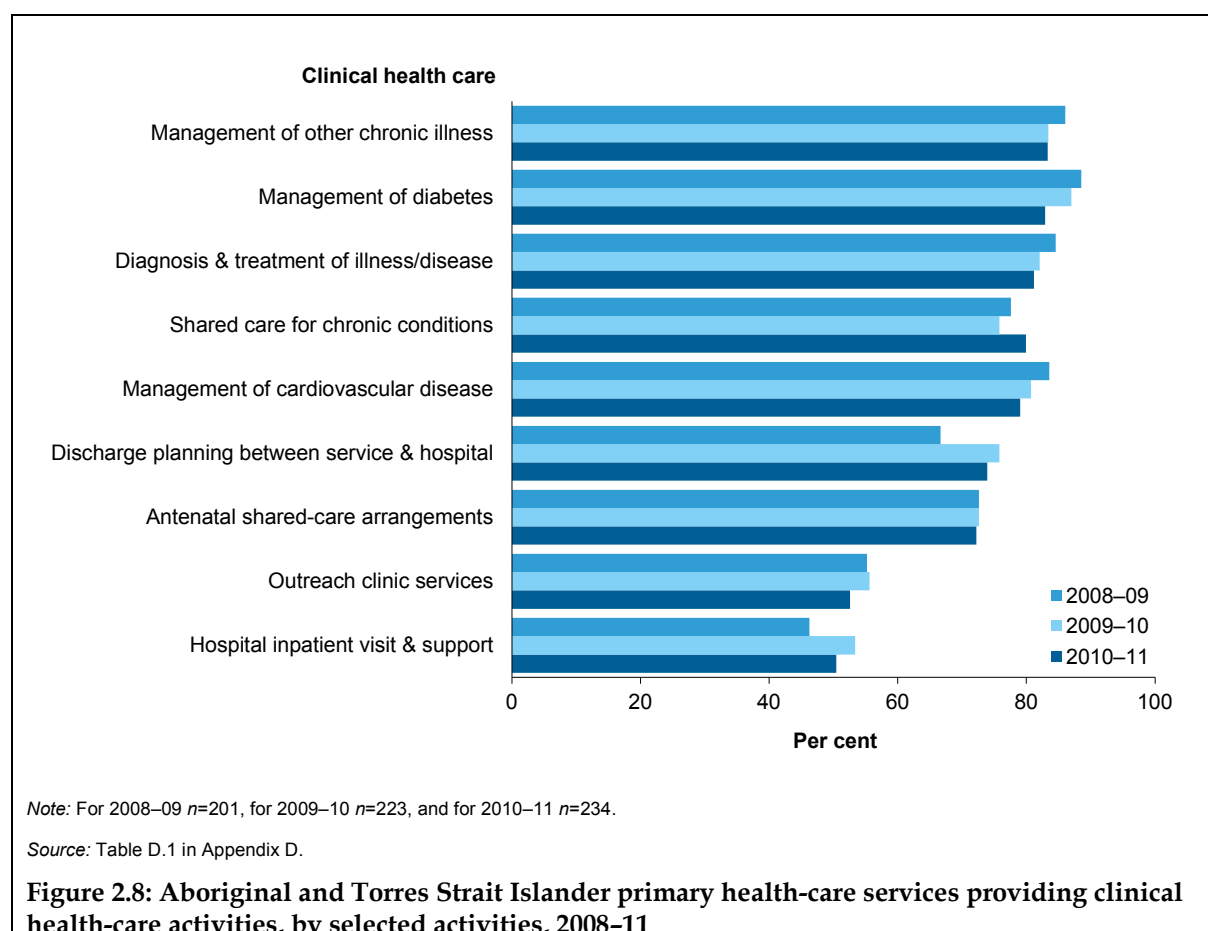
## 2.2 Services provided

### Clinical health care

In 2010–11, 234 Aboriginal and Torres Strait Islander primary health-care services provided information on their clinical health care activities. The ongoing management of chronic disease was a common service most services provided and included the management of diabetes (83%), other chronic illness (83%), and cardiovascular disease (79%). A high proportion of services (81%) provided diagnosis and treatment of illness and disease. These proportions are similar to the previous year (87%, 83%, 81% and 82% respectively).

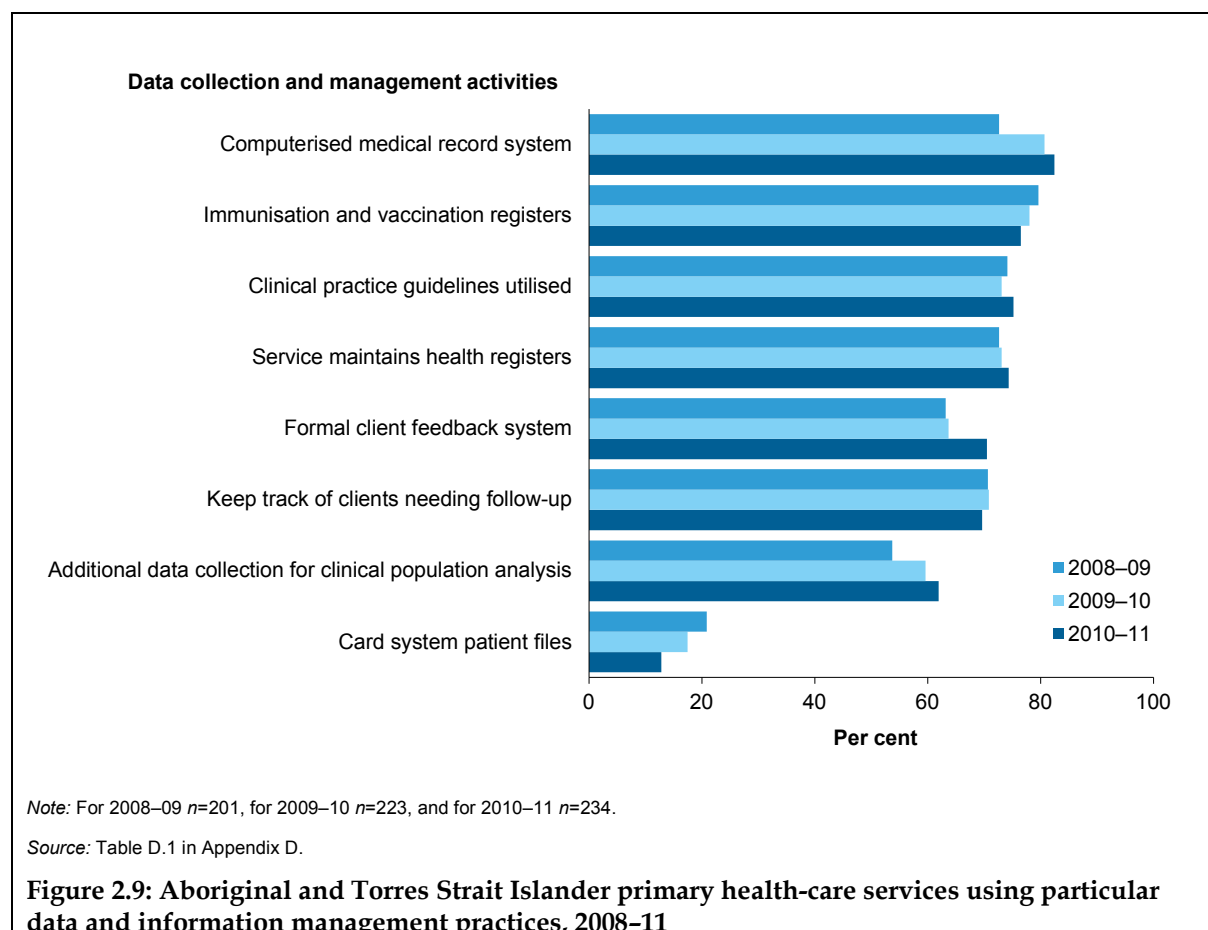
About 4 in 5 services (80%) had shared-care (see Glossary) arrangements with hospitals or relevant specialists for people with chronic conditions, and 72% had shared care arrangements with hospitals for women accessing antenatal care. Again, these proportions are similar to the previous year (76% and 73%).

About half (45%) of services provided access to dental care (Figure 2.8). A smaller proportion provided traditional healing (20%), bush tucker nutrition programs (21%) and bush medicine (12%). The remaining services generally provided a specific range of health services such as child and maternal health, health promotion, social and emotional wellbeing activities and nutritional care.



Services had a variety of data collection and management practices and clinic operational practices. Most services (83%) used a computerised medical record system. This is higher

than the two previous years (73% and 81%). Nearly three-quarters (74%) of services maintained health registers – a similar proportion to the previous years (both 73%). And nearly two-thirds (62%) conducted additional data collection for clinical population analysis – a higher proportion than in the previous years (54% and 60%). Three-quarters (75%) of services utilised clinical practice guidelines, 70% of services kept track of clients requiring follow-up and 71% operated a formal client feedback system (Figure 2.9).



## Population health programs

Health promotion is the process of enabling people to increase control over and to improve their health (WHO 1986). It can play an important role in bringing about behavioural change at both the individual and community level. In 2010–11, most (234) Aboriginal and Torres Strait Islander primary health-care services provided information on their population health programs. Health promotion and education activities were offered by 92% of services.

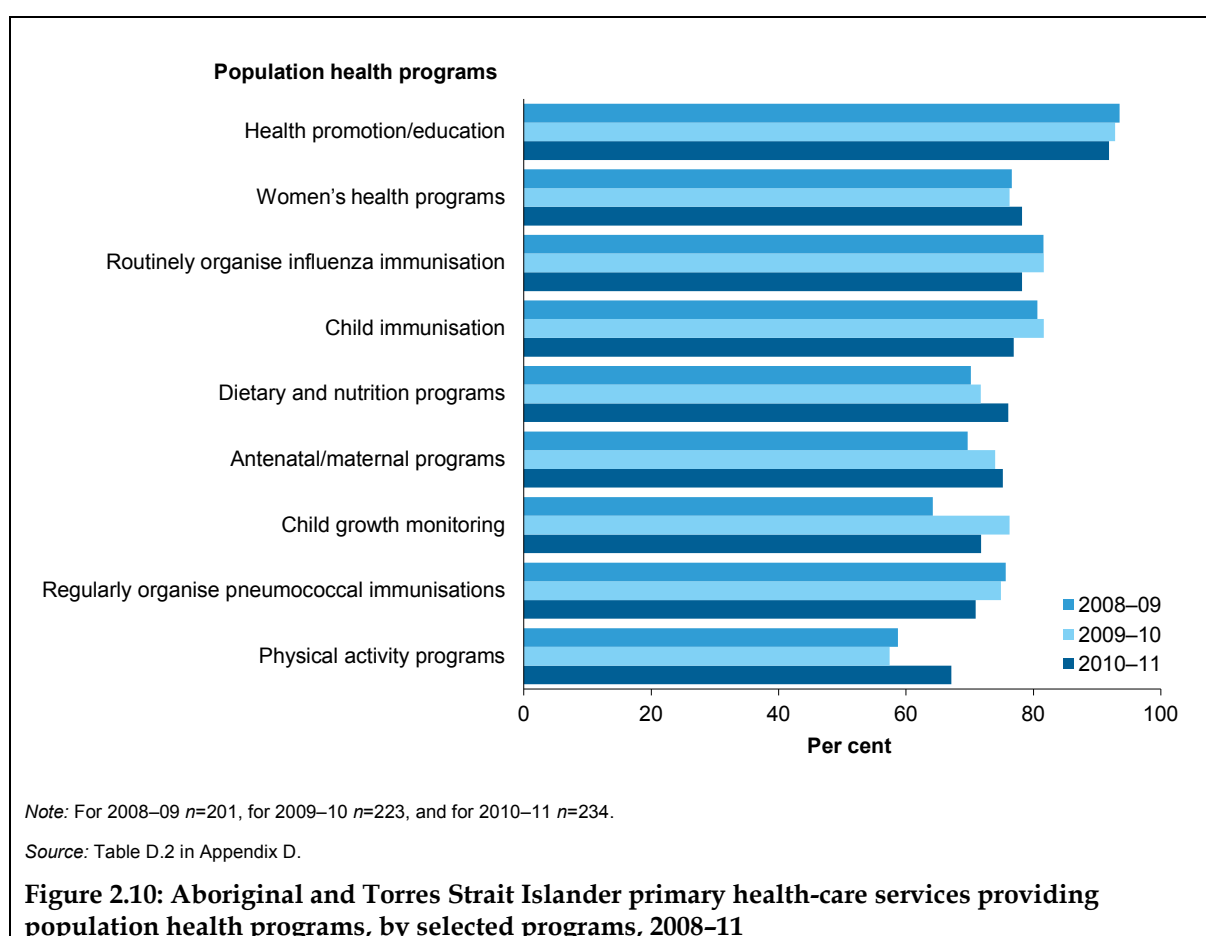
Immunisation is a proven tool for controlling and even eradicating disease (WHO 2011). More than three-quarters of primary health-care services provided immunisation programs that focused on influenza immunisation (78%), child immunisation (77%) and pneumococcal immunisation (71%). Most services maintained immunisation and vaccination registers (77%). These proportions are similar to the previous year (82%, 82%, 75% and 78% respectively).

About three-quarters of services (76%) offered dietary and nutrition programs and two-thirds (67%) offered programs and education about infectious diseases (Figure 2.10). Again, these proportions are similar to the previous year (72% and 67%).

## Child and maternal health services

Maternal health has an impact on the health of a developing fetus, and can have long-term consequences into childhood and adult life.

In 2010–11, 78% of services provided women’s health programs, 75% antenatal and maternal health programs and 72% child growth monitoring. Proportions are generally similar to the previous years (Figure 2.10).



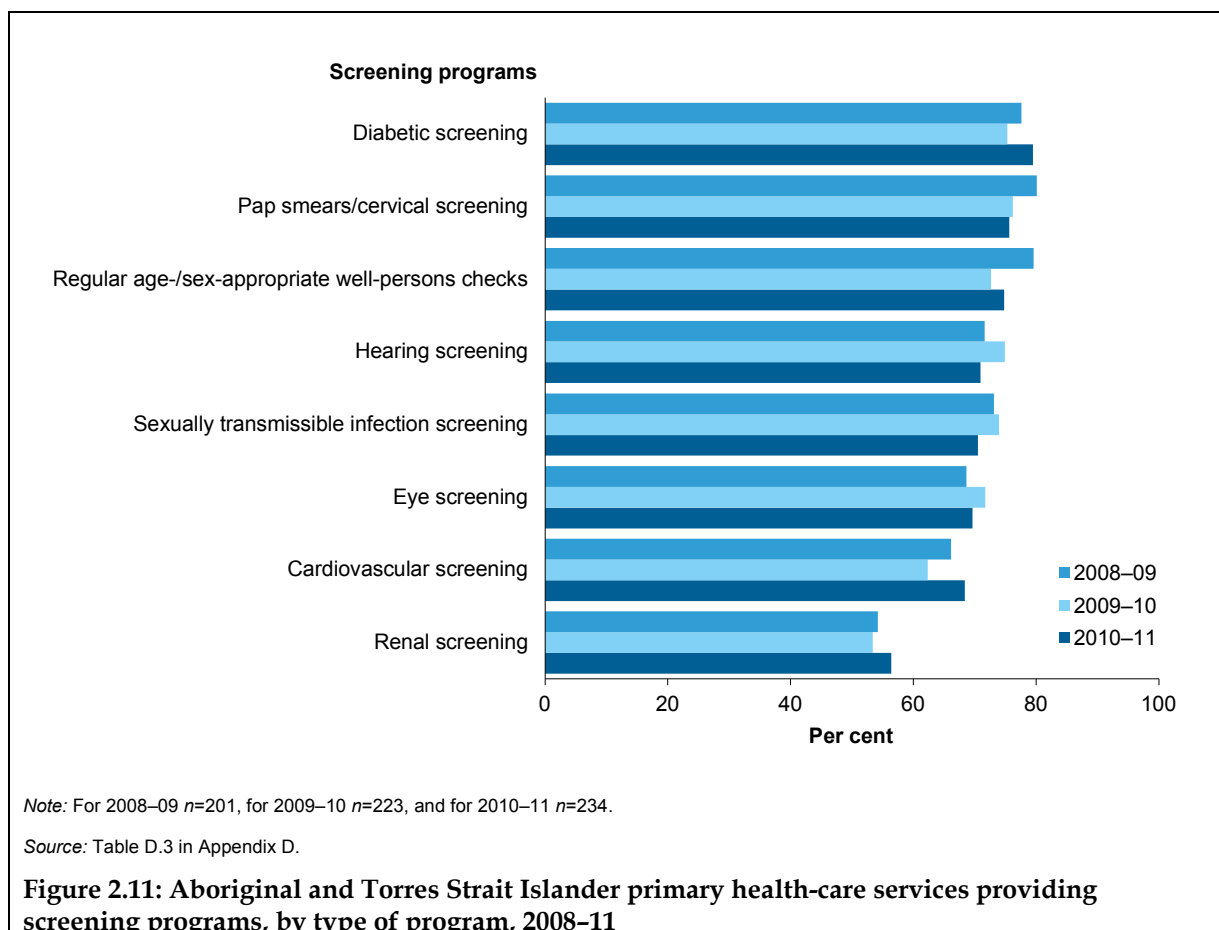
## Screening programs and health checks

Screening programs to identify the presence or risk of a disease aim to reduce the burden of the disease in the community, including the incidence of the disease, morbidity from the disease or mortality (Screening Subcommittee of the APHDPC 2008). In 2010–11, all Aboriginal and Torres Strait Islander primary health-care services provided information on their screening programs.

Services provided a range of organised screening programs. Pap smears and cervical screening were the most widely offered population screening activities, provided by 76% of services. Other widely available screening programs were diabetic screening (80%), sexually

transmissible infection screening (70%) and hearing screening (71%). These proportions are similar to the previous year (Figure 2.11).

Health checks are important for early detection and treatment. Screening programs were complemented by the provision of regular age- or sex-appropriate well-person checks in 75% of services.



## Access to allied health and specialist services

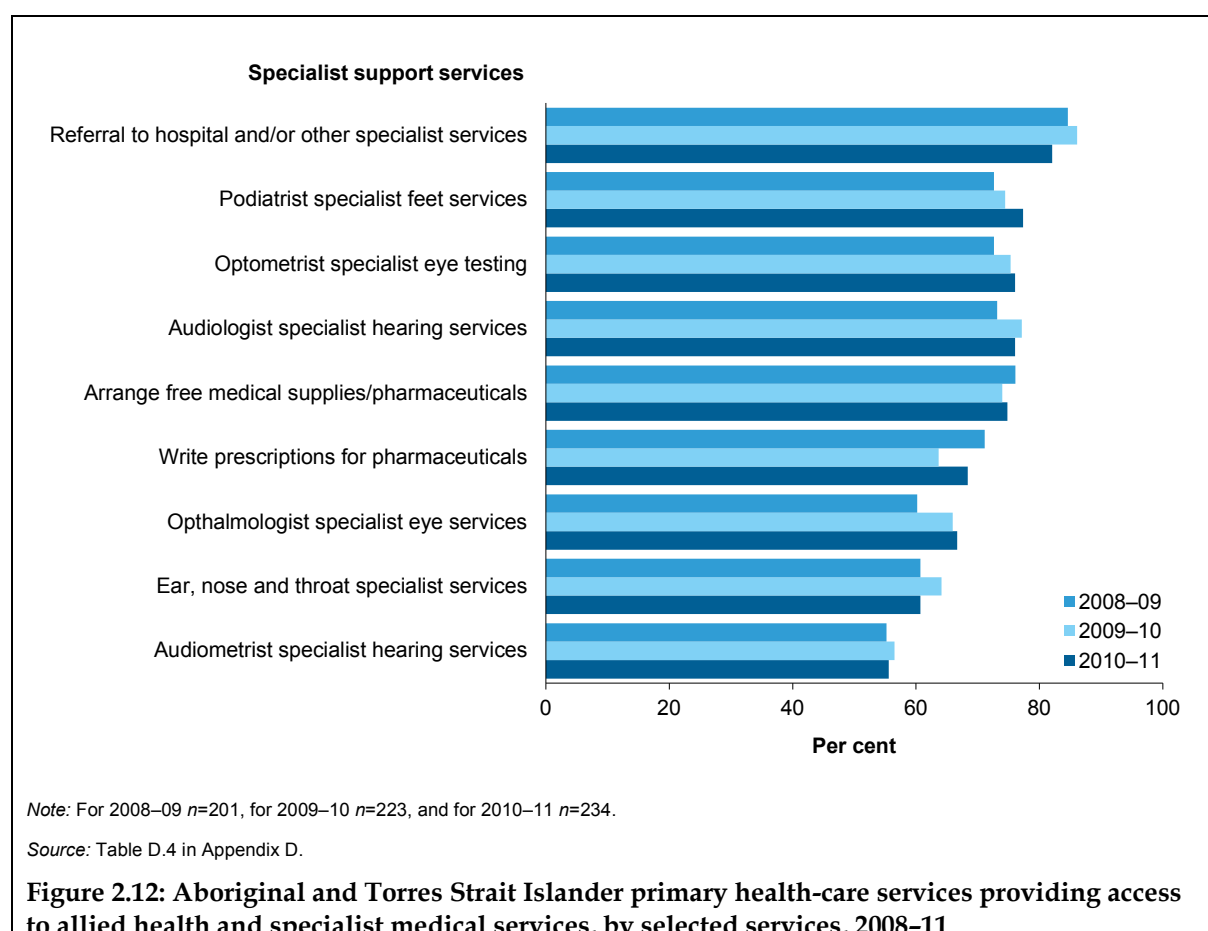
Facilitating access to allied health and specialist medical services (see Glossary) is one way individual services can improve the range of services available to clients. All Aboriginal and Torres Strait Islander primary health-care services provided information about access to their allied health and specialist services. Most (93% or 217) services provided access to one or more allied health and specialist medical services – mainly provided by visiting health professionals – with varying frequency and duration of visits among different services.

The most common allied health services available were audiologist, optometrist (both 76%) and podiatrist (77%). These proportions are similar to the two previous years:

- audiologist (77% in 2009-10 and 73% in 2008-09)
- optometrist (75% in 2009-10 and 73% in 2008-09)
- podiatrist (74% in 2009-10 and 73% in 2008-09).

Physiotherapy services were available at just over half of all primary health-care services (53%), a similar proportion to the previous year (54%).

The most common specialist services available were ear, nose and throat services (61%) and ophthalmologist services (67%). These proportions are similar to the previous year (64% and 66% respectively). Most provided referral to hospital and/or other specialist services (82%). About 7 in 10 (68%) provided prescriptions for pharmaceuticals and 75% arranged the provision of free medical and pharmaceutical supplies (Figure 2.12).



## Health-related community services

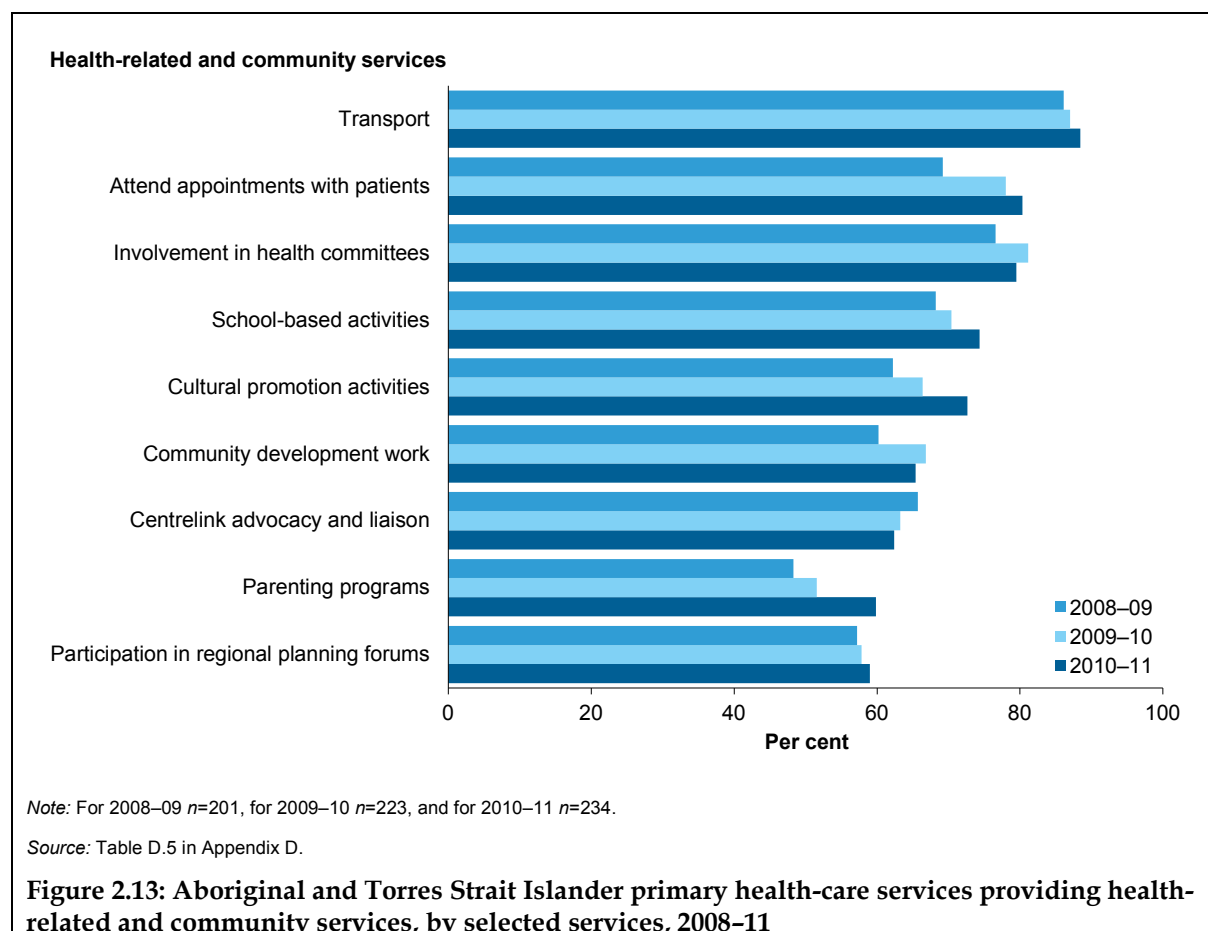
In keeping with the recognition that health is not just about physical wellbeing, but also incorporates the social, emotional and cultural wellbeing of the whole community, Aboriginal and Torres Strait Islander primary health-care services also provide health-related community support services. These may cover a range of services including: community development work; school-based activities; advocacy (for example, around legal, public housing, Centrelink and disability issues); cultural promotion activities; and transport.

In 2010–11, all services provided information on their health-related community services. About three-quarters of services ran school-based activities (74%) and cultural promotion activities (73%) – both proportions are higher than the previous year (70% and 66% respectively). Nearly 7 in 10 were involved in community development work (65%).

Advocacy and liaison were other community service functions performed by many services. About 3 in 5 services provided advocacy and liaison for clients in dealing with Centrelink (62%) and support for public housing issues (59%), and more than 2 in 5 services (45%) provided advocacy services for their clients in dealing with the justice system.



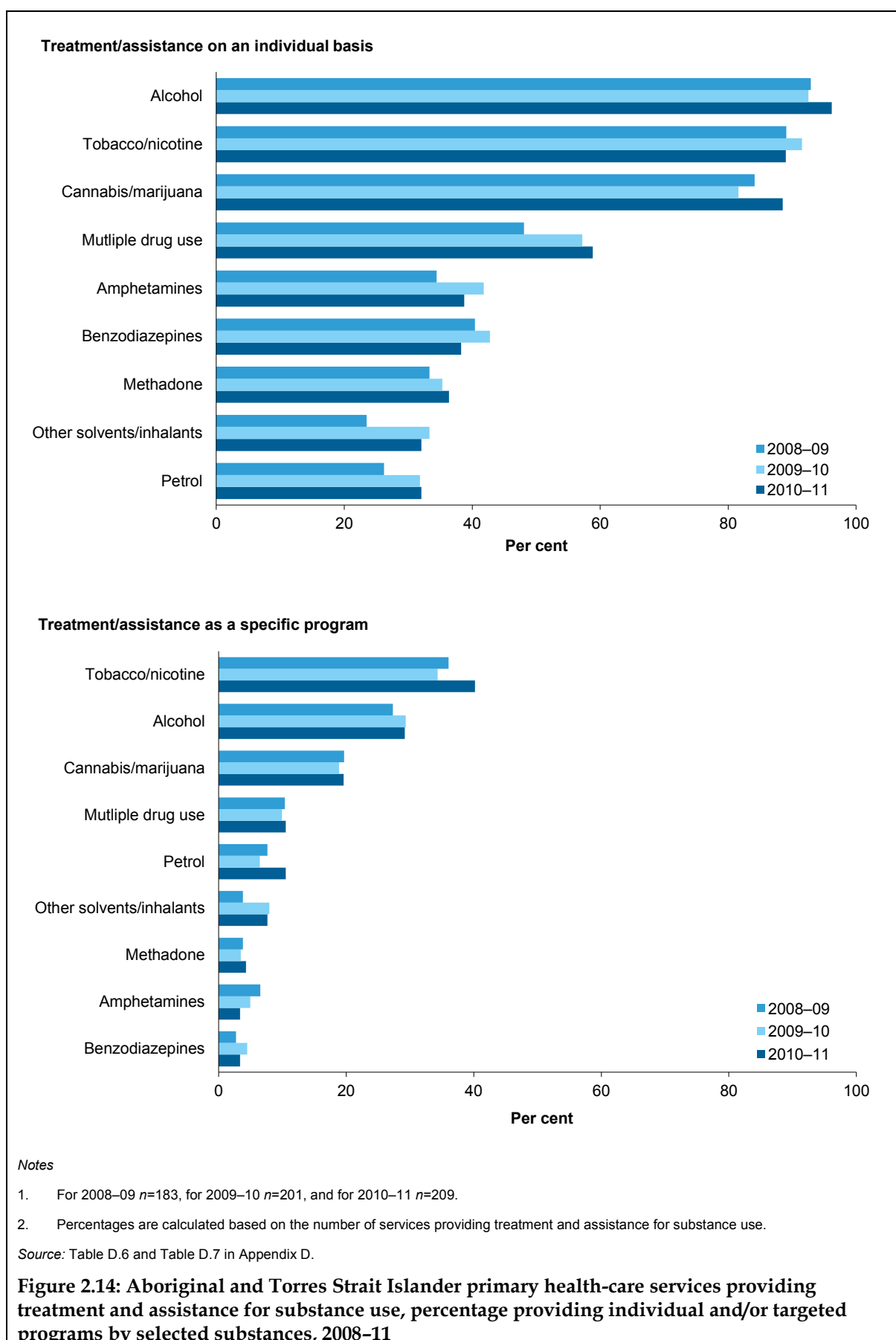
Many services provided logistical assistance and support to clients attending medical appointments. Most services (89%) provided transport to medical appointments, while about one-third of services (34%) provided medical evacuation services. Eight in ten services (80%) had staff available to attend medical appointments with patients. These proportions are similar to the previous year (Figure 2.13).



## Substance use treatment and assistance

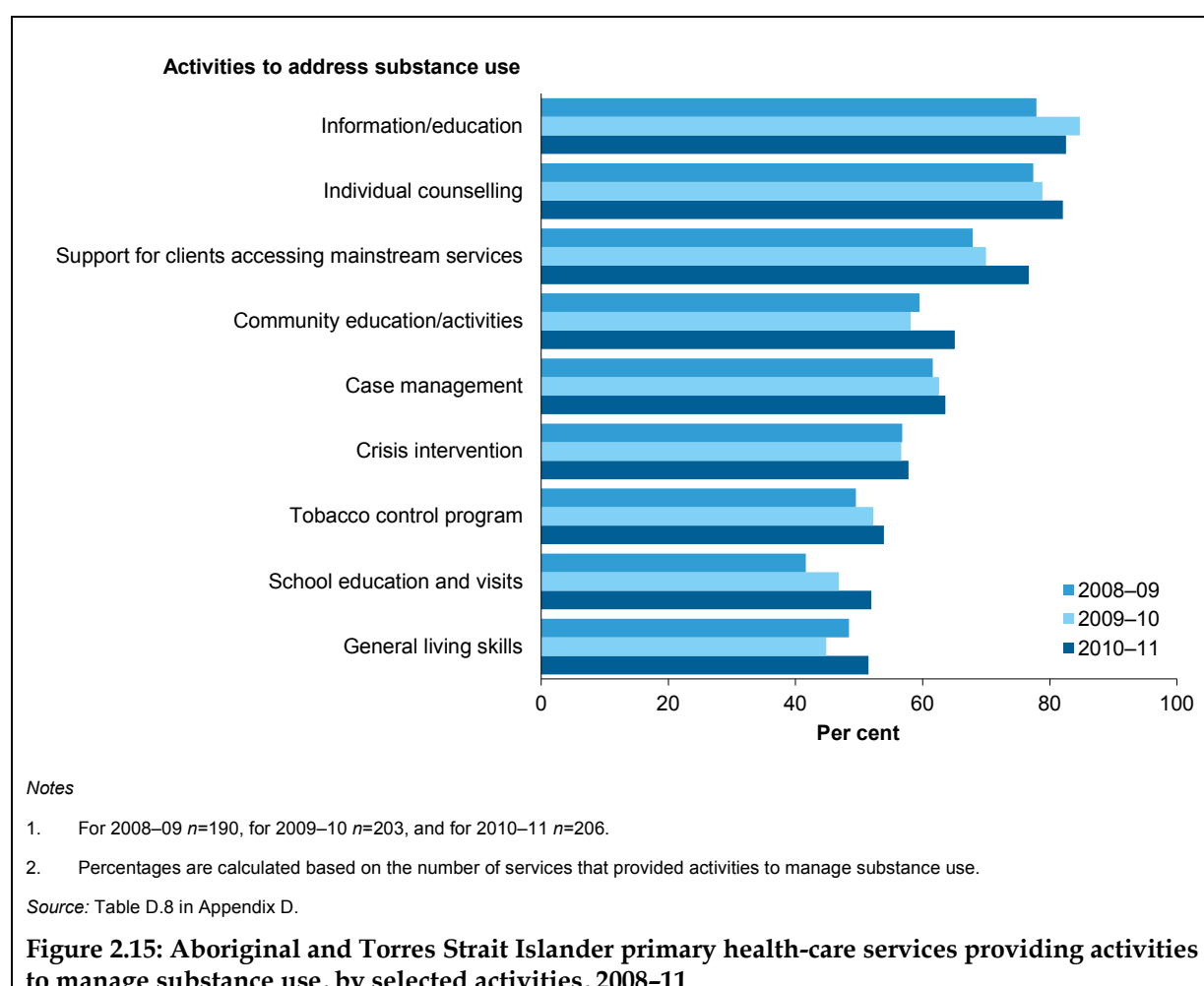
In 2010-11, most (89% or 209) Aboriginal and Torres Strait Islander primary health-care services reported providing treatment or assistance to clients for a range of substance use issues. This was mainly provided to individual clients, although some services did run programs specifically for different types of substances.

Alcohol, and tobacco and nicotine were the most common substances for which treatment or assistance was provided. Most services that offered treatment or assistance for substance use issues to individual clients did so for alcohol (96% or 201), tobacco and nicotine (89% or 186), and cannabis and marijuana (89% or 185). Proportions are similar to the previous year for most substance use issues (93%, 92% and 82%). From 2008-09 to 2010-11, there was an increase in services which provided treatment or assistance for multiple drug use (from 48% to 59%) and petrol (from 26% to 32%) (Figure 2.14).



Two in five services (40% or 84) that provided treatment for substance use issues also provided programs just for tobacco and nicotine combined. Programs for alcohol alone were provided by almost 3 in 10 services (29% or 61), while 1 in 5 services (20% or 41) provided programs for cannabis and marijuana. Proportions are similar to the previous year (34%, 29% and 19%).

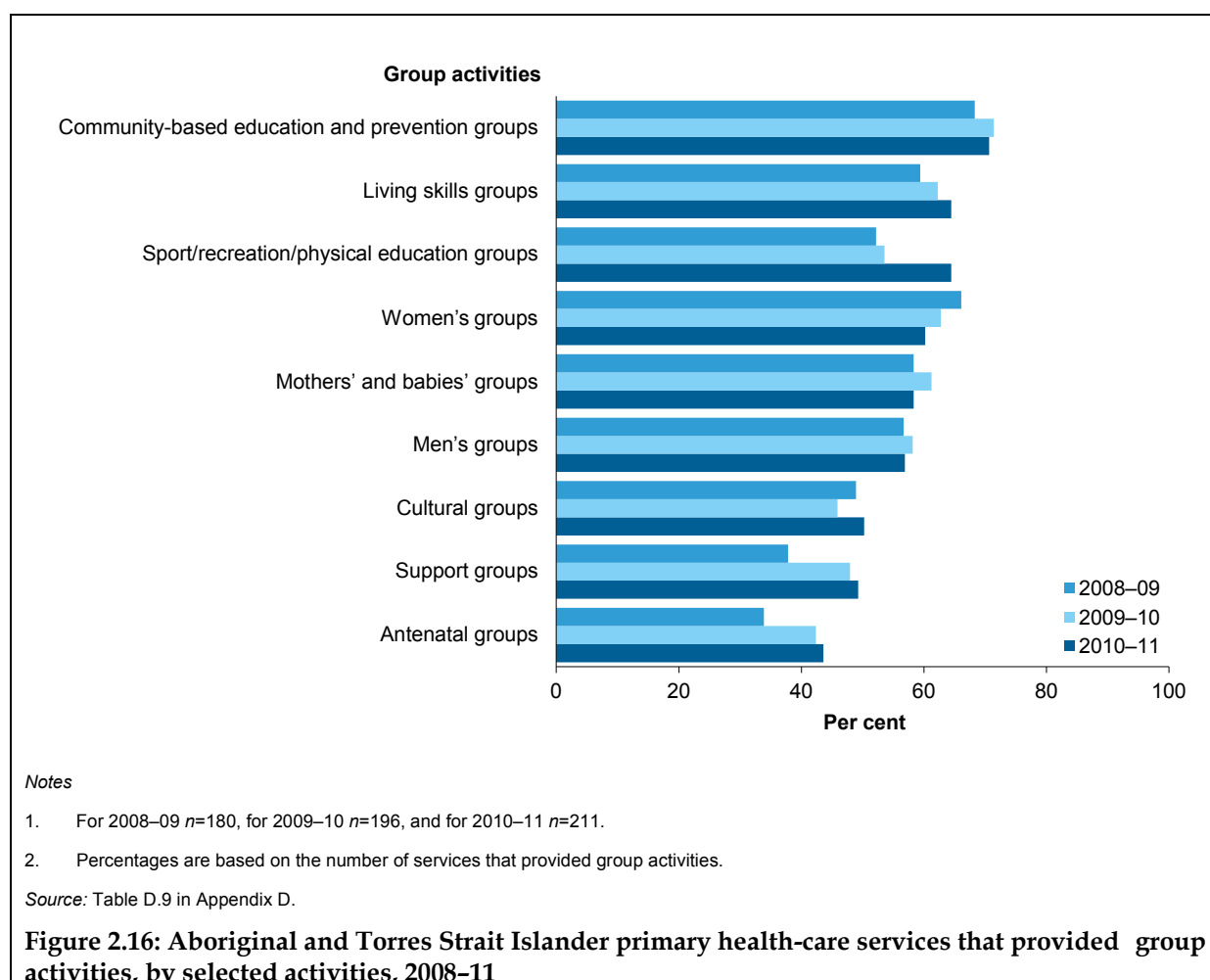
In 2010–11, most Aboriginal and Torres Strait Islander primary health-care services (88% or 206) provided one or more activities to address substance use issues. The most common activities were providing information and education about substance use (83% or 170), and individual counselling (82% or 169). More than three-quarters of services (77% or 158) provided support for clients accessing mainstream services, while more than 3 in 5 provided case management of clients (64% or 131). The proportion of services providing activities is generally similar to previous years, although the proportions providing support for clients accessing mainstream services (77% compared with 68% in 2008–09 and 70% in 2009–10) and community education and activities (65% compared with 60% in 2008–09 and 58% in 2009–10) are higher (Figure 2.15).



## Group activities

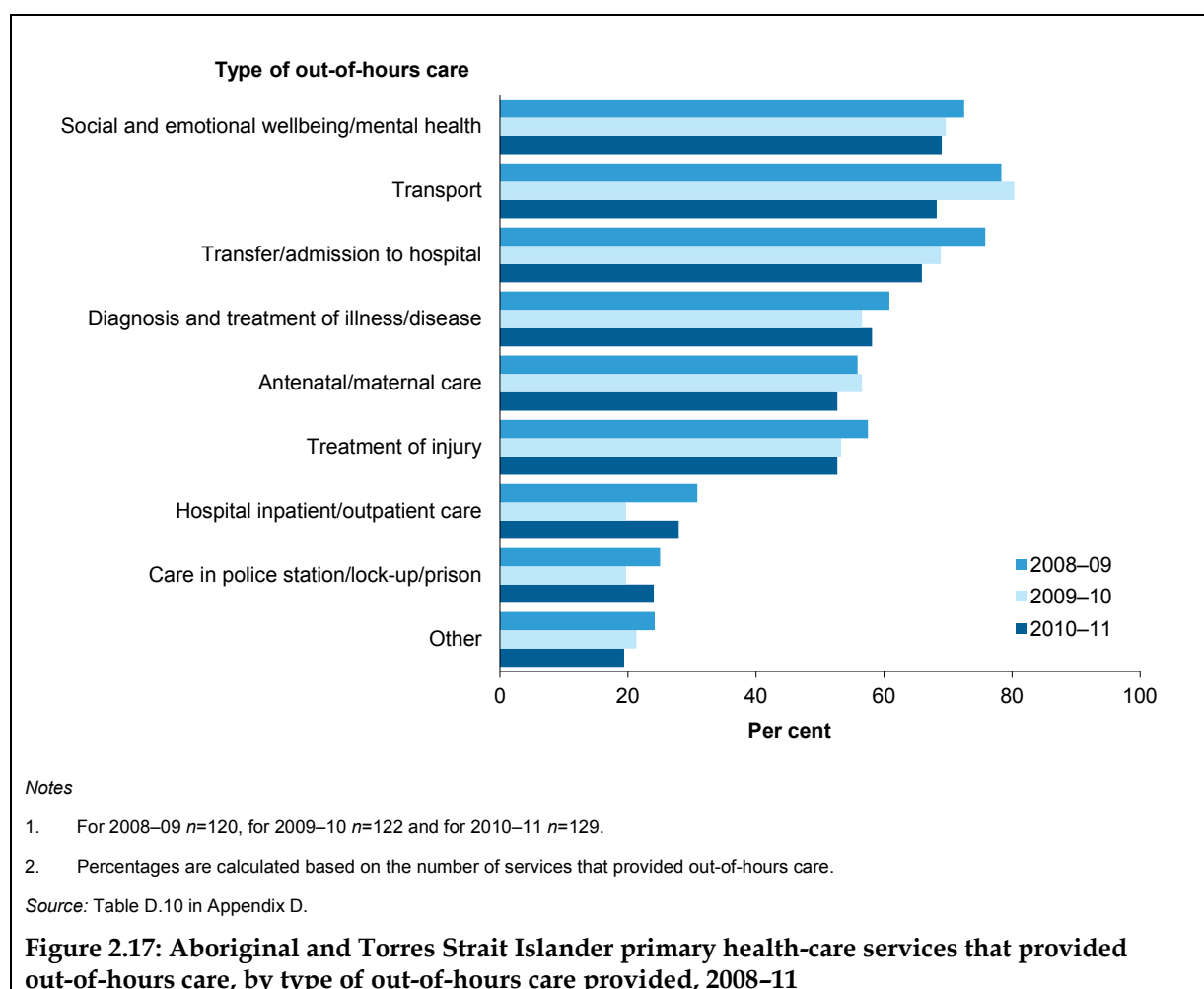
Group activities are another way in which primary health-care services can promote and support good health. They build relationships and networks and provide opportunities for

information sharing and education within a supportive environment. Group activities range from general support groups, such as living skills groups, to groups aimed at particular populations such as antenatal groups, mothers' and babies' groups, and men's and women's groups. Nearly all (98% or 231) Aboriginal and Torres Strait Islander primary health-care services reported on whether they ran group activities. Most of these (91% or 211 services) ran group activities during 2010–11. Of these, about 7 in 10 (71%) ran community-based education and prevention groups, and about 6 in 10 ran living skills groups (65%), women's groups (60%), and mothers' and babies' groups (58%) (Figure 2.16). The proportion of services providing particular activities is generally similar to 2009–10, however there was an increase in the proportion providing sport, recreation and physical education groups (65% compared with 52% and 54% in 2008–09 and 2009–10 respectively).



## Care outside opening hours

Most (99%) Aboriginal and Torres Strait Islander primary health-care services reported on whether they provided out-of-hours care to their clients. In 2010–11, just over half of these services (55%) provided care to clients outside usual opening hours. Of those providing out-of-hours care, about 7 in 10 provided care for social and emotional wellbeing and mental health issues (69%), transport (68%), and transfer or admission to hospital (66%), and about 6 in 10 provided diagnosis and treatment of illness and disease (58%). More than half of services providing out-of-hours care did so for antenatal/maternal care (53%) and treatment of injury (53%). Proportions are generally lower than in previous years (Figure 2.17).



## 2.3 Clients

This section looks at the total number of clients of Aboriginal and Torres Strait Islander primary health-care services, as well as data that reflects health-care provision, namely episodes of care and client contacts.

### Client numbers

Some services have difficulty in providing accurate client numbers and therefore these figures are considered an estimate. It should also be noted that some individuals may be clients at more than one service – especially in non-remote areas, and that the aggregated count is likely to be an overestimate of the total clients of all services.

In 2010–11, most (94% or 221) Aboriginal and Torres Strait Islander primary health-care services reported on their individual client numbers. These services saw about 430,000 clients. This is similar to the number of clients reported in the previous year (431,000). A number of health services revised data for client numbers in 2010–11, which affected data for 2008–09 and 2009–10. The online version of previous reports will be updated to reflect these changes.

Client numbers varied by remoteness. Services located in *Outer regional* areas saw 26% of all clients, while services in *Major cities* saw 17% (Table 2.2). This was despite the Aboriginal and Torres Strait Islander population in *Outer regional* areas being relatively smaller than that of *Major cities*, and similar to that of *Inner regional* areas (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009). The distribution reflects the larger number of primary health-care services located in *Outer regional* Australia (59 compared with 34 in *Major cities*). The distribution of clients by area is generally similar to the previous year, although services in *Outer regional* areas had a lower proportion of total clients (26% compared with 35%) and services in *Major cities* and *Very remote* areas had a higher proportion of clients (17% compared with 13%, and 18% compared with 14% respectively). Staff vacancies were higher in 2010–11 than in 2009–10 in *Outer regional* areas (28% compared with 20%) which may have contributed to the decrease in the number of clients in 2010–11.

**Table 2.2: Estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status and remoteness, 2010–11**

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	61,641	56,3568	86,824	66,257	61,785	332,863	77.3
Non-Indigenous	8,870	27,973	22,855	11,043	13,839	84,580	19.7
Unknown Indigenous status	3,477	4,880	1,965	1,751	930	13,003	3.0
<b>Total clients (number)</b>	<b>73,988</b>	<b>89,209</b>	<b>111,644</b>	<b>79,051</b>	<b>76,554</b>	<b>430,446</b>	<b>100.0</b>
<b>Total clients (per cent)</b>	<b>17.2</b>	<b>20.7</b>	<b>25.9</b>	<b>18.4</b>	<b>17.8</b>	<b>100.0</b>	

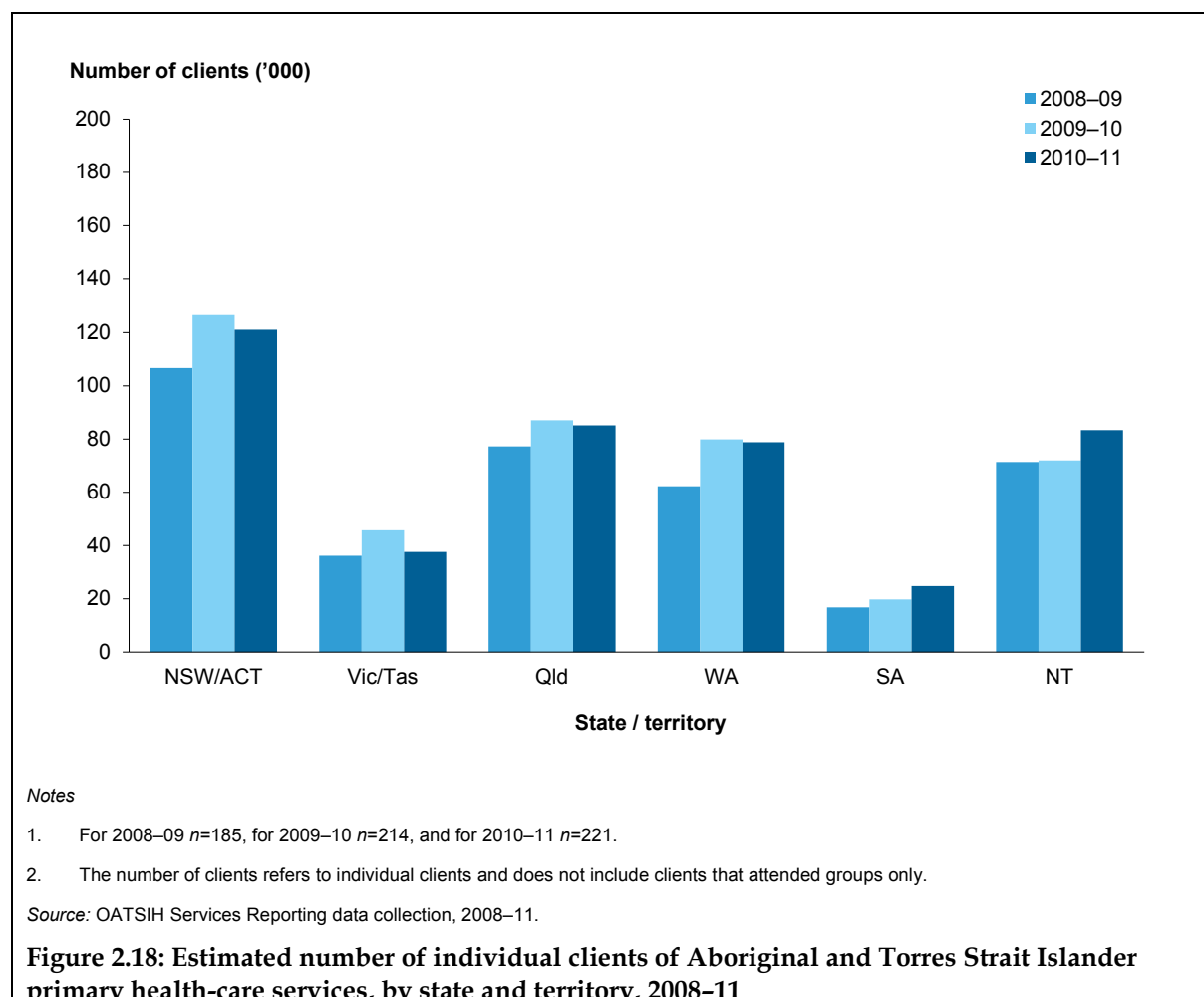
#### Notes

1. For 2010–11  $n=221$ .
2. The total number of clients refers to individual clients and does not include clients who attended groups only.
3. Data for the ACT has been combined with data for NSW, and data for Tas with data for Vic, due to the small number of services in the ACT and Tas.

Source: OATSIH Services Reporting data collection, 2008–11.

Just over a quarter of all clients visited services in New South Wales and the Australian Capital Territory (28%), and about 1 in 5 visited services in the Northern Territory (19%), Queensland (20%), and Western Australia (18%). The remainder visited services in Victoria and Tasmania (9%) and South Australia (6%) (Figure 2.18). Proportions are generally similar to the previous year. More than three-quarters (77% or 331,000) of clients were Aboriginal or Torres Strait Islander. This is similar to the previous year (78%).

The proportion of clients that were Aboriginal and Torres Strait Islander varied little with remoteness. However, services in *Inner regional* areas had a lower proportion of Aboriginal and Torres Strait Islander clients than other geographical areas (63% of their total client base compared with 77% overall).



## Episodes of care

An episode of care represents the contact between an individual client and one or more staff members of a service for the purposes of health care (for example, for sickness, injury, counselling, or health education). It provides one measure of the work done by health-care services. Some services find it difficult to provide accurate data on episodes of care, so the figures in this report are considered estimates. In 2010-11, most (95% or 223) Aboriginal and Torres Strait Islander primary health-care services reported on their episodes of health care. These services provided an estimated 2.5 million episodes of primary health care. This is 5% higher than the number recorded in the previous year (2.4 million). A number of health

services revised data for episodes of care in 2010–11, which affected data for 2008–09 and 2009–10. The online version of previous reports will be updated to reflect these changes.

More than half of all episodes of care were provided to female clients (57% or 1.4 million), 40% or 1 million to male clients, and a small number to clients with unspecified sex (Table 2.3). Most (84% or 2.1 million) episodes of care were provided to Aboriginal and Torres Strait Islander clients and a smaller proportion (12% or 305,000) to non-Indigenous clients. These are similar to the previous year (86% and 12% respectively). The Indigenous status of clients who received the remaining episodes of care was unknown (4%).

On average one client received 6 episodes of care in 2010–11. An Aboriginal and Torres Strait Islander client received more episodes of care compared with a non-Indigenous client (6 compared with 4). A client without Indigenous status specified received 7 episodes of care (Table 2.3).

**Table 2.3: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)	Episodes of care per client
Aboriginal and Torres Strait Islander	833,821	1,225,696	46,621	2,106,138	84.3	6.4
Non-Indigenous	137,751	157,988	8,923	304,662	12.2	3.6
Unknown Indigenous status	28,116	38,700	20,451	87,267	3.5	6.7
<b>Total</b>	<b>999,688</b>	<b>1,422,384</b>	<b>75,995</b>	<b>2,498,067</b>	<b>100.0</b>	<b>5.8</b>

*Notes*

1. For 2010–11  $n=223$ .

2. 'Unknown' refers to episodes of care for which the sex of the client was not recorded by the primary health care service.

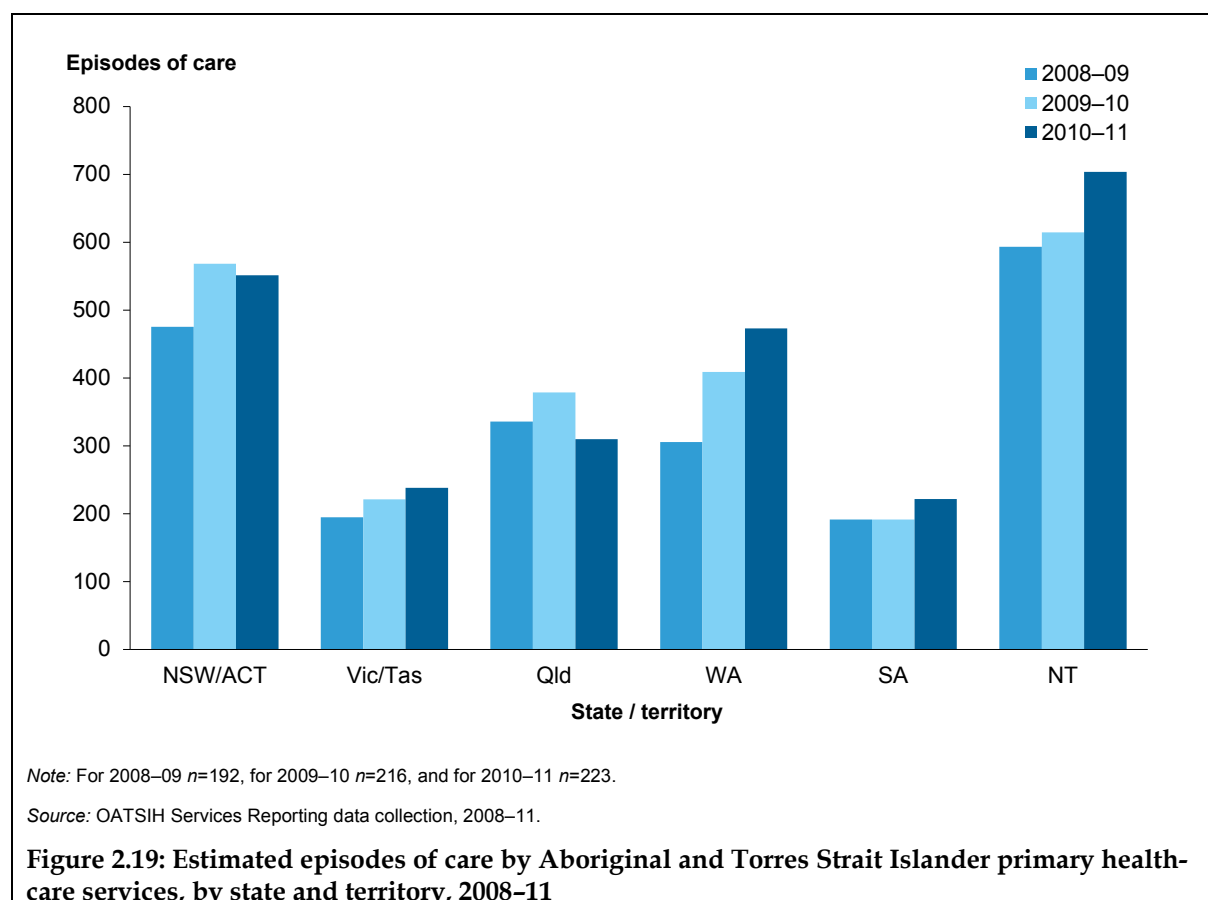
Source: OATSIH Services Reporting data collection, 2008–11.

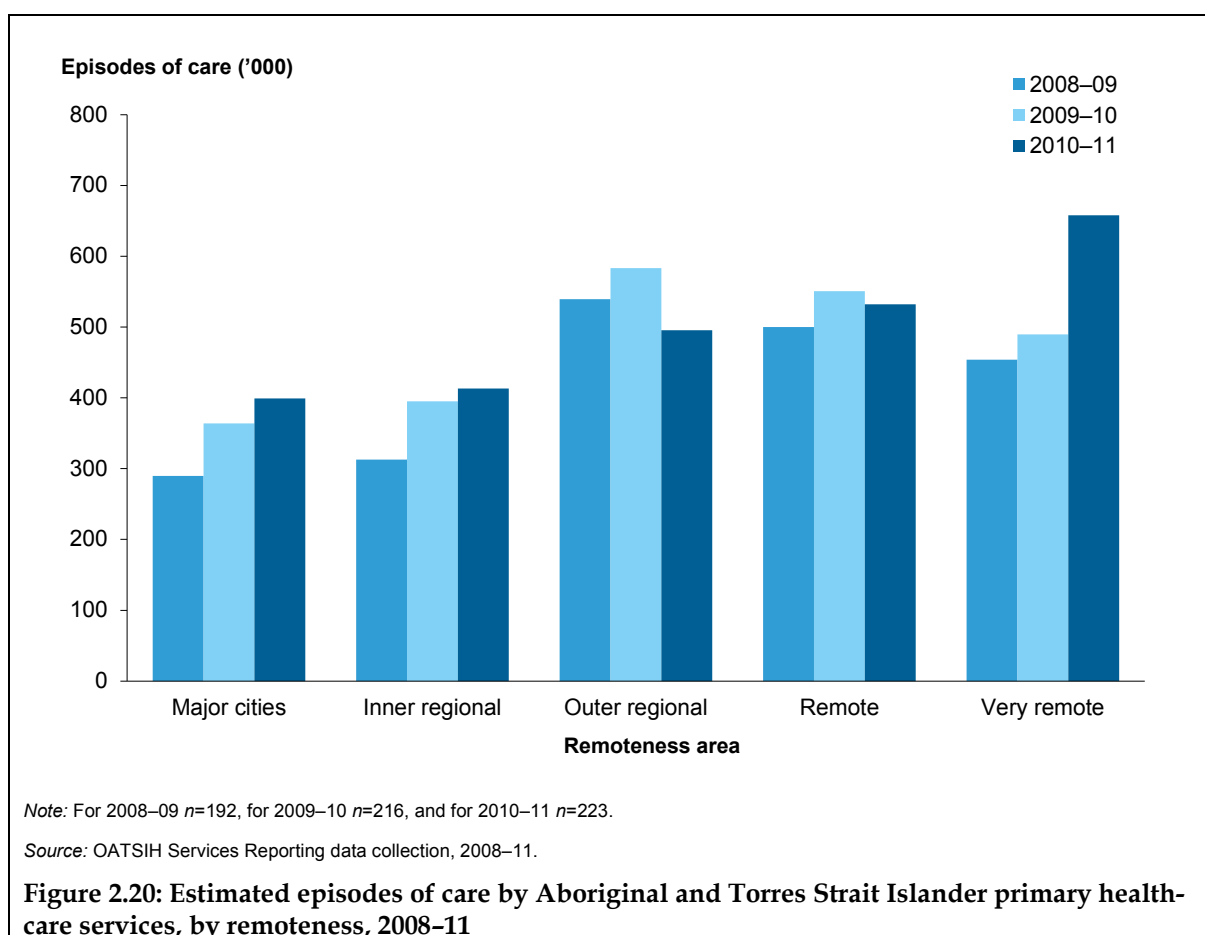
In 2010–11, clients in the Northern Territory and New South Wales (including the Australian Capital Territory), received half of all episodes of care (28% and 22% respectively). This is consistent with the number of services located in these jurisdictions, the relatively large population of Aboriginal and Torres Strait Islander people in New South Wales, and the high proportion of Aboriginal and Torres Strait Islander people in the Northern Territory (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009). Clients in Queensland and Western Australia accounted for nearly a third of all episodes of care (12% and 19% respectively). The distribution of episodes of care by state and territory is similar to the previous year (Figure 2.19).

Nearly half of all episodes of health care were provided to clients by services located in *Remote* (21% or 532,000) and *Very remote* (26% or 658,000) areas combined. A further 1 in 5 episodes of care were provided in *Outer regional* areas (20% or 496,000). *Inner regional* areas and *Major cities* provided 17% and 16% of all episodes of care respectively. The distribution of episodes of care reflects the regional distribution of services, the size and gender of the client base of each service, and Aboriginal and Torres Strait Islander client composition, and the frequency with which the clients of each service seek treatment there. The distribution by area is generally similar to the previous year, however, there is an increase in *Very remote* areas (26% compared with 21%) and a decrease in *Outer regional* areas (20% compared with 25%) (Figure 2.20). Staff vacancies in *Outer regional* areas were higher in 2010–11 than in



2009–10 (28% compared with 20%) which may have contributed to the decrease in the episodes of care in 2010–11.





## Client contacts

Client contacts are the number of individual client contacts made by each type of worker involved in the provision of health care. It includes contacts made by visiting health professionals and those involving transport. If more than one worker (for example, a nurse and a driver) see a client, then one episode of care may result in more than one contact.

## Total contacts

A health-care contact occurs when a health professional sees an individual client or provides advice over the phone. A transport contact occurs when a client is given transport by the service to see either a health professional working for the service, or another health professional. A field officer or driver usually provides this transport. As some services are unable to provide accurate or complete client contact data, these figures are likely to underestimate the number of client contacts, particularly for visiting health staff.

In 2010-11, most (96% or 225) Aboriginal and Torres Strait Islander primary health-care services reported on their client contacts. These services reported about 3.7 million client contacts – 9% higher than the number reported in the previous year (about 3.4 million). Of these, 93% or 3.4 million were health-care contacts and about 7% or 273,000 were transport contacts. These proportions are similar to the previous year (90% and 3.0 million and 10% and 352,000 respectively).

## Health-care contacts

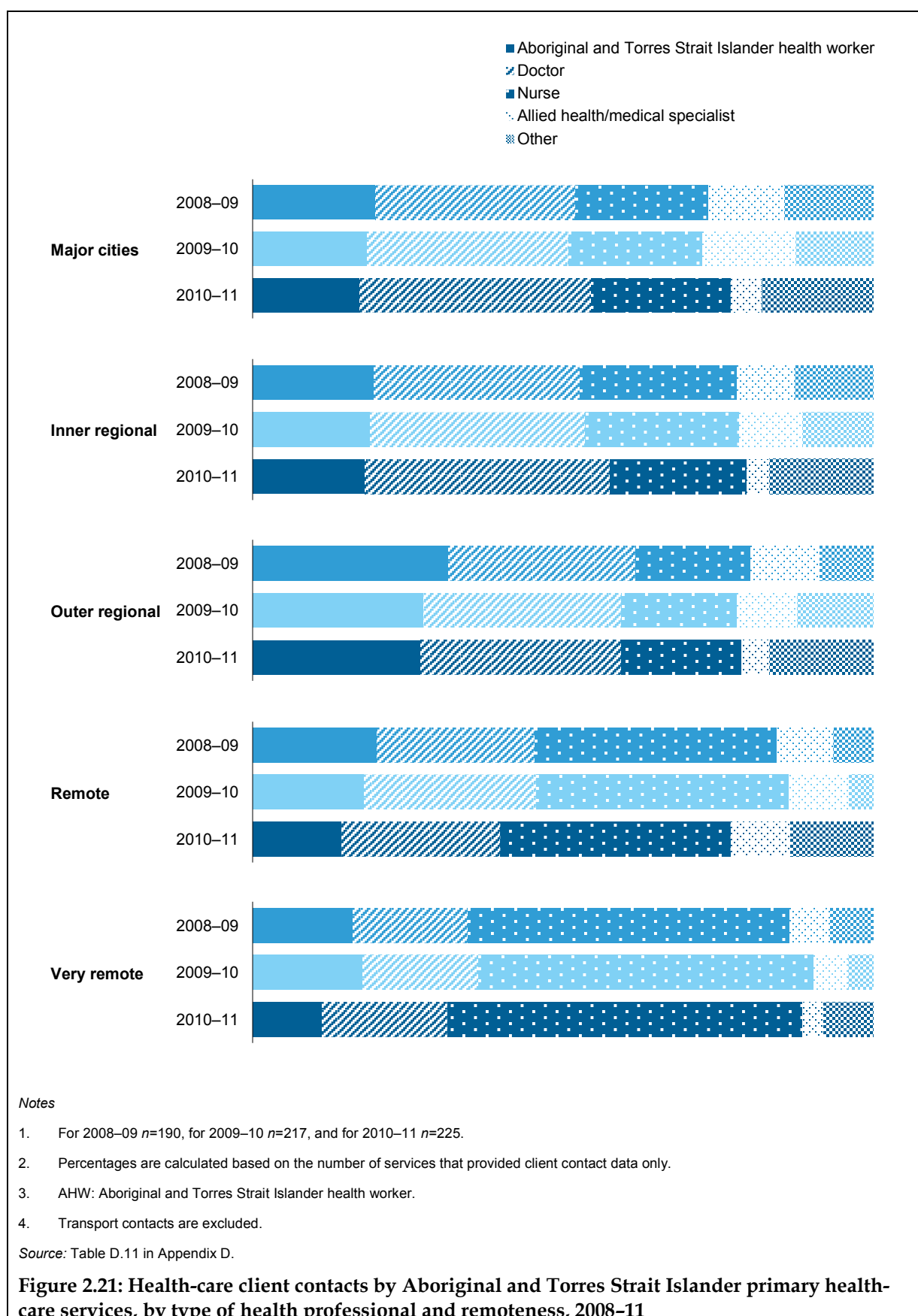
In 2010–11, 225 Aboriginal and Torres Strait Islander primary health-care services reported about 3.4 million health-care client contacts. This is 13% higher than in the previous year (3.0 million). More than half of these were provided to female clients (54%), and more than one-third (37%) to male clients. The sex of the client was not recorded for the remaining clients (9%).

Nurses (34% or 1.1 million contacts), doctors (30% or 1.0 million) and AHWs (17% or 596,000) made the majority of health-care client contacts. A smaller proportion of contacts were attributable to allied health professionals (5% or 180,000) and social and emotional wellbeing staff (5% or 181,000). Proportions are similar to the previous year (Figure 2.21).

## Health-care contacts by remoteness areas

Staff in services in *Very remote* (25% or 865,000) and *Remote* (21% or 723,000) areas combined made nearly half of all health-care client contacts. A further 1 in 5 were made by staff in *Outer regional* areas (22% or 758,000). Health staff of services located in *Inner regional* areas (15% or 529,000) and *Major cities* (16% or 541,000) made the remaining contacts. These proportions are similar to the previous year, although health staff located in *Very remote* areas made a higher proportion of contacts (25% compared with 20% in the previous year).

The proportion of health-care client contacts by different health professionals varied by area. Doctors made about a third of all client contacts in *Major cities* (37%), *Inner regional* (39%) and *Outer regional* areas (32%), whereas nurses made about 1 in 5 contacts in these areas (22%, 22% and 19% respectively). In contrast, nurses made a higher proportion of contacts in *Remote* and *Very remote* areas (37% and 57% respectively). Doctors accounted for a lower proportion of client contacts in these areas (25% and 20% respectively). This may reflect the staffing composition of primary health-care services in *Remote* and *Very remote* areas, where the core staff of many services are nurses, with doctors visiting the services periodically to provide consultations (Figure 2.21).



AHWs provided nearly 3 in 10 health-care client contacts in *Outer Regional* areas (27%) and in *Major cities* (17%), and nearly 2 in 10 in both *Inner regional* (18%) and *Remote* areas (14%). The distribution of contacts by different types of health workers is similar to the previous year (28%, 18%, 19% and 18%).

### **Transport contacts**

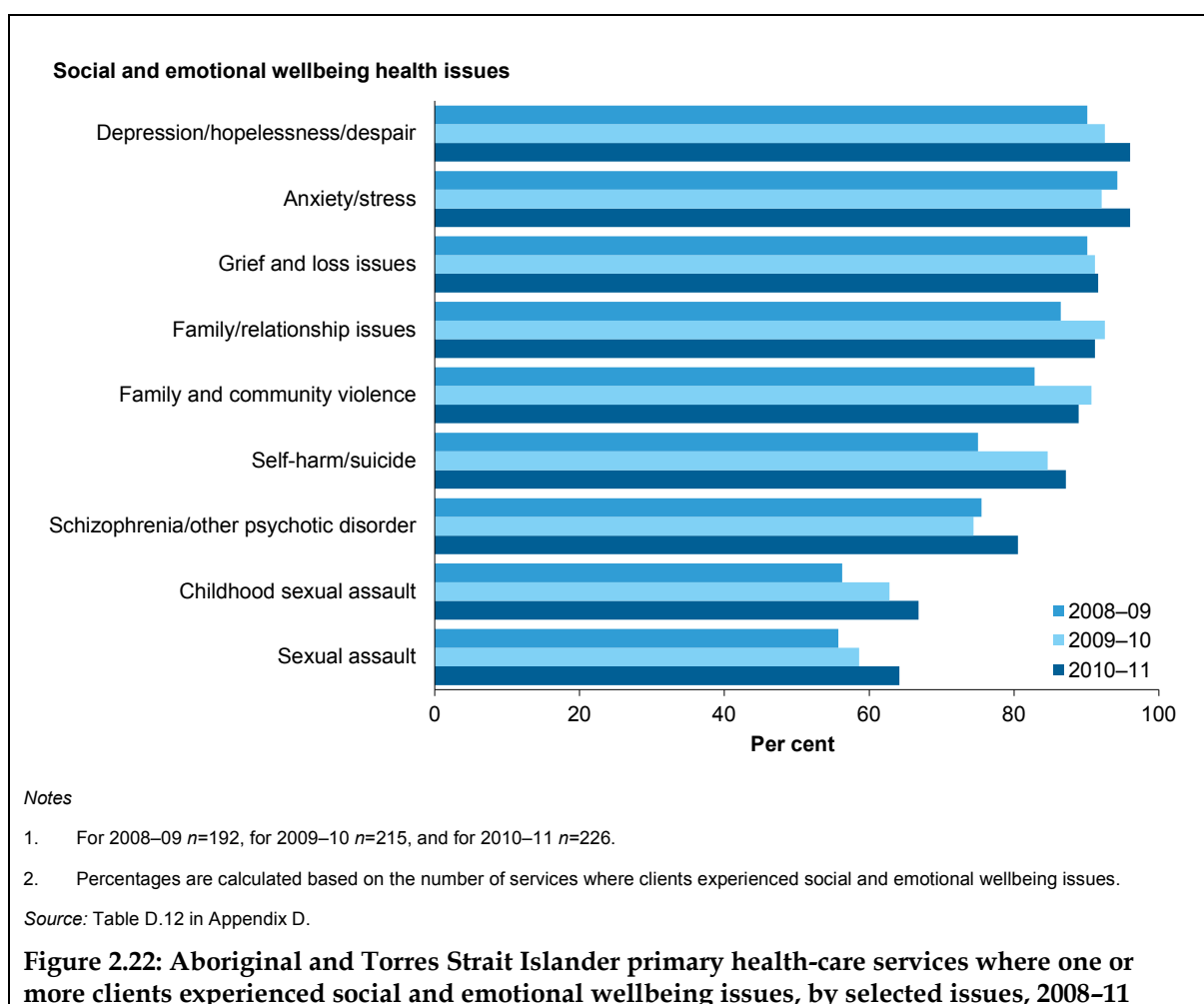
In 2010–11, most (96% or 225) Aboriginal and Torres Strait Islander primary health-care services reported 273,000 transport contacts. This is a decrease of 8% and 22% compared with 2008–09 (297,000) and 2009–10 (352,000) respectively. About 1 in 5 of these was provided by drivers or field officers in services located in *Major cities* (19% or 52,000), *Inner regional* areas (21% or 58,000) and *Outer regional* areas (21% or 58,000). Staff located in *Remote* areas (22% or 59,000) and *Very remote* areas (17% or 47,000) provided the remaining transport contacts.

### **Social and emotional wellbeing of clients**

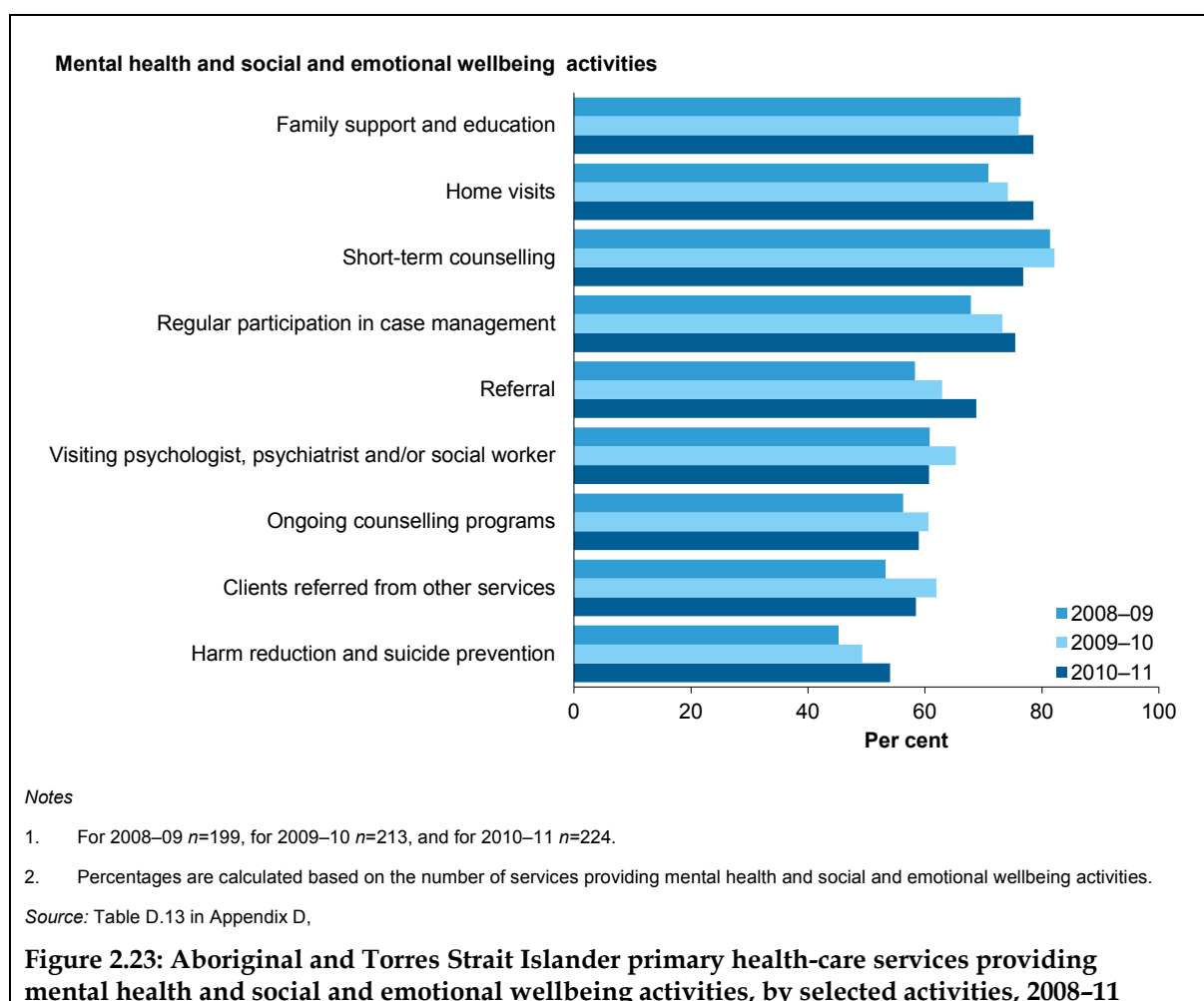
Aboriginal and Torres Strait Islander primary health-care services aim to take a holistic approach to health, in recognition that an individual's social and emotional wellbeing is integral to their health. Social and emotional wellbeing is a broad concept that can be difficult to define. It incorporates mental health, but in an Indigenous context may also include issues around cultural, spiritual and social wellbeing. It encompasses not just individual wellbeing but also family and community wellbeing. The social and emotional wellbeing of Aboriginal and Torres Strait Islanders has been identified as a priority area of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NATSIHC 2004).

In 2010–11, there were about 187,000 client contacts with social and emotional wellbeing staff (see Glossary) or psychiatrists within Aboriginal and Torres Strait Islander primary health-care services. This is similar to the previous year (181,000). These do not include contacts with other staff, such as doctors or AHWs, who are not designated as social and emotional wellbeing staff. Given this, client contact numbers are likely to underestimate total access within these services to social and emotional wellbeing and mental health services that are culturally appropriate for Aboriginal and Torres Strait Islander people.

In 2010–11, nearly all services (97% or 229) provided information on social and emotional wellbeing issues experienced by their clients. Of these, almost all services (99% or 226) reported that one or more of their clients experienced social and emotional wellbeing issues. The most common issues reported by these services were depression, hopelessness and despair (96%); anxiety and stress (96%); grief and loss issues (92%); family and relationship issues (91%); family and community violence (89%); self-harm and suicide (87%); and schizophrenia and other psychotic disorders (81%) (Figure 2.22).



Nearly all (97% or 229) primary health-care services provided information on whether their service offered mental health or social and emotional wellbeing activities to their clients. Most services (98% or 224) made one or more mental health or social and emotional wellbeing activities available to their clients. The most common activities were family support and education, home visits and short-term counselling, provided by about 4 in 5 services (79%, 79% and 77% respectively), while ongoing counselling programs were run in 3 in 5 services (59% or 132). About half of services offered harm reduction and suicide prevention (54%), and mental health promotion activities (50%). A small proportion of services (2% or 5) did not offer any mental health or social and emotional wellbeing activities to their clients. Proportions are generally similar to previous two years (Figure 2.23).



## 3 Aboriginal and Torres Strait Islander stand-alone substance use services

### 3.1 About stand-alone substance use services

Substance use can cause harm to individuals, their families and communities. It contributes significantly to the gap between Indigenous and non-Indigenous Australians in life expectancy and other health outcomes. The Australian Government aims to reduce alcohol and other drug problems in Indigenous communities. Improved access to treatment is one of the priority areas of the National Drug Strategy (MCDS 2004).

About half of all OATSIH-funded substance use services are stand-alone services and do not receive OATSIH funding to provide primary health-care services. About 20% of OATSIH-funded primary health-care services are also funded for substance use. These services are not included in this chapter. Information on these services can be found in Chapter 2.

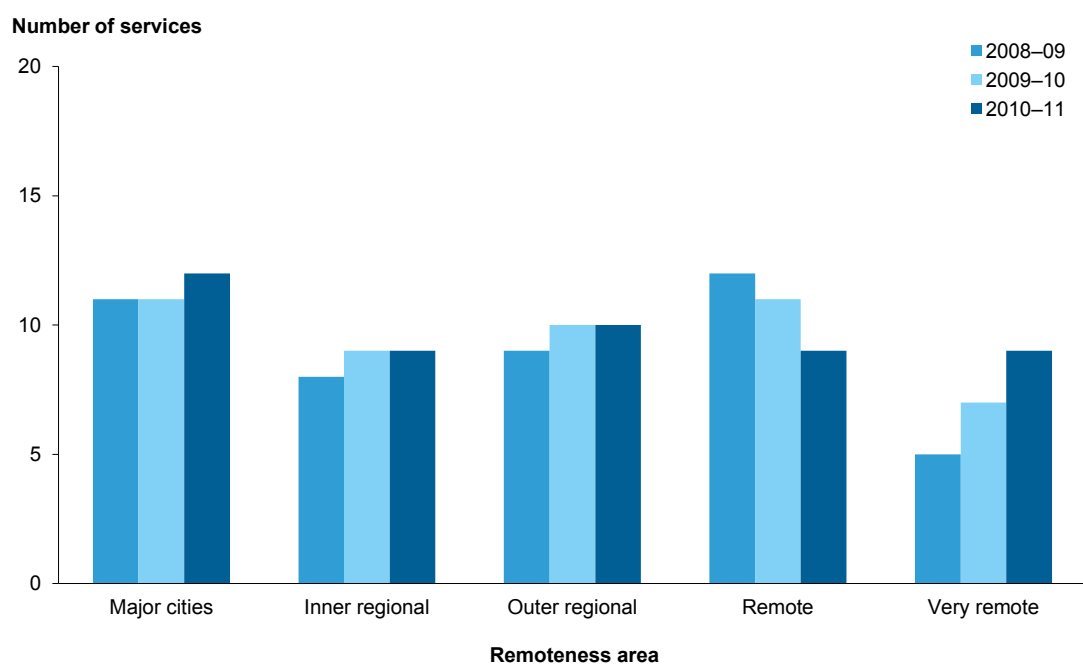
In 2010–11, 49 Aboriginal and Torres Strait Islander stand-alone substance use services that received OATSIH funding responded to the OSR questionnaire. This is a response rate of 96%. The number of stand-alone substance use services is 2% higher than the number reported in the previous year (48 services). In this report, these services are referred to as ‘Aboriginal and Torres Strait Islander stand-alone substance use services’, or simply as ‘stand-alone substance use services’.

#### Location

The 49 stand-alone substance use services that responded to the OSR questionnaire were located across all geographical areas, from cities to remote areas in all states and territories — except the Australian Capital Territory. A quarter of these services were located in *Major cities* (25% or 12), while about a fifth were located in *Outer regional* areas (20% or 10), *Remote* (18% or 9) areas, *Inner regional* areas (18% or 9) and *Very remote* areas (18% or 9). This distribution is similar to the previous year (Figure 3.1).

Nearly one-third, (31% or 15) of stand-alone substance use services were located in Queensland and about 1 in 5 were located in the Northern Territory (18% or 9), New South Wales (18% or 9) and Western Australia (16% or 8). Six services were located in South Australia and 2 services were located in Victoria and Tasmania. This distribution is similar to the previous year (Figure 3.2). Figure C.2 in Appendix C maps the locations of all stand-alone substance use services.

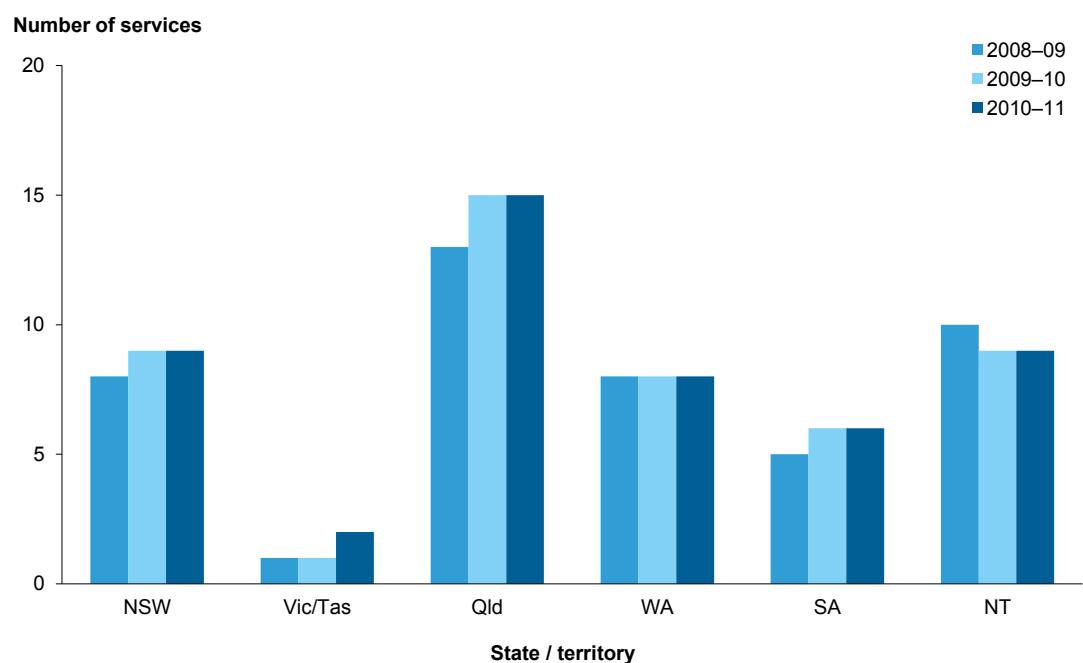




*Note:* For 2008-09  $n=45$ , for 2009-10  $n=48$ , and for 2010-11  $n=49$ .

*Source:* OATSIH Services Reporting data collection, 2008-11.

**Figure 3.1: Aboriginal and Torres Strait Islander stand-alone substance use services, by remoteness, 2008-11**



*Note:* For 2008-09  $n=45$ , for 2009-10  $n=48$ , and for 2010-11  $n=49$ .

*Source:* OATSIH Services Reporting data collection, 2008-11.

**Figure 3.2: Aboriginal and Torres Strait Islander stand-alone substance use services, by state and territory, 2008-11**

## Accreditation

In 2010–11, about a third (35%) of stand-alone substance use services were accredited. This is similar to the previous year (31%), and significantly higher than in 2008–2009 (18%). Three-quarters of these services (76%) achieved accreditation against organisational standards (Table 3.1).

**Table 3.1: Aboriginal and Torres Strait Islander stand-alone substance use services, by accreditation type, 2008–11**

Accreditation type	2008–09		2009–10		2010–11	
	Number	Per cent	Number	Per cent	Number	Per cent
RACGP accreditation	0	0.0	0	0.0	1	5.9
Organisational standard accreditation	5	62.5	11	73.3	13	76.5
Other accreditation	3	37.5	5	33.3	4	23.5
<i>Total accredited services</i>	<i>8</i>	<i>17.8</i>	<i>15</i>	<i>31.3</i>	<i>17</i>	<i>34.7</i>
<i>Total services not accredited</i>	<i>37</i>	<i>82.2</i>	<i>33</i>	<i>68.8</i>	<i>32</i>	<i>65.3</i>
<b>Total services</b>	<b>45</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>49</b>	<b>100.0</b>

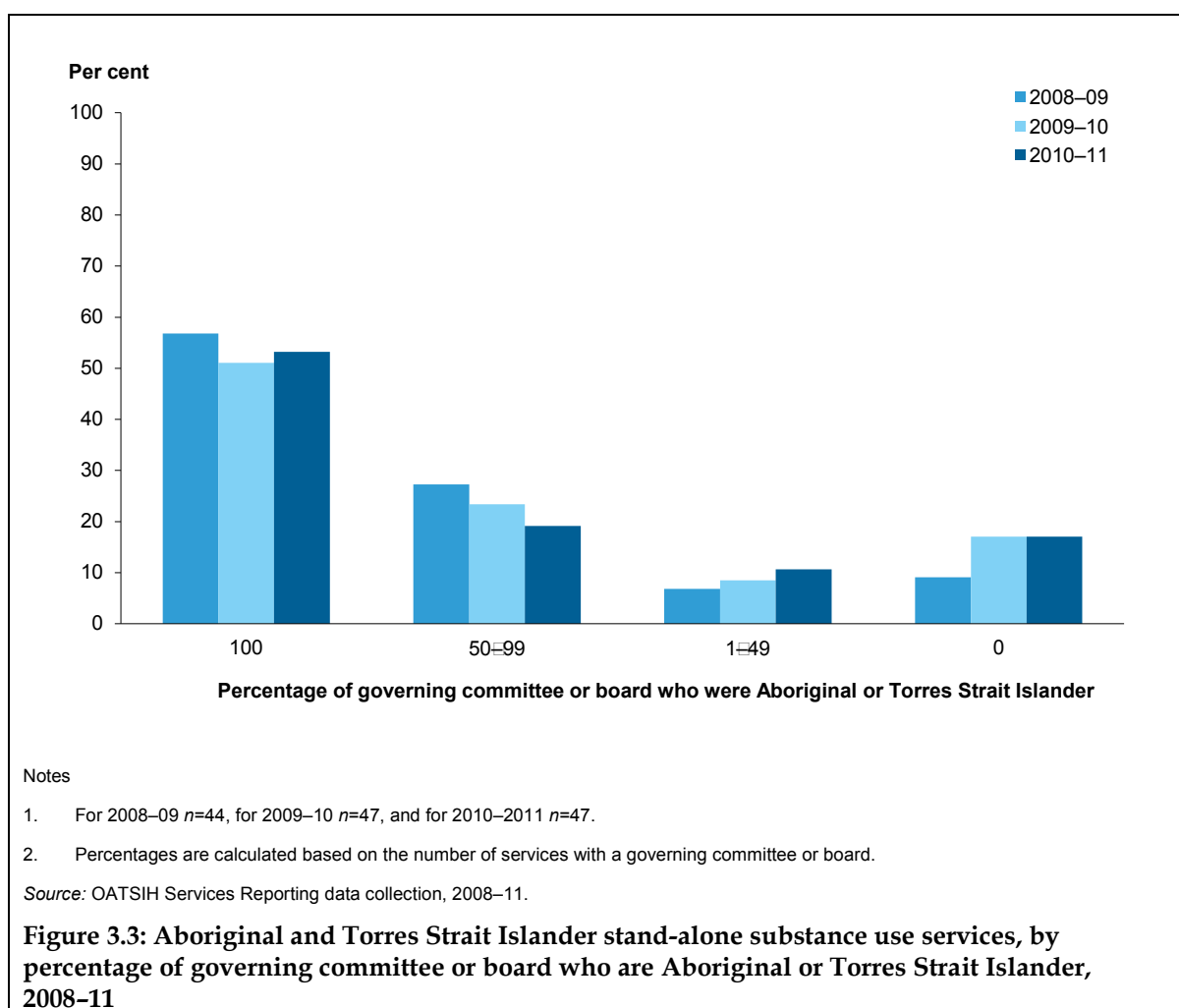
*Note:* Some services had more than one type of accreditation.

*Source:* OATSIH Services Reporting data collection, 2008–11.

## Governance

In 2010–11, nearly all (96% or 47) Aboriginal and Torres Strait Islander stand-alone substance use services provided information on the makeup of their board or committee. About half (53%) of these services had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people. About 17% had a board or committee with no Aboriginal or Torres Strait Islander members. This is the same as the previous year (17%) (Figure 3.3).

The governing committee or board of most services (98%) held regular meetings during 2010–11. All services presented income and expenditure statements to the committee or board at least twice a year. The board or committee members had training for their roles in about three-quarters of services (74%).



## Staffing

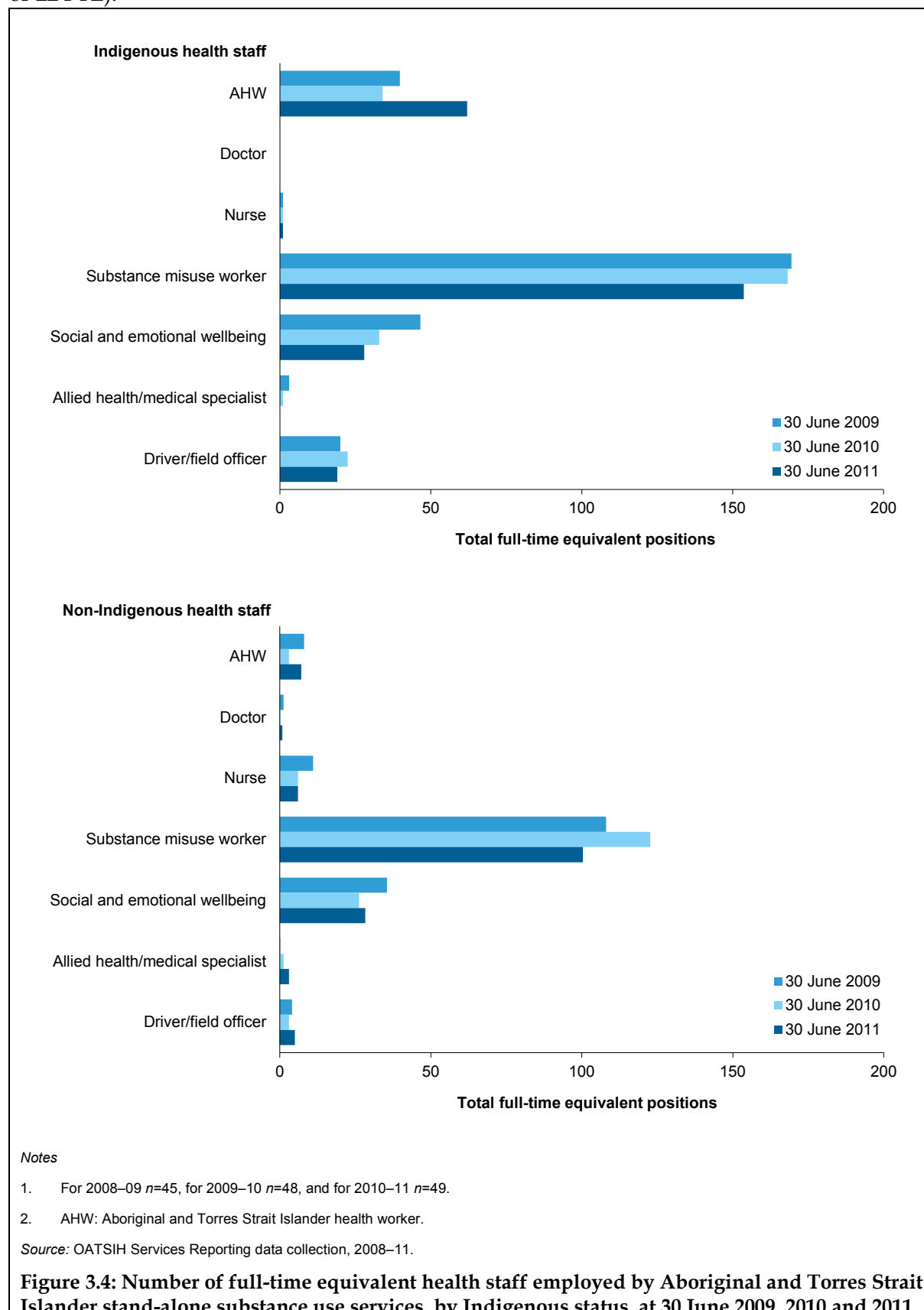
### Staff working at and paid by the service

In 2010-11, all 49 Aboriginal and Torres Strait Islander stand-alone substance use services provided information on the number of staff that worked in and whose salaries were paid by their service. As at 30 June 2011, these services employed about 883 FTE staff across a variety of health (487 FTE) and managerial, administrative and support roles (396 FTE). This is 10% higher than in the previous year (802 FTE) (Figure 3.4).

The main type of health staff employed was substance misuse workers. Nine in ten services (90%) employed one or more substance misuse workers with 261 FTE workers employed among all services. About 2 in 5 services (37%) had one or more social and emotional wellbeing staff, with 57 FTE staff employed. More than 1 in 5 (22%) of services employed one or more AHWs, with 69 FTE workers employed among these services and 1 in 5 services (20%) employed one or more drivers or field officers, with 24 FTE staff employed. A small number of services employed one or more doctors (4%), and nurses (10% or 7 FTE). Almost all (96%) services employed administrative, managerial and support staff (396 FTE).

Of the 883 FTE staff, 538 (61%) were Aboriginal and Torres Strait Islander and 328 (37%) were non-Indigenous. These proportions are similar to the previous year (59% and 41%). About 6 in 10 (59% or 154 FTE) substance misuse workers were Aboriginal and Torres Strait Islander, while half of the social and emotional wellbeing staff (49% or 28 FTE) were

Aboriginal and Torres Strait Islander. Most (79% or 19 FTE) drivers or field officers were Aboriginal or Torres Strait Islander. These proportions are similar to the previous year (88% or 22 FTE).



## Visiting staff

Visiting health professionals are an important way in which Aboriginal and Torres Strait Islander stand-alone substance use services can provide a range of treatments and assistance. In 2010–11, more than half (55% or 27) of services reported 51 FTE visiting health professionals who came to their service but were paid for by another organisation. This is 41% less than in the previous year (87 FTE). There was a decrease in visiting health professionals for services in the Northern Territory, South Australia and Western Australia, while services in New South Wales and Queensland had an increased number of visiting health professionals compared with the previous year. The number of visiting health professionals in 2010–11 in *Outer regional*, *Remote*, and *Very remote* areas was 4, 6 and 9 FTE respectively.

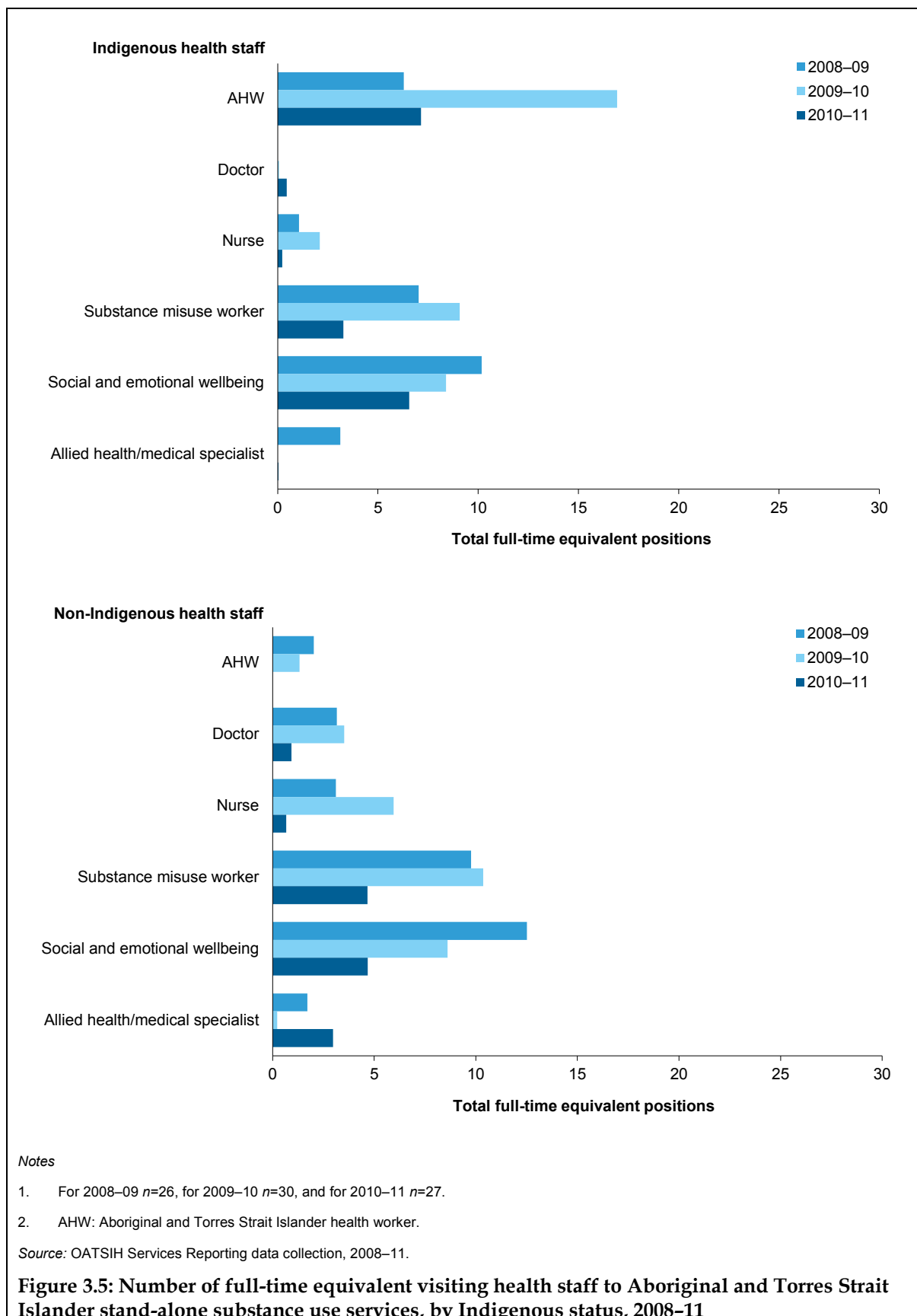
Visiting health professionals were mainly social and emotional wellbeing staff (11 FTE), substance misuse workers (8 FTE), and AHWs (7 FTE), which are all lower than 2009–10 (17, 18 and 19 FTE respectively). Nearly 7 in 10 visiting health professionals were Aboriginal and Torres Strait Islander (67%). This is higher than the previous year (59%). All AHWs were Aboriginal and Torres Strait Islander (Figure 3.5).

About 2 in 5 (44% or 12) services with visiting health professionals had visiting social and emotional wellbeing staff, a third had visiting substance misuse workers (33% or 9), and about a quarter had visiting doctors (30% or 8), AHWs (26% or 7) or nurses (26% or 7). While 55% of services reported visiting health staff in 2010–11, it is important to note that the frequency and duration of visits by these staff varied greatly among services.

## Staff vacancies

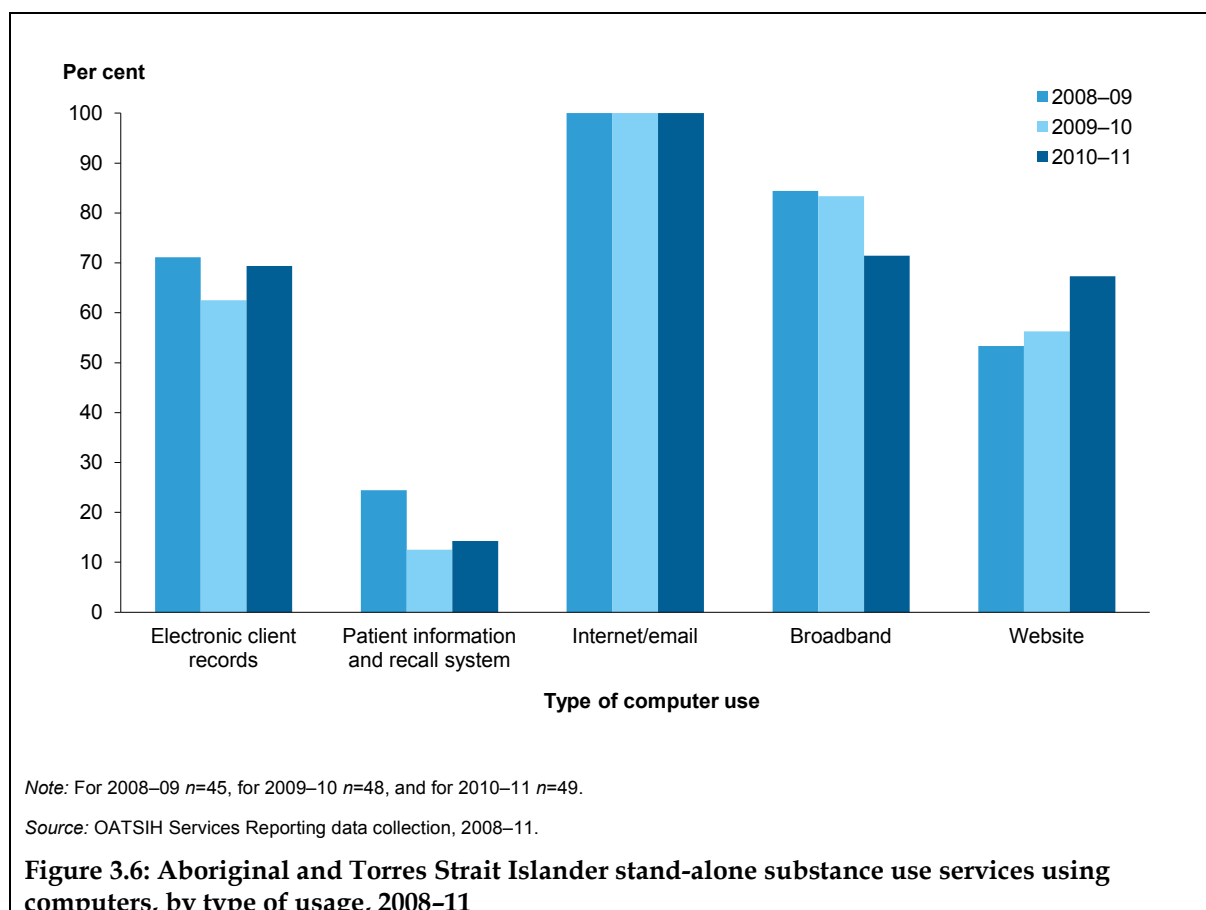
About half (47%) of Aboriginal and Torres Strait Islander stand-alone substance use services reported having one or more staff vacancies at 30 June 2011 – a total of 36 FTE positions. This is higher than the previous year (35%), and the total number of vacancies was 24% higher (36 compared with 29 FTE positions). Most vacant FTE positions were reported by services located in New South Wales (36% or 13 FTE) and Western Australia (25% or 9 FTE). Services located in *Inner regional*, *Outer regional* and *Remote* areas reported more vacancies in 2010–11 than in 2009–10 (10 FTE compared with 8, 6 FTE compared with 3 and 11 FTE compared with 6 respectively). This also reflects higher vacancies for managerial, administrative and support positions (14 FTE compared with 6 FTE in the previous year). Other common vacancies were for substance misuse workers (9 FTE), and social and emotional wellbeing staff (5 FTE).

Most (86% or 32) positions were vacant for 26 weeks or less. This is higher than in the previous year (70% or 21), but similar to 2008–09 (89% or 17). Only 14% (5 positions) were vacant for 27 weeks or more. This is lower than in the previous year (30% or 9), but similar to 2008–09 (11% or 2).



## Information technology

In 2010–11, all stand-alone substance use services used computers, email and the Internet, and most (71%) had broadband Internet connection. Two-thirds of all services (67%) reported having a website. These proportions are similar to the previous year (83% and 56%). Nearly 7 in 10 services (69%) used electronic client records, however the proportion with patient information and recall systems in place was much lower (14%). The proportion using electronic client records was higher than the previous year (63%), but similar to the proportion in 2008–09 (71%) (Figure 3.6).



## 3.2 Services provided

This section provides information on service delivery. It covers substance use issues treated; the types of programs provided; treatment approaches used; and other health-related assistance and activities provided.

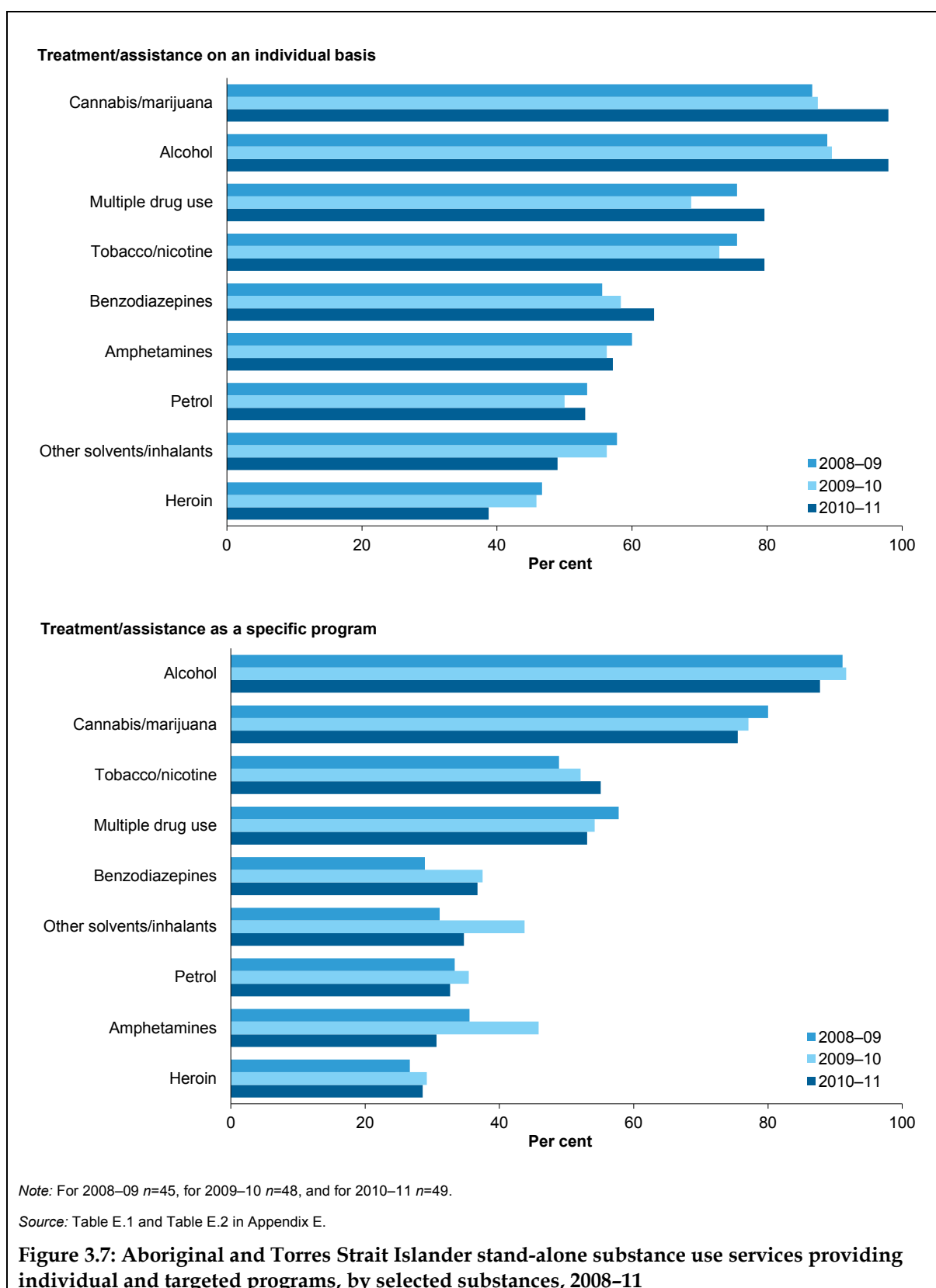
### Substance use issues addressed

In 2010–11, stand-alone substance use services reported providing treatment and assistance for a range of substance use issues experienced by their clients. This treatment or assistance was provided to individual clients through programs for specific substance use issues.

The most common substances for which treatment or assistance was provided were alcohol, tobacco and nicotine, cannabis and marijuana, and multiple drug use. Most services provided treatment or assistance to individual clients for alcohol (98%), and cannabis and marijuana (98%). Four-fifths of services provided treatment or assistance for tobacco and nicotine to individual clients (80%) and for multiple drug use (80%). Proportions are generally similar to or higher than the previous year, although a lower proportion of services provided individual treatment for heroin (39% compared with 46%) or other solvents/inhalants (49% compared with 56%) (Figure 3.7).

Most (88%) services provided programs specifically for treatment and help with alcohol, and about three-quarters (76%) provided programs to deal with cannabis and marijuana use. Just over half (53%) the services provided programs that focused on multiple drug use and management of tobacco and nicotine use (55%). Again, these proportions are generally similar to the previous year, although a lower proportion of services provided programs specifically for people using amphetamines (31% compared with 46%), or other solvents and inhalants (35% compared with 44%).





## Programs provided

In 2010–11, a range of programs to manage substance use was run by Aboriginal and Torres Strait Islander stand-alone substance use services. They provided treatment and assistance through residential treatment and rehabilitation programs; sobering-up and residential respite and short-term care; non-residential counselling and rehabilitation programs; or through a combination of these. A residential service offers temporary live-in accommodation for clients requiring formal substance use treatment and rehabilitation. Sobering-up and residential respite and short-term care services provide overnight (sobering-up) and short-term (1 to 7 days) care in residential settings; however clients do not receive formal rehabilitation. A non-residential service offers treatment, rehabilitation and education without the option of residing in-house. This also includes follow-up services, after discharge from residential services (see Glossary for more information).

In 2010–11:

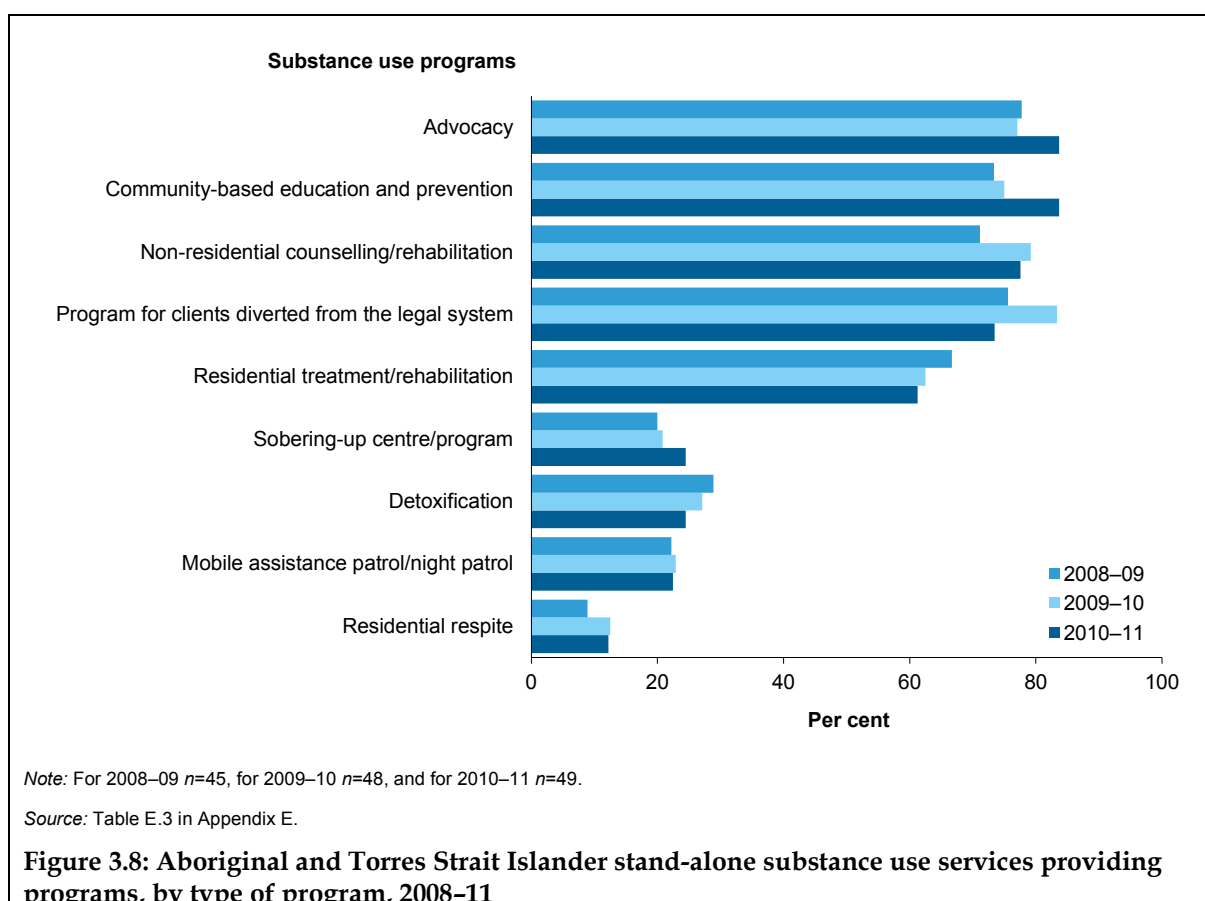
- Residential treatment and rehabilitation programs were provided by 61% of services. This is similar to the previous year (63%) but lower than in 2008–09 (67%).
- Non-residential programs were provided by 78% of services. This is similar to the previous year (79%). Under a third of services (31%) provided non-residential services only. This is similar to the previous year (31%).
- About two-fifths of services (45%) provided both residential and non-residential services. This is slightly lower than the previous year (46%).
- Sobering-up and residential respite and short-term care services were provided by 35% of services. This is higher than in the previous year (29%). These services were often provided in conjunction with other types of assistance (Table 3.2).

**Table 3.2: Aboriginal and Torres Strait Islander stand-alone substance use services, by type of programs provided, 2008–11**

Substance use services provided	2008–09		2009–10		2010–11	
	Number	Per cent	Number	Per cent	Number	Per cent
<i>More than one type of service</i>						
Residential and residential respite/sobering-up care	0	0.0	1	2.1	3	6.1
Residential and non-residential care	11	24.4	11	22.9	11	22.4
Residential respite/sobering-up and non-residential care	1	2.2	1	2.1	1	2.0
All three types of care	9	20.0	11	22.9	11	22.4
<i>One type of service only</i>						
Residential care	10	22.2	7	14.6	5	10.2
Residential respite/sobering-up/short-term care	1	2.2	1	2.1	2	4.1
Non-residential care	11	24.4	15	31.3	15	30.6
Not included above	2	4.4	1	2.1	1	2.0
<b>Total services</b>	<b>45</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>49</b>	<b>100.0</b>

Source: OATSIH Services Reporting data collection, 2008–11.

The proportion of services providing particular programs was mostly similar to the previous year, although there was a decrease in the proportion of services providing programs for clients diverted from the justice system (74% compared with 83%) (Figure 3.8).

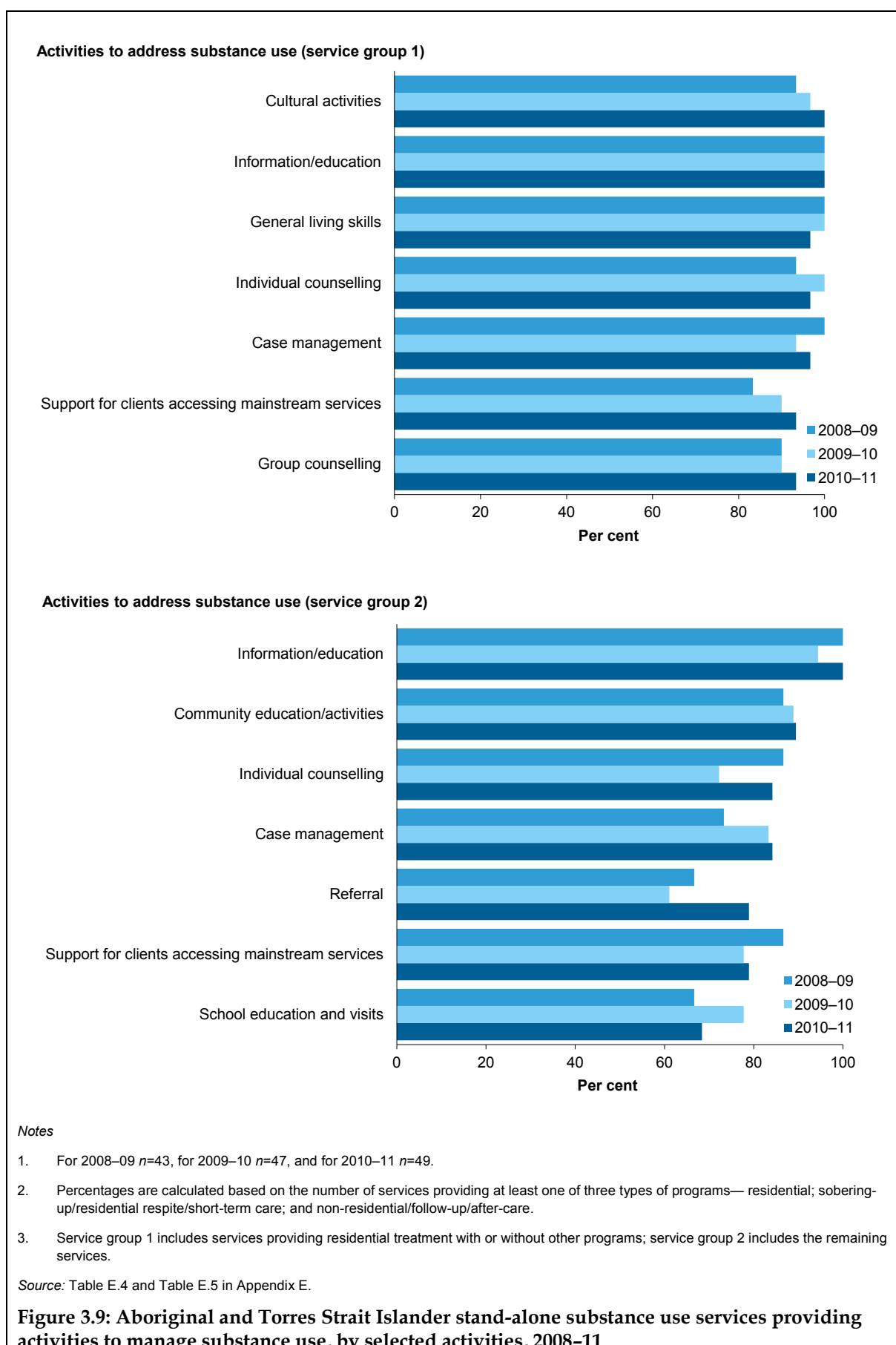


## Other types of assistance and activities

Stand-alone substance use services provided a range of assistance and activities for their clients. All 49 services (100%) provided information and education about substance use. About 9 in 10 provided this in the form of community education and activities (86%), and about half provided school-based education visits (55%).

Most services (92%) provided case management of clients with substance use issues, offered cultural activities (80%) and general living skills programs (82%). Most services also offered counselling delivered in a variety of ways. About 9 in 10 services (92%) offered individual counselling, about 8 in 10 (78%) offered group counselling and more than 6 in 10 (61%) offered telephone counselling.

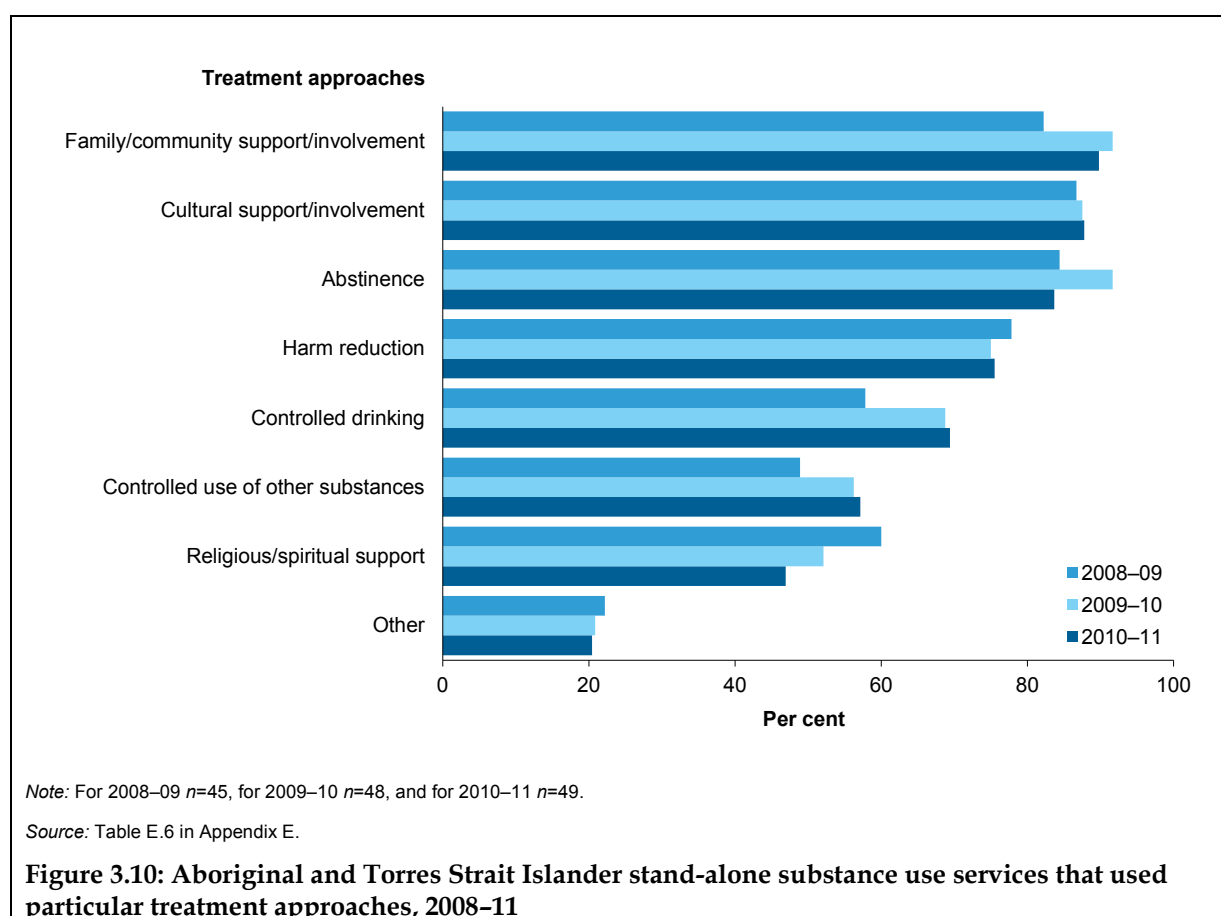
The assistance and activities offered vary by the type of service provided. The 30 services providing residential treatment (with or without non-residential treatment and other types of programs) were more likely to provide general living skills (97% compared with 82%), crisis intervention (77% compared with 67%), cultural activities (100% compared with 80%) and various types of counselling. The 19 services providing non-residential treatment only (or with sobering-up services) were more likely to provide school education and visits (68% compared with 55%), and community education and activities (90% compared with 86%) (Figure 3.9).



The proportion of services offering these activities is generally similar to the previous year. For services providing residential treatment (with or without non-residential treatment and other types of programs), there was an increase in the proportion providing support groups (87% compared with 77%) and an increase in the proportion providing support for clients accessing mainstream services (93% compared with 90%). For services providing non-residential treatment only (or with sobering-up services), there was an increase in the proportion providing referral services (79% compared with 61%), information and education (100% compared with 94%), and individual counselling (84% compared with 72%). There was however a decrease in the proportion offering school education and visits (68% compared with 78%), and relationship and social skills training (58% compared with 78%).

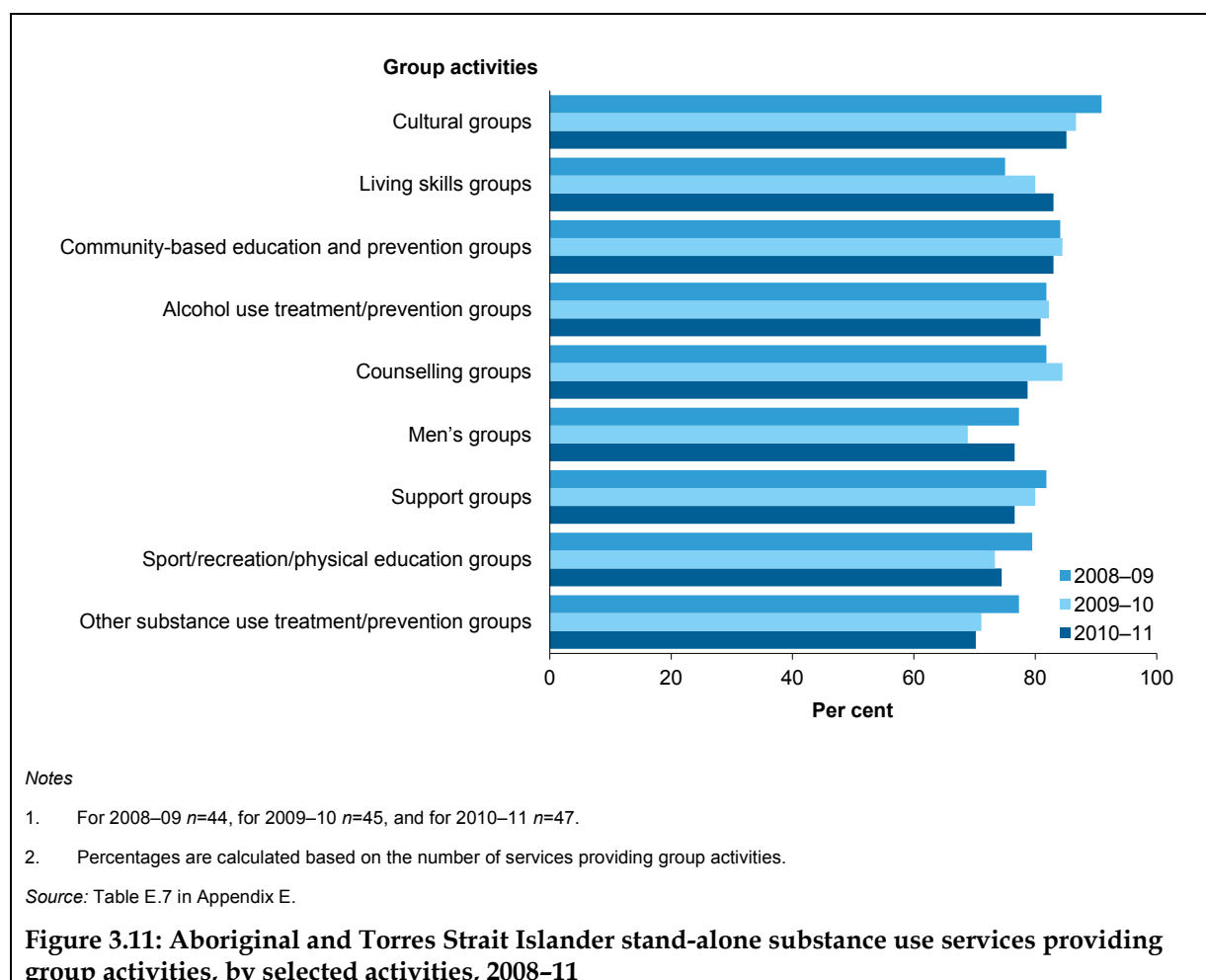
## Treatment approaches

In 2010–11, stand-alone substance use services used a variety of treatment approaches. Most services (88%) used approaches that involved traditional cultural elements such as bush camps, traditional healing, arts and crafts, and mentor programs with elders – the proportion was the same as the previous year (88%). Other common treatment approaches included abstinence, and family and community support and involvement (84% and 90% respectively). The proportion of services using abstinence treatment approaches decreased from 92% in 2009–10 to 84% in 2010–11. Three-quarters of services used harm reduction (75%) and 1 in 5 (20%) used other treatment approaches. These proportions are similar to the previous year (Figure 3.10).



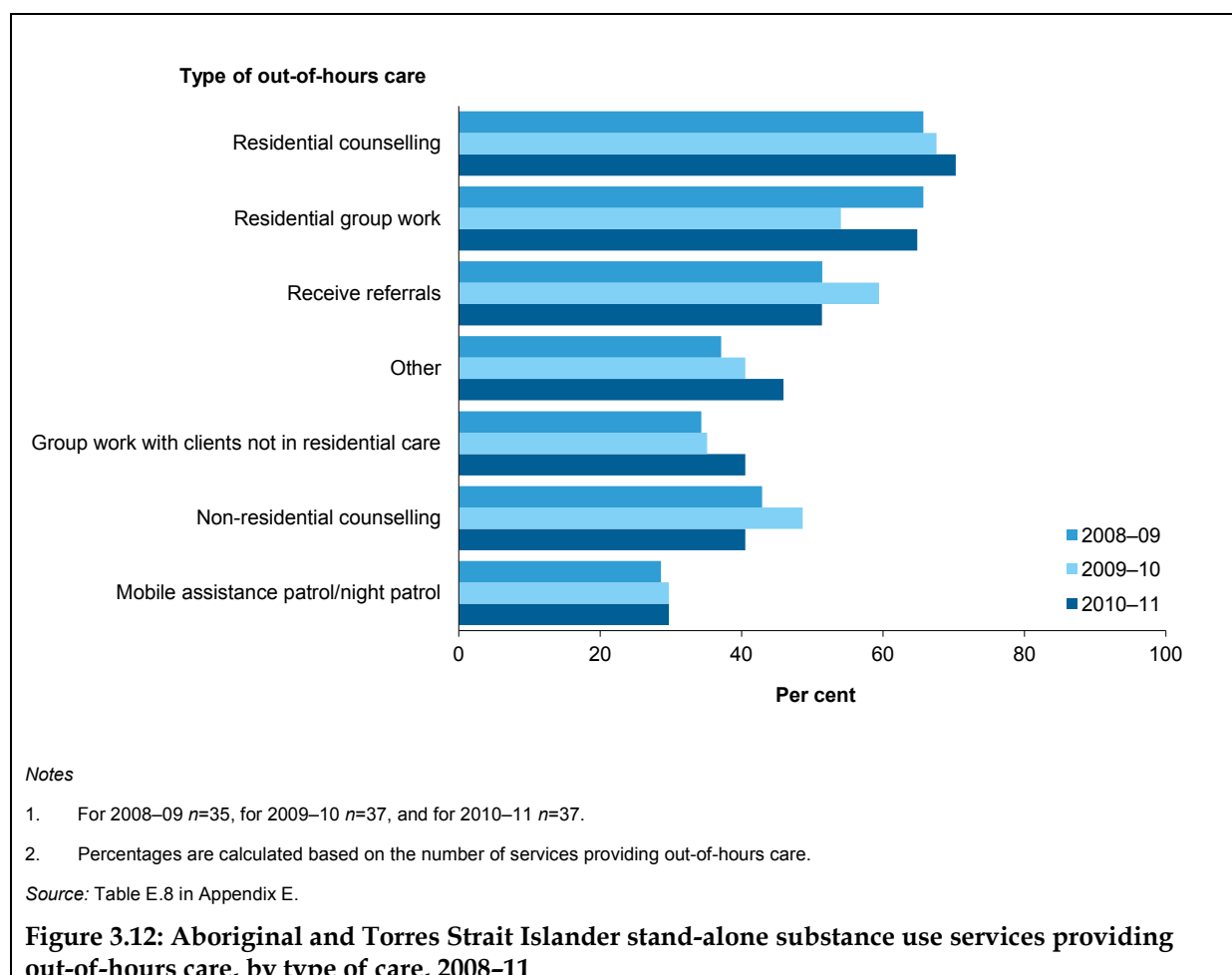
## Group activities

Various group activities are used to help treat and prevent substance use. They are also used to support communities and families affected by substance use. In 2010–11, 96% (47) stand-alone substance use services provided group activities. Cultural groups were the most common group activity. This involved activities such as art, hunting and bush outings and was offered by most services (85%). About 8 in 10 services offered community-based education and prevention groups (83%), living skills groups (83%), alcohol use treatment and prevention groups (81%), counselling groups (79%), support groups (77%), and men's groups (77%). About 7 in 10 services offered sport and physical education groups (75%), and other substance use treatment and prevention groups (70%). Proportions are similar to the previous year, although the proportion of services offering counselling groups declined from 84% to 79% (Figure 3.11).



## Care outside opening hours

In 2010–11, more than three-quarters of Aboriginal and Torres Strait Islander stand-alone substance use services (76%) provided care to clients outside of usual opening hours – a similar proportion to the previous year (77%). More than two-thirds of these services provided residential counselling outside usual opening hours (70%) and more than half (51%) received referrals outside usual opening hours. Compared with the previous year, a higher proportion of services did residential group work (65% compared with 54%), and did group work with clients not in residential care (41% compared with 35%), while a smaller proportion provided non-residential care out-of-hours (41% compared with 49%) (Figure 3.12).



## 3.3 Clients

Services provide two types of data that give information on service provision to clients. The first is the number of individual clients. A client is defined as a person who receives care from a service during the year. Each person is counted only once, regardless of how many times they receive treatment or assistance. The second is the number of episodes of care. These relate to the contact between a client and a service by one or more staff members to provide treatment or assistance. An individual client may have more than one episode of care within a year.

### Client numbers

In 2010–11, all 49 Aboriginal and Torres Strait Islander stand-alone substance use services reported their client numbers. About 28,600 clients were reported, of these 16,300 (57%) were male and 12,200 (43%) were female. The number of clients recorded increased by 9% (about 2,200 clients) compared with the previous year. About three-quarters (76%) of clients were Aboriginal or Torres Strait Islander, and about a quarter (23% or about 6,600) were non-Indigenous (Table 3.3). These proportions are similar to the previous year (75% and 25%).

**Table 3.3: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	12,355	9,255	0	21,610	75.7
Non-Indigenous	3,769	2,868	0	6,637	23.2
Unknown Indigenous status	181	119	5	305	1.1
<b>Total</b>	<b>16,305</b>	<b>12,242</b>	<b>5</b>	<b>28,552</b>	<b>100.0</b>

#### Notes

1. For 2010–11  $n=49$ .
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.
3. Unknown clients refer to any client for whom the service did not record their sex.

Source: OATSIH Services Reporting data collection, 2008–11.

More than half (56%) of clients received treatment at services located in *Major cities*, although this figure was lower for Aboriginal and Torres Strait Islander clients (45%) than non-Indigenous clients (91%). About a fifth (19%) of clients received treatment at services located in *Remote* areas. This was higher for Aboriginal and Torres Strait Islander clients (24%) than non-Indigenous clients (2%). About 1 in 10 (13%) of all clients received treatment at services located in *Very remote* areas. The remainder received treatment in *Inner regional* or *Outer regional* areas (6% each). The number of clients receiving treatment in *Remote* areas fell by 3,655 clients from the previous year (from 34% of clients to 19% of clients), while the number receiving treatment in *Very remote* areas increased fourfold, from 883 clients in 2009–10 to 3,711 in 2010–11 (3% and 13% of all clients respectively) (Table 3.4).



**Table 3.4: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status and remoteness, 2010–11**

Indigenous status	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Aboriginal and Torres Strait Islander	9,783	1,604	1,487	5,242	3,494	21,610
Non-Indigenous	6,008	155	249	111	114	6,637
Unknown Indigenous status	202	0	0	0	103	305
<b>Total clients (number)</b>	<b>15,993</b>	<b>1,759</b>	<b>1,736</b>	<b>5,353</b>	<b>3,711</b>	<b>28,552</b>
<b>Total clients (per cent)</b>	<b>56.0</b>	<b>6.2</b>	<b>6.1</b>	<b>18.7</b>	<b>13.0</b>	<b>100.0</b>

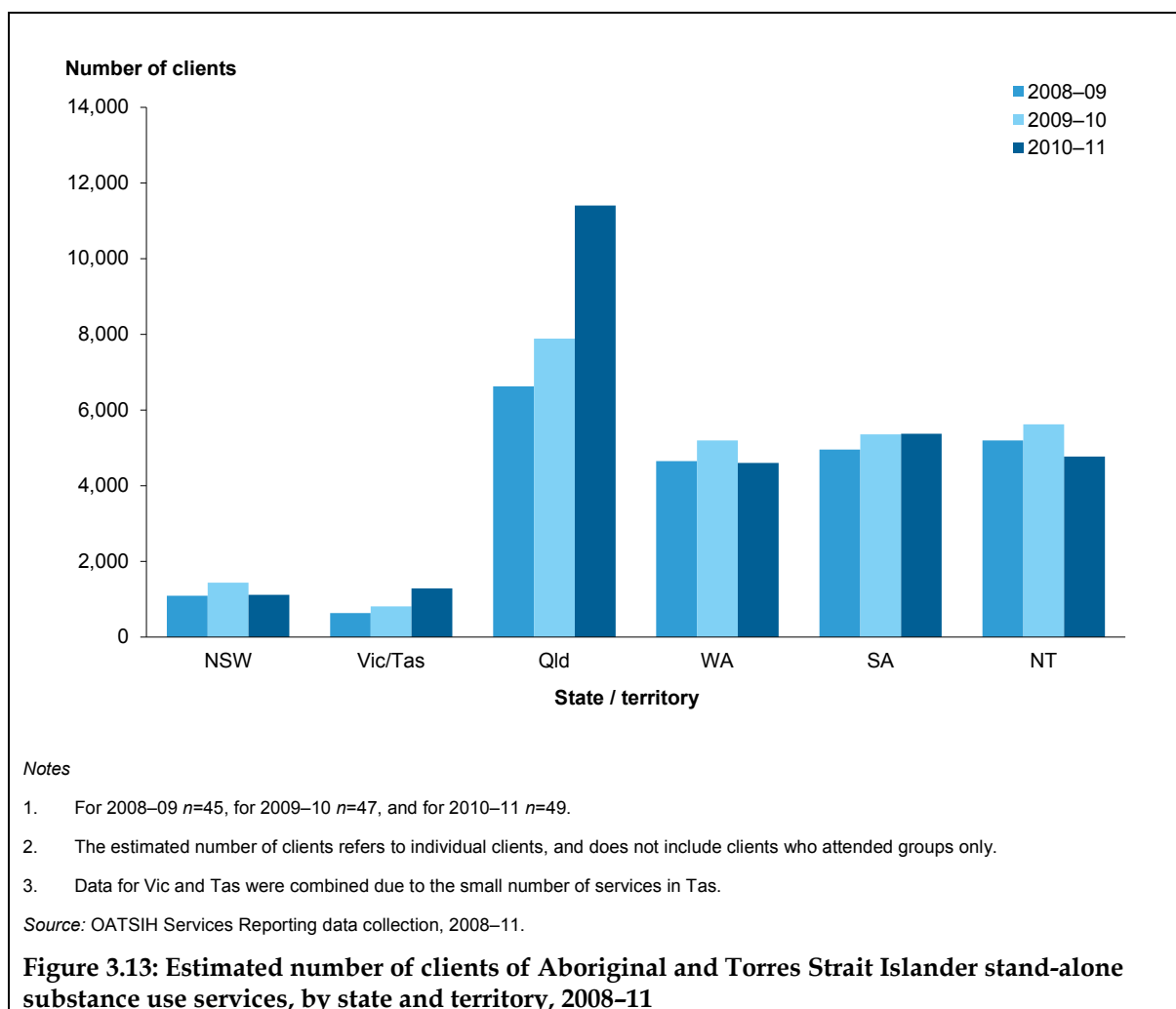
Notes

1. For 2010–11 n=49.

2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

Source: OATSIH Services Reporting data collection, 2008–11.

Two-fifths of clients sought treatment or assistance at stand-alone substance use services located in Queensland (40%), while about 1 in 5 sought treatment at services located in the Northern Territory (17%), South Australia (19%) and Western Australia (16%). The remainder sought treatment or assistance in New South Wales (4%) or Victoria (4%). The number of clients in Queensland increased by about 3,500 – while the number of clients in both the Northern Territory and Western Australia decreased, by about 900 and 600 respectively. Almost all (98%) clients of services in the Northern Territory were Aboriginal and Torres Strait Islander, while just over a half (58%) of clients of services in Queensland were Aboriginal and Torres Strait Islander (Figure 3.13).



## Residential clients

In 2010-11, the 30 stand-alone substance use services providing residential treatment and rehabilitation programs reported about 3,400 clients. This is the same as the previous 2 years. More than 4 in 5 (85% or 2,900) clients were Aboriginal and Torres Strait Islander – a slight increase from the previous year (82% or 2,800). Among these clients, about 7 in 10 were male (72%), and 3 in 10 were female (28%) (Table 3.5).

Over half (53%) of Aboriginal and Torres Strait Islander clients were aged between 19 and 35, and nearly 2 in 5 (37%) were aged 36 or over. Just over 1 in 10 (11%) were aged 18 or under.

**Table 3.5: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services providing residential treatment, by Indigenous status and sex, 2010–11**

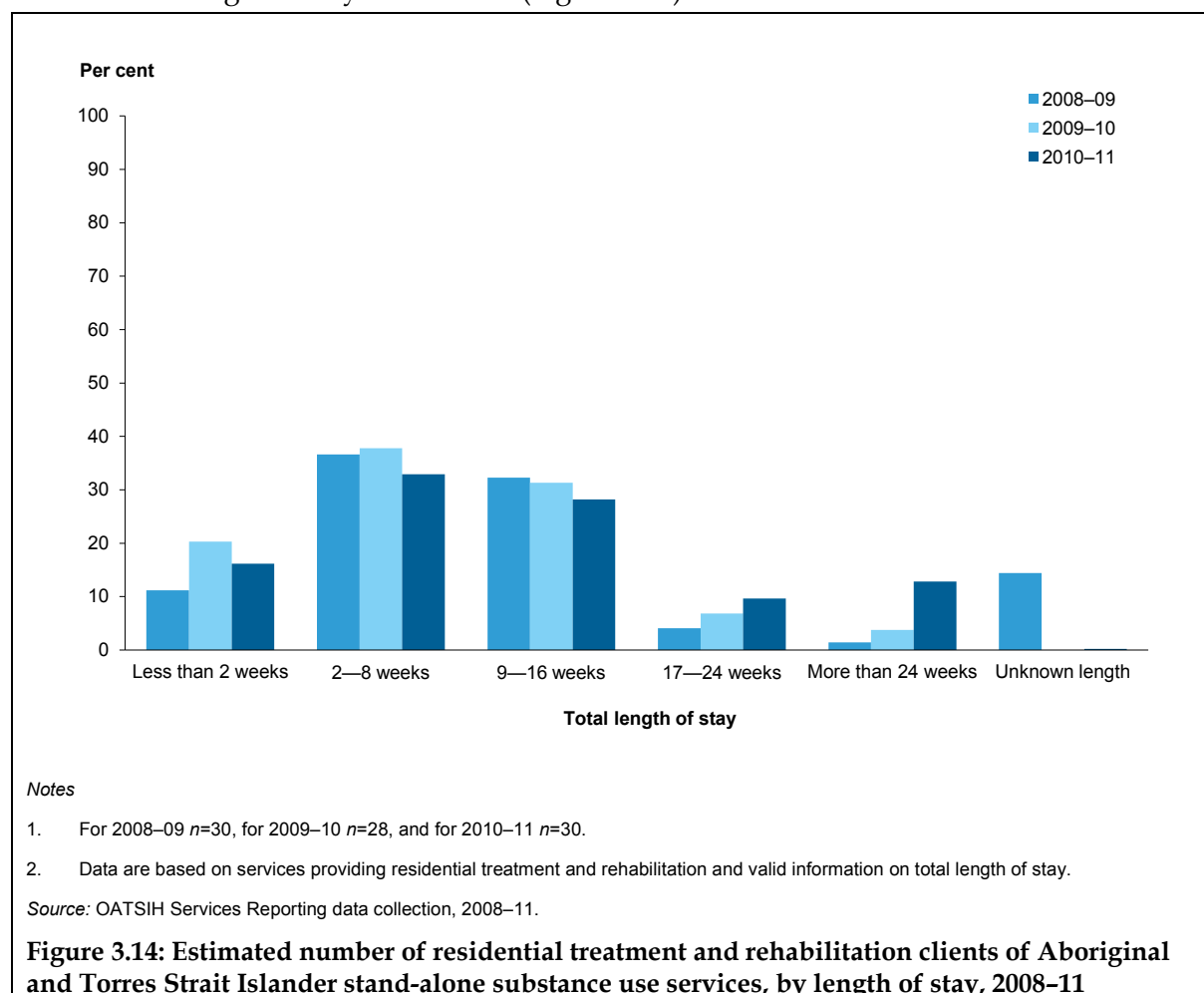
Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2090	822	2912	86.3
Non-Indigenous	404	107	511	15.1
<b>Total</b>	<b>2494</b>	<b>929</b>	<b>3423</b>	<b>100.0</b>

*Notes*

1. For 2010–11  $n=30$ .
2. The estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.

Source: OATSIH Services Reporting data collection, 2008–11.

The length of stay for clients in residential treatment and rehabilitation varied. A third of clients (33%) had a length of stay ranging from 2 to 8 weeks, and nearly a third (28%) had a length of stay ranging from 9 to 16 weeks. These proportions are similar to the previous year (38% and 31%). Very short or long stays in residential treatment and rehabilitation were less common, with a smaller proportion of clients having a stay of less than 2 weeks (16%) or greater than 17 weeks (23%). The proportion of clients staying less than 2 weeks is lower than in the previous year (16% compared with 20%), while the proportion staying more than 17 weeks was higher (23% compared with 11%). There were a small number of clients with an unknown length of stay for 2010–11 (Figure 3.14).



## Sobering-up, residential respite and short-term care clients

Sobering-up, residential respite or short-term care clients are in residential care overnight to sober up, or stay 1 to 7 days for respite and do not receive formal rehabilitation. Sobering-up clients include mobile assistance patrol clients, night patrol clients and 'walk-in' clients who stay overnight.

In 2010–11, the 12 substance use services providing these types of services reported about 5,100 clients. This is an increase of 600 clients from the previous year. Almost all (99%) clients were Aboriginal and Torres Strait Islander – a similar proportion to the previous year (98%). Just over half (57%) were male, and 43% were female (Table 3.6).

**Table 3.6: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services providing sobering-up, residential respite and short-term care, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,846	2,200	5,046	98.5
Non-Indigenous	68	8	76	1.5
<b>Total</b>	<b>2,914</b>	<b>2,208</b>	<b>5,122</b>	<b>100.0</b>

### Notes

1. For 2010–11  $n=12$ .
2. The estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.

Source: OATSIH Services Reporting data collection, 2008–11.

## Non-residential, follow-up and after-care clients

Non-residential, follow-up and after-care clients are those who receive non-residential care. Typically, services deliver this type of care as counselling, assessment, treatment, education, support and home visits. It also includes follow-up care from residential services (after discharge), or mobile assistance patrol and night patrol services.

In 2010–11, 40 substance use services reported an estimated 20,100 non-residential, follow-up and after-care clients. This is a 3% increase compared with the previous year (about 19,400). About two-thirds (63%) of these were Aboriginal and Torres Strait Islander, and one-third (30%) were non-Indigenous – similar proportions to the previous year (69% and 30%). Indigenous status was unknown for a small proportion (7%) of clients.

More than half, (54%) of Aboriginal and Torres Strait Islander clients were male and more than 2 in 5 (46%) were female (Table 3.7). Nearly half (45%) of all Aboriginal and Torres Strait Islander clients were aged between 19 and 35, and about a third (36%) were aged 36 or over. Clients aged 18 or less made up a smaller proportion (18%) of Aboriginal and Torres Strait Islander clients.

**Table 3.7: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services providing non-residential, follow-up and after-care, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	6,782	5,884	12,666	63.0
Non-Indigenous	3,250	2,722	5,972	29.7
Unknown Indigenous status	345	176	1,461	7.3
<b>Total</b>	<b>10,377</b>	<b>8,782</b>	<b>20,099</b>	<b>100.0</b>

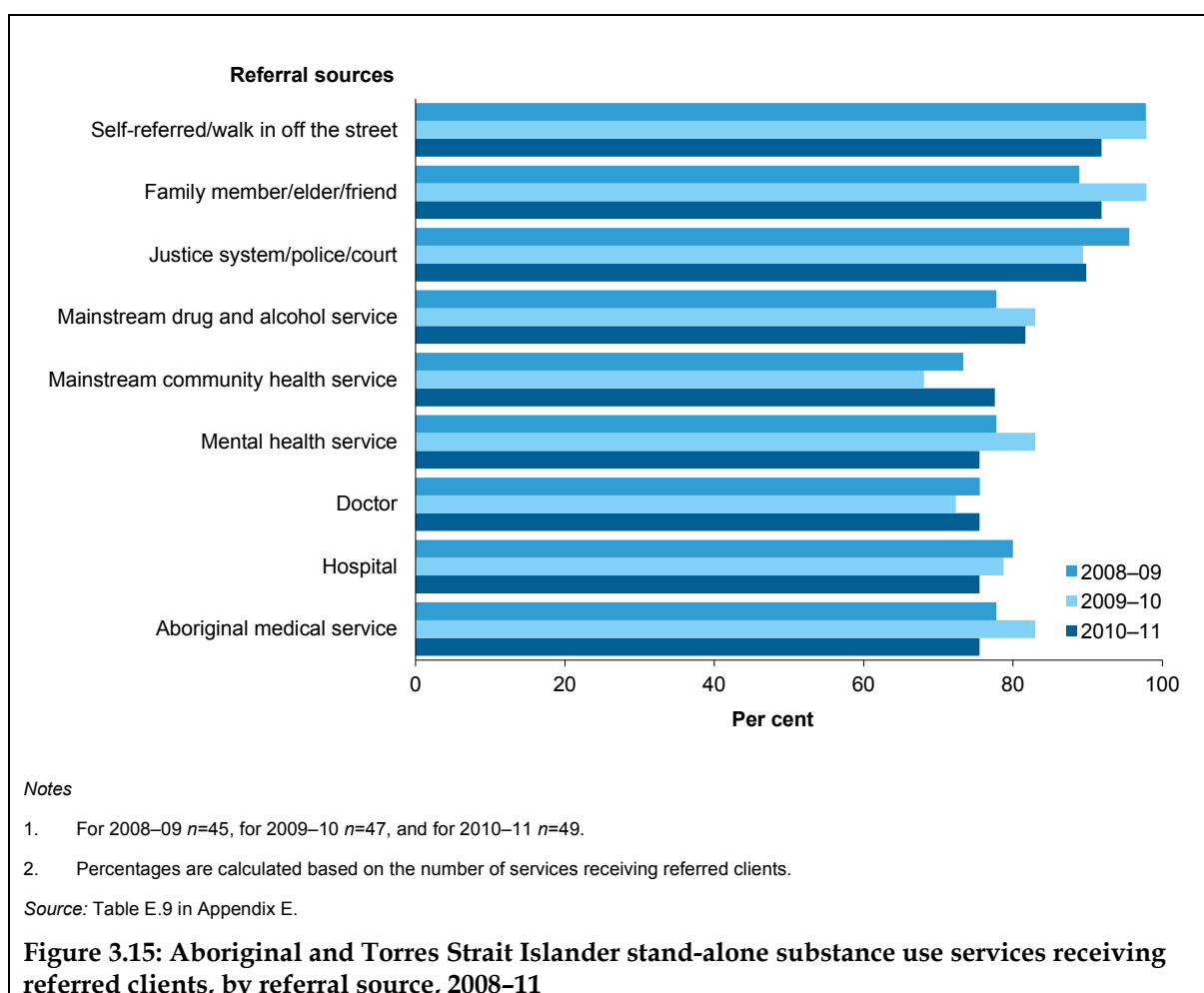
*Notes*

1. For 2010–11  $n=40$ .
2. The estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.

Source: OATSIH Services Reporting data collection, 2008–11.

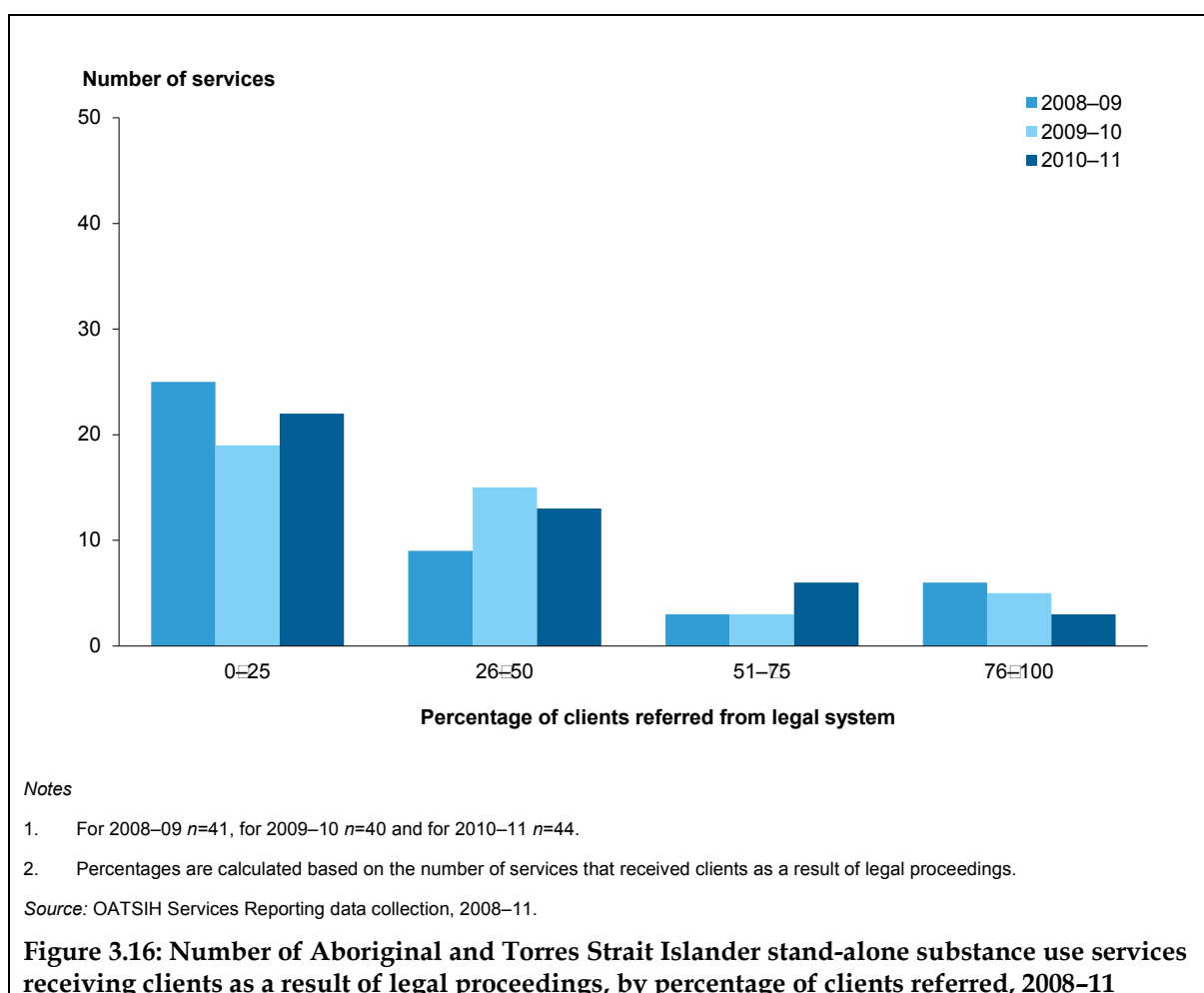
## Client referral sources

Clients of Aboriginal and Torres Strait Islander stand-alone substance use services are referred from a variety of sources. In 2010–11, almost all services had clients who walked in or referred themselves (92%), or were referred by a family member, elder or friend (92%). About 9 in 10 services had clients who were referred by the justice system, police or court (90%) and about 8 in 10 had clients referred by mainstream drug and alcohol services (82%). Proportions are generally similar to the previous year, although the proportion of services with clients referred by a mainstream community health service increased from 68% to 78%, and the proportion with clients referred by an Aboriginal medical service decreased from 83% to 76% (Figure 3.15).



### Clients referred from the justice system

Many clients of Aboriginal and Torres Strait Islander stand-alone substance use services are referred to treatment and rehabilitation as the result of legal proceedings. In 2010–11, most (90% or 44) stand-alone substance use services reported receiving a proportion of their clients as referrals from the justice system—similar to the previous year (88%). Of these services (80% or 35) reported that up to half their clients were referred from the justice system. This is similar to the previous year (81%). The remaining services reported that more than half their clients were referred from the justice system, with three of them (7%) receiving more than three-quarters of their clients as the result of legal proceedings (Figure 3.16).



## Episodes of care

### Residential episodes of care

A residential treatment and rehabilitation episode of care refers to one treatment period, from the time of admission into treatment through to discharge. If a client receives treatment from the service on two separate occasions, then this is described as two episodes of care.

In 2010-11, all 30 stand-alone substance use services providing residential treatment and rehabilitation programs reported on their episodes of care. These services reported about 3,600 episodes of care (Table 3.8). This is 6% higher than in the previous year (3,400) but similar to 2008-09.

Aboriginal or Torres Strait Islander clients received more than three-quarters (85%) of all episodes of care, while non-Indigenous clients received 15% – similar proportions to the previous year (81% and 19%). More than two-thirds of residential treatment and rehabilitation services (68% or 21) had a waiting list in 2010-11. This is similar to the previous year (73% or 22). More than half (52% or 11) of these services had 10 or more people waiting to receive treatment or assistance for substance use. This is similar to the previous year (55% or 12).

**Table 3.8: Estimated episodes of care by Aboriginal and Torres Strait Islander stand-alone substance use services for residential treatment, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,253	832	3,085	84.6
Non-Indigenous	436	113	549	15.1
<b>Total</b>	<b>2,699</b>	<b>946</b>	<b>3,645</b>	<b>100.0</b>

Note: For 2010–11  $n=30$ .

Source: OATSIH Services Reporting data collection, 2008–11.

### Sobering-up, residential respite and short-term care episodes

An episode of sobering-up, residential respite or short-term care starts at admission into a sobering-up, residential respite or short-term care program and ends at discharge. Each time a client comes to stay is a separate episode of care.

In 2010–11, 13 substance use services reported about 14,600 episodes of care for sobering-up, residential respite and short-term care. This is 10% lower than the number reported in the previous year (about 16,300), and similar to the number reported in 2008–09 (about 14,300). On average, each client had about three episodes of care.

Aboriginal and Torres Strait Islander clients received almost all (99%) episodes of care, as was the case in the previous year. Of these, 58% were for male clients and 42% were for female clients (Table 3.9).

**Table 3.9: Estimated episodes of care by Aboriginal and Torres Strait Islander stand-alone substance use services for sobering-up, residential respite and short-term care, by Indigenous status and sex, 2010–11**

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	8,363	6,117	14,480	99.1
Non-Indigenous	109	17	126	0.9
<b>Total</b>	<b>8,472</b>	<b>6,134</b>	<b>14,606</b>	<b>100.0</b>

Notes

1. For 2010–11  $n=13$ .

2. The estimated number of episodes of care excludes a small number of clients for whom Indigenous status was unknown.

Source: OATSIH Services Reporting data collection, 2008–11.

### Non-residential, follow-up and after-care episodes

An episode of non-residential, follow-up and after-care refers to each occasion an individual client has contact with a substance use service to access non-residential care, such as substance use counselling; assessment; treatment; education; support; or follow-up from residential services.

In 2010–11, 82% or 40 stand-alone substance use services providing non-residential, follow-up and after-care programs reported on their episodes of care. These services reported about 76,000 episodes of non-residential, follow-up and after-care. This is 36% higher than the number reported in the previous year (about 56,000). On average, each client had about four episodes of care in 2010–11. Aboriginal and Torres Strait Islander clients received almost 7 in 10 (69%) of all episodes of care, a similar proportion to the previous year (73%), and a quarter



were provided to non-Indigenous clients (24%). The remaining 7% of clients did not have their Indigenous status recorded by the service (Table 3.10).

More than half (55%) of all episodes of care to Aboriginal and Torres Strait Islander clients were provided to male clients, the remainder were provided to female clients (45%).

About 2 in 5 episodes of care to Aboriginal and Torres Strait Islander clients were provided to clients aged 36 or over (41%), and to those aged from 19 to 35 (39%). About 1 in 10 (11%) were provided to clients aged 18 or under, and to clients whose age was unknown (8%).

**Table 3.10: Estimated episodes of care by Aboriginal and Torres Strait Islander stand-alone substance use services for non-residential, follow-up and after-care, by Indigenous status and sex, 2010–11**

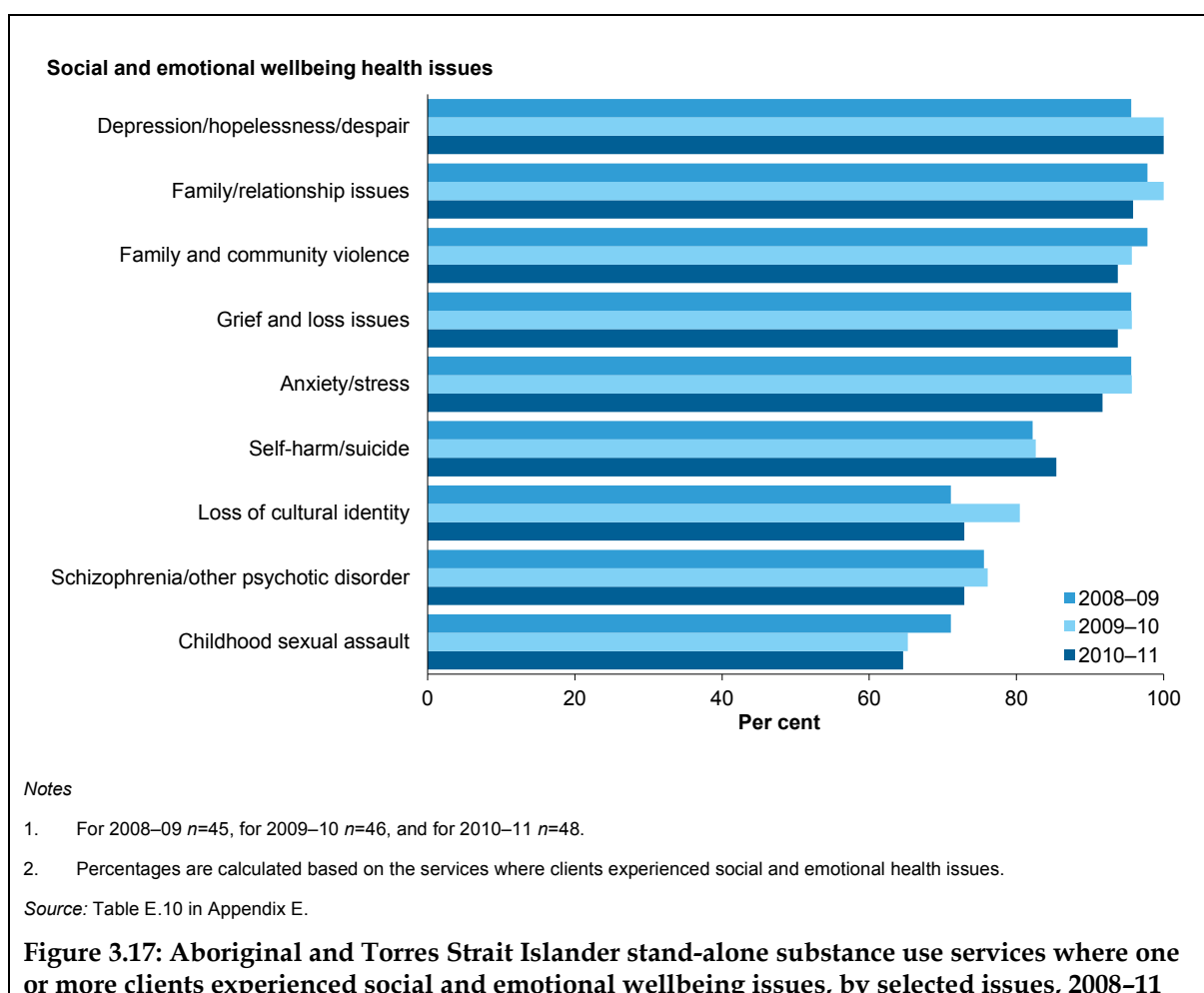
Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	28,900	23,565	52,465	69.1
Non-Indigenous	9,455	8,746	18,201	24.0
Unknown Indigenous status	851	387	5,290	7.0
<b>Total</b>	<b>39,206</b>	<b>32,698</b>	<b>75,956</b>	<b>100.0</b>

*Note:* For 2010–11  $n=40$ .

*Source:* OATSIH Services Reporting data collection, 2008–11.

## Social and emotional wellbeing of clients

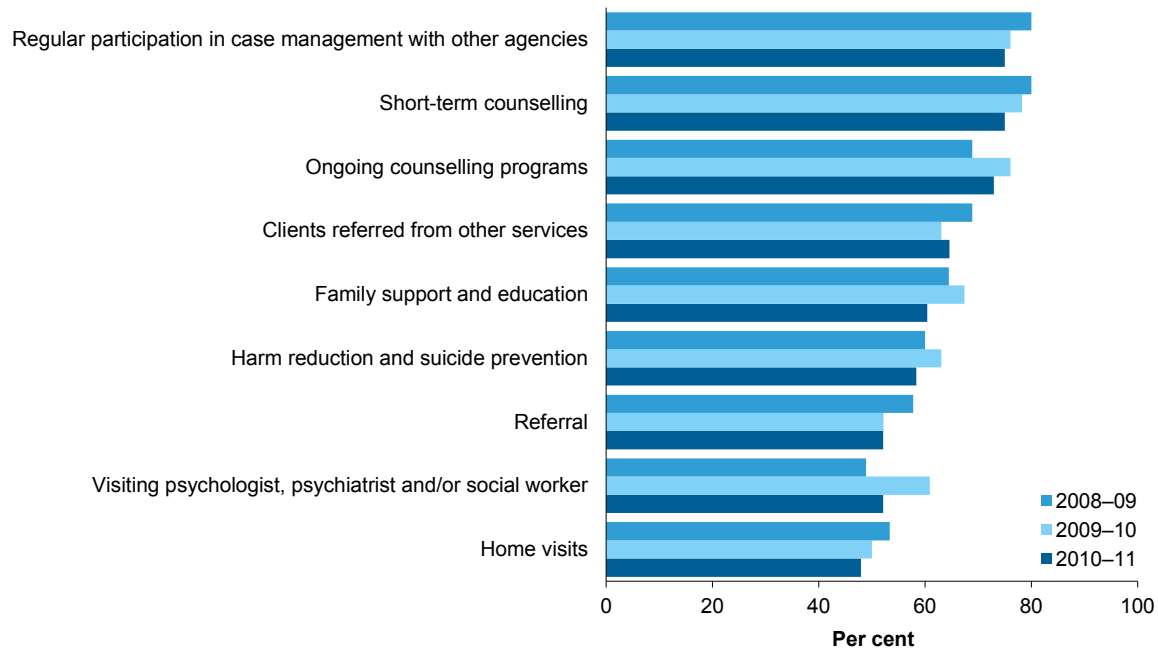
In 2010–11, nearly all (98%) stand-alone substance use services reported that negative social and emotional wellbeing issues were experienced by one or more of their clients. Of these, all reported that one or more of their clients experienced depression, hopelessness and despair (100%); and nearly all reported that clients experienced family and relationship issues (96%); family and community violence (94%); grief and loss issues (94%); and anxiety and stress (92%). About 4 in 5 (85%) reported self-harm or suicide as issues, and three-quarters (73%) reported that one or more clients experienced schizophrenia or another psychotic disorder (Figure 3.17). Proportions are generally similar to the previous year, although a lower proportion of services reported sexual assault as an issue experienced by their clients (60% compared with 70%).



Most services (98%) had one or more mental health or social and emotional wellbeing activities available to their clients. About three-quarters of services participated regularly in case management with other agencies (75%), provided short-term counselling (75%), and provided ongoing counselling programs (73%). About two-thirds of services (65%) had clients with mental health issues referred from other organisations.

About 3 in 5 services provided family support and education (60%), and harm reduction and suicide prevention activities (58%), while half provided a visiting psychologist, psychiatrist or social worker (52%). Proportions are generally similar to the previous year, although there were decreases in the proportion of services providing a visiting psychologist, psychiatrist or social worker (52% compared with 61%); and harm reduction and suicide prevention (58% compared with 63%) (Figure 3.18).

### Mental health and social and emotional wellbeing activities



#### Notes

1. For 2008-09  $n=45$ , for 2009-10  $n=46$ , and for 2010-11  $n=48$ .

2. Percentages are calculated based on the services providing mental health and social and emotional wellbeing activities.

Source: Table E.11 in Appendix E.

**Figure 3.18: Aboriginal and Torres Strait Islander stand-alone substance use services providing mental health and social and emotional wellbeing activities, by selected activities, 2008-11**

## 4 Bringing Them Home and Link Up counselling services

### 4.1 About Bringing Them Home services

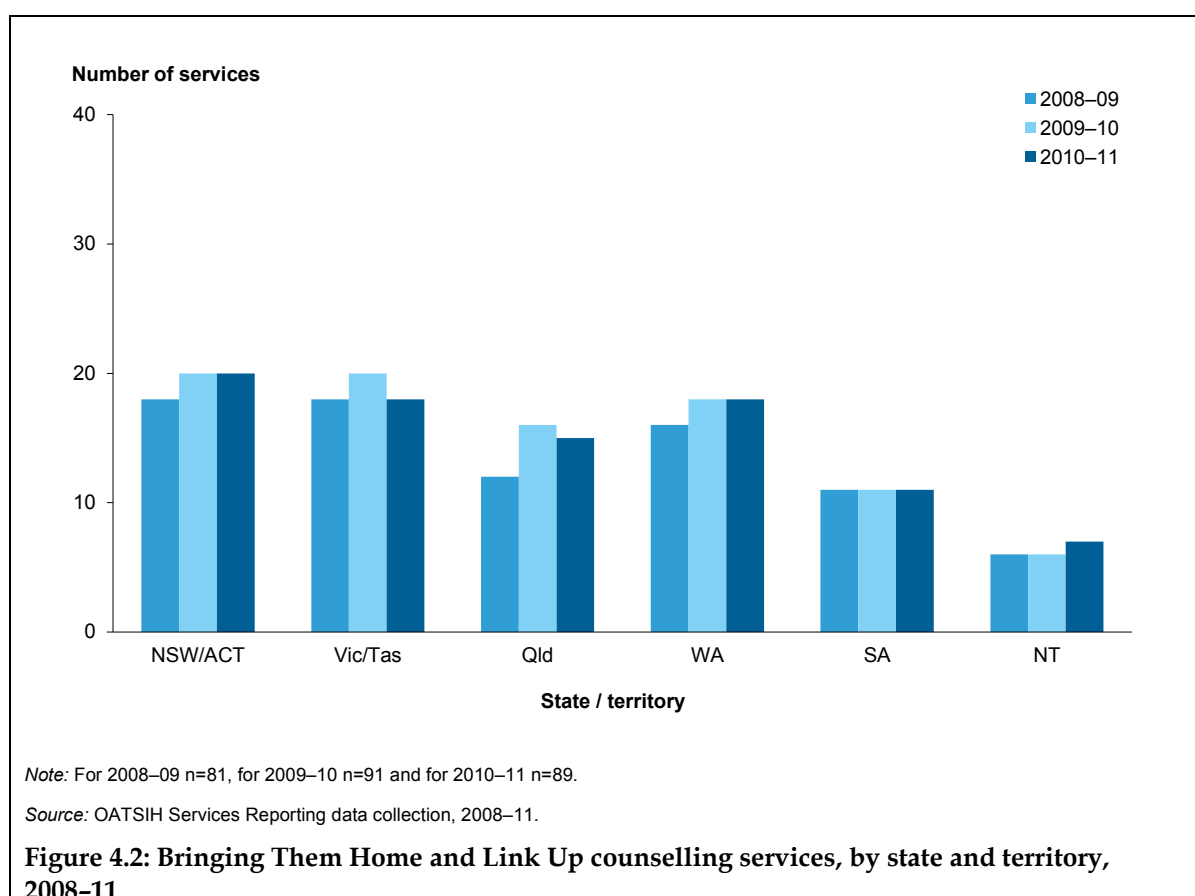
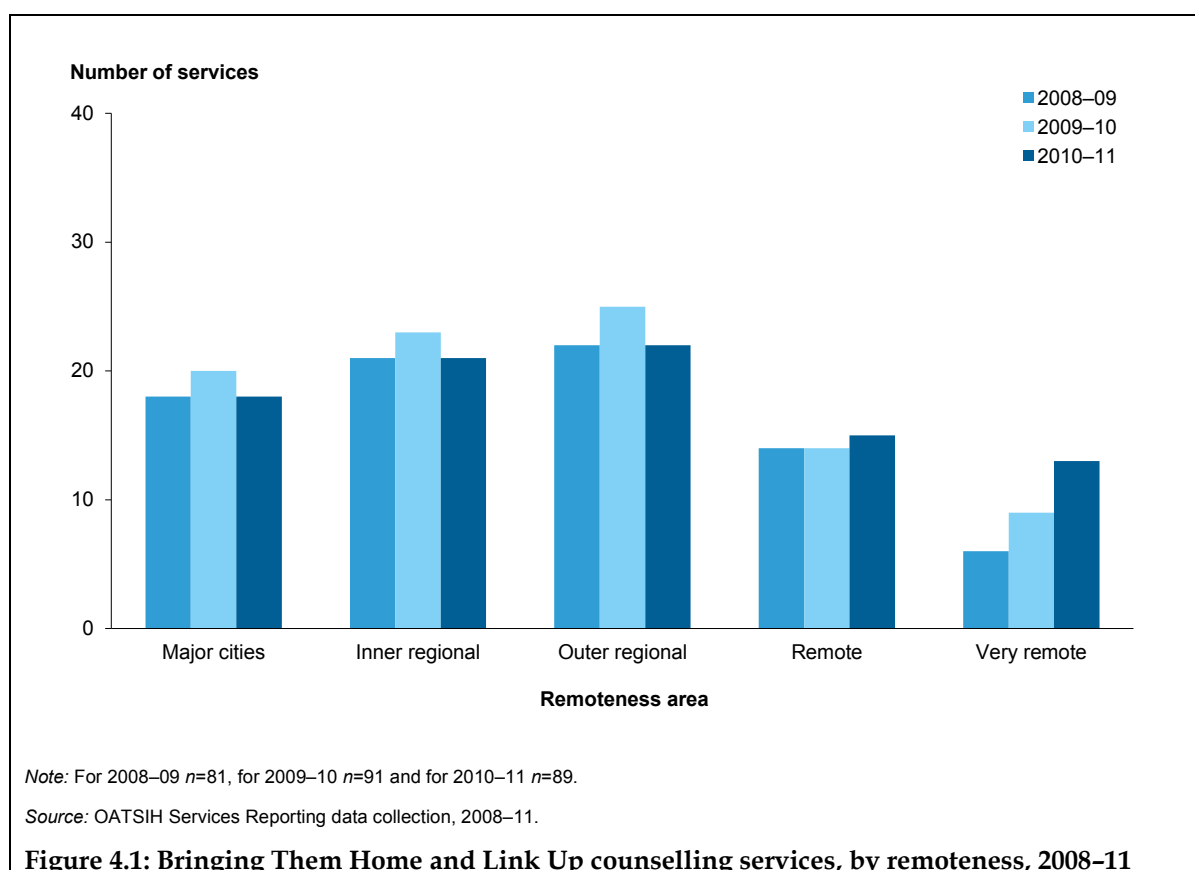
Bringing Them Home and Link Up counselling services were developed in response to the Bringing Them Home report of the 1997 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. Bringing Them Home and Link Up counsellors help individuals, families and communities affected by past practices of the forced removal of children from Aboriginal and Torres Strait Islander families to reunite with their families, culture and community, and to restore their social and emotional wellbeing. The Bringing Them Home Counsellor Program provides counselling and other related services to individuals, families and communities. Link Up services support people in tracing, locating and reuniting with their families.

In 2010–11, 89 services that received OATSIH funding to provide Bringing Them Home and Link Up counselling services responded to the OSR questionnaire. This is a response rate of 98% (89 out of 91) compared with 97% (91 out of 94) in the previous year.

#### Location

In 2010–11, Bringing Them Home and Link Up counselling services were located in all states and territories, and across all geographical areas. About half of these services were located in *Outer regional* (25% or 22) and *Inner regional* areas (24% or 21) combined. The remaining services were located in *Major cities* (20% or 18), *Remote* areas (17% or 15) and *Very remote* areas (15% or 13). This distribution is similar to the previous year (Figure 4.1).

About 1 in 5 services were located in New South Wales and the Australian Capital Territory (22% or 20), Victoria and Tasmania combined (20% or 18), Western Australia (20% or 18) and Queensland (17% or 15). The remaining services were located in South Australia (12% or 11) and the Northern Territory (8% or 7) (Figure 4.2). Figure C.3 in Appendix C maps the locations of all Bringing Them Home and Link Up counselling services.



## Accreditation

In 2010–11, almost 4 in 5 (77%) Bringing Them Home and Link Up counselling services were accredited. This is higher than in the previous year (71%) (Table 4.1). Most accredited services (91% or 63) achieved accreditation by the Royal Australian College of General Practitioners (RACGP).

**Table 4.1: Bringing Them Home and Link Up counselling services, by accreditation type, 2008–11**

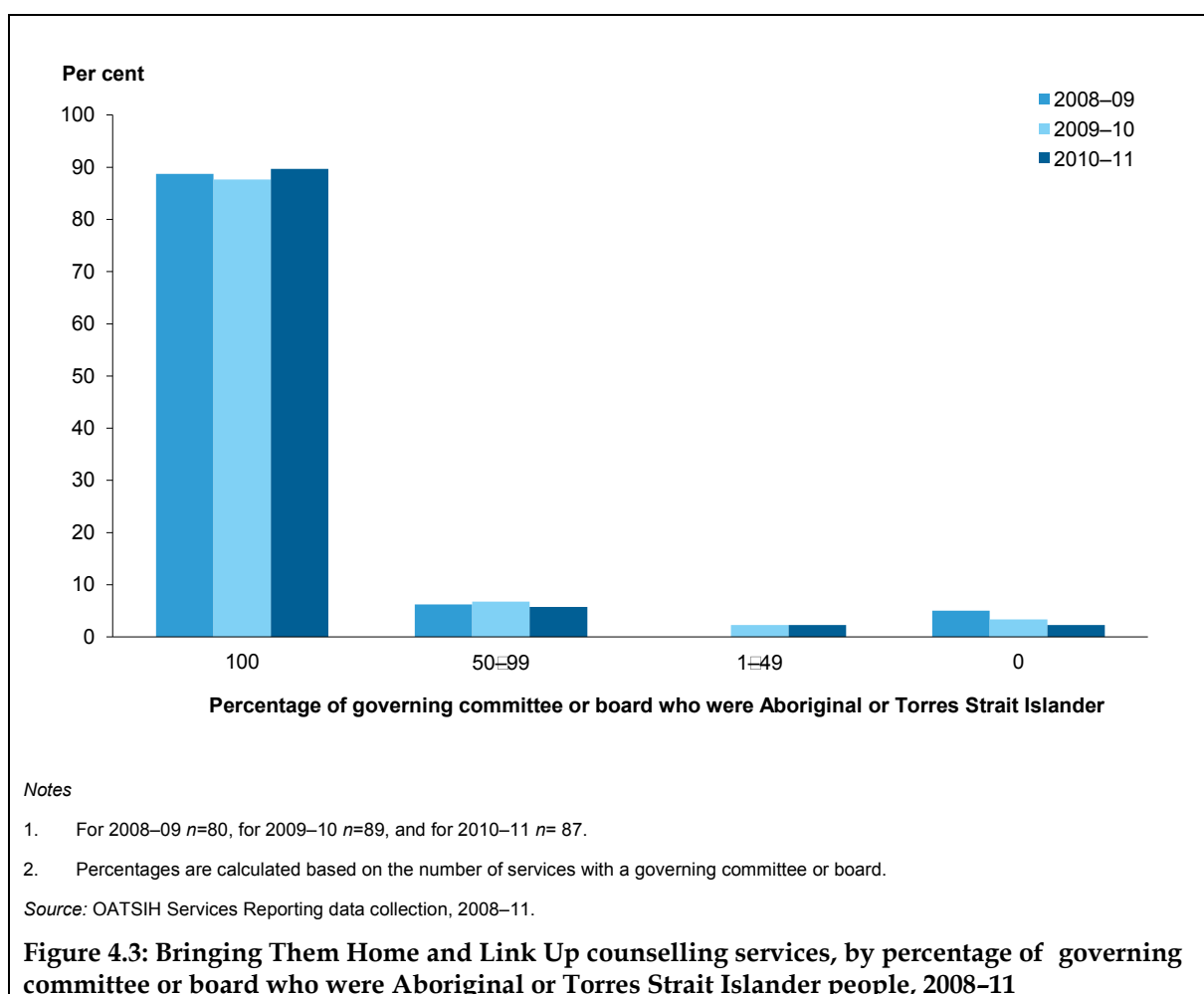
Accreditation type	2008–09		2009–10		2010–11	
	Number	Per cent	Number	Per cent	Number	Per cent
RACGP accreditation	47	88.7	58	89.2	63	91.3
Organisational standard accreditation	6	11.3	8	12.3	12	17.4
Other accreditation	8	15.1	11	16.9	10	14.5
<i>Total accredited services</i>	<i>53</i>	<i>65.4</i>	<i>65</i>	<i>71.4</i>	<i>69</i>	<i>77.5</i>
<i>Total services not accredited</i>	<i>28</i>	<i>34.6</i>	<i>26</i>	<i>28.6</i>	<i>20</i>	<i>22.5</i>
<b>Total number of services</b>	<b>81</b>	<b>100.0</b>	<b>91</b>	<b>100.0</b>	<b>89</b>	<b>100.0</b>

*Note:* Some services had more than one type of accreditation.

*Source:* OATSIH Services Reporting data collection, 2008–11.

## Governance

In 2010–11, most (98% or 87) Bringing Them Home and Link Up counselling services provided information on the makeup of their board or committee. Of these, 90% had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people (Figure 4.3). This is similar to the previous year (88%). Most services (99%) had regular meetings of the governing committee or board during 2010–11 and all presented income and expenditure statements to the committee or board at least twice a year. The board or committee members received training to help them in their roles in about 4 in 5 services (82%).

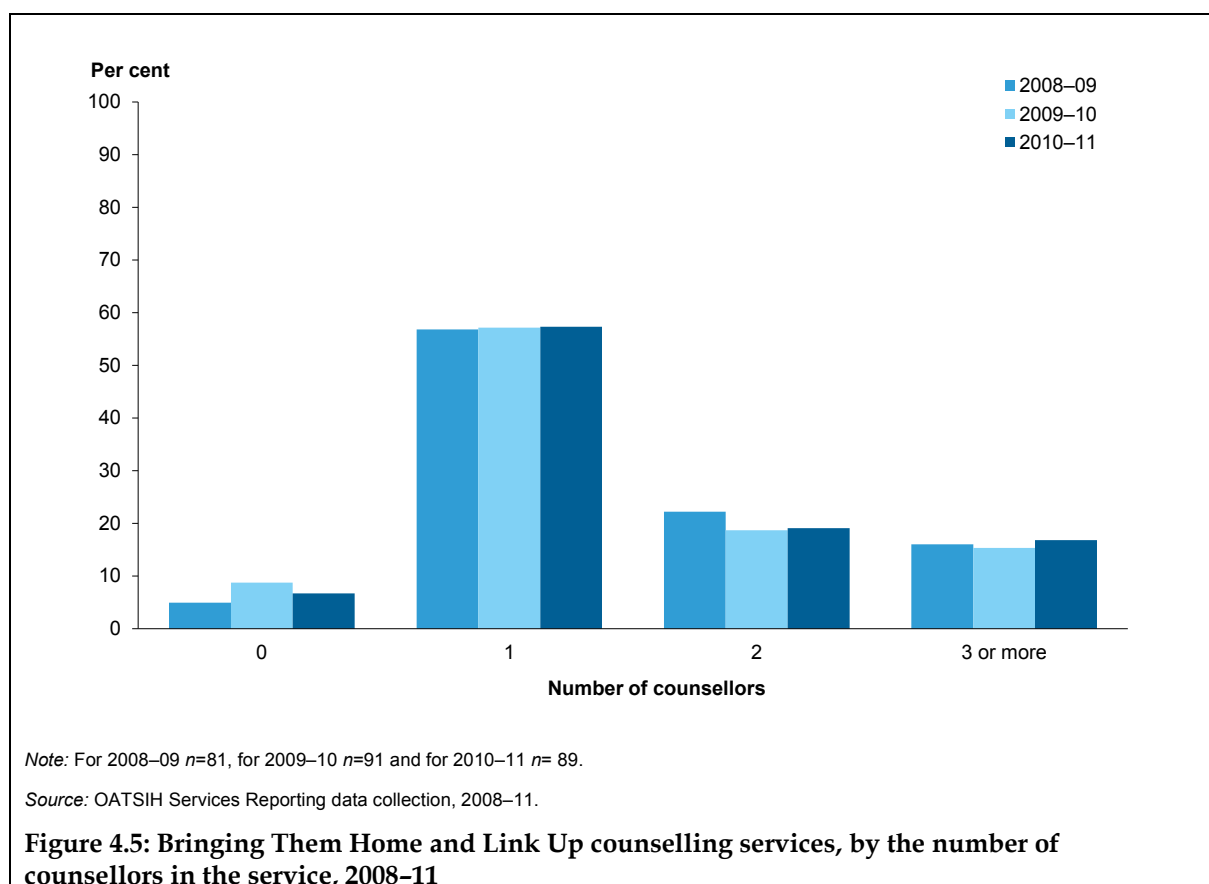
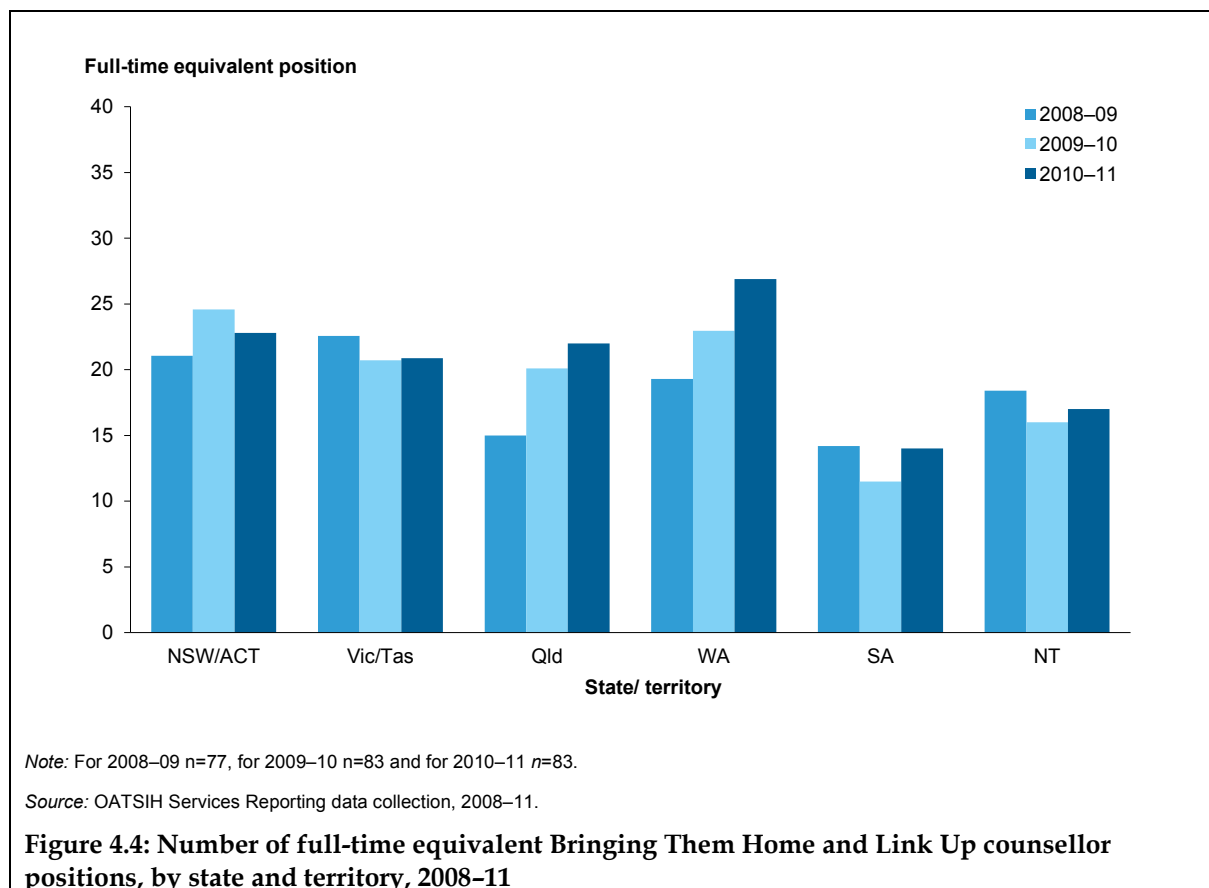


## Staffing

### Number of counsellors

At 30 June 2011, 93% or 83 Bringing Them Home and Link Up counselling services employed a total of 142 counsellors, or 124 FTE counsellor positions. This is about 5% higher than in the previous year (136 counsellors, or 116 FTE positions). Counsellors were employed in every state and territory, with the largest number of FTE counsellors employed in Western Australia (22% or 27 FTE), followed by New South Wales and the Australian Capital Territory (18% or 23 FTE), Queensland (18% or 22 FTE) and Victoria and Tasmania (17% or 21 FTE). Proportions are generally similar to the previous year, although Western Australia had a higher proportion of FTE positions (22% compared with 20% in the previous year) and New South Wales and the Australian Capital Territory had a lower proportion (18% compared with 21% in the previous year) (Figure 4.4).

Sixty-one per cent (51) Bringing Them Home and Link Up counselling services employed one counsellor, 20% (17) employed two counsellors, and 17% (15) had 3 or more counsellors. The remaining 6 services (7%) had vacant positions. These are similar proportions to the previous year (Figure 4.5).

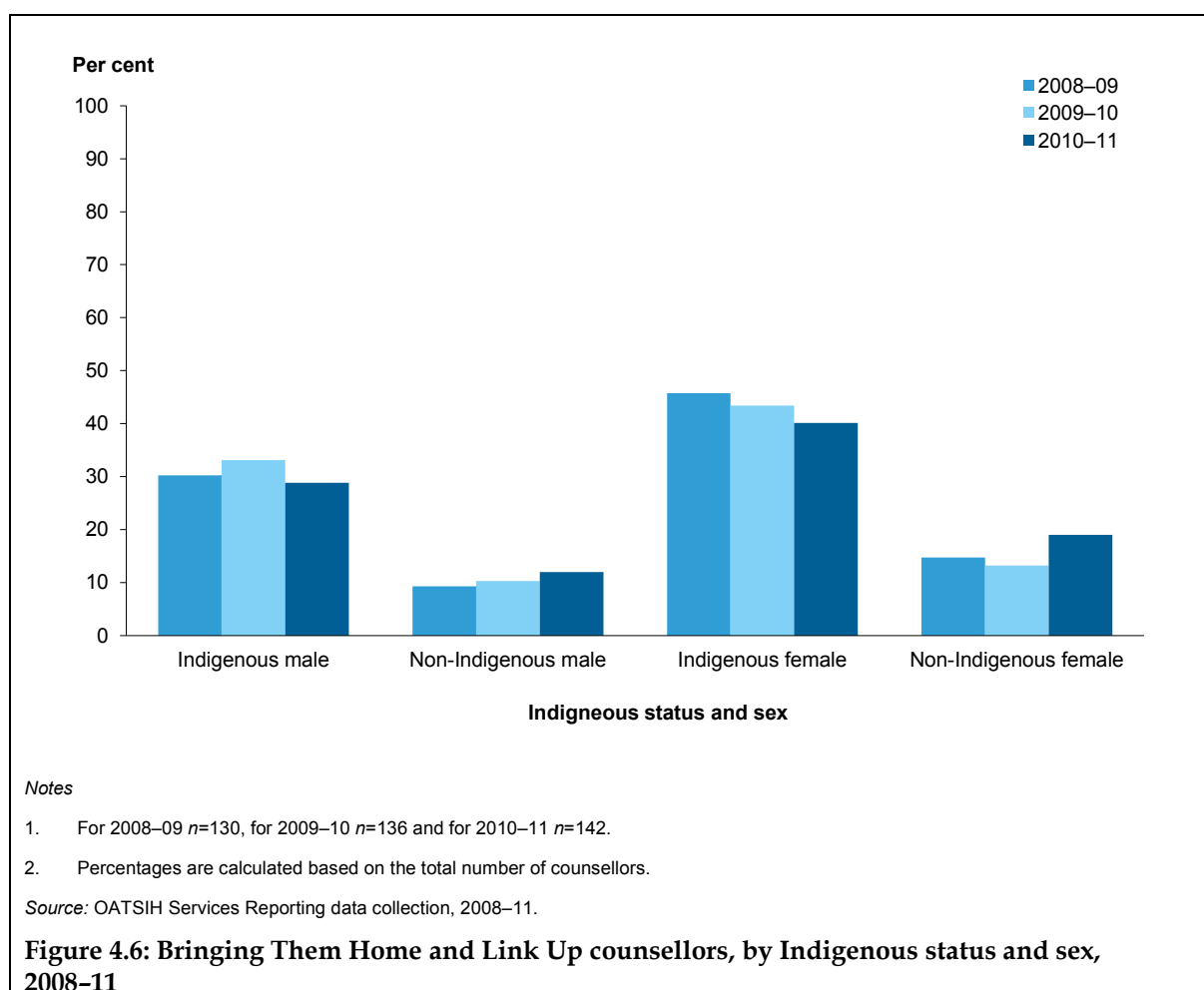




## Indigenous status of counsellors

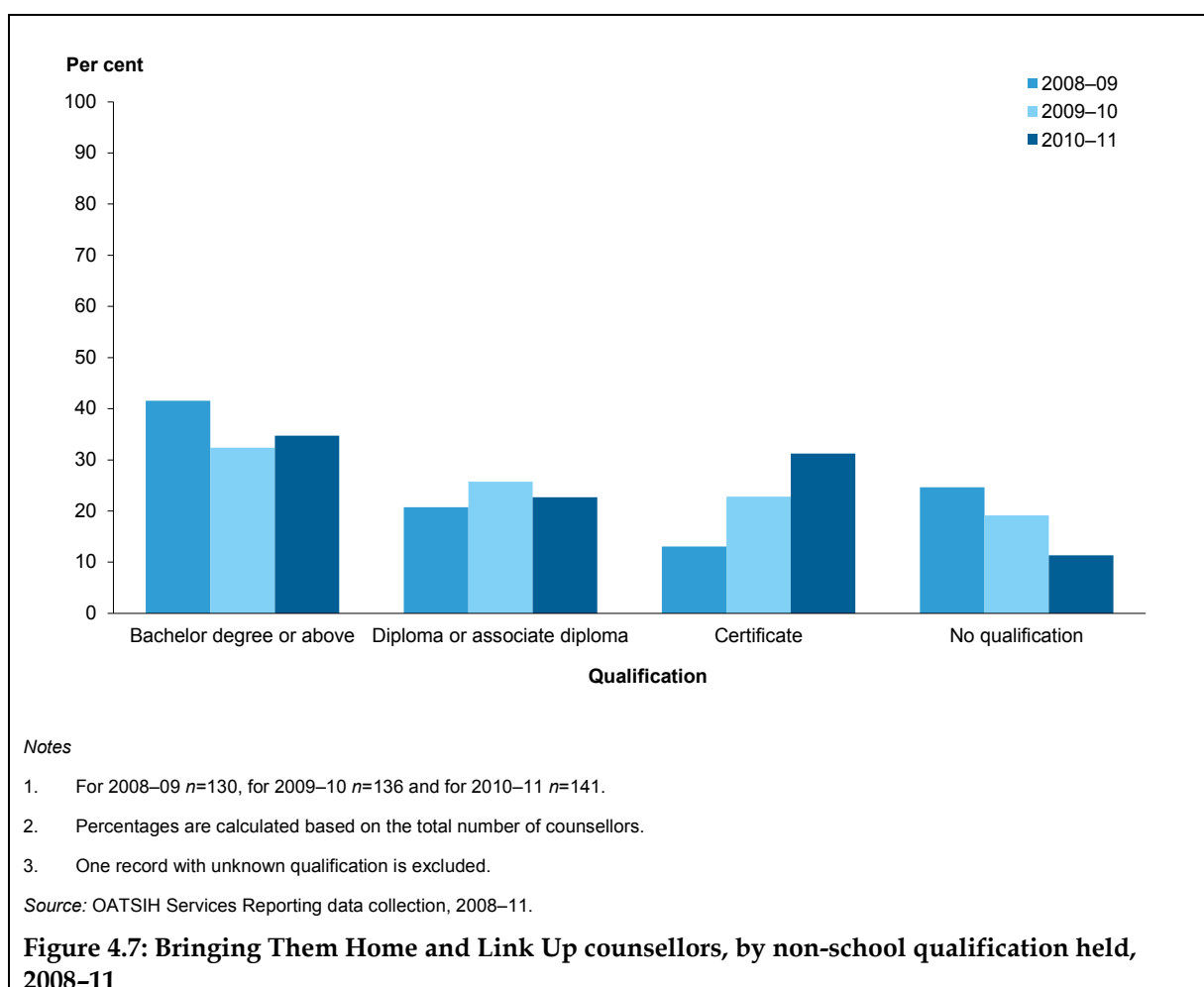
More than 4 in 5 (83% or 69) Bringing Them Home and Link Up counselling services with counsellors had at least one counsellor of Aboriginal and Torres Strait Islander descent. A small proportion of these services had non-Indigenous counsellors only (17% or 14). These proportions are similar to the previous year (89% and 11%).

Of the 142 counsellors employed at 30 June 2011, 69% were Aboriginal and Torres Strait Islander – 40% were female and 29% were male. Proportions are similar to the previous year (Figure 4.6).



## Qualifications and training undertaken

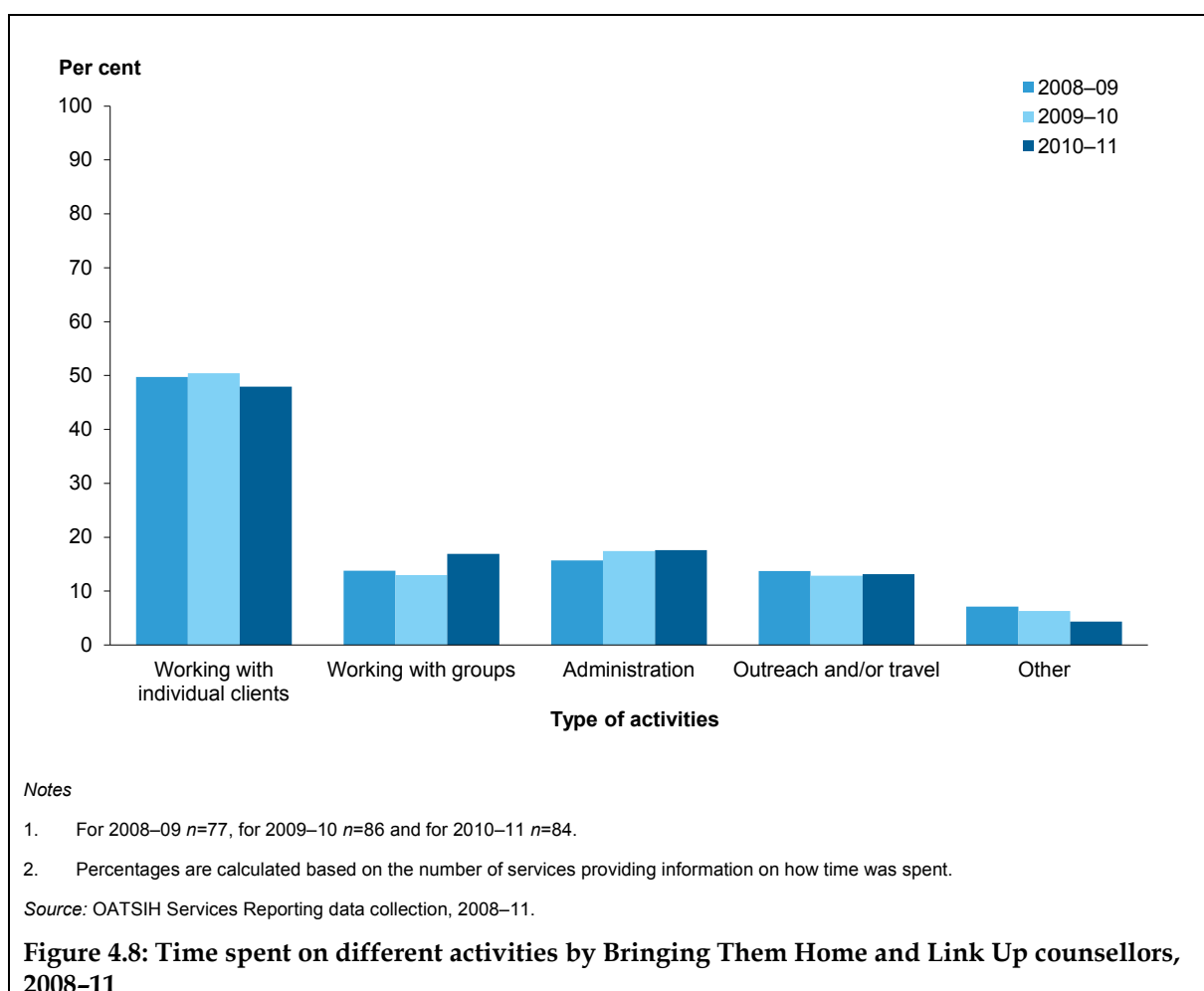
Almost 9 in 10 counsellors (89%) held a non-school qualification, compared with 81% in the previous year. More than a third of counsellors held a Bachelor degree or above. This is higher than in the previous year (35% compared with 32%). Nearly a quarter (23%) held a diploma-level qualification, similar to the previous year (26%). Almost a third (31%) had a certificate-level qualification, compared with 23% in the previous year (Figure 4.7). Common fields of study in which qualifications were held included psychology, mental health, social work, counselling and narrative therapy.



In 2010-11, 55% or 47 Bringing Them Home and Link Up counselling services reported on formal training their counsellors attended. Some common training areas were mental health, mental health first aid, narrative therapy and community care.

### Time spent on different activities

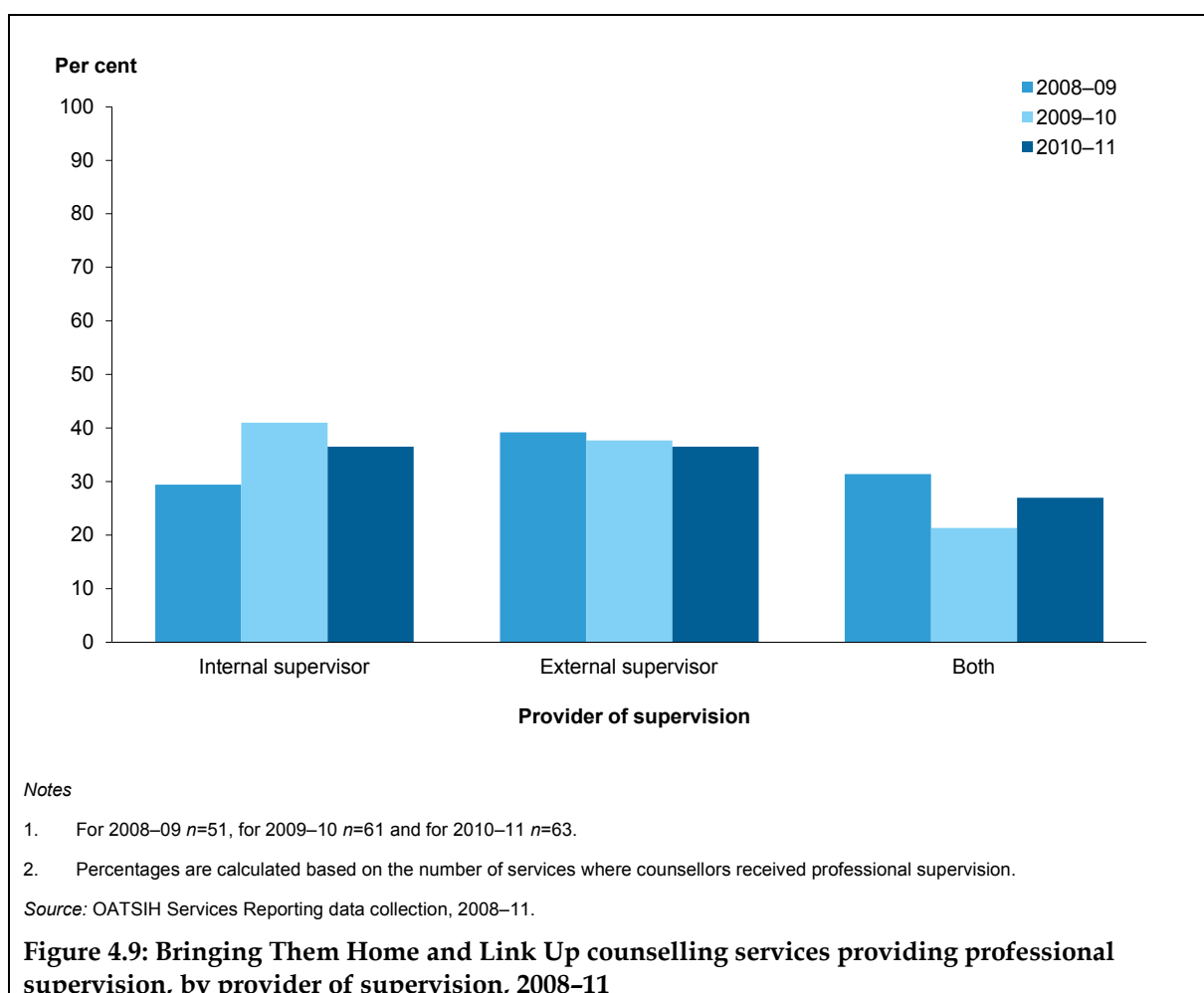
Most (94% or 84) Bringing Them Home and Link Up counselling services reported on how their counsellors spent their time. In 2010-11, counsellors spent on average almost half their time (48%) working directly with clients. Counsellors also spent time on administration (18%), working with groups (17%), outreach and/or travel (13%) and other tasks (4%). This is similar to how time was spent in the previous year (Figure 4.8).



## Supervision for counsellors

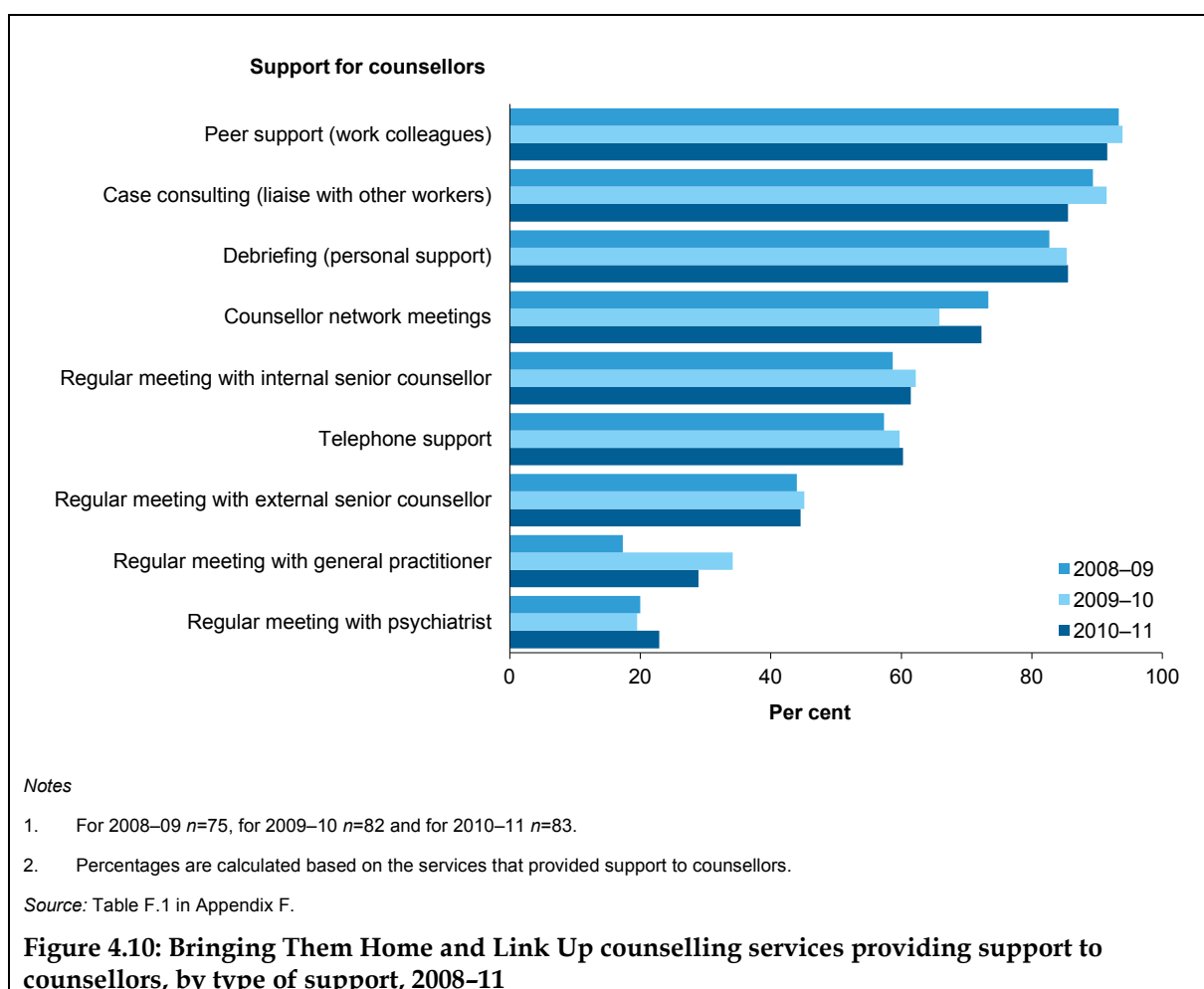
Clinical supervision is the formal provision by approved supervisors of relationship-based education and training that is work-focused and manages, supports, develops and evaluates the work of colleagues. The main methods used are corrective feedback on the supervisee's performance, teaching and collaborative goal setting (NSW IRCST 2008).

In 2010-11, most (95% or 85) services reported on their supervision for counsellors. Of these, 74% or 63 services reported that their counselling staff received supervision from a qualified professional. Among services where counsellors received supervision, almost 2 in 5 reported that their counselling staff received supervision from a person who worked at the service. This is lower than in the previous year (36% compared with 41%). Nearly 2 in 5 said staff received supervision from a person who did not work at their service. This is similar to the previous year (36% compared with 38%). The remaining services had staff who received supervision from someone at the service and someone external to the service. This is higher than in the previous year (27% compared with 21%) (Figure 4.9).



## Types of support for counsellors

In 2010-11, most (93% or 83) services reported on the types of support available to their counsellors. For these services, common types of support available to counsellors were peer support (92%), consulting with other workers about their cases (85%), and debriefing (85%). About 7 in 10 services had counsellor network meetings (72%), regular meetings with a senior counsellor (61%) and telephone support available (60%). Proportions are generally similar to the previous year, although a lower proportion of services had regular meetings with a clinical supervisor (general practitioner) mentor (29% compared with 34%), and a higher proportion had counsellor network meetings (72% compared with 66%) (Figure 4.10).

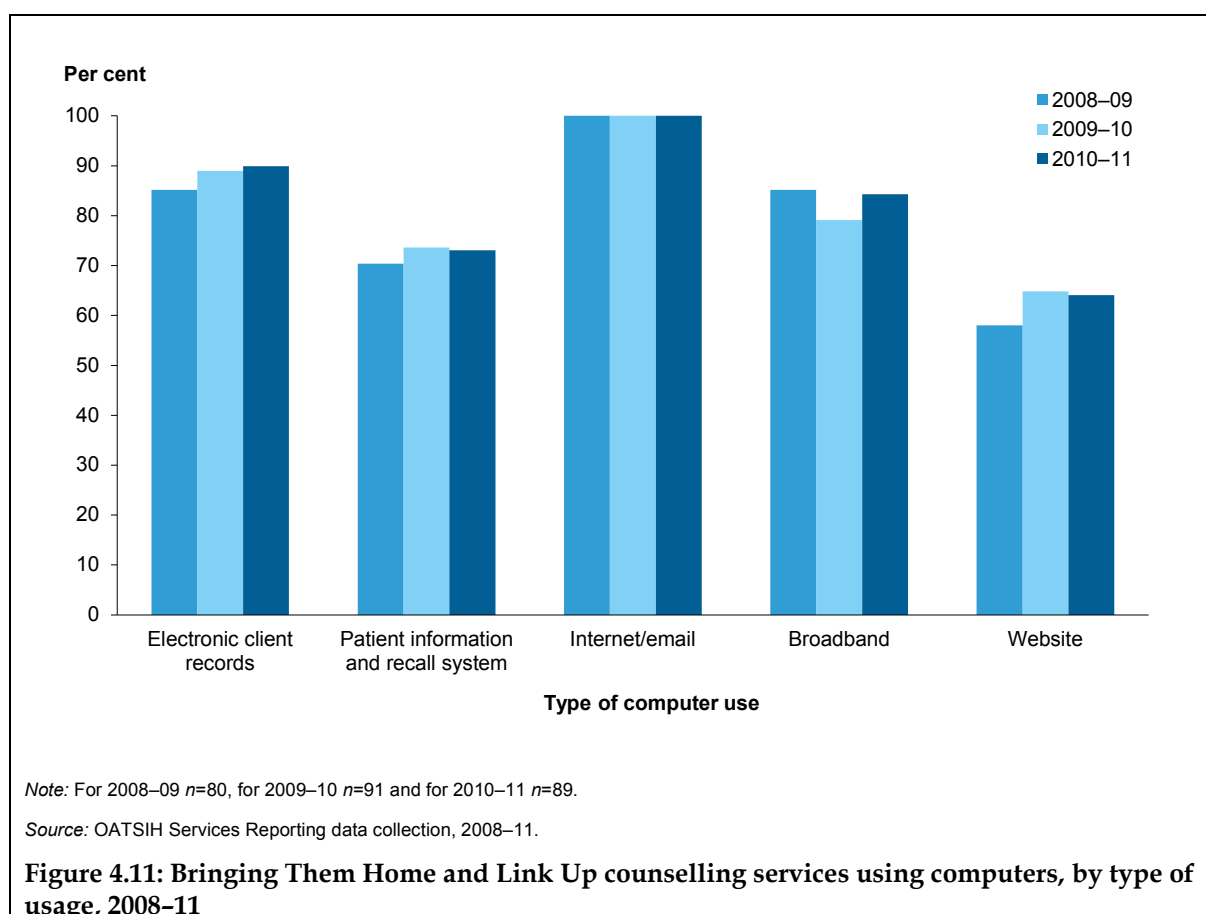


## Vacant positions

In 2010-11, nearly all (98% or 87) Bringing Them Home and Link Up counselling services reported on their vacant counsellor positions. Almost a third (29% or 25) of these services reported 27 vacant FTE counsellor positions as at 30 June 2011. This is higher than in the previous year (26% of services with 21 FTE vacant positions). Almost two-thirds (62%) of these positions were vacant for 26 weeks or less. This is higher than in the previous year (56%). Almost 2 in 5 (38%) were vacant for more than 26 weeks. This is lower than in the previous year (44%).

## Information technology

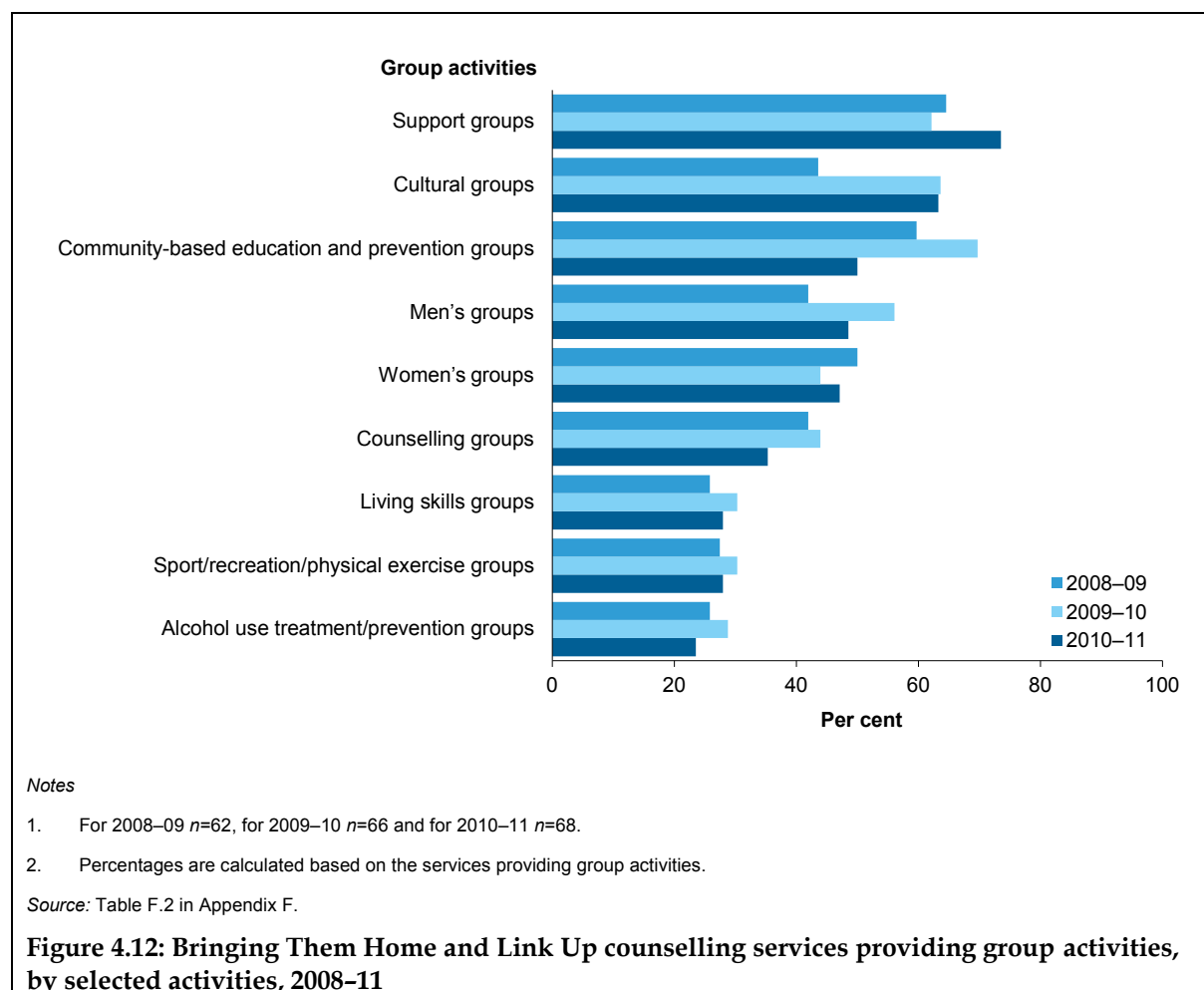
In 2010-11, all Bringing Them Home and Link Up counselling services reported using computers, email and the Internet, with most (84%) having a broadband Internet connection. Nearly two-thirds of services (64%) reported having a website. This is similar to the previous year (65%). Most services (90%) used electronic client records, and almost three-quarters (73%) had patient information and recall systems. These proportions are similar to the previous year (Figure 4.11).



## 4.2 Services provided

### Group activities

In 2010–11, most (95% or 85) Bringing Them Home and Link Up counselling services reported on their group activities. About three-quarters (77% or 68) of services provided group activities – a similar proportion to the previous year (76%). Of these, half (50%) provided community-based education and prevention groups, and 6 in 10 ran cultural groups (62%) and almost three-quarters ran support groups for clients (73%). Some services provided group activities for specific population groups – 48% ran a men’s group, 47% a women’s group, and 22% a youth group. Compared with the previous year, there was a decrease in the proportion of services providing community-based education and prevention groups (50% compared with 70%), men’s groups (48% compared with 56%), youth groups (22% compared with 33%) and other substance use and treatment prevention groups (15% compared with 20%) (Figure 4.12).



## 4.3 Clients

### Client numbers

In 2010–11, most (91% or 81) Bringing Them Home and Link Up counselling services reported on their client numbers. These services reported about 11,800 clients in total. This is an increase of about 10% compared with the previous year (10,700 clients). This increase may in part reflect an increase in the number of counsellors. Most (92%) clients were Aboriginal and Torres Strait Islander and a small proportion (7%) were non-Indigenous (Figure 4.13). About 3 in 5 Aboriginal and Torres Strait Islander clients (59%) were female, and 40% were male.

About 31% of all clients were first-generation clients (those who were moved from their families and communities) and 13% were second-generation clients (those whose parents are first-generation members). The proportion of first-generation clients is more than double that of the previous year (14%). Third- and subsequent generation clients – those whose grandparents are first-generation members or who are directly descended from people who were moved from their families and communities – accounted for approximately 1 in 10 clients (13%). This is less than half the proportion in the previous year (28%). More than 3 in 10 clients (34%) were other Aboriginal and Torres Strait Islander clients, a lower proportion than in the previous year (42%) (Table 4.2).

Almost 3 in 10 clients received counselling at services located in *Very remote* (28%) areas. This is higher than the previous year (14%). About 1 in 10 clients received counselling at services in *Inner regional* areas (13%). This was much lower than the previous year (30%). Proportions for clients receiving counselling in other areas are similar to the previous year (Table 4.2).

The geographical distribution of clients of different generations varied. About two-thirds of first-generation clients received counselling at services located in *Very remote* areas (58%). More than a third of second-generation clients (36%) sought counselling in services located in *Remote* areas, and a third (31%) of third- and subsequent generation clients sought counselling at services located in *Outer regional* areas, and a quarter (26%) at services located in *Remote* areas.



**Table 4.2: Estimated clients of Bringing Them Home and Link Up counselling services, by Indigenous status, sex and generation, 2010–11**

Indigenous status and generation	Male	Female	Total (number)	Total (per cent)
First-generation clients	1587	2104	3691	31.2
Second-generation clients	669	889	1558	13.2
Third- and subsequent generation clients	555	974	1529	12.9
Other Aboriginal and Torres Strait Islander clients	1594	2471	4065	34.4
Non-Indigenous clients	304	485	789	6.7
Unknown Indigenous status	36	157	193	1.6
<b>Total clients</b>	<b>4745</b>	<b>7080</b>	<b>11825</b>	<b>100.0</b>

*Notes*

1. For 2010–11  $n=81$ .
2. First-generation clients are those who were moved from their families and communities. Second-generation clients are those clients whose parent(s) are first-generation members. Third- and subsequent generation clients are grandchildren or direct descendants of those who are first-generation members.
3. A small amount of records with unknown sex are excluded.

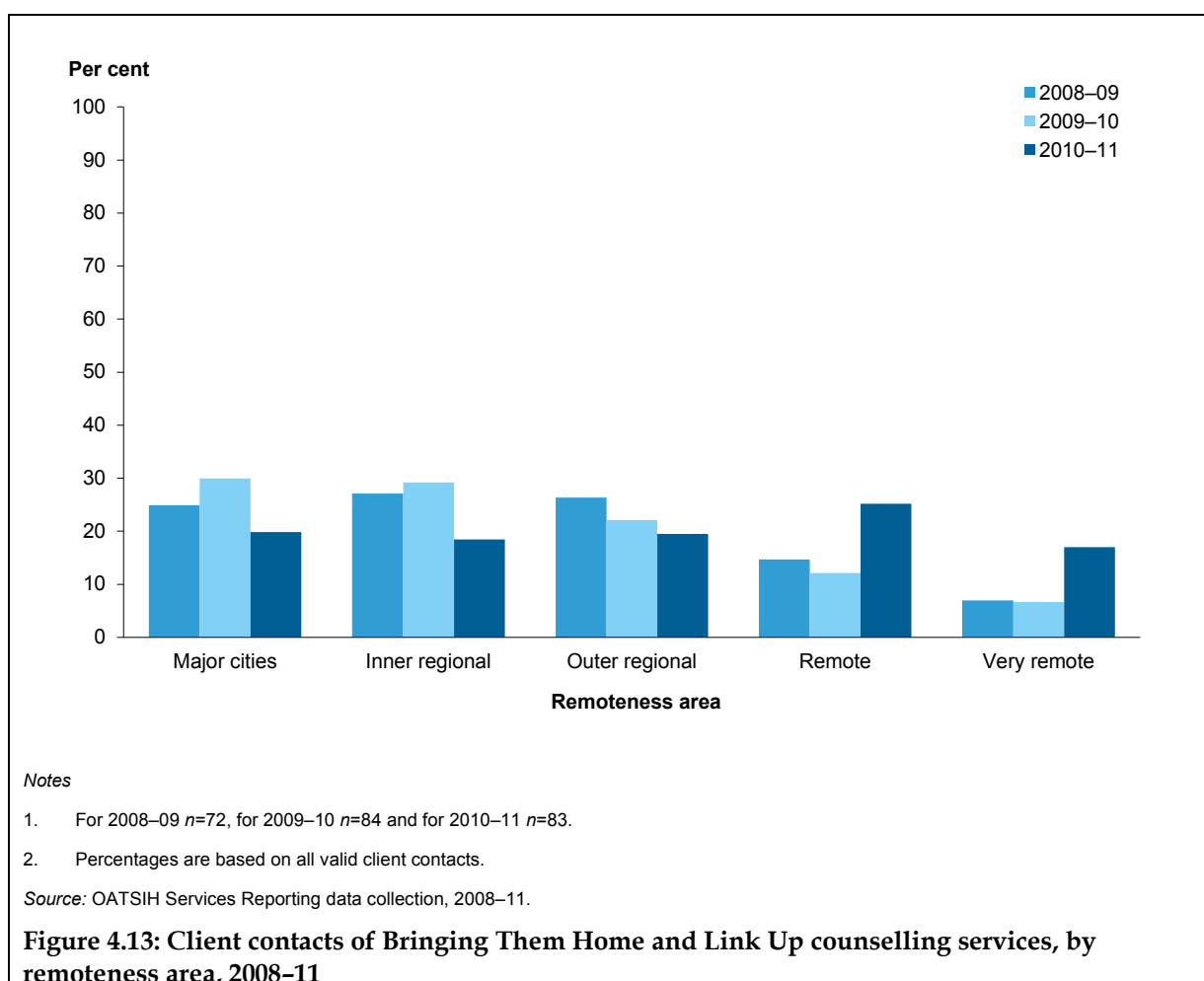
Source: OATSIH Services Reporting data collection, 2008–11.

## Client contacts

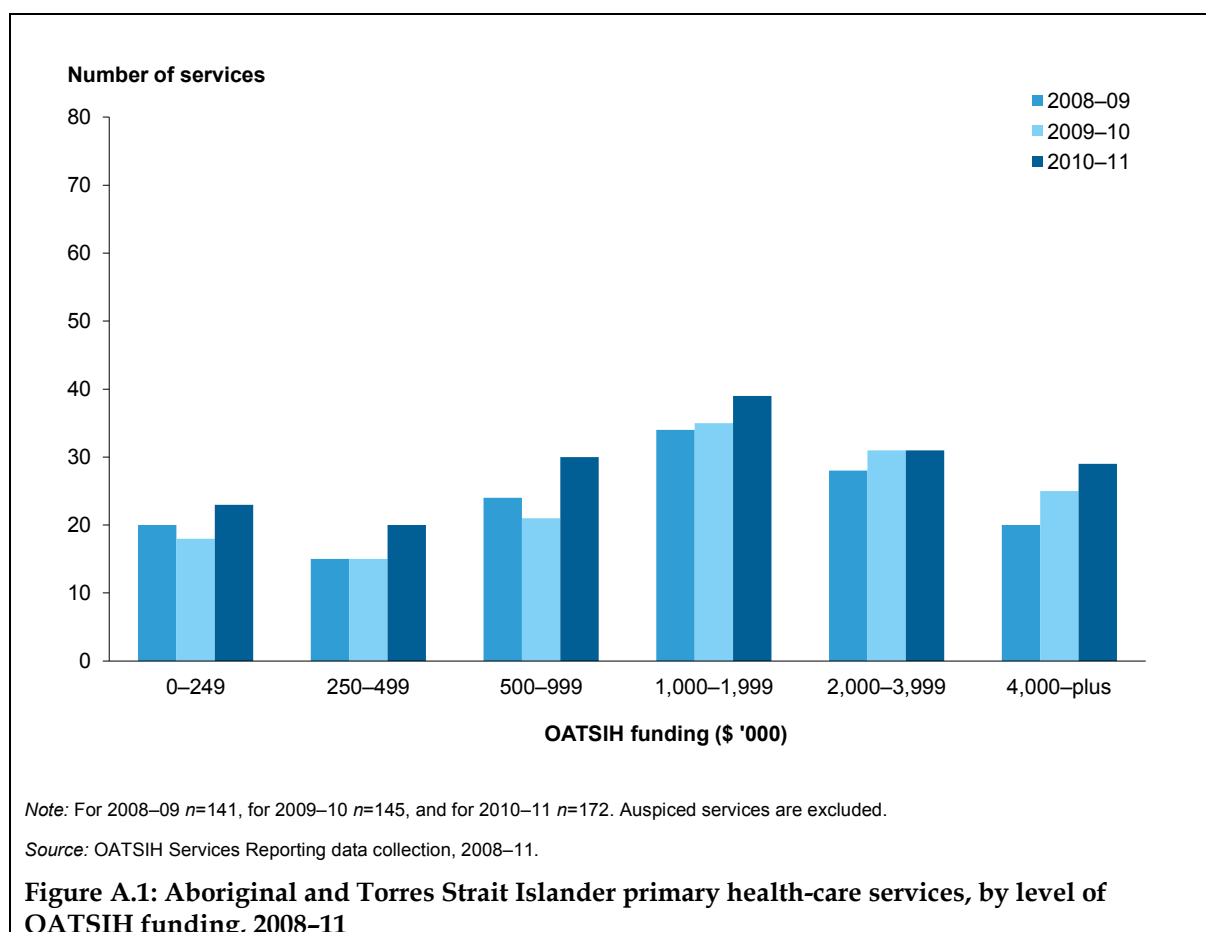
A client contact occurs on each occasion a client with an individual file contacts a counsellor to receive care or information, in person or by phone. Accurate information on client contacts can be hard to collect, and for this reason, it is possible that some services have underestimated their client contact figures.

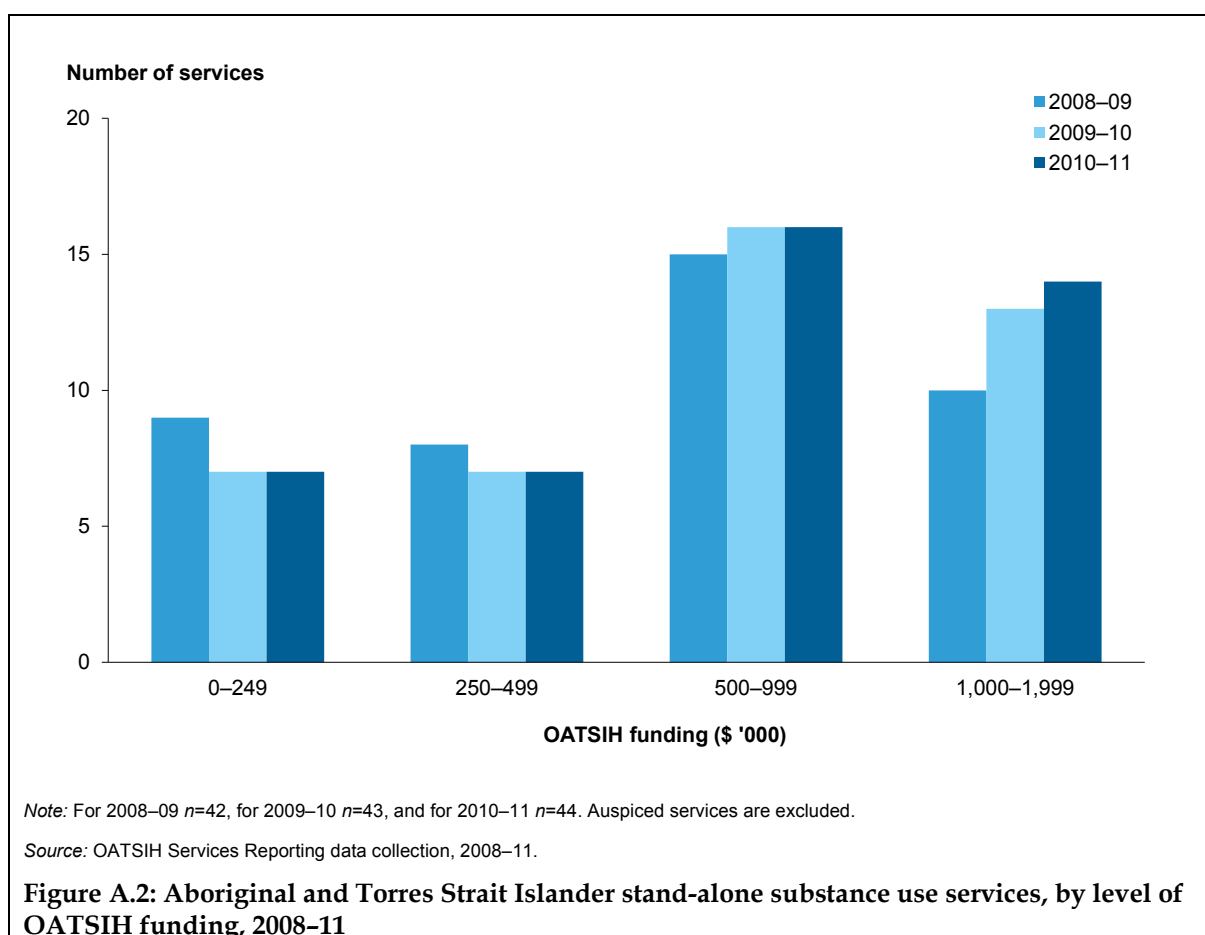
In 2010–11, most (93% or 83) Bringing Them Home and Link Up counselling services reported on their client contacts. These services reported an estimated 44,400 client contacts. Of these contacts, 39% (17,400) were with male clients and 61% (27,000) were with female clients. The number of contacts was 22% lower than in the previous year (56,800). Nearly all (92%) contacts were with Aboriginal and Torres Strait Islander clients (Figure 4.13).

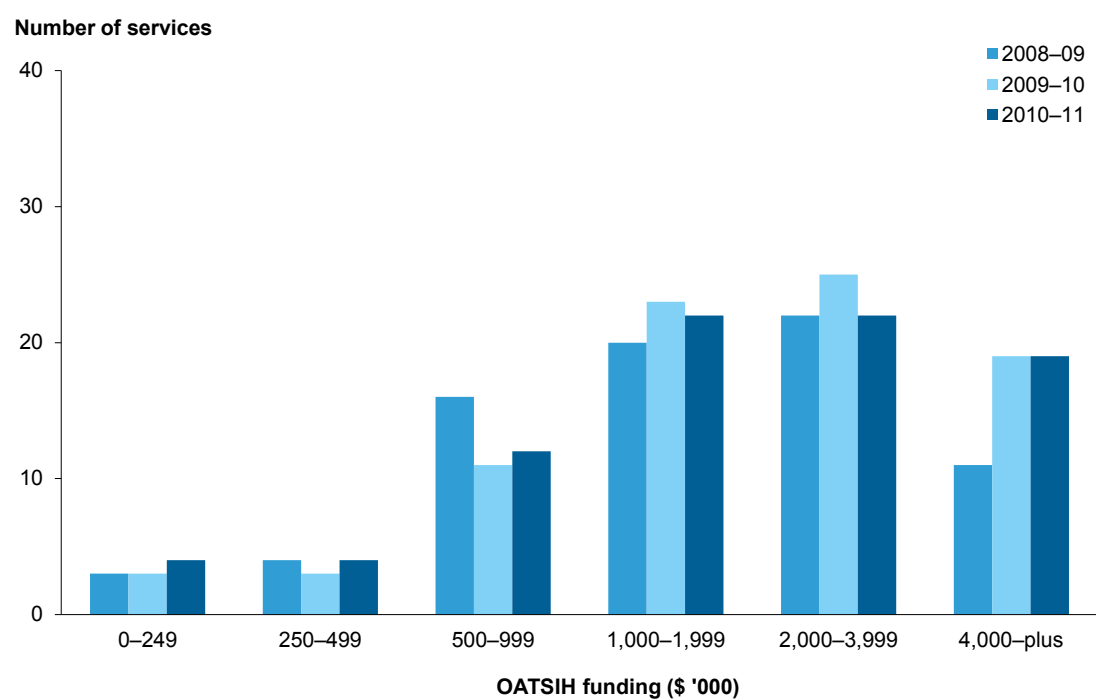
There were a similar number of client contacts recorded in *Major cities* (8,800), *Inner regional* areas (8,200) and *Outer regional* areas (8,700). The highest number of client contacts recorded was for *Remote* areas (11,200) and the lowest was for *Very remote* areas (7,600). The proportion of client contacts recorded in *Remote* areas (25%) and *Very remote* areas (17%) was higher than in the previous year (12% and 7% respectively). The proportion of client contacts recorded in *Major cities* (20%) and *Inner regional* areas (18%) was lower than in the previous year (30% and 29% respectively).



# Appendix A: Australian Government funding categories for Aboriginal and Torres Strait Islander health services







*Note:* For 2008-09  $n=76$ , for 2009-10  $n=84$ , and for 2010-11  $n=83$ . Auspiced services are excluded.

*Source:* OATSIH Services Reporting data collection, 2008-11.

**Figure A.3: Bringing Them Home and Link Up counselling services, by level of OATSIH funding, 2008-11**

## Appendix B: Data quality and limitations

The data were collected using the OATSIH Services Reporting (OSR) questionnaire, which combines previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services. The OSR questionnaire contained generic questions relevant to all services, and specific questions related to each type of service.

The Australian Institute of Health and Welfare (AIHW) sent a paper copy of the 2010–11 OSR questionnaire to each participating service, and asked the service to complete relevant sections. Services sent their completed questionnaires directly to the AIHW.

The AIHW received a small proportion of OSR questionnaires from services by the due date (14 September 2011), with most questionnaires received the following month. Table B.1 shows the timing of receipt of 2010–11 OSR questionnaires.

The AIHW followed up outstanding OSR forms with services to identify the causes of any delays. The AIHW also provided a helpdesk function, through a 1800 number and email for services.

**Table B.1: Timing of receipt by AIHW of completed 2010–11 OSR questionnaires**

Month received	Primary health care		Stand-alone substance use		Bringing Them Home/ Link Up counselling	
	Number	Per cent	Number	Per cent	Number	Per cent
August 2010	12	5.1	7	14.3	2	2.3
September 2010	161	68.5	31	63.3	56	62.9
October 2010	38	16.2	5	10.2	17	19.1
November 2010	10	4.3	3	6.1	5	5.6
December 2010	6	2.5	0	0.0	3	3.4
January 2011	8	3.4	3	6.1	6	6.7
<b>Total responding services</b>	<b>235</b>	<b>100.0</b>	<b>49</b>	<b>100.0</b>	<b>89</b>	<b>100.0</b>

Source: OATSIH Services Reporting data collection, 2008–11.

The AIHW examined all completed questionnaires to identify missing data and problems with data quality. Where needed, AIHW staff contacted services to follow-up and obtain additional or corrected data. After manually entering the data on the data repository system, further data quality checks were performed.

The AIHW identified three major issues with the data quality: missing data, inappropriate data provided for a question and lack of coherence of data among two or more questions. Most 2010–11 questionnaires had one or more of these data quality issues.

Tables B.2, B.3 and B.4 show the number of services that provided data for each question. This includes data corrected or edited after the AIHW followed up data quality issues with the individual service. This report also shows the number of services that provided data for each question in the relevant commentary and under each table or figure.

For some questions all, or nearly all, services provided data. However, not all questions were relevant to all services and for these questions a smaller number of services provided data. It is important to consider this in the use and interpretation of data presented in this report.

Some services were unable to provide data for some questions they were required to answer. Two common reasons for missing data or data with quality issues were a lack of complete records held by the service or insufficient data management resources in the service to support the data collection. In such instances, data were either not provided or they were provided in the form of an estimate.

The AIHW assessed that some of these estimates are likely to either underestimate or overestimate the actual figure. For example, not all Aboriginal and Torres Strait Islander primary health-care services have complete client contact records for all types of health staff. Therefore, figures for some services – especially for visiting health staff, may be underestimated.

Another example concerns individual client numbers. Not all services have complete and accurate records of individual client numbers, and the potential exists to inadvertently double-count some clients. Therefore, individual client figures for some services may overestimate the actual figure.

Another issue relates to the misinterpretation of questions. Some services provided inaccurate or no data for some questions because they misunderstood the data requested. Further, some services were not aware which parts of the new combined questionnaire they needed to complete. The AIHW contacted services and helped them with completing the questionnaire. In some cases, where it was not possible for the service to provide correct data, AIHW staff edited the data based on further information provided by the service, or other information provided by the service in the OSR questionnaire. Data with significant and non-rectifiable quality issues were not included in this report.

Data presented in this report, particularly around client numbers, episodes of care and client contacts, are estimates of actual figures and should be used and interpreted with caution.

Data presented in the commentary are rounded. In some cases, owing to this rounding, the components may not add to the total. The tables and figures in the report present the actual numbers for each data item.

**Table B.2: Percentage of Aboriginal and Torres Strait Islander primary health-care services that provided data for each OSR question, 2008–2010**

OSR question	2008–09	2009–10	2010–11
2. Whether service accredited and types of accreditation	99.0	100.0	100.0
3. Whether service use computers and types of computer use	99.5	99.6	100.0
4. Governing committee or board	98.5	100.0	100.0
5. Whether service authorised to the National Aboriginal Community Controlled Health Organisation	99.5	—	99.6
6. Episodes of health care provided	93.7	96.9	94.9
7. Client contacts made by each type of worker	92.7	97.3	95.7
8. Individual clients seen by health service	90.2	96.0	94.0
9. Whether service provided care outside usual opening hours and types of care provided	98.0	99.6	99.1
10. Number and type of FTE positions for which wages/salaries paid by service	97.6	99.6	98.3
11. Whether services had vacant positions and descriptions	100.0	99.6	99.6
12. Number and type of FTE positions where wages/salaries were paid by another organisation	85.9	78.5	75.3
13. Whether one or more clients experienced social and emotional health issues and types of social and emotional issues	96.1	99.6	97.4
14. Type of mental health or social and emotional wellbeing activities	97.1	99.6	97.4
15. Type of clinical health-related activities/population health programs/ facilitation of access to specialist support services/ screening programs/ health-related and community and hospital services provided by service	98.0	100.0	99.6
16. Treatment/assistance provided by service for substance use issues	89.3	99.6	98.3
17. Substance use services provided by service	92.7	99.6	98.3
18. Whether service ran any groups and types of groups	97.6	99.6	98.3
<b>Total number of services submitted data</b>	<b>205</b>	<b>223</b>	<b>235</b>

FTE full-time equivalent

Notes

1. Includes data that were corrected or edited, after follow-up with an individual service.
2. Percentages are based on all services. Some questions were not applicable to all services, so the percentages responding to these will be lower.

Source: OATSIH Services Reporting data collection, 2008–11.



**Table B.3: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services that provided data for each OSR question, 2008–10**

OSR question	2008–09	2009–10	2010–11
2. Whether service accredited and type of accreditation	100.0	100.0	100.0
3. Whether service use computers and type of computer use	100.0	100.0	100.0
4. Governing committee or board	100.0	100.0	100.0
19. Type of substance use programs provided by service	100.0	100.0	100.0
20. Whether service provided care outside usual opening hours and types of care provided	100.0	100.0	100.0
21. Clients referral sources	100.0	100.0	100.0
22. Number of individual clients assistance/treatment provided to	100.0	97.9	100.0
23. Residential treatment/ rehabilitation (number of individual clients, length of stay and episodes of care)	66.7	62.5	61.2
24. Sobering-up/ residential respite/short-term care (number of individual clients and episodes of care)	31.1	27.1	24.5
25. Number of beds/residential places	66.7	62.5	61.2
26. Non-residential/follow-up/after-care (number of individual clients and episodes of care)	77.8	79.2	81.6
27. Whether the service ran any groups and types of groups	100.0	100.0	100.0
28. Number and type of FTE positions for which service paid wages/ salaries	100.0	100.0	100.0
29. Whether services had vacant positions and descriptions	100.0	100.0	100.0
30. Number and type of FTE positions for which wages/salaries paid by another organisation	57.8	62.5	55.1
31. Types of substances treatment/assistance provided for (on an individual client basis/as a targeted program)	100.0	100.0	100.0
32. Services to address substance use issues provided	100.0	100.0	100.0
33. Type of approaches used to treat substance use issues	100.0	100.0	100.0
34. Whether one or more clients experienced social and emotional health issues and types of social and emotional issues	100.0	100.0	100.0
35. Type of mental health and social and emotional wellbeing activities provided by service	100.0	100.0	100.0
<b>Total number of services submitted data</b>	<b>45</b>	<b>48</b>	<b>49</b>

FTE full-time equivalent

Notes

1. Includes data that were corrected or edited, after follow-up with an individual service.
2. Percentages are based on all services. Some questions were not applicable to all services, so the percentages responding to these will be lower.

Source: OATSIH Services Reporting data collection, 2008–11.

**Table B.4: Percentage of Bringing Them Home and Link Up services that provided data for each OSR question, 2008–10**

Question	2008–09	2009–10	2010–11
2. Whether service accredited and type of accreditation	100.0	100.0	100.0
3. Whether service use computers and type of computer use	100.0	100.0	100.0
4. Governing committee or board	100.0	100.0	100.0
36. Whether service has a memorandum of understanding negotiated	96.3	98.9	97.8
37. Number, Indigenous status, gender, qualifications and FTE of BTH and Link Up counsellors	95.1	91.2	93.3
38. Whether BTH or Link Up counsellors attended any training and course details	96.3	96.7	96.6
39. Whether service had vacant BTH or Link Up Counsellor positions	98.8	98.9	97.8
40. Number of clients seen by BTH or Link Up Counsellors	87.7	90.1	91.0
41. Number of individual client contacts	88.9	92.3	93.3
42. Proportion of time spent on different activities	92.6	94.5	94.4
43. Whether counsellors received professional supervision and who provided supervision	95.1	94.5	95.5
44. Support available to counsellors	92.6	90.1	93.3
45. Whether counsellors ran any groups and types of groups	96.3	95.6	95.5
<b>Total number of services submitted data</b>	<b>81</b>	<b>91</b>	<b>89</b>

BTH Bringing Them Home

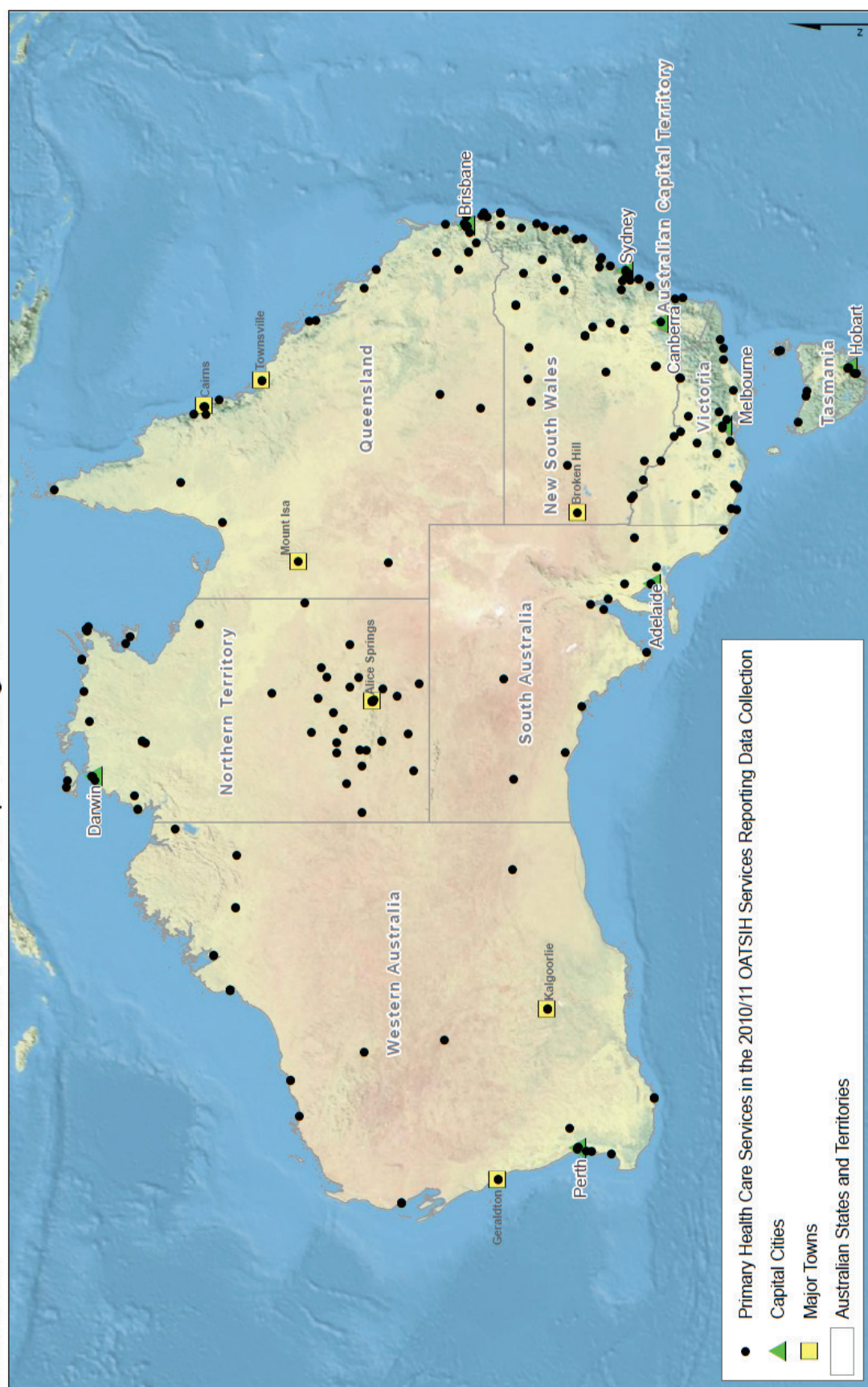
FTE full-time equivalent

*Note:* Includes data that were corrected or edited, after follow-up with an individual service.

*Source:* OATSIH Services Reporting data collection, 2008–11.

## **Appendix C: Location maps**

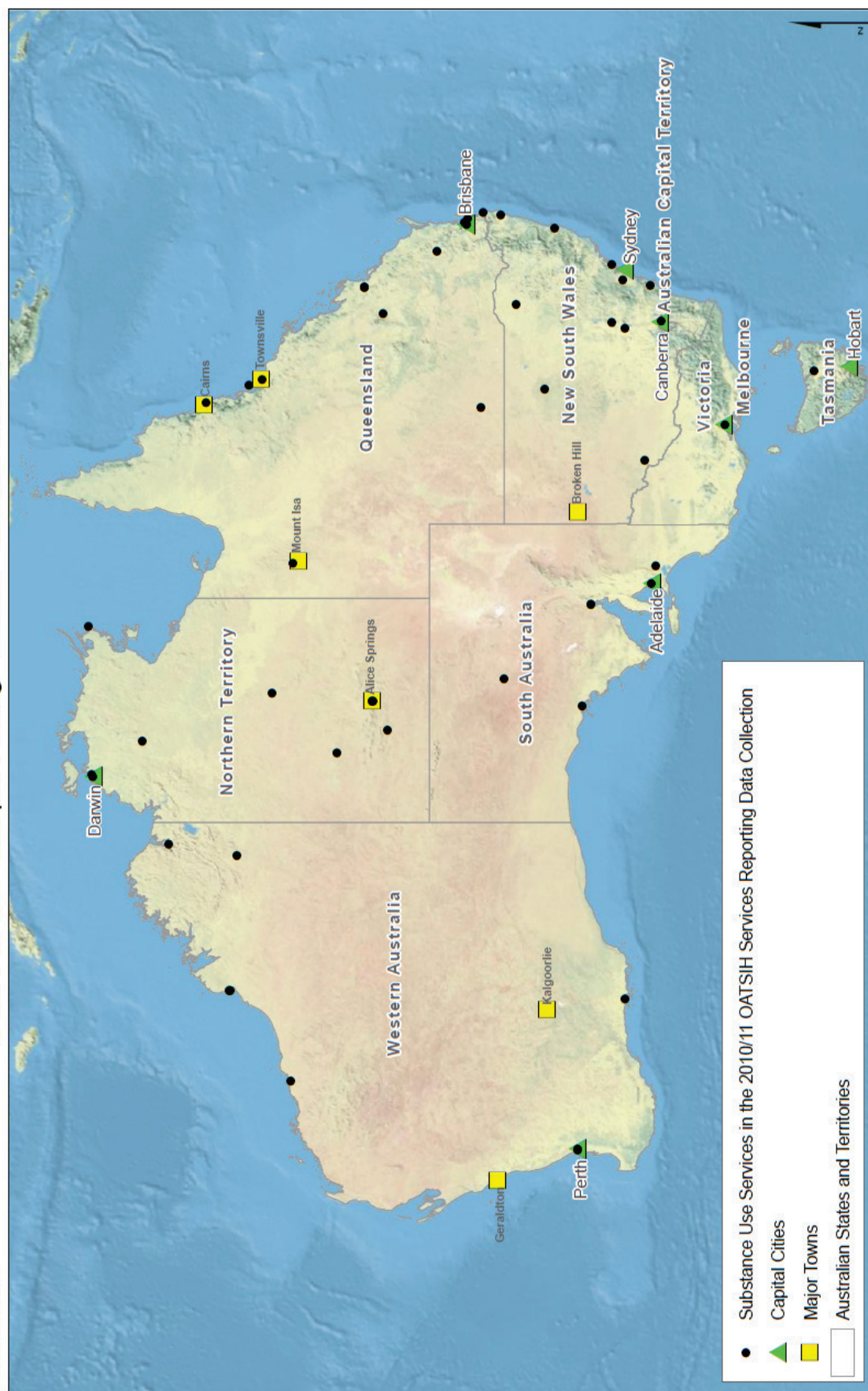
# Primary Health Care Services in the 2010/11 OATSIH Services Reporting Data Collection



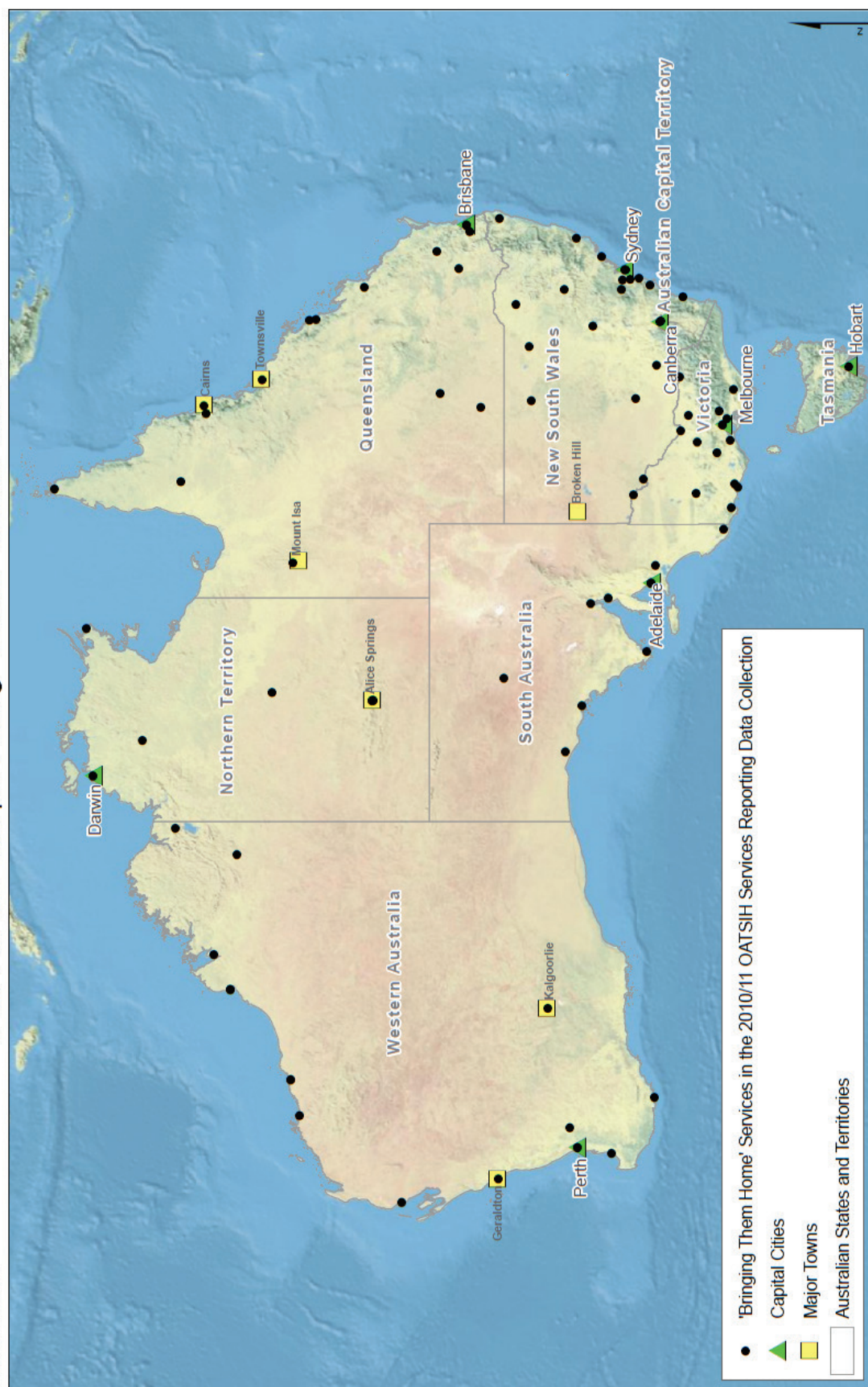
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# Substance Use Services in the 2010/11 OATSIH Services Reporting Data Collection



# 'Bringing Them Home' Services in the 2010/11 OATSIH Services Reporting Data Collection



Map produced by ICT/M & Services Reporting Section, OATSIH 3 April 2012

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# Appendix D: Statistical tables for Aboriginal and Torres Strait Islander primary health-care services

**Table D.1: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by clinical health-care activities provided, 2008–11**

Clinical health-care activity	2008–09	2009–10	2010–11
Management of other chronic illness	86.1	83.4	83.3
Management of diabetes	88.6	87.0	82.9
Computerised medical record system	72.6	80.7	82.5
Diagnosis and treatment of illness/disease	84.6	82.1	81.2
Shared-care arrangements for management of people with chronic conditions (e.g. between your service and hospitals, specialists)	77.6	75.8	79.9
Management of cardiovascular disease	83.6	80.7	79.1
Immunisation and vaccination registers	79.6	78.0	76.5
Clinical practice guidelines utilised (e.g. Central Australian Rural Practitioners Association, diabetes guidelines)	74.1	73.1	75.2
Service maintains health registers (e.g. chronic disease register)	72.6	73.1	74.4
Discharge planning between your service and hospital(s) (e.g. provision of medicines, transport, liaison with general practitioner and family)	66.7	75.8	73.9
Antenatal shared-care arrangements between your service and hospital(s)	72.6	72.7	72.2
A system for formal client feed back	63.2	63.7	70.5
Keep track of clients needing follow-up (e.g. through monitoring sheets/follow-up files)	70.6	70.9	69.7
Collection of additional data for clinical population analysis	53.7	59.6	62.0
Outreach clinic services (e.g. health care at outstation visits, park clinics, satellite clinics)	55.2	55.6	52.6
Hospital inpatient visits and support	46.3	53.4	50.4
Dental care (e.g. dentist/dental therapist, education)	51.7	48.9	45.3
Interpreting services	19.9	23.3	24.8
24-hour emergency care	30.8	27.8	23.5
Bush tucker nutrition programs	14.9	15.7	20.5
Traditional healing	17.9	14.8	19.7
Clinical services to men in custody	18.9	17.9	17.9
Clinical services to women in custody	14.9	13.0	14.1
Card system patient files	20.9	17.5	12.8
Bush medicine	10.0	9.9	12.4
Clinical services to youth in custody/remand	10.4	9.9	9.0
Dialysis services on site	4.0	6.3	4.7
Other traditional health care	4.0	6.7	3.8
<b>Total number of services provided valid data</b>	<b>201</b>	<b>223</b>	<b>234</b>

Source: OATSIH Services Reporting data collection, 2008–11.

**Table D.2: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by population health programs provided, 2008–11**

<b>Population health program</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Health/promotion education	93.5	92.8	91.9
Routinely organise influenza immunisation	81.6	81.6	78.2
Women's health programs	76.6	76.2	78.2
Child immunisation	80.6	81.6	76.9
Dietary and nutrition programs	70.1	71.7	76.1
Antenatal/maternal programs	69.7	74.0	75.2
Child growth monitoring	64.2	76.2	71.8
Routinely organise pneumococcal immunisation	75.6	74.9	70.9
Infectious diseases programs/education	65.7	67.3	67.1
Physical activity programs	58.7	57.4	67.1
Outreach health promotion	57.7	62.8	66.7
Men's health programs	65.2	63.2	66.2
Sexually transmissible infection contact tracing	61.2	66.4	63.2
Mental health programs—adults (18+)	48.3	45.7	55.1
Tobacco control programs	49.8	50.7	53.8
Healthy weight programs	52.7	52.0	52.6
Drug and alcohol programs	47.3	46.6	49.1
Injury/accident prevention (e.g. domestic violence, road safety, safety in the home)	45.3	49.3	46.2
Advice and advocacy in relation to environmental health issues (e.g. safe water, sanitation, dog health)	41.8	45.7	42.7
Mental health programs—children (17 and under)	29.4	34.1	34.6
Work with food stores in the community to encourage healthy eating	29.4	34.1	33.3
<b>Total number of services provided valid data</b>	<b>201</b>	<b>223</b>	<b>234</b>

Source: OATSIH Services Reporting data collection, 2008–11.



**Table D.3: Percentage of Aboriginal and Torres Strait Islander primary health-care services, by screening programs provided, 2008–11**

Screening program	2008–09	2009–10	2010–11
Diabetic screening	77.6	75.3	79.5
Pap smears/cervical screening	80.1	76.2	75.6
Regular age/sex appropriate well person's checks	79.6	72.7	74.8
Hearing screening	71.6	74.9	70.9
Sexually transmissible infection screening	73.1	74.0	70.5
Eye screening	68.7	71.8	69.7
Cardiovascular screening	66.2	62.3	68.4
Renal screening	54.2	53.4	56.4
<b>Total number of services provided valid data</b>	<b>201</b>	<b>223</b>	<b>234</b>

Source: OATSIH Services Reporting data collection, 2008–11.

**Table D.4: Percentage of Aboriginal and Torres Strait Islander primary health-care services by access to specialist support services provided, 2008–11**

Access to specialist support service	2008–09	2009–10	2010–11
Referral to hospital and/or other specialist services	84.6	86.1	82.1
Podiatrist specialist feet services	72.6	74.4	77.4
Audiologist specialist hearing services	73.1	77.1	76.1
Optometrist specialist eye testing	72.6	75.3	76.1
Arrange for free provision of medical supplies/pharmaceuticals	76.1	74.0	74.8
Write prescriptions for pharmaceuticals	71.1	63.7	68.4
Ophthalmologist specialist eye services	60.2	65.9	66.7
Ear, nose and throat specialist services	60.7	64.1	60.7
Audiometrist specialist hearing services	55.2	56.5	55.6
Physiotherapy	52.2	54.3	53.0
Links with Royal Flying Doctor Service	33.8	28.3	29.1
Dental radiology provided by your service	22.4	21.5	24.8
Clinical radiology provided by your service	10.4	12.6	11.5
<b>Total number of services provided valid data</b>	<b>201</b>	<b>223</b>	<b>234</b>

Source: OATSIH Services Reporting data collection, 2008–11.

**Table D.5: Percentage of Aboriginal and Torres Strait Islander primary health-care services by health-related and community services provided, 2008–11**

Health-related or community service	2008–09	2009–10	2010–11
Transport (e.g. to medical appointments)	86.1	87.0	88.5
Attending medical appointments with patients to provide support	69.2	78.0	80.3
Involvement in committees on health (e.g. steering groups)	76.6	81.2	79.5
School-based activities	68.2	70.4	74.4
Cultural promotion activities	62.2	66.4	72.6
Community development work (e.g. assisting with formation of other Aboriginal organisations, capacity building)	60.2	66.8	65.4
Centrelink advocacy and liaison	65.7	63.2	62.4
Parenting programs	48.3	51.6	59.8
Support for public housing issues	57.7	67.7	59.0
Participation in regional planning forums (e.g. under the Framework Agreements)	57.2	57.9	59.0
Services for people with a disability	56.7	57.4	57.3
Homelessness support	36.3	43.5	49.1
Aged care	56.7	52.0	47.4
Funeral assistance and arrangements	51.7	45.7	47.4
Palliative care (looking after people with a life-limiting illness)	46.3	47.1	45.7
Legal/police/prison advocacy services	42.3	43.1	44.9
Representation on external boards (e.g. hospital)	40.3	38.6	39.3
Welfare services and food provision	33.8	35.4	36.8
Medical evacuation services (e.g. ambulance, Royal Flying Doctor Service)	37.3	37.7	34.2
Youth camps	23.4	23.3	28.2
Breakfast programs	12.9	16.1	17.1
Deceased transportation	20.9	14.4	14.1
<b>Total number of services provided valid data</b>	<b>201</b>	<b>223</b>	<b>234</b>

Source: OATSIH Services Reporting data collection, 2008–11.

**Table D.6: Aboriginal and Torres Strait Islander primary health-care services that provided treatment and assistance for substance use on an individual client basis, percentage by substance use issue, 2008–11**

Substance use issue	2008–09	2009–10	2010–11
Alcohol	92.9	92.5	96.2
Tobacco/nicotine	89.1	91.5	89.0
Cannabis/marijuana	84.2	81.6	88.5
Multiple drug use (two or more drugs/substances)	48.1	57.2	58.9
Amphetamines (ice, speed)	34.4	41.8	38.8
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	40.4	42.8	38.3
Methadone	33.3	35.3	36.4
Petrol	26.2	31.8	32.1
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	23.5	33.3	32.1
Heroin	30.6	29.4	31.1
Morphine	25.1	30.4	24.4
Ecstasy/MDMA	25.1	27.4	24.4
Barbiturates (downers, phenobarbital, Amytal)	24.0	26.9	22.0
Cocaine (coke, crack)	19.1	20.9	16.3
LSD (acid, trips)	10.9	15.4	11.0
Steroids/anabolic agents	8.2	8.0	7.2
Kava	7.1	4.5	5.7
Other drugs	6.0	5.5	4.3
<b>Total number of services provided valid data</b>	<b>183</b>	<b>201</b>	<b>209</b>

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

*Note:* Percentages are calculated based on the total number of services providing treatment and assistance for substance use.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.7: Aboriginal and Torres Strait Islander primary health-care services that provided treatment and assistance for substance use as a specifically targeted program, percentage by substance use issue, 2008–11**

Substance use issue	2008–09	2009–10	2010–11
Tobacco/nicotine	36.1	34.3	40.2
Alcohol	27.3	29.4	29.2
Cannabis/marijuana	19.7	18.9	19.6
Petrol	7.7	6.5	10.5
Multiple drug use (two or more drugs/substances)	10.4	10.0	10.5
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	3.8	8.0	7.7
Methadone	3.8	3.5	4.3
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	2.7	4.5	3.3
Amphetamines (ice, speed)	6.6	5.0	3.3
Heroin	4.4	4.0	2.9
Morphine	2.7	2.5	2.4
Barbiturates (downers, phenobarbital, Amytal)	2.2	3.0	2.4
Cocaine (coke, crack)	1.6	1.5	2.4
Ecstasy/MDMA	2.2	2.0	2.4
LSD (acid, trips)	1.6	1.5	2.4
Kava	1.6	0.5	1.4
Steroids/anabolic agents	1.1	1.0	1.0
Other drugs	0.5	1.0	1.0
<b>Total number of services provided valid data</b>	<b>183</b>	<b>201</b>	<b>209</b>

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

*Note:* Percentages are calculated based on the total number of services providing treatment and assistance for substance use.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.8: Aboriginal and Torres Strait Islander primary health-care services providing activities to manage substance use, percentage by activities provided, 2008–11**

Activity to manage substance use	2008–09	2009–10	2010–11
Information/education about substance use	77.9	84.7	82.5
Individual counselling	77.4	78.8	82.0
Support for clients accessing mainstream services	67.9	70.0	76.7
Community education/activities	59.5	58.1	65.0
Case management of clients with substance use issues	61.6	62.6	63.6
Crisis intervention	56.8	56.7	57.8
Tobacco control program	49.5	52.2	53.9
School education and visits	41.6	46.8	51.9
General living skills	48.4	44.8	51.5
Referral	46.3	47.8	50.0
Detoxification support and referral	43.2	46.3	48.5
Cultural activities	41.6	42.9	47.6
Relationship/social skills training	37.9	40.9	36.9
Telephone counselling	39.5	37.0	35.4
Management of hepatitis C	42.1	39.4	34.0
Welfare/emergency relief	34.2	33.0	31.6
Support groups	23.2	24.6	29.6
Group counselling	22.6	21.2	25.7
Medicated detoxification	18.9	20.2	19.4
Non-medicated detoxification	15.3	17.2	16.5
Needle exchange	12.6	16.3	14.1
Methadone management	14.7	13.3	13.1
Other	8.4	7.9	7.3
Mobile assistance program/night patrol	5.8	6.4	3.9
<b>Total number of services provided valid data</b>	<b>190</b>	<b>203</b>	<b>206</b>

*Note:* Percentages are calculated based on the total number of services that provided activities to manage substance use.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.9: Aboriginal and Torres Strait Islander primary health-care services providing group activities, percentage by activities provided, 2008–11**

Type of group run by service	2008–09	2009–10	2010–11
Community-based education and prevention groups	68.3	71.4	70.6
Sport/recreation/physical exercise groups	52.2	53.6	64.5
Living skills groups (e.g. cooking, nutrition groups)	59.4	62.2	64.5
Women's groups	66.1	62.8	60.2
Mothers' and babies' groups	58.3	61.2	58.3
Men's groups	56.7	58.2	56.9
Cultural groups (e.g. art, hunting, bush outings)	48.9	45.9	50.2
Support groups (where clients offer each other support)	37.8	48.0	49.3
Antenatal groups	33.9	42.4	43.6
Chronic disease management groups	48.3	44.9	42.7
Youth groups	44.4	44.9	40.8
Tobacco use treatment/prevention groups	28.3	35.2	33.6
Counselling groups (where counsellors provide treatment or guidance)	26.7	33.2	29.9
Alcohol use treatment or prevention groups	22.8	24.5	26.1
Other substance use treatment/prevention groups	12.2	13.3	17.1
Other	12.8	11.7	12.8
<b>Total number of services provided valid data</b>	<b>180</b>	<b>196</b>	<b>211</b>

*Note:* Percentages are based on the number of services that provided group activities.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.10: Aboriginal and Torres Strait Islander primary health-care services providing out-of-hours care, percentage by type of care provided, 2008–11**

Type of out-of-hours care	2008–09	2009–10	2010–11
Social and emotional wellbeing/mental health	72.5	69.7	69.0
Transport	78.3	80.3	68.2
Transfer/admission to hospital	75.8	68.9	65.9
Diagnosis and treatment of illness/disease	60.8	56.6	58.1
Treatment of injury	57.5	53.3	52.7
Antenatal/maternal care	55.8	56.6	52.7
Hospital inpatient/outpatient care	30.8	19.7	27.9
Care in police station/lockup, prison	25.0	19.7	24.0
Other	24.2	21.3	19.4
<b>Total number of services provided valid data</b>	<b>120</b>	<b>122</b>	<b>129</b>

*Note:* Percentages are calculated based on the total number of services that provided out-of-hours care.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.11: Number of client contacts by health staff at Aboriginal and Torres Strait Islander primary health-care services, by type of health staff, 2008–11**

Professional title	2008–09	2009–10	2010–11
Aboriginal and Torres Strait Islander health worker	593,031	622,045	595,844
Doctor	734,846	871,434	1,014,505
Nurse	832,197	978,257	1,149,146
Allied health/medical specialist	148,068	149,241	173,995
Other	352,504	403,082	481,994
<b>Total</b>	<b>2,660,646</b>	<b>3,024,059</b>	<b>3,415,484</b>

*Notes*

1. For 2008–09 n=190, for 2009–10 n=217, and for 2010–11 n=225.
2. Numbers are based on services that provided client contact data only.
3. Transport contacts are excluded.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table D.12: Aboriginal and Torres Strait Islander primary health-care services with clients experiencing social and emotional wellbeing health issues, by issues experienced, 2008–11**

<b>Social and emotional wellbeing health issue</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Depression/hopelessness/despair	90.1	92.6	96.0
Anxiety/stress	94.3	92.1	96.0
Grief and loss issues	90.1	91.2	91.6
Family/relationship issues	86.5	92.6	91.2
Family and community violence	82.8	90.7	88.9
Self-harm/suicide	75.0	84.7	87.2
Schizophrenia or other psychotic disorder	75.5	74.4	80.5
Survivor of childhood sexual assault	56.3	62.8	66.8
Sexual assault	55.7	58.6	64.2
Loss of cultural identity	49.0	54.4	57.1
Stolen generation issues	51.6	55.8	55.8
Issues with sexuality	38.0	45.6	46.9
Removal from homelands/traditional country	41.1	45.6	46.0
Other	12.0	12.1	12.8
<b>Total number of services provided valid data</b>	<b>192</b>	<b>215</b>	<b>226</b>

*Note:* Percentages are calculated based on the number of services where clients experienced social and emotional wellbeing issues.

*Source:* OATSIH Services Reporting data collection, 2008–11.



**Table D.13: Aboriginal and Torres Strait Islander primary health-care services providing social and emotional wellbeing activities, by activities provided, 2008–11**

<b>Mental health and social and emotional wellbeing activity</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Family support and education	76.4	76.1	78.6
Home visits	70.9	74.2	78.6
Short-term counselling	81.4	82.2	76.8
Regularly participates in case management with other agencies in the care of patients with mental illness	67.8	73.2	75.4
Referral	58.3	62.9	68.8
Visiting psychologist, psychiatrist, and/or social worker (not paid by the service) provides care at the service	60.8	65.3	60.7
Ongoing counselling programs	56.3	60.6	58.9
Clients with mental health problems are referred to the service from other services	53.3	62.0	58.5
Harm reduction and suicide prevention	45.2	49.3	54.0
Mental health promotion activities (e.g. youth camps, drop-in centres)	41.2	49.3	50.4
Outreach services to public/private psychiatric institutions	27.1	27.7	30.8
Other	18.1	12.7	15.6
<b>Total number of services provided valid data</b>	<b>199</b>	<b>213</b>	<b>224</b>

*Note:* Percentages are calculated based on the number of services providing mental health and social and emotional wellbeing activities.

*Source:* OATSIH Services Reporting data collection, 2008–11.

# Appendix E: Statistical tables for Aboriginal and Torres Strait Islander stand-alone substance use services

**Table E.1: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services providing programs on an individual client basis, by substance use issue, 2008–11**

Substance use issue	2008–09	2009–10	2010–11
Alcohol	88.9	89.6	98.0
Cannabis/marijuana	86.7	87.5	98.0
Tobacco/nicotine	75.6	72.9	79.6
Multiple drug use	75.6	68.8	79.6
Benzodiazepines	55.6	58.3	63.3
Amphetamines	60.0	56.3	57.1
Petrol	53.3	50.0	53.1
Other solvents/inhalants	57.8	56.3	49.0
Heroin	46.7	45.8	38.8
Methadone	40.0	33.3	34.7
Morphine	42.2	31.3	34.7
Ecstasy/MDMA	40.0	33.3	34.7
Cocaine	33.3	20.8	28.6
Barbiturates	42.2	25.0	26.5
LSD	17.8	25.0	24.5
Kava	11.1	4.2	12.2
Steroids/anabolic agents	13.3	14.6	12.2
Other drugs	6.7	8.3	6.1
<b>Total number of services provided valid data</b>	<b>45</b>	<b>48</b>	<b>49</b>

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Source: OATSIH Services Reporting data collection, 2008–11.

**Table E.2: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services providing specifically targeted programs, by substance use issue, 2008–11**

Substance use issue	2008–09	2009–10	2010–11
Alcohol	91.1	91.7	87.8
Cannabis/marijuana	80.0	77.1	75.5
Tobacco/nicotine	48.9	52.1	55.1
Multiple drug use	57.8	54.2	53.1
Benzodiazepines	28.9	37.5	36.7
Other solvents/inhalants	31.1	43.8	34.7
Petrol	33.3	35.4	32.7
Amphetamines	35.6	45.8	30.6
Heroin	26.7	29.2	28.6
Ecstasy/MDMA	22.2	25.0	24.5
LSD	15.6	22.9	24.5
Cocaine	20.0	25.0	22.4
Barbiturates	17.8	22.9	20.4
Morphine	20.0	16.7	16.3
Methadone	17.8	18.8	14.3
Kava	2.2	8.3	8.2
Steroids/anabolic agents	2.2	12.5	8.2
Other drugs	8.9	6.3	2.0
<b>Total number of services provided valid data</b>	<b>45</b>	<b>48</b>	<b>49</b>

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Source: OSR data collection, 2008–11.

**Table E.3: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services, by substance use programs provided, 2008–11**

<b>Substance use programs provided</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Community-based education and prevention	73.3	75.0	83.7
Advocacy	77.8	77.1	83.7
Non-residential counselling/rehabilitation	71.1	79.2	77.6
Program for clients diverted from the legal system	75.6	83.3	73.5
Residential treatment/rehabilitation	66.7	62.5	61.2
Detoxification	28.9	27.1	24.5
Sobering-up centre/program	20.0	20.8	24.5
Other	26.7	29.2	24.5
Mobile assistance patrol/night patrol	22.2	22.9	22.4
Residential respite	8.9	12.5	12.2
<b>Total number of services provided valid data</b>	<b>45</b>	<b>48</b>	<b>49</b>

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.4: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services (group 1), by activities provided to manage substance use, 2008–11**

Activity to manage substance use	2008–09	2009–10	2010–11
Information/education	100.0	100.0	100.0
Cultural activities	93.3	96.7	100.0
Case management	100.0	93.3	96.7
Individual counselling	93.3	100.0	96.7
General living skills	100.0	100.0	96.7
Group counselling	90.0	90.0	93.3
Support for clients accessing mainstream services	83.3	90.0	93.3
Relationship/social skills training	83.3	86.7	90.0
Support groups	86.7	76.7	86.7
Community education/activities	73.3	80.0	83.3
Crisis intervention	83.3	80.0	76.7
Referral	63.3	63.3	66.7
Detoxification support and referral	73.3	53.3	63.3
Telephone counselling	63.3	70.0	60.0
Tobacco control program	43.3	46.7	60.0
Management of Hepatitis C	50.0	43.3	50.0
School education and visits	53.3	36.7	46.7
Non-medicated detox	40.0	36.7	43.3
Welfare/emergency relief	50.0	43.3	40.0
Medicated detox	46.7	33.3	36.7
Mobile assistance program/night patrol	20.0	26.7	20.0
Other	16.7	13.3	13.3
Methadone management	13.3	13.3	6.7
Needle exchange	6.7	0.0	0.0
<b>Total number of services provided valid data</b>	<b>30</b>	<b>30</b>	<b>30</b>

*Note:* Service group 1 includes services providing residential treatment with or without other types of programs. Percentages are calculated based on the number of services in group 1.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.5: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services (group 2), by activities provided to manage substance use, 2008–11**

Activity to manage substance use	2008–09	2009–10	2010–11
Information/education	100.0	94.4	100.0
Community education/activities	86.7	88.9	89.5
Case management	73.3	83.3	84.2
Individual counselling	86.7	72.2	84.2
Support for clients accessing mainstream services	86.7	77.8	78.9
Referral	66.7	61.1	78.9
School education and visits	66.7	77.8	68.4
Telephone counselling	60.0	55.6	63.2
General living skills	73.3	55.6	57.9
Relationship/social skills training	53.3	77.8	57.9
Support groups	46.7	61.1	52.6
Group counselling	53.3	44.4	52.6
Crisis intervention	73.3	55.6	52.6
Cultural activities	80.0	66.7	47.4
Welfare/emergency relief	66.7	55.6	47.4
Detoxification support and referral	46.7	44.4	42.1
Other	20.0	38.9	26.3
Mobile assistance program/night patrol	20.0	22.2	21.1
Non-medicated detox	20.0	11.1	15.8
Needle exchange	13.3	11.1	10.5
Methadone management	0.0	5.6	10.5
Tobacco control program	6.7	11.1	10.5
Medicated detox	6.7	11.1	5.3
Management of Hepatitis C	6.7	5.6	0.0
<b>Total number of services provided valid data</b>	<b>15</b>	<b>18</b>	<b>19</b>

*Note:* Service group 2 includes services excluded by the group 1 in Table E.4. Percentages are calculated based on the number of services in group 2.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.6: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services, by treatment approaches implemented, 2008–11**

<b>Treatment approach</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Family/community support/involvement	82.2	91.7	89.8
Cultural support/involvement	86.7	87.5	87.8
Abstinence	84.4	91.7	83.7
Harm reduction	77.8	75.0	75.5
Controlled drinking	57.8	68.8	69.4
Controlled use of other substances	48.9	56.3	57.1
Religious/spiritual support	60.0	52.1	46.9
Other	22.2	20.8	20.4
<b>Total number of services provided valid data</b>	<b>45</b>	<b>48</b>	<b>49</b>

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.7: Aboriginal and Torres Strait Islander stand-alone substance use services providing group activities, percentage by type of activities, 2008–11**

<b>Types of groups run by service</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Cultural groups	90.9	86.7	85.1
Community-based education and prevention groups	84.1	84.4	83.0
Living skills groups	75.0	80.0	83.0
Alcohol use treatment/prevention groups	81.8	82.2	80.9
Counselling groups	81.8	84.4	78.7
Support groups	81.8	80.0	76.6
Men's groups	77.3	68.9	76.6
Sport/recreation/physical education groups	79.5	73.3	74.5
Other substance use treatment/prevention groups	77.3	71.1	70.2
Women's groups	59.1	57.8	66.0
Tobacco use treatment/prevention groups	45.5	60.0	61.7
Chronic disease management groups	25.0	31.1	34.0
Youth groups	31.8	28.9	34.0
Other	34.1	28.9	27.7
Mothers' and babies' groups	15.9	15.6	19.1
Antenatal groups	6.8	4.4	10.6
<b>Total number of services provided valid data</b>	<b>44</b>	<b>45</b>	<b>47</b>

*Note:* Percentages are calculated based on the number of services providing group activities.

*Source:* OATSIH Services Reporting data collection, 2008–11.



**Table E.8: Aboriginal and Torres Strait Islander stand-alone substance use services providing out-of-hours care, by type of care provided, 2008–11**

Type of out-of-hours care	2008–09	2009–10	2010–11
Residential counselling	65.7	67.6	70.3
Residential group work	65.7	54.1	64.9
Receive referrals	51.4	59.5	51.4
Other	37.1	40.5	45.9
Non-residential counselling	42.9	48.6	40.5
Group work with clients not in residential care	34.3	35.1	40.5
Mobile assistance patrol/night patrol	28.6	29.7	29.7
<b>Total number of services provided valid data</b>	<b>35</b>	<b>37</b>	<b>37</b>

*Note:* Percentages are calculated based on the total number of services providing out-of-hours care.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.9: Percentage of Aboriginal and Torres Strait Islander stand-alone substance use services, by client referral sources, 2008–11**

Client referral source	2008–09	2009–10	2010–11
Family member/elder/friend	88.9	97.9	91.8
Self-referred/walk in off the street	97.8	97.9	91.8
Justice system/police/court	95.6	89.4	89.8
Mainstream drug and alcohol service	77.8	83.0	81.6
Mainstream community health service	73.3	68.1	77.6
Aboriginal medical service	77.8	83.0	75.5
Hospital	80.0	78.7	75.5
Doctor	75.6	72.3	75.5
Mental health service	77.8	83.0	75.5
Other	40.0	44.7	38.8
<b>Total number of services provided valid data</b>	<b>45</b>	<b>47</b>	<b>49</b>

*Note:* Percentages are calculated based on the number of services receiving referred clients.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.10: Aboriginal and Torres Strait Islander stand-alone substance use services where one or more clients experienced social and emotional wellbeing issues, percentage by issue, 2008–11**

<b>Social and emotional wellbeing health issues</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Depression/hopelessness/despair	95.6	100.0	100.0
Family/relationship issues	97.8	100.0	95.8
Grief and loss issues	95.6	95.7	93.8
Family and community violence	97.8	95.7	93.8
Anxiety/stress	95.6	95.7	91.7
Self-harm/suicide	82.2	82.6	85.4
Schizophrenia/other psychotic disorder	75.6	76.1	72.9
Loss of cultural identity	71.1	80.4	72.9
Childhood sexual assault	71.1	65.2	64.6
Stolen generation issues	55.6	60.9	62.5
Sexual assault	64.4	69.6	60.4
Removal from homelands/traditional country	57.8	56.5	56.3
Issues with sexuality	48.9	43.5	45.8
Other	8.9	13.0	4.2
<b>Total number of services provided valid data</b>	<b>45</b>	<b>46</b>	<b>48</b>

*Note:* Percentages are calculated based on the number of services where clients experienced social and emotional wellbeing health issues.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table E.11: Aboriginal and Torres Strait Islander stand-alone substance use services providing mental health and social and emotional wellbeing activities, percentage by activity, 2008–11**

<b>Mental health or social and emotional wellbeing activities</b>	<b>2008–09</b>	<b>2009–10</b>	<b>2010–11</b>
Short-term counselling	80.0	78.3	75.0
Regular participation in case management with other agencies	80.0	76.1	75.0
Ongoing counselling programs	68.9	76.1	72.9
Clients referred from other services	68.9	63.0	64.6
Family support and education	64.4	67.4	60.4
Harm reduction and suicide prevention	60.0	63.0	58.3
Visiting psychologist, psychiatrist and/or social worker	48.9	60.9	52.1
Referral	57.8	52.2	52.1
Home visits	53.3	50.0	47.9
Mental health promotion activities	42.2	43.5	37.5
Outreach services to public/private psychiatric institutions	26.7	47.8	27.1
Other	11.1	15.2	12.5
<b>Total number of services provided valid data</b>	<b>45</b>	<b>46</b>	<b>48</b>

*Note:* Percentages are calculated based on the total number of services providing mental health and social and emotional wellbeing activities.

*Source:* OATSIH Services Reporting data collection, 2008–11.

# Appendix F: Statistical tables for Aboriginal and Torres Strait Islander Bringing Them Home and Link Up counselling services

**Table F.1: Aboriginal and Torres Strait Islander Bringing Them Home and Link Up services providing support to counsellors, percentage by type of support provided, 2008–11**

Support available	2008–09	2009–10	2010–11
Peer support (work colleagues)	93.3	93.9	91.6
Case consulting (liaison with other workers in relation to care for the client)	89.3	91.5	85.5
Debriefing (counsellor receives personal support in working through difficult cases)	82.7	85.4	85.5
Counsellor network meetings	73.3	65.9	72.3
Regular meeting with clinical supervisor mentor—senior counsellor from the service	58.7	62.2	61.4
Telephone support available through counsellors/supervisor/mentor	57.3	59.8	60.2
Regular meeting with clinical supervisor mentor—senior counsellor who is based at another service	44.0	45.1	44.6
Regular meeting with clinical supervisor mentor—general practitioner	17.3	34.2	28.9
Regular meeting with clinical supervisor mentor—psychiatrist	20.0	19.5	22.9
Other	16.0	14.6	12.0
<b>Total number of services provided valid data</b>	<b>75</b>	<b>82</b>	<b>83</b>

*Note:* Percentages are calculated based on the number of services that provided support to counsellors.

*Source:* OATSIH Services Reporting data collection, 2008–11.

**Table F.2: Aboriginal and Torres Strait Islander Bringing Them Home and Link Up services providing group activities, percentage by type of activity, 2008–11**

Type of group activities	2008–09	2009–10	2010–11
Support groups	64.5	62.1	73.5
Cultural groups	43.5	63.6	63.2
Community-based education and prevention groups	59.7	69.7	50.0
Men's groups	41.9	56.1	48.5
Women's groups	50.0	43.9	47.1
Counselling groups	41.9	43.9	35.3
Sport/recreation/physical exercise groups	27.4	30.3	27.9
Living skills groups	25.8	30.3	27.9
Alcohol use treatment/prevention groups	25.8	28.8	23.5
Other	37.1	33.3	23.5
Youth groups	22.6	33.3	22.1
Chronic disease management groups	19.4	16.7	19.1
Tobacco use treatment/prevention groups	19.4	16.7	17.6
Other substance use treatment/prevention groups	12.9	19.7	14.7
Mothers' and babies' groups	11.3	15.2	10.3
Antenatal groups	3.2	7.6	4.4
<b>Total number of services provided valid data</b>	<b>62</b>	<b>66</b>	<b>68</b>

*Note:* Percentages are calculated based on the number of services providing group activities.

*Source:* OATSIH Services Reporting data collection, 2008–11.

# Glossary

**Auspiced service:** An independent or semi-independent body that has been funded by an OATSIH-funded organisation for the provision of health services.

**Full-time equivalent (FTE):** An equivalent ratio that represents the number of hours a staff member works, that is, a service having two nurses, one working full-time and one working half-days, would indicate 1.5 FTE for both nursing positions combined.

**Remoteness Structure:** This is one of seven geographical structures listed in the Australian Standard Geographic Classification (ASGC). Its purpose is to classify collection districts (CDs) which share common characteristics of remoteness into broad geographical regions called remoteness areas. Within a state or territory, each remoteness area represents an aggregation of CDs that share common characteristics of remoteness, determined in the context of Australia as a whole. It includes all CDs, so in aggregate covers the whole of Australia. Characteristics of remoteness are based on the Accessibility/Remoteness Index of Australia (ARIA).

ARIA measures the remoteness of a point based on the physical road distances to the nearest Urban Centre in each of five size classes. Therefore, not all remoteness areas are represented in each state or territory.

There are six remoteness areas in this structure:

- *Major cities* – CDs with an average ARIA index value of 0 to 0.2
- *Inner regional* areas – CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional* areas – CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote* areas – CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote* areas – CDs with an average ARIA index value greater than 10.53
- *Migratory* – composed of offshore, shipping and migratory CDs.

For more information, see ABS 2006.

## Primary health care

**Aboriginal community controlled health services:** These are primary health-care services operated by local Indigenous communities to deliver comprehensive, holistic and culturally appropriate health care to the communities that control them through an elected board of management. They range from large services with several medical practitioners that provide a range of services, to small services that rely on nurses and/or Aboriginal health workers to provide most primary health-care services. For more information see <[www.naccho.org.au](http://www.naccho.org.au)>.

**Allied health professionals:** Health professionals who are registered or licenced under a law of state or territory and provide a range of diagnostic, technical, therapeutic and direct patient care and support services, for example audiologists, optometrists, dietitians, physiologists, occupational therapists, pharmacists, podiatrists, and speech pathologists.

**Client contacts:** A summation of the individual client contacts that were made by each type of worker involved in the provision of health care by the service.

**Episode of health care:** Contact between an individual client and a service by one or more staff to provide health care.

**Outside opening hours:** 8 pm–8 am weekdays, and after 1 pm on Saturdays, and all day Sundays and public holidays.

**Medical specialists:** Medical practitioners who are registered as specialists under a law of state or territory or recognised as specialists or consultant physicians by a specialist recognition advisory committee, for example paediatricians, ophthalmologists, cardiologists, ear, nose and throat specialists, obstetricians and surgeons.

**Primary health-care service:** Centres that provide comprehensive health-care services that include (but are not limited to) general practitioners, dentists, nurses, psychiatrists, psychologists and health workers.

**Shared-care:** Where care is shared between practitioners and/or services in a formalised arrangement with an agreed plan to manage the patient. Details surrounding this arrangement depend on the practitioner involved, patient need and the health-care context.

**Social and emotional wellbeing staff:** These include (but are not limited to) psychologists, counsellors, mental health workers, social workers and welfare workers.

## Substance use

**Client contacts:** A summation of the individual client contacts that were made by each type of worker involved in the provision of health care by the service.

**Client:** A person who receives care in the form of residential treatment/rehabilitation, sobering-up/respite or other care from the substance use service over the reporting year; each client is counted once only within that reporting year.

**Indigenous:** A person of Australian Aboriginal and/or Torres Strait Islander descent.

**Non-Indigenous:** Those other than Australian Aboriginal and/or Torres Strait Islander people.

**Group episode of care:** When a person attends a group meeting run by a substance use service.

**Non-residential service:** Substance use services that offer substance use treatment/rehabilitation/education for clients predominately without the option of residing in-house.

**Non-residential/follow-up/after-care episode of care:** Care provided to a client not in residential care, such as substance use counselling, assessment, treatment, education, support or follow-up from residential services.

**Outside opening hours:** 8 pm–8 am weekdays, and after 1 pm on Saturdays, and all day Sundays and public holidays.

**Program:** A planned, regular activity organised by the service.

**Residential service:** Drug and alcohol services that offer temporary, live-in accommodation for clients requiring substance use treatment and rehabilitation.

**Residential treatment/rehabilitation episodes of care:** Commencing at admission into residential treatment or rehabilitation and ending at discharge.

**Sobering-up/residential respite clients:** Clients who are in residential care overnight to sober up, or those who stay in residential care for 1 to 7 days for respite, and who do not receive formal rehabilitation.

**Sobering-up/residential respite/short-term episodes of care:** Commences at admission into a sobering-up/residential respite/short-term care program and ends at discharge. One episode of care can last from 1 to 7 days.

## Bringing Them Home and Link Up

**Bringing Them Home/Link Up counsellor:** Counsellors who provide a support service for Aboriginal and Torres Strait Islander people who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited.

**Client contact:** Where a client has contact with a Bringing Them Home or Link Up counsellor to receive care or information.

**Episode of care:** Contact between an individual client and a service by one or more staff to provide health care.

**First-generation clients:** Clients who were moved from their families and communities.

**Marumali healing program:** A program developed for Aboriginal counsellors to support survivors to heal from the specific types of trauma suffered as a result of removal from family.

**Memorandums of understanding:** Agreements between services that outline agreed protocols and arrangements for referral, support and other relevant interagency issues.

**Second-generation clients:** Those clients whose parent(s) are first-generation members.

**Third- and subsequent generation clients:** Those clients whose grandparent(s) are first-generation members or who are directly descended from people who were moved from their families and communities in subsequent generations.



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This is the third national report on health services provided by Aboriginal community controlled and non-community controlled health organisations, and funded by the Office for Aboriginal and Torres Strait Islander Health. In 2010–11:

- primary health care services provided 2.5 million episodes of care to about 428,000 Aboriginal and Torres Strait Islander clients, a 4% increase from 2009–10
- substance use services provided treatment and assistance to about 28,600 clients, a 9% increase from 2009–10
- Bringing Them Home and Link Up counselling services were accessed by about 11,800 clients, an increase of about 10% from 2009–10.

