Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

Aboriginal and Torres Strait Islander health services report, 2009–10

OATSIH Services Reporting—key results

September 2011

Australian Institute of Health and Welfare
Canberra
Cat. no. IHW 56

The Australian Institute of Health and Welfare is a major national agency, which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing*.

A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-74249-200-1

Suggested citation

Australian Institute of Health and Welfare 2011. Aboriginal and Torres Strait Islander health services report 2009–10: OATSIH Services Reporting—key results. Cat. no. IHW 56. Canberra: AIHW.

Any enquiries about or comments on this publication should be directed to:
Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare
Printed by Bytes n Colours

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments

Rebecca Rodgers, Xiaomu (Amie) Zhang and Phil Toomey of the Indigenous Community and Health Service Reporting Unit at the Australian Institute of Health and Welfare prepared this report. Norbert Zmijewski, Unit Head, provided guidance and comments throughout the process. Staff of the Publishing Services Unit provided support with the publication process.

We would like to thank Aboriginal and Torres Strait Islander primary health care services, stand-alone substance use services, and Bringing Them Home and Link Up counselling services that provided 2009–10 OATSIH Services Reporting data. The OATSIH Services Reporting 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.

The Australian Government Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health (OATSIH) provided funding for the 2009–10 OATSIH Services Reporting project.

Abbreviations

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
FTE	full-time equivalent
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
OATSIH	Office for Aboriginal and Torres Strait Islander Health
RACGP	Royal Australian College of General Practitioners

Key findings

Primary health care

- In 2009–10, Aboriginal and Torres Strait Islander primary health care services funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) provided 2.4 million episodes of health care to about 456,000 clients. Compared with 2008–09, there was a 14% increase in episodes of care, and a 22% increase in the number of clients reported.
- More than three-quarters of clients (78% or 357,000) were Aboriginal or Torres Strait Islander.
- About 4,800 full-time equivalent (FTE) staff—including 3,100 FTE health staff and 1,700 FTE managerial, administrative, support and other roles—worked at, and were paid by, their service—a 12% increase from the previous year.
- These staff were assisted in delivering primary health care by 175 FTE visiting health professionals paid for by other organisations.
- More than half (57%) of FTE positions were held by Aboriginal or Torres Strait Islander people.

Substance use

- In 2009–10, Aboriginal and Torres Strait Islander stand-alone substance use services funded by OATSIH provided treatment and assistance for substance use issues to about 26,300 clients, an increase of 14% compared with 2008–09.
- About three-quarters (75% or 19,800) clients were Aboriginal or Torres Strait Islander.
- Aboriginal and Torres Strait Islander stand-alone substance use services provided: 3,400 residential episodes of care (a 6% decrease from the previous year); 16,300 sobering-up, residential respite and short-term episodes of care (a 14% increase from the previous year); and 56,000 non-residential, follow-up and aftercare episodes of care (a 12% increase from the previous year).
- About 800 FTE staff from various health (430 FTE) and managerial, administrative, support and other roles (370 FTE) worked at, and were paid by, their service.
- These staff were assisted in delivering substance use treatment by 87 FTE visiting health professionals paid for by other organisations.
- More than half (59%) of the 800 FTE positions were held by Aboriginal or Torres Strait Islander people.

Bringing Them Home and Link Up counselling

- In 2009–10, Bringing Them Home and Link Up counselling services funded by OATSIH provided counselling to about 10,700 clients, an increase of about 27% compared with 2008–09. Most (96% or 10,300) clients were Aboriginal or Torres Strait Islander.
- These services reported 56,800 client contacts—a 39% increase from the previous year.
- About 136 counsellors (116 FTE) were employed by the counselling services. Most (89%) services had at least one Aboriginal or Torres Strait Islander counsellor.

Data quality

- The data were collected using the OATSIH Services Reporting questionnaire.
- The majority of 2009–10 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. Where needed, AIHW staff contacted services to follow up and get additional or corrected data

1 Introduction

The Australian Government supports various service providers who deliver health care aimed at 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 variety of settings including residential and non-residential treatment and rehabilitation services, primary health care services, sobering-up shelters and transitional aftercare programs.

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 and families. Link Up services support people in tracing, locating and reuniting with their families.

1.1 Purpose of this report

This report presents the main findings from the 2009–10 OATSIH Services Reporting data collection. In 2008–09, the OATSIH Services Reporting 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 and 2009–10.

This report presents information on the activities of these services during 2009–10. 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 2009–10 reporting period.

Chapter 3 presents the main findings for Aboriginal and Torres Strait Islander stand-alone substance use services for the 2009–10 reporting period.

Chapter 4 presents the main findings for Bringing Them Home and Link Up counselling services for the 2009–10 reporting period.

1.2 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 2009–10, and that responded to the OATSIH Services Reporting questionnaire. Many of these services also receive funds from other sources (for example, state or territory governments, or Medicare benefits). The data in the collection relate to service staffing and health care delivery from all funding sources.

In 2009–10, 289 services received funding from the Australian Government through OATSIH to provide a range of services to Aboriginal and Torres Strait Islander people. This represents 214 OATSIH-funded services and those under the auspice of these 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 289 services:

- 225 were primary health care services, of which 223 (99%) responded to the questionnaire, including 78 auspiced services; some of these primary health care services (about 20%) were also funded by OATSIH to provide substance use services.
- 51 were stand-alone substance use services, of which 48 (94%) responded to the questionnaire, including 6 auspiced services; these services did not receive OATSIH funding for primary health care, and represented about half of all OATSIH-funded substance use services.
- 94 were Bringing Them Home and Link Up counselling services, of which 91 (97%) responded to the questionnaire, including 7 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 Organisations (see Glossary) and non-community controlled health organisations.

This report uses the Remoteness Structure of the Australian Standard Geographical Classification (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* areas. Each remoteness area is an aggregation of collection districts 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.

1.3 Data quality

The data were collected using the OATSIH Services Reporting 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 2009–10 questionnaire to each service and asked the service to complete relevant sections. The AIHW looked at all completed questionnaires to find missing data and data quality issues.

The AIHW found 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 get additional or corrected data. After entering the data on the data repository system, staff did 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 OATSIH Services Reporting data.

2 Aboriginal and Torres Strait Islander primary health care services

2.1 About primary health care services

In 2009–10, 223 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 OATSIH Services Reporting questionnaire. This is a response rate of 99%. The number of primary health care services is 9% higher than the number reported on in the previous year (205 services). In this report, these services are referred to as 'Aboriginal and Torres Strait Islander primary health care services', or 'primary health care services'.

Location

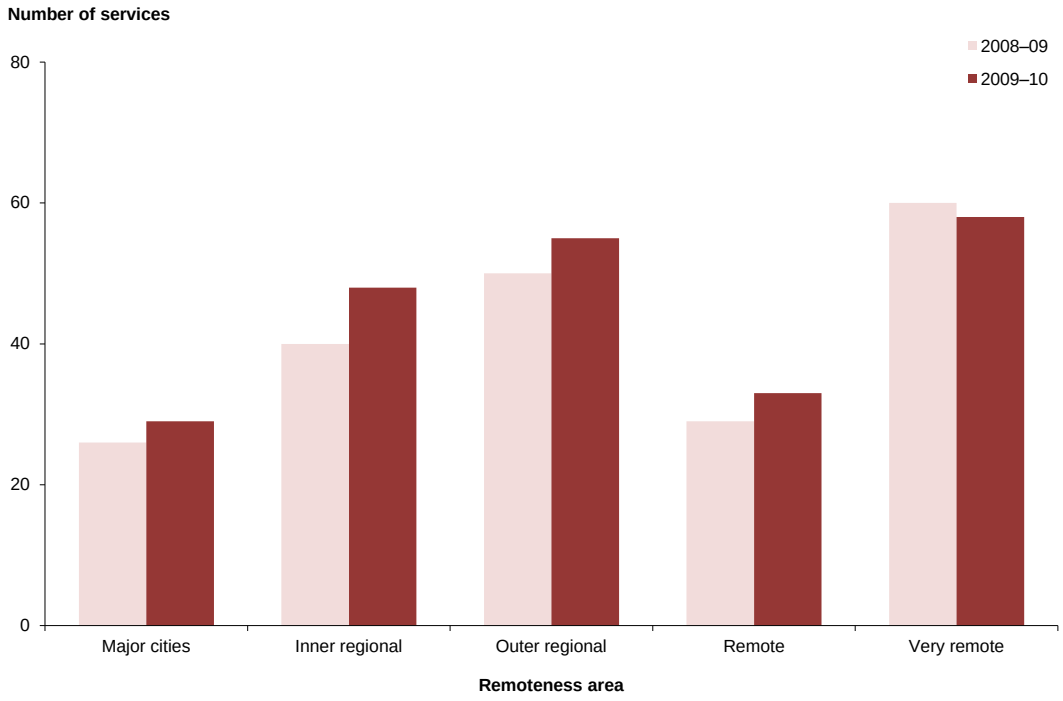
Aboriginal and Torres Strait Islander primary health care services were located in all states and territories, and across all geographical areas, from cities to very remote areas.

- About one-quarter of primary health care services were located in *Very remote* (26% or 58 services), *Outer regional* (25% or 55 services), and *Inner regional* areas (22% or 48 services).
- The remaining services were located in *Remote* areas (15% or 33 services), and *Major cities* (13% or 29 services).

This distribution of services was generally similar to the previous year, although the proportion of services located in *Very remote* areas was slightly lower (26% compared with 29%) (Figure 2.1).

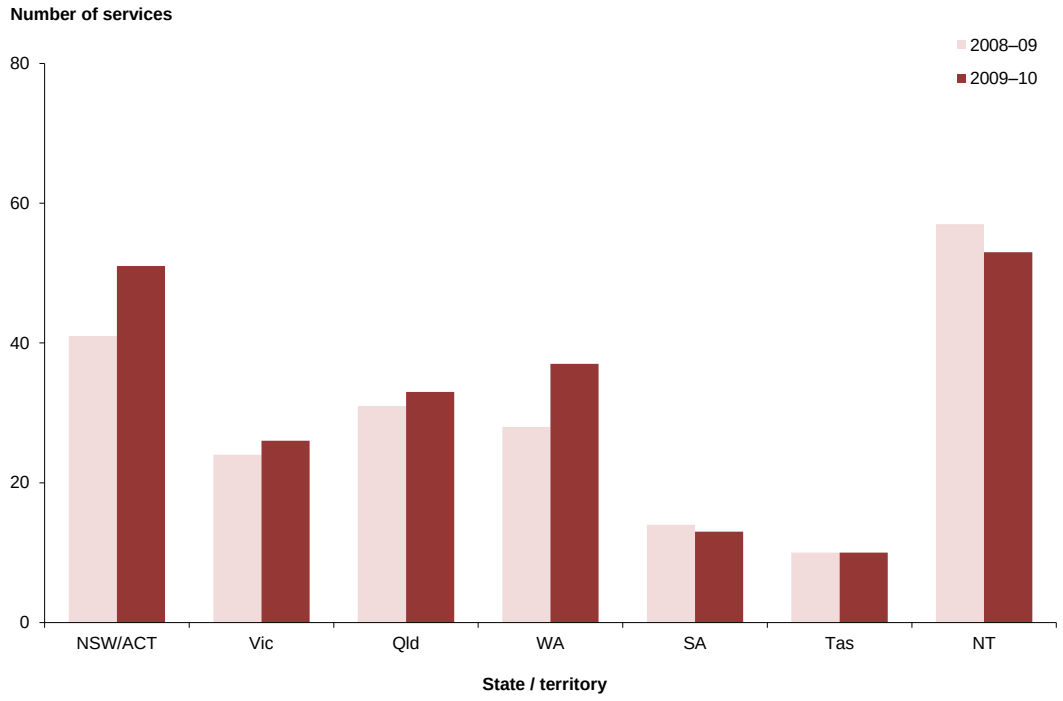
- Nearly half (47%) of primary health care services were located in the Northern Territory (24% or 53 services), and New South Wales and the Australian Capital Territory combined (23% or 51 services).
- The remaining services were located in Western Australia (17% or 37), Queensland (15% or 33), Victoria (12% or 26), South Australia (6% or 13) and Tasmania (5% or 10).

This distribution of services was generally similar to the previous year, although the proportion of services was higher in New South Wales (23% compared with 20%), and Western Australia (17% compared with 14%), and lower in the Northern Territory (24% compared with 28%) (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.

Figure 2.1: Aboriginal and Torres Strait Islander primary health care services, by remoteness area, 2008–10 (number)



Note: For 2008–09 *n*=205; for 2009–10 *n*=223.

Figure 2.2: Aboriginal and Torres Strait Islander primary health care services, by state/territory, 2008–10 (number)

Accreditation

Accreditation is an important part of quality improvement in primary health care services. In 2009–10, 6 in 10 (60%) Aboriginal and Torres Strait Islander primary health care services were accredited. This was higher than in the previous year (50%) (Table 2.1). Most accredited services (72% or 96 services) achieved accreditation by the Royal Australian College of General Practitioners (RACGP) against their standards. RACGP standards provide a framework for safety, quality and accountability, and practices meeting these make a commitment to quality improvement to the benefit of clients (RACGP 2011).

Table 2.1: Aboriginal and Torres Strait Islander primary health care services, by accreditation type, 2008–10

	2008–09		2009–10	
Accreditation type	**Number**	**Per cent**	**Number**	**Per cent**
RACGP accreditation	80	39.0	96	43.0
Organisational standard accreditation	17	8.3	30	13.5
Other accreditation	6	2.9	8	3.6
Total accredited services	*103*	*50.2*	*134*	*60.1*
Total services not accredited	*102*	*49.8*	*89*	*39.9*
Total services	**205**	**100.0**	**223**	**100.0**

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. Governance is an important issue because it can influence the success or failure of an organisation.

In 2009–10, 82% or 182 Aboriginal and Torres Strait Islander primary health care services provided information on the makeup of their board or committee.

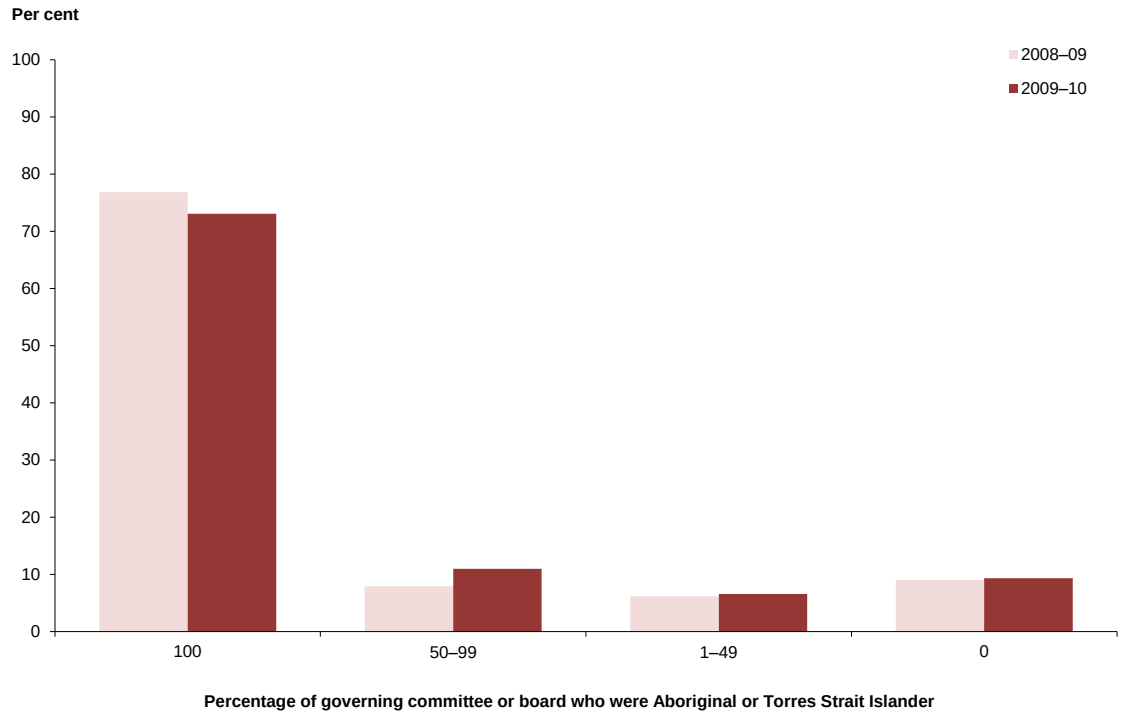
- Nearly three-quarters of these (73%) had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people.
- A small proportion (9%) had a board or committee with no Aboriginal or Torres Strait Islander members (Figure 2.3).

These proportions were similar to the previous year. The governing committee or board of most services (98%) held regular meetings during 2009–10.

In 2009–10, 82% of services provided information on their income and expenditure, and committee members' training.

- Nearly all of these services (96%) presented income and expenditure statements to the committee or board at least twice a year.
- In nearly three-quarters of services (74%), 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.



Notes

1. For 2008–09 *n*=177; for 2009–10 *n*=182.
2. Percentages were calculated based on the number of services with a governing committee or board only.

Figure 2.3: Aboriginal or Torres Strait Islander primary health care services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–10 (per cent)

Staffing

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

Staff working at and paid by the service

In 2009–10, nearly all (99% or 222) 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 the 30 June 2010, these services employed about 4,841 full-time equivalent (FTE) staff across various health (3,115 FTE), and managerial, administrative, support and other roles (1,727 FTE). This was a 12% increase from the previous year (4,318 FTE).

The main types of health staff employed by services were Aboriginal and Torres Strait Islander health workers, doctors, nurses and social and emotional wellbeing staff.

- Nearly 9 in 10 services employed one or more nurses (85%), with 691 FTE nurses employed across all services.
- A similar proportion (85%) had an Aboriginal and Torres Strait Islander health worker on staff, with 867 employed.

- Just over two-thirds of services (69%) employed a doctor, with 335 FTE doctors employed by services.
- Social and emotional wellbeing staff were an integral part of primary health care delivery, with about 6 in 10 (59%) services employing 446 FTE social emotional and wellbeing staff—commonly counsellors, psychologists and social workers.
- Some services also employed dentists (20% or 44 FTE), and traditional healers (3% or 8 FTE).

The importance of providing transport for clients at many services was apparent.

- About 6 in 10 services (61%) employed a total of 258 FTE drivers or field officers.

Most primary health care services employed support staff.

- Nearly 9 in 10 services (89%) employed a total of 1,727 FTE managerial, administrative and support staff.
- About one-third of these (587 FTE) were employed as chief executive officers, managers and supervisors.

Distribution of staff

The distribution of health staff varied with remoteness. As at the 30 June 2010, most services, (85% or 188) employed an Aboriginal and Torres Strait Islander health worker.

- About one-quarter of these services were located in *Outer regional* (26%) areas, *Very remote* areas (25%) and *Inner regional areas* (23%).
- A further 14% were located in *Remote areas* and 12% in *Major cities*.
- Of the 867 FTE Aboriginal and Torres Strait Islander health workers employed, 32% were located in *Outer regional* areas, 22% in *Remote areas*, 18% in *Inner regional* areas, 15% in *Very remote* areas and 14% in *Major cities*.

Most services (85% or 188) also employed a nurse.

- Of these services 1 in 3 (29%) were located in *Very remote* areas, and nearly one-quarter in *Outer regional* areas (23%), and *Inner regional areas* (21%).
- A further 15% were located in *Remote* areas and 12% in *Major cities.*
- Of the 691 FTE nurses employed, 6 in 10 (59%) were located in *Very* re*mote* areas (30%) and *Remote areas* (29%) combined.
- A further 18% were located in *Outer regional* areas and 11% in both *Inner regional* areas and *Major cities*.

This reflects the greater role for nurses in primary health care delivery in *Remote* and *Very remote* areas, and is consistent with the high proportion of client contacts made by nurses in these areas.

About two-thirds of services (69% or 154) employed a doctor.

- Nearly 1 in 3 of these (28%) were located in *Very remote* areas, and nearly 1 in 4 in *Outer regional* areas (22%), and *Inner regional* areas (22%).
- A further 16% were located in *Remote* areas, and 12% in *Major cities.*
- Of the 335 FTE doctors employed, 25% were located in *Very remote* areas, 22% in *Outer regional* areas, 20% in *Major cities,* 19% in *Inner regional* areas and 14% in *Remote* areas.

About 6 in 10 services (59% or 131) employed social and emotional wellbeing staff.

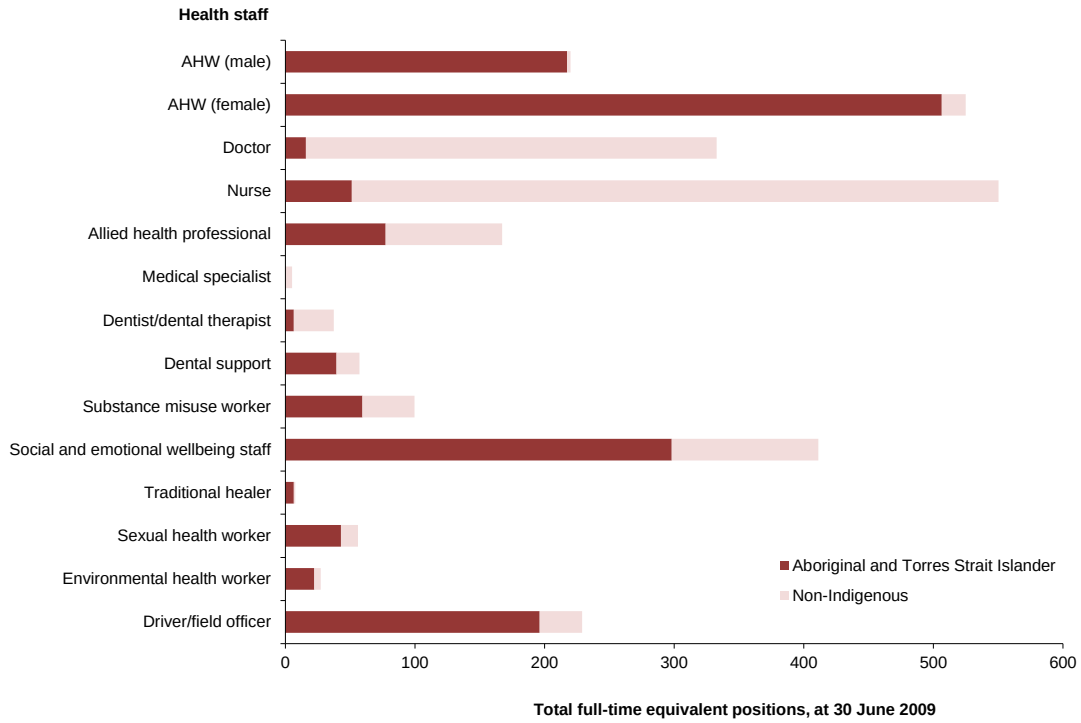
- About one-quarter of these services were located in *Very remote* areas (24%), *Outer regional* (23%) and *Inner regional* areas (23%).
- A further 16% were located in *Major cities* and 15% in *Remote* areas.
- Of the 446 FTE social and emotional wellbeing staff employed, 24% were located in *Remote* areas, 20% in both *Inner regional* areas and *Major cities,* 19% in *Very remote* areas and 17% in *Outer regional* areas.

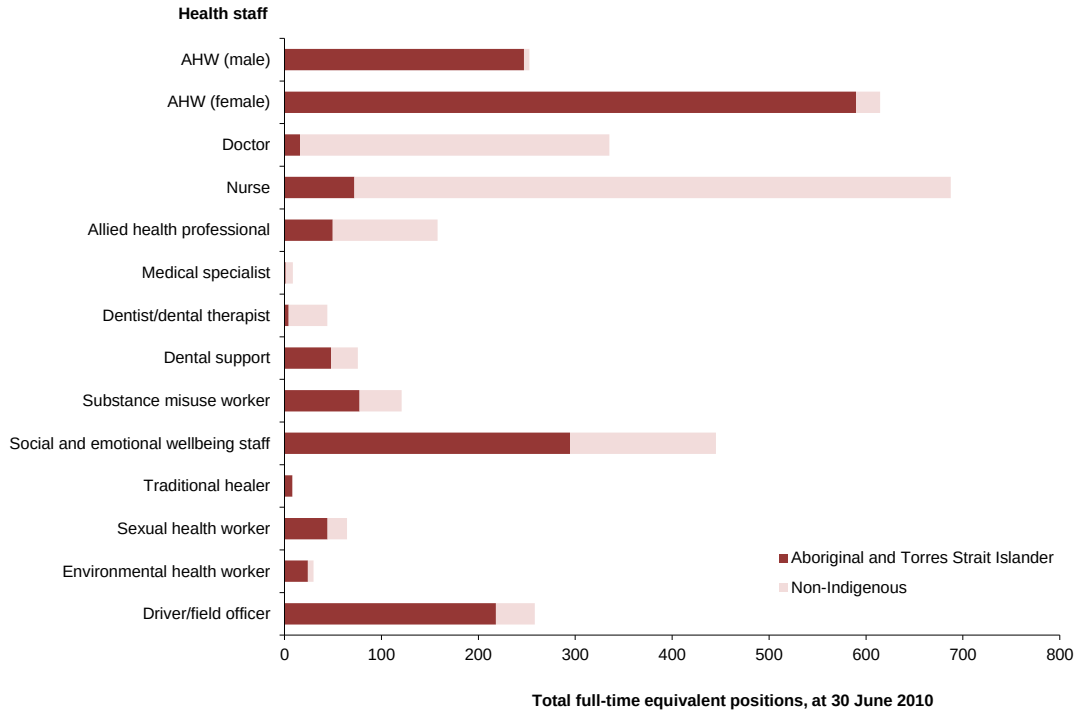
Indigenous status of staff

As at the 30 June 2010, more than half (57% or 2,745 FTE) positions paid for by Aboriginal and Torres Strait Islander primary health care services, were occupied by Aboriginal and Torres Strait Islander people, while 2,090 FTE staff (43%) were non-Indigenous. These proportions were similar to the previous year.

- Almost all Aboriginal and Torres Strait Islander health workers (96% or 837 FTE) were Aboriginal and Torres Strait Islander, as were most drivers and field officers (85% or 218 FTE).
- Two-thirds (66% or 295 FTE) of social and emotional wellbeing staff were Aboriginal and Torres Strait Islander, as were one-third (32% or 50 FTE) of allied health professionals, mostly in health promotion roles.
- A small proportion of nurses (10% or 72 FTE) and doctors (5% or 16 FTE) were Aboriginal and Torres Strait Islander.

These proportions were similar to the previous year (Figure 2.4).





Notes:

1. For 2008–09 *n*=200; for 2009–10 *n*=222.
2. AHW: Aboriginal and Torres Strait Islander health worker.

Figure 2.4: Full-time equivalent health staff employed by Aboriginal and Torres Strait Islander primary health care services, by Indigenous status, 30 June 2009 and 2010 (number)

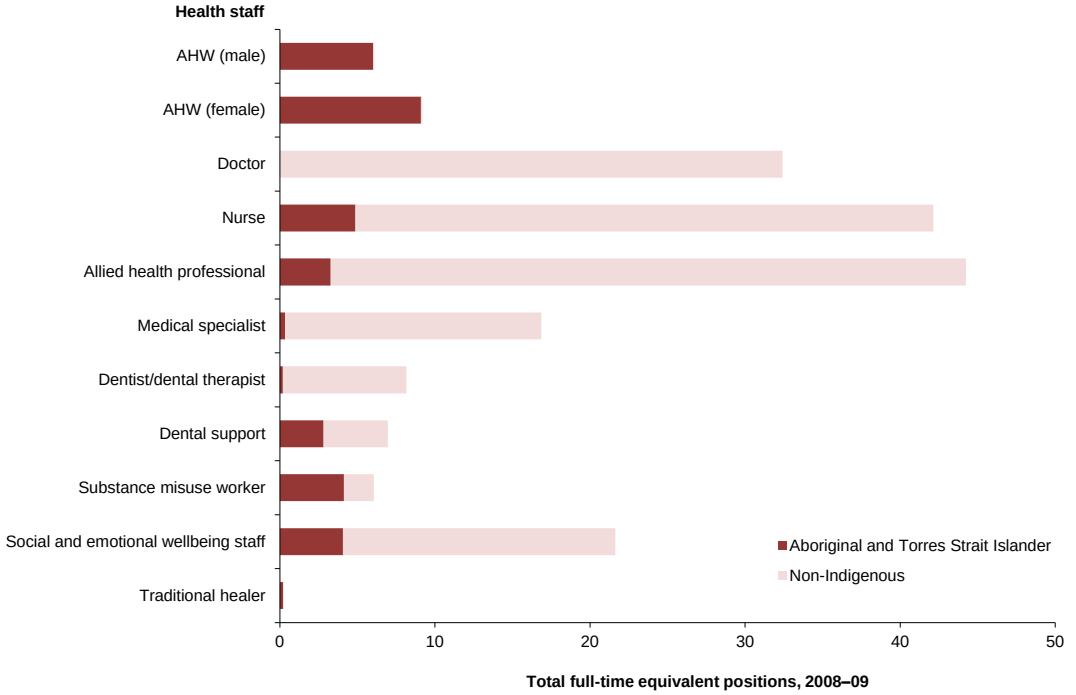
Visiting staff

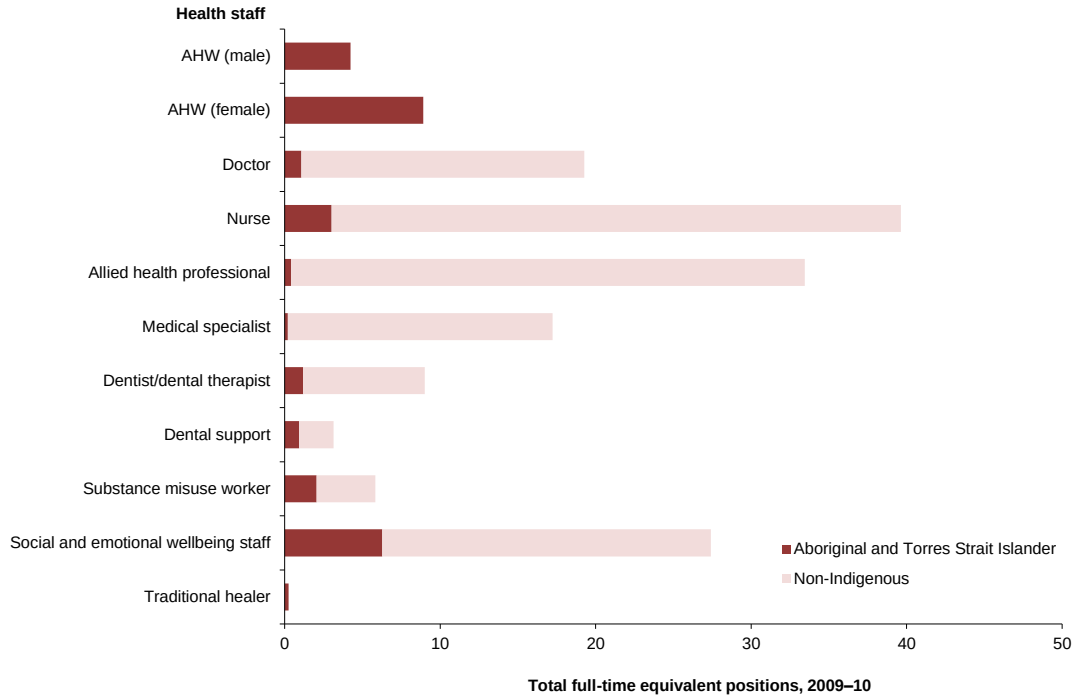
Visiting health professionals provide various health-related activities and services for Aboriginal and Torres Strait Islander health service providers. In 2009–10, more than three-quarters (78% or 175) of services reported 175 FTE visiting staff paid for by another organisation. This was 22% lower than in the previous year (223 FTE).

- The main types of visiting health professionals were nurses (40 FTE), allied health professionals (33 FTE), social and emotional wellbeing staff (27 FTE), doctors (19 FTE), and medical specialists (17 FTE) (Figure 2.5).
- About 1 in 5 (19% FTE) visiting staff were Aboriginal and Torres Strait Islander—similar to the previous year (18%).
- Nearly 8 in 10 (79%) services had a visiting allied health professional, and 6 in 10 (62%) had a visiting medical specialist (see Glossary).
- More than 4 in 10 services had social and emotional wellbeing staff (46%) and nurses (42%) who visited the service.
- Nearly 3 in 10 services (27%) had a visiting doctor.

Proportions were generally similar to the previous year, although the proportion of services with visiting social and emotional wellbeing staff was higher (46% compared with 37% in the previous year). It is important to note that while many services reported visiting health staff, the frequency and duration of visits by these staff varied among services.

- Of the 139 services with visiting allied health professionals, more than one-quarter (27%) were located in *Outer regional* areas, and nearly one-quarter were located in *Very remote* (23%) and *Inner regional* (22%) areas.
- Of the 33 FTE visiting allied health professionals, 23% were located in *Remote* areas, 22% in *Inner regional* areas, 21% in both *Outer regional* and *Very remote* areas, and 14% in *Major cities*.
- Of the 108 services with visiting medical specialists, one-quarter were located in *Remote* (24%), and *Very remote* (24%) areas and a further 21% in *Inner regional* areas.
- Of the 17 FTE visiting medical specialists, 30% were located in *Major cities,* 25% in *Remote* areas, 16% in both *Inner regional* and *Very remote* areas, and 15% in *Outer regional* areas.
- Of the 73 services with visiting nurses, about one-quarter were located in *Inner regional* (26%), *Outer regional* (23%) and *Very remote* areas (23%).
- Of the 40 FTE visiting nurses, 23% were located in both *Remote* areas and *Major cities,* 20% were located in *Inner regional* areas, 19% in *Outer regional* areas and 16% in *Very remote* areas.
- Of the 48 services with visiting doctors, 4 in 10 (42%) were located in *Very remote* areas.
- Nearly half (47%) of the FTE visiting doctors were dedicated to services in *Remote* and *Very remote* areas.
- Nearly one-third (31% or 80) services with visiting social and emotional wellbeing staff were located in *Outer regional* areas, one-quarter (26%) in *Inner regional* areas, and 1 in 5 (20%) in *Very remote* areas.
- Of the 27 FTE visiting social and emotional wellbeing staff, 34% were located in *Inner regional* areas, 32% in *Outer regional* areas, 13% in *Major cities*, 12% in *Very remote* areas and 10% in *Remote* areas.





Notes:

1. For 2008–09 *n*=176; for 2009–10 *n*=175.
2. AHW: Aboriginal and Torres Strait Islander health worker.

Figure 2.5: Full-time equivalent visiting health staff at Aboriginal and Torres Strait Islander primary health care services, by Indigenous status, 2008–10 (number)

Staff vacancies

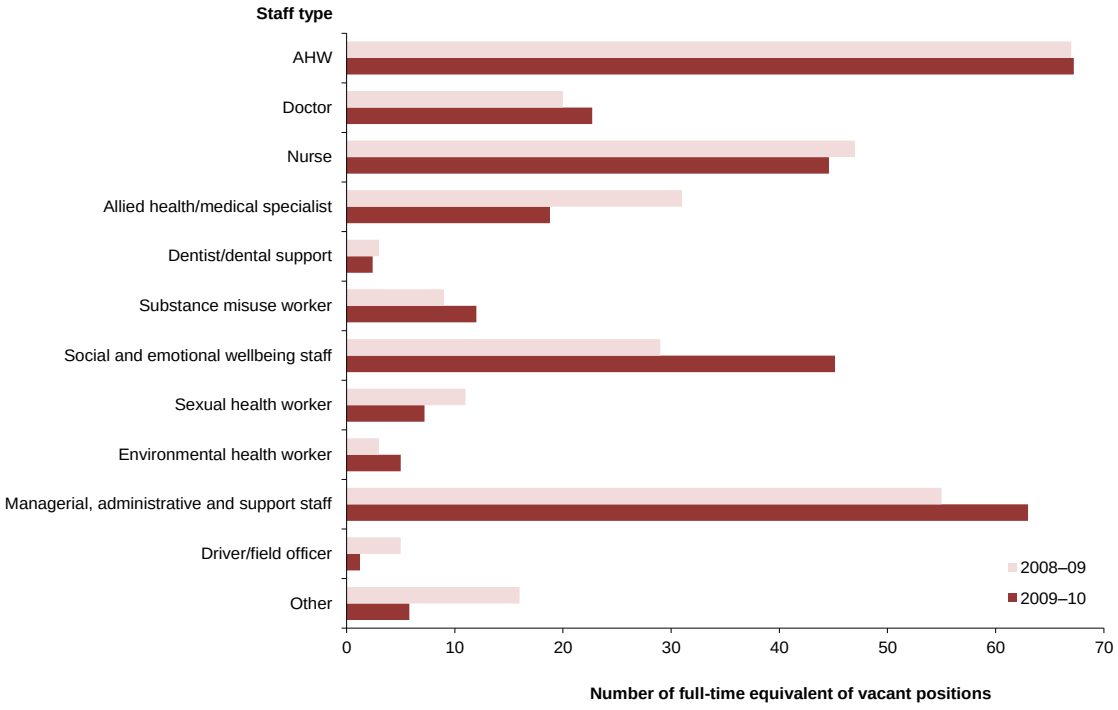
Just over half (55%) of all Aboriginal and Torres Strait Islander primary health care services reported having one or more staff vacancies at 30 June 2010—a total of 295 FTE positions. This was similar to the previous year (57% or 296 FTE).

- Nearly 1 in 4 of vacant positions were for an Aboriginal and Torres Strait Islander health worker (23%).
- About 1 in 5 were for managerial, administrative and support staff (21%).
- A smaller proportion were for nurses, social and emotional wellbeing staff (15% each), and doctors (8%).

Proportions were generally similar to the previous year, although social and emotional wellbeing vacancies made up a higher proportion of total vacancies (15% compared with 10% in the previous year) (Figure 2.6).

- One-third of vacant positions (34%), were vacant for 50 weeks or more. This is higher than in the previous year (23%).
- Three-quarters of vacant positions were in services located in *Very remote* (30%), *Remote* (25%) and *Outer regional* areas (20%) combined.
- A further 13% each were in services located in *Inner regional* areas and *Major cities*.

Compared with 2008–09, a higher proportion of vacancies were in *Very remote* areas (30% compared with 20%), and a lower proportion in *Remote* areas (25% compared with 30%).



Notes

1. For 2008–09 *n*=117; for 2009–10 *n*=121.
2. AHW: Aboriginal and Torres Strait Islander health worker.

Figure 2.6: Vacant full-time equivalent positions in Aboriginal and Torres Strait Islander primary health care services, 30 June 2009 and 2010 (number)

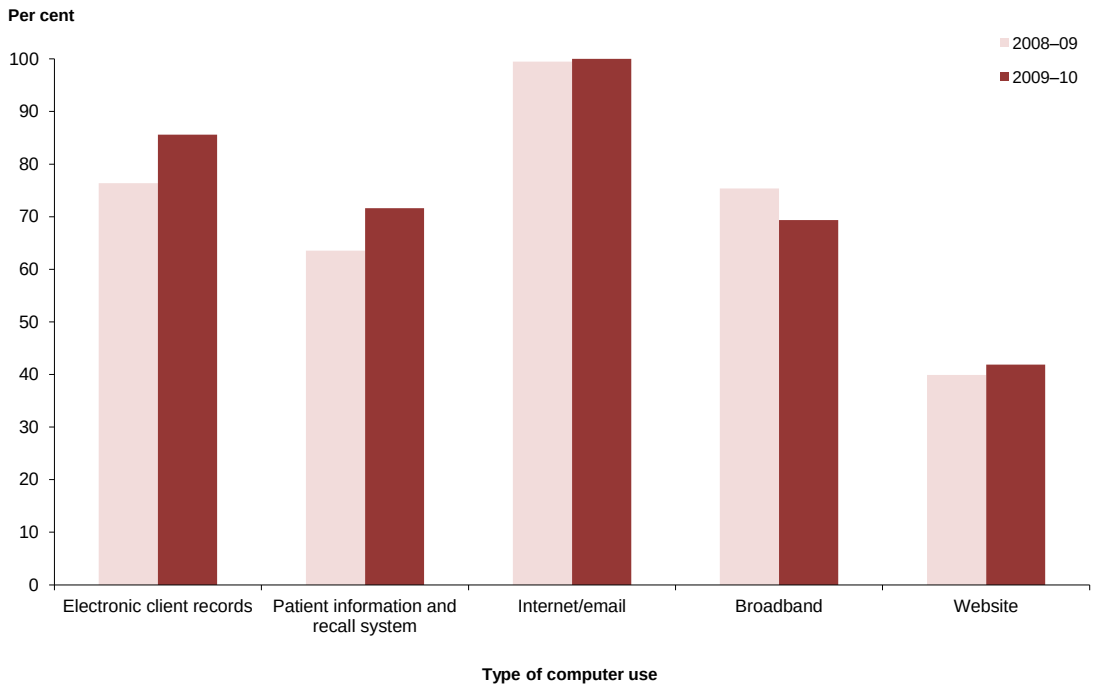
Information technology

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 find these patients, and recall them as required to ensure comprehensive patient care. Email and internet are also useful communication tools.

- Nearly all Aboriginal and Torres Strait Islander primary health care services (99% or 222) reported using computers.
- Of these, all used email and the Internet, and about two-thirds (69%) had a broadband internet connection.
- About 4 in 10 (42%) services reported having a website.

Proportions were similar to the previous year (Figure 2.7).

- Electronic client records were used by most services (86%), and this was higher than in the previous year (76%).
- More than two-thirds (72%) had electronic patient information and recall systems. Again, this was higher than in the previous year (64%).



Notes

1. For 2008–09 *n*=203; for 2009–10 *n*=222.
2. Percentages were calculated based on the number of services using computers.

Figure 2.7: Aboriginal and Torres Strait Islander primary health care services using computers, by type of use, 2008–10 (per cent)

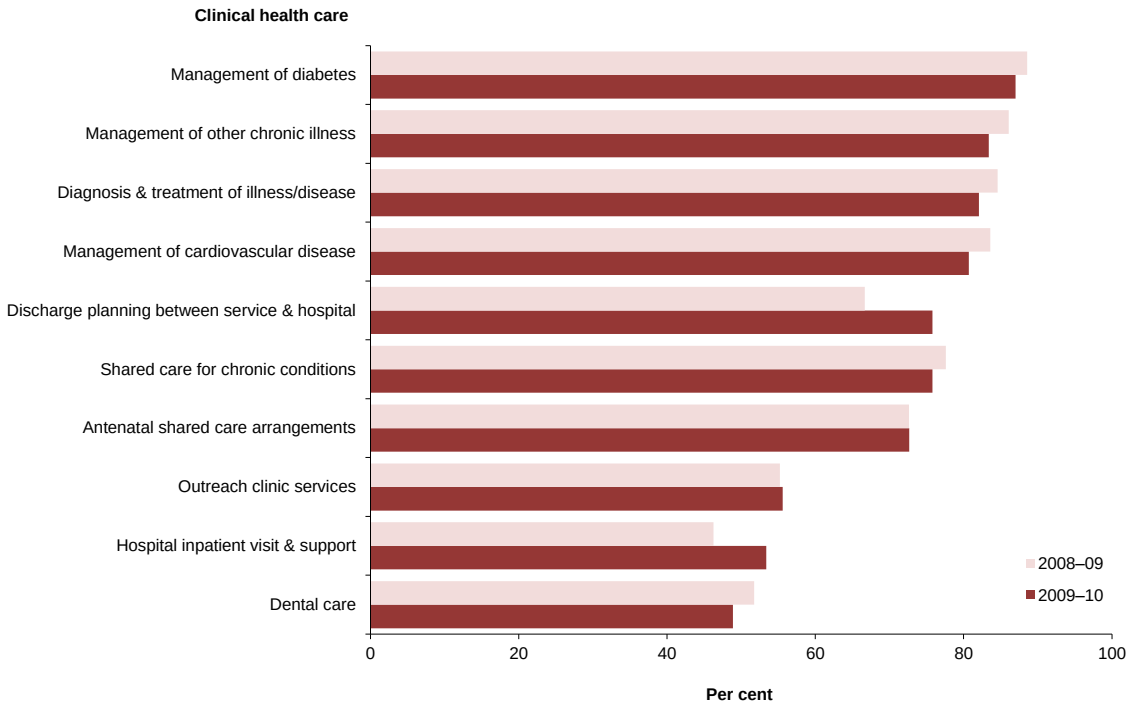
2.2 Services provided

Clinical health care

In 2009–10, all 223 Aboriginal and Torres Strait Islander primary health care services provided information on their clinical health care activities. Most services (82%) provided diagnosis and treatment of illness and disease. The remaining services generally provided specific health services such as dental health care, child and maternal health, health promotion, social and emotional wellbeing activities, and nutritional care.

The ongoing management of illness and disease was also a common function.

- Most services provided management of diabetes (87%), and about 8 in 10 services provided management of other chronic illness (83%) and cardiovascular disease (81%). These proportions were similar to the previous year.
- About three-quarters of services had shared-care (see Glossary) arrangements with hospitals or relevant specialists for people with chronic conditions (76%), and between the service and hospitals for women accessing antenatal care (73%). Again, these proportions were similar to the previous year.
- About half (49%) of services provided access to dental care. A smaller proportion of services provided traditional healing (15%), bush tucker nutrition programs (16%) and bush medicine (10%) (Figure 2.8; Table D.1)

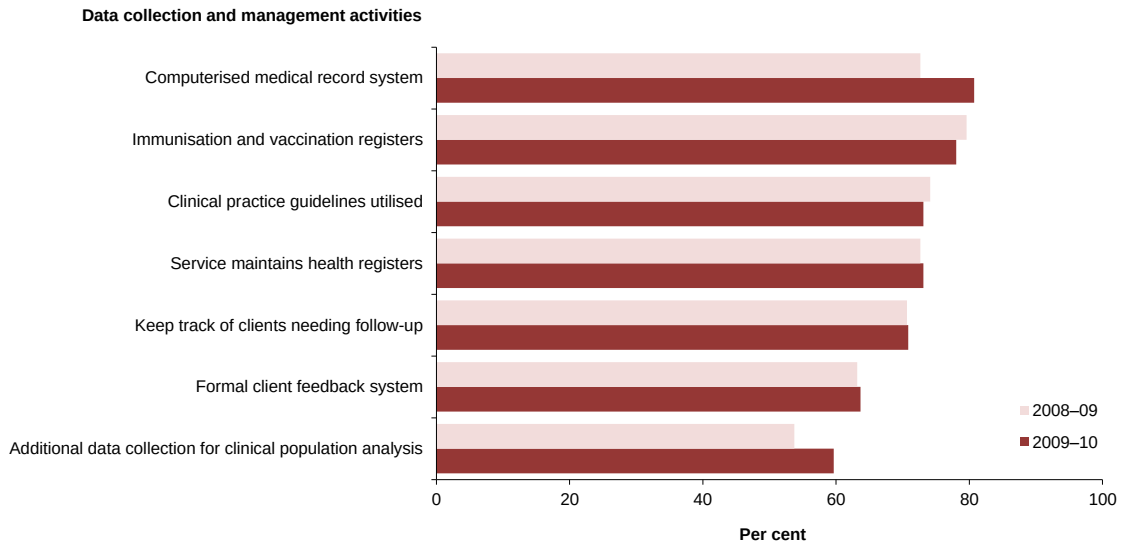


Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Figure 2.8: Aboriginal and Torres Strait Islander primary health care services providing clinical health care activities, by selected activities, 2008–10 (per cent)

Services had a variety of data collection and management practices, and clinic operational practices.

- Most services (81%) used a computerised medical record system—a higher proportion than in the previous year (73%).
- Nearly three–quarters (73%) of services maintained health registers—the same proportion as the previous year (73%).
- Six in 10 (60%) collected additional data for clinical population analysis—a higher proportion than in the previous year (54%).
- About 7 in 10 services used clinical practice guidelines (73%), and kept track of clients requiring follow-up (71%).
- A formal client feedback system operated in more than 6 in 10 primary health care services (64%) (Figure 2.9).



Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Figure 2.9: Aboriginal and Torres Strait Islander primary health care services, by data and information management practices, 2008–10 (per cent)

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 2009–10, all (223) Aboriginal and Torres Strait Islander primary health care services gave information on population health programs provided by their service. Most (93%) services provided health promotion and education activities.

Immunisation is a proven tool for controlling and even eradicating disease (WHO 2005).

- More than three-quarters of primary health care services provided immunisation programs that focused on influenza immunisation (82%), child immunisation (82%) and pneumococcal immunisation (75%). These proportions were similar to the previous year.

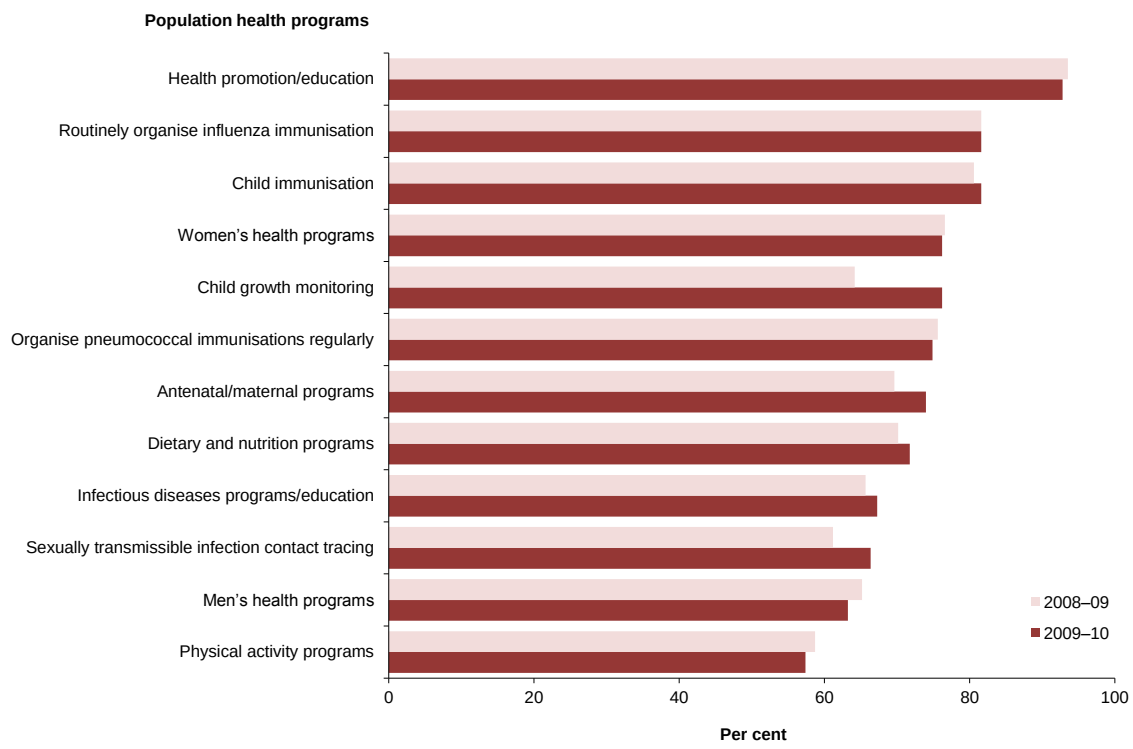
- Most services maintained immunisation and vaccination registers (78%)—similar to the previous year.
- About 7 in 10 services (72%) offered dietary and nutrition programs—similar to the previous year.
- Two-thirds (67%) had programs and education for infectious diseases (Figure 2.10). Again, this was similar to the previous year.

Child and maternal health services

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

- In 2009–10, about three-quarters of services (76%) provided women's health programs and antenatal and maternal health programs (74%).
- Half (52%) of services provided parenting programs.

Proportions were generally similar to the previous year; however a higher proportion of services provided child growth monitoring (76% compared with 64%) (Figure 2.10; tables D.2 and D.5).



Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Figure 2.10: Aboriginal and Torres Strait Islander primary health care services providing population health programs, by selected programs, 2008–10 (per cent)

Screening programs and health checks

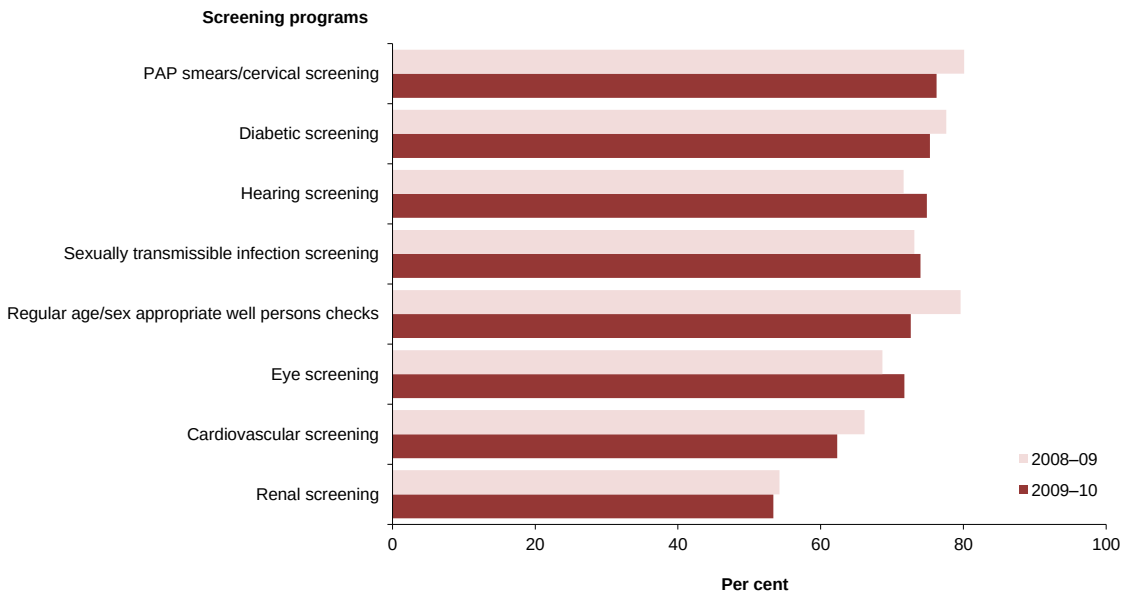
Screening programs to establish the presence or risk of a disease aim to reduce the burden of the disease in the community, including the incidence of the disease, morbidity from the disease or mortality (Screening Subcommittee of the APHDPC 2008). In 2009–10, all Aboriginal and Torres Strait Islander primary health care services provided information on their screening programs.

Services provided various organised screening programs (Figure 2.11; Table D.3).

- Pap smears and cervical screening were the most widely offered population screening activities, with three-quarters of services (76%) providing these.
- Other widely available screening programs were diabetic screening, sexually transmissible infection screening and hearing screening, with each of these offered by about three-quarters of primary health care services (75%, 74% and 75% respectively). These proportions were similar to the previous year.

Health checks are important for early detection and early treatment.

- Screening programs were complemented by the provision of regular age- or sex-appropriate well person checks in 7 out of 10 services (73%). This was lower than in the previous year (80%).



Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

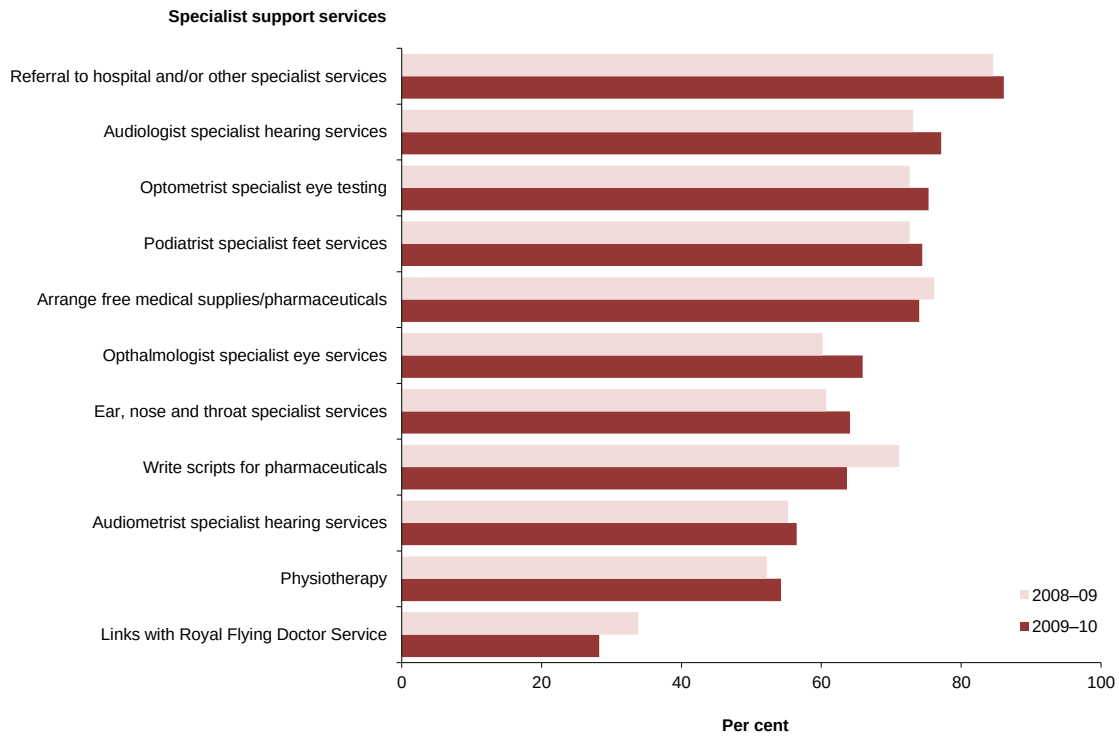
Figure 2.11: Aboriginal and Torres Strait Islander primary health care services providing screening programs, by type of program, 2008–10 (per cent)

Access to allied health and specialist services

Enabling 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 the access to

allied health and specialist services offered by their service. Most (92% or 206) services provided access to one or more allied health and specialist medical services (Figure 2.12; Table D.4). Many of these services were provided by visiting health professionals, with varying frequency and duration of visits.

- The most common allied health services available were audiologist (77%), optometrist (75%) and podiatrist services (74%). These proportions were similar to the previous year.
- Physiotherapy services were available at just over half of all primary health care services (54%)—a similar proportion to the previous year (52%).
- The most common specialist services available were access to ear, nose and throat services (64%) and ophthalmologist services (66%). This was higher than in the previous year (60%).
- Most services (86%) provided referral to hospital and/or other specialist services.
- About 6 in 10 (64%) provided prescriptions for pharmaceuticals. This was lower than in the previous year (71%).
- About three-quarters of services (74%) were able to arrange the provision of free medical and pharmaceutical supplies



Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Figure 2.12: Aboriginal and Torres Strait Islander primary health care services providing access to allied health and specialist medical services, by selected services, 2008–10 (per cent)

Health-related community services

Recognising 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 variety of services—for example, community development work; school-based activities; advocacy (for example around legal, public housing, Centrelink and disability issues); cultural promotion activities; and transport.

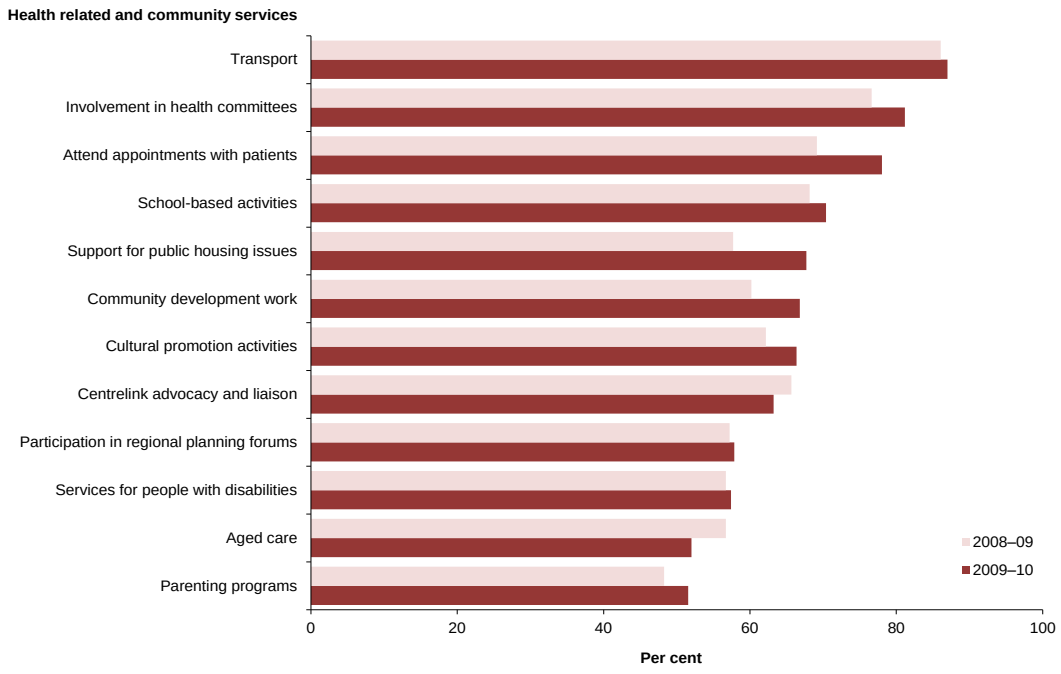
- In 2009–10, all services provided information on their health-related community services. Seven in 10, (70%) services ran school-based activities– a similar proportion to the previous year.
- Nearly 7 in 10 were involved in community development work (67%), and cultural promotion activities (66%). Both of these proportions were higher than in the previous year (60% and 62%, respectively) (Figure 2.13; Table D.5).

Advocacy and liaison were other community service functions performed by many services.

- About two-thirds of services provided advocacy and liaison for clients in dealing with Centrelink (63%), and support for public housing issues (68%).
- More than 4 in 10 services (43%) 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 provided transport to medical appointments (87%)—similar to the previous year.
- Nearly 4 in 10 services (38%) provided medical evacuation services—similar to the previous year.
- Almost 8 in 10 services (78%) had staff available to attend medical appointments with patients—a higher proportion than in the previous year (69%).



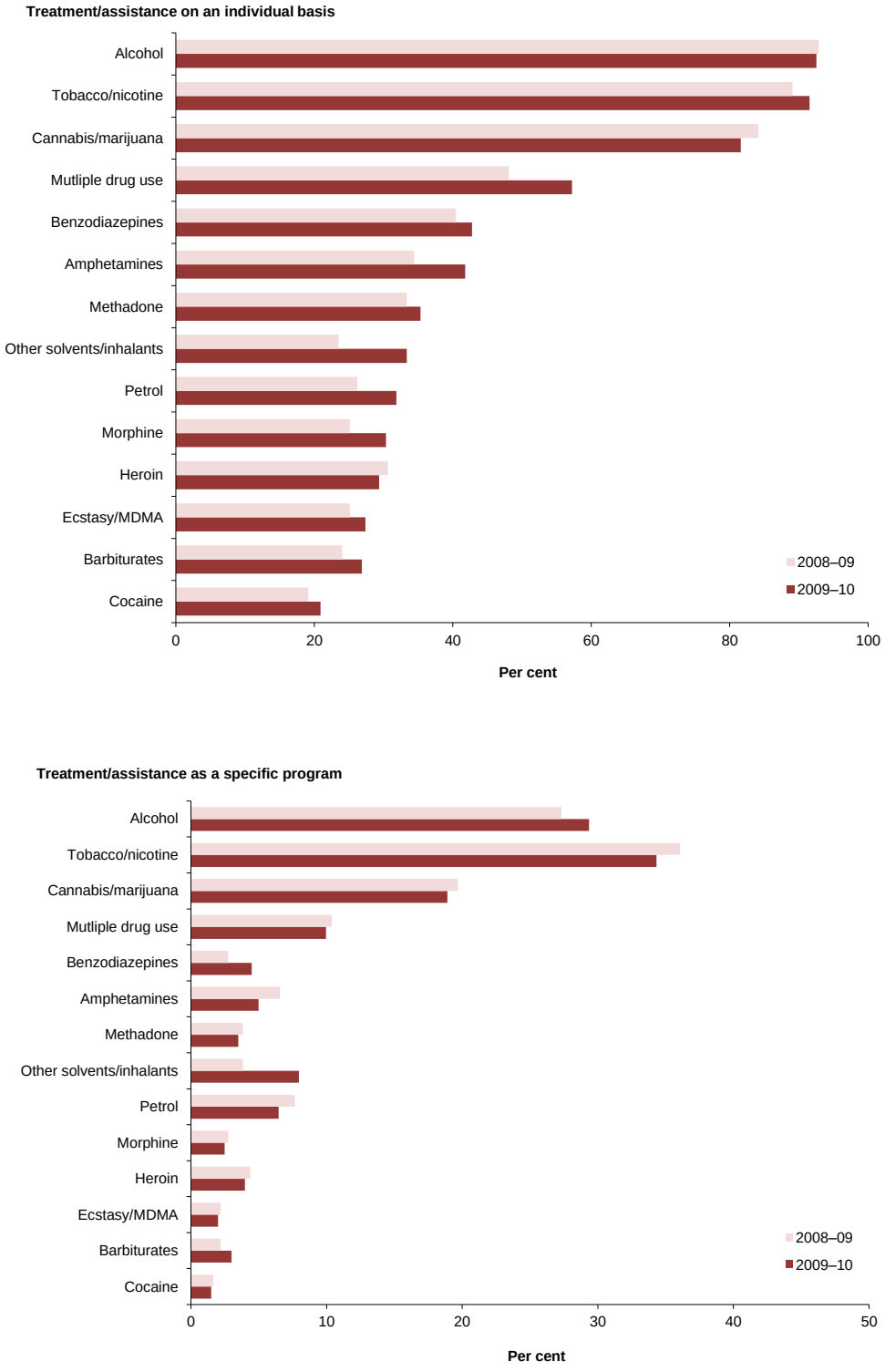
Note: For 2008–09 n=201, for 2009–10 n=223.

Figure 2.13: Aboriginal and Torres Strait Islander primary health care services providing health-related and community services, by selected services, 2008–10 (per cent)

Substance use treatment and assistance

In 2009–10, most (90% or 201) Aboriginal and Torres Strait Islander primary health care services reported providing treatment or assistance to clients for various substance use issues. This was mainly provided to individual clients, although some services did run targeted programs for specific substances.

- Alcohol, and tobacco and nicotine were the most common substances for which treatment or assistance was provided. Most services offering substance use treatment or assistance to individual clients did so for alcohol (93% or 186 services), and tobacco and nicotine (92% or 184 services). About 8 in 10 services did so for cannabis and marijuana (82% or 164 services). Proportions were similar to the previous year for most substance use issues.
- In 2009–10, a higher proportion of services providing substance use treatment, did so for multiple drug use (57% compared with 48%), amphetamines (42% compared with 34%), petrol (32% compared with 26%) and other solvents and inhalants (33% compared with 24%) than in the previous year (Figure 2.14; Table D.6).
- One-third of services that provided treatment for substance use issues provided targeted programs specifically aimed at tobacco and nicotine (34% or 69 services), and alcohol use (29% or 59 services). About 1 in 5 services (19% or 38 services) provided programs for cannabis and marijuana Proportions were generally similar to the previous year (Figure 2.14; Table D.7).



Notes

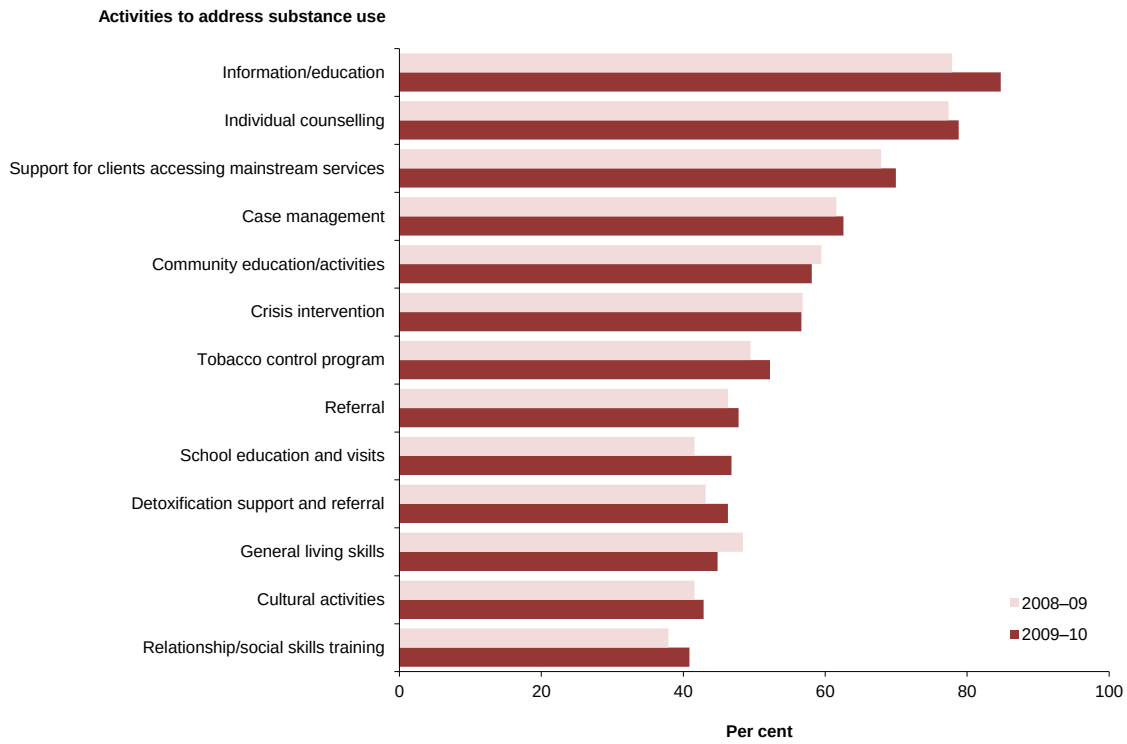
1. For 2008–09 *n*=183; for 2009–10 *n*=201.
2. Percentages were calculated based on the number of services providing treatment and assistance for substance use.

Figure 2.14: Aboriginal and Torres Strait Islander primary health care services providing treatment and assistance for substance use, individual support and/or specific programs, by selected substances, 2008–10 (per cent)

In 2009–10, most (91% or 203) Aboriginal and Torres Strait Islander primary health care services provided one or more activities to address substance use issues.

- For these services, the most common activities were providing information and education about substance use (85% or 172 services), and individual counselling (79% or 160 services).
- Seven in 10 services (70% or 142) provided support for clients accessing mainstream services.
- Six in 10 provided case management of clients (63% or 127).

The proportion of services providing activities was generally similar to the previous year, although the proportion providing information and education was higher (85% compared with 78% in the previous year) (Figure 2.15; Table D.8).



Notes

1. For 2008–09 *n*=190; for 2009–10 *n*=203.
2. Percentages were calculated based on the number of services providing activities to address substance use.

Figure 2.15: Aboriginal and Torres Strait Islander primary health care services providing activities to address substance use, by selected activities, 2008–10 (per cent)

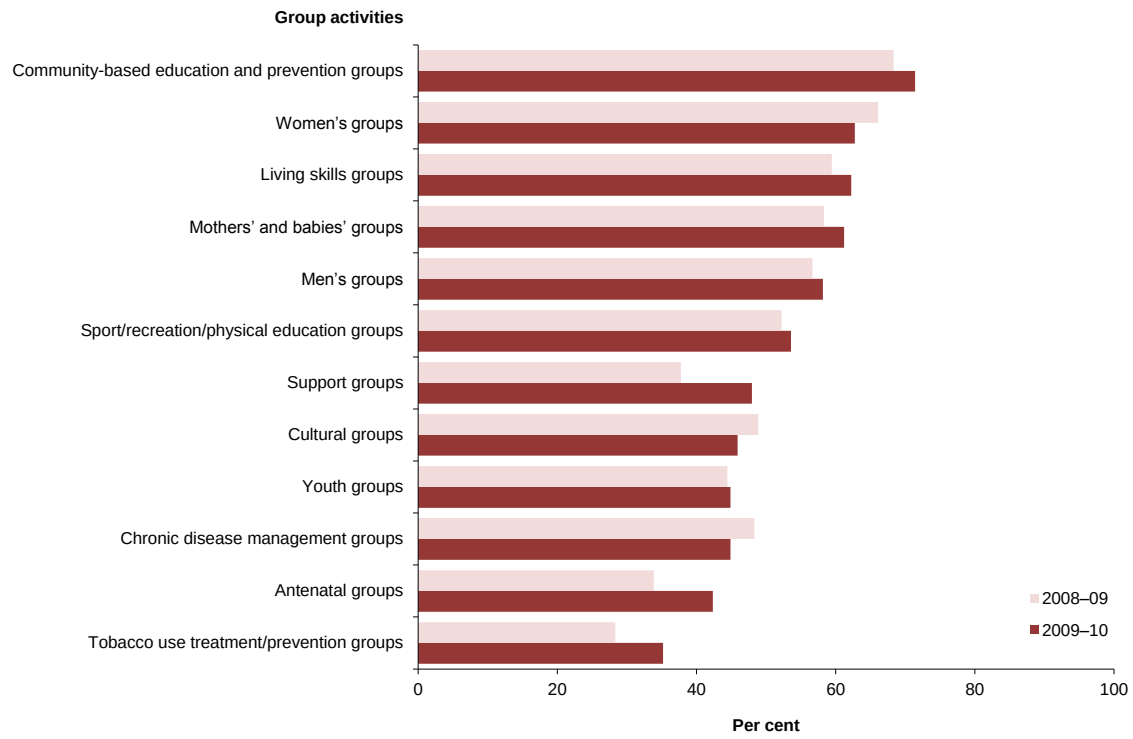
Group activities

Group activities are another way in which primary health 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 vary from general support groups such as living skills groups, to groups aimed at particular populations such as antenatal groups, mother' and babies' groups, and men's and women's

groups. Nearly all (99% or 222) Aboriginal and Torres Strait Islander primary health care services reported on whether they ran group activities. Most of these (88% or 196 services) ran group activities during 2009–10.

- Of these, 7 in 10 (71%) ran community-based education and prevention groups.
- About 6 in 10 ran women's groups (63%), living skills groups (62%), mothers' and babies' groups (61%) and men's groups (58%).
- Just over half ran sport, recreation and physical education groups (54%).

The proportion of services providing particular activities was generally similar to the previous year, although there was an increase in the proportion providing support groups (48% compared with 38%), antenatal groups (42% compared with 34%), and tobacco use treatment and prevention groups (35% compared with 28%) (Figure 2.16; Table D.9).



Notes

1. For 2008–09 *n*=180; for 2009–10 *n*=196.
2. Percentages are based on the number of services providing group activities.

Figure 2.16: Aboriginal and Torres Strait Islander primary health care services providing group activities, by selected activities, 2008–10 (per cent)

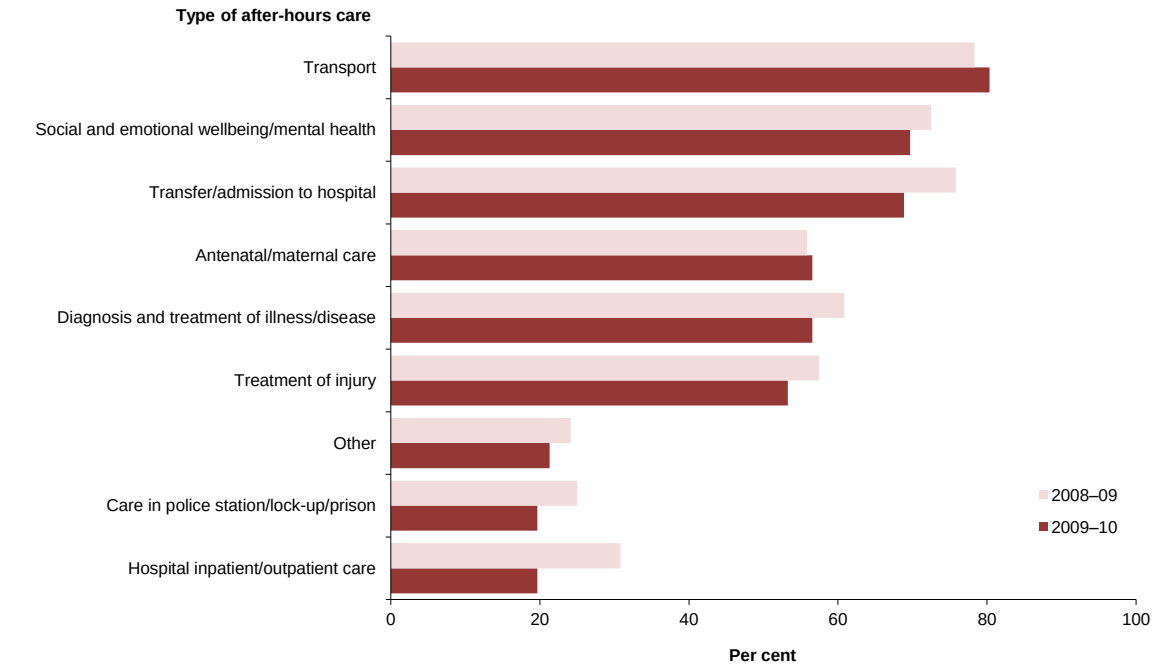
Care outside opening hours

Most (99%) Aboriginal and Torres Strait Islander primary health care services reported on whether they provided out-of-hours care to their clients. In 2009–10, just over half of these services (55%) provided care to clients outside usual opening hours. This was lower than in the previous year (60%).

- Of those providing out-of-hours care, 8 in 10 provided it for transport (80%).

- Seven in 10 providing out-of-hours care did so for social and emotional wellbeing and mental health issues (70%), and transfer or admission to hospital (69%).
- More than half of services providing out-of-hours care did so for antenatal/maternal care (57%), diagnosis and treatment of illness and disease (57%) and treatment of injury (53%).

Proportions were generally similar to the previous year, although a lower proportion of services providing out-of-hours care did so for transfer and admission to hospital (69% compared with 76%) and hospital inpatient and outpatient care (20% compared with 31%) (Figure 2.17; Table D.10).



Notes

1. For 2008–09 *n*=120; for 2009–10 *n*=122.
2. Percentages were calculated based on the number of services that provided out-of-hours care.

Figure 2.17: Aboriginal and Torres Strait Islander primary health care services providing out-of-hours care, by type of out-of-hours care provided, 2008–10 (per cent)

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

A client is defined as a person who receives care from a service during the period 1 July–30 June. Each person has their own client file or record and is counted only once, regardless of how many times they receive treatment or assistance. In 2009–10, most (97% or 217) Aboriginal and Torres Strait Islander primary health care services reported on their individual client numbers. These services saw about 456,000 clients—a 22% increase from the

previous year (375,000). This increase may reflect the larger number of services and higher response rate of services to this question in 2009–10. It is important to note that owing to the difficulty in collecting accurate client numbers from some services, this figure is an estimate. In view of the likelihood of some individuals being clients at more than one service—especially in non-remote areas, this count is likely to be an overestimate of the total clients of all services.

- Just over one-quarter of all clients visited services in New South Wales and the Australian Capital Territory (28%).
- About 1 in 5 visited services in Western Australia (21%), Queensland (19%), and the Northern Territory (18%).
- The remainder visited services in Victoria and Tasmania (10%) and South Australia (4%) (Table 2.2).

Proportions were generally similar to the previous year, although Western Australia had a lower proportion of clients (17% compared with 21%). About three-quarters (78% or 357,000) clients were Aboriginal or Torres Strait Islander—a similar proportion to the previous year (79%).

Table 2.2: Estimated individual clients of Aboriginal and Torres Strait Islander primary health care services, by Indigenous status and state/territory, 2009–10

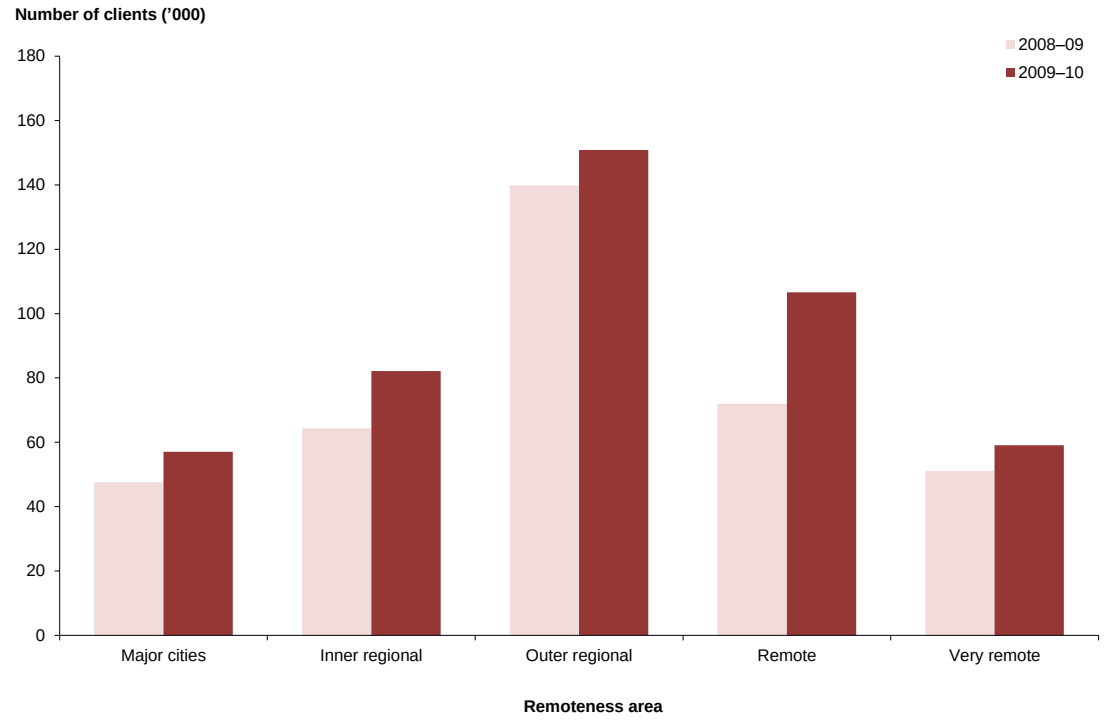
Indigenous status	NSW/ACT	Vic/Tas	Qld	WA	SA	NT	Total
Aboriginal and Torres Strait Islander	95,785	34,453	64,093	74,069	16,490	72,007	356,897
Non-Indigenous	25,617	10,744	18,290	18,686	2,623	9,533	85,493
Unknown Indigenous status	5,092	527	4,658	1,152	533	1,353	13,315
Total clients (number)	**126,494**	**45,724**	**87,041**	**93,907**	**19,646**	**82,893**	**455,705**
Total clients (per cent)	**27.8**	**10.0**	**19.1**	**20.6**	**4.3**	**18.2**	**100.0**

Notes

1. For 2009–10 *n*=217.
2. The total number of clients refers to individual clients, and does not include clients who attended groups only.
3. Data for the Australian Capital Territory have been combined with data for New South Wales; data for Tasmania have been combined with data for Victoria, due to the small number of services in those two jurisdictions.

Client numbers varied by remoteness. Services located in *Outer regional* areas saw one-third (33%) of all clients, while services in *Major cities* saw 13%. 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 was however, consistent with the larger number of primary health care services located in *Outer regional* Australia (55 compared with 29 in *Major cities*). The distribution of clients by area was generally similar to the previous year, although services in *Outer regional* areas had a lower proportion of total clients (33% compared with 37%), and services in *Remote* areas a higher proportion of clients (23% compared with 19%) (Figure 2.18).

The proportion of clients who were Aboriginal and Torres Strait Islander varied little with increasing remoteness. However, services in *Inner regional* areas had a lower proportion of Aboriginal or Torres Strait Islander clients than other geographical areas (72% of their total client base compared with 78% overall).



Notes

1. For 2008–09 *n*=185; for 2009–10 *n*=217.
2. The number of clients refers to individual clients and does not include clients who attended groups only.

Figure 2.18: Estimated individual clients of Aboriginal and Torres Strait Islander primary health care services, by remoteness area, 2008–10 (number)

Episodes of care

An episode of care represents the contact between an individual client and the service by one or more staff members to provide 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 2009–10, most (97% or 216) Aboriginal and Torres Strait Islander primary health care services reported on their episodes of health care. These services provided an estimated 2.4 million episodes of primary health care. This was 14% higher than the number recorded in the previous year (2.1 million).

- More than half of all episodes of care were provided to female clients (59% or 1.4 million), and 4 in 10 to male clients (40% or 964,000).
- Most (86% or 2.0 million) episodes of care were provided to Aboriginal or Torres Strait Islander clients, and a smaller proportion (12% or 288,000) to non-Indigenous clients. These were similar to the previous year (82% and 12%, respectively).
- The Indigenous status of clients who received the remaining episodes of care was unknown (2%).

The proportion of all clients who were Aboriginal and Torres Strait Islander varied little with increasing remoteness. However, services in *Inner regional* areas had a lower proportion of clients who were Aboriginal or Torres Strait Islander than other geographical areas (77% of their total episodes of care compared with 86% overall).

Table 2.3: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health care services, by Indigenous status and sex, 2009–10

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	808,464	1,229,112	11,444	2,049,020	85.7
Non-Indigenous	132,908	153,033	2,231	288,172	12.1
Unknown Indigenous status	22,287	30,189	1,006	53,482	2.2
Total	**963,659**	**1,412,334**	**14,681**	**2,390,674**	**100.0**

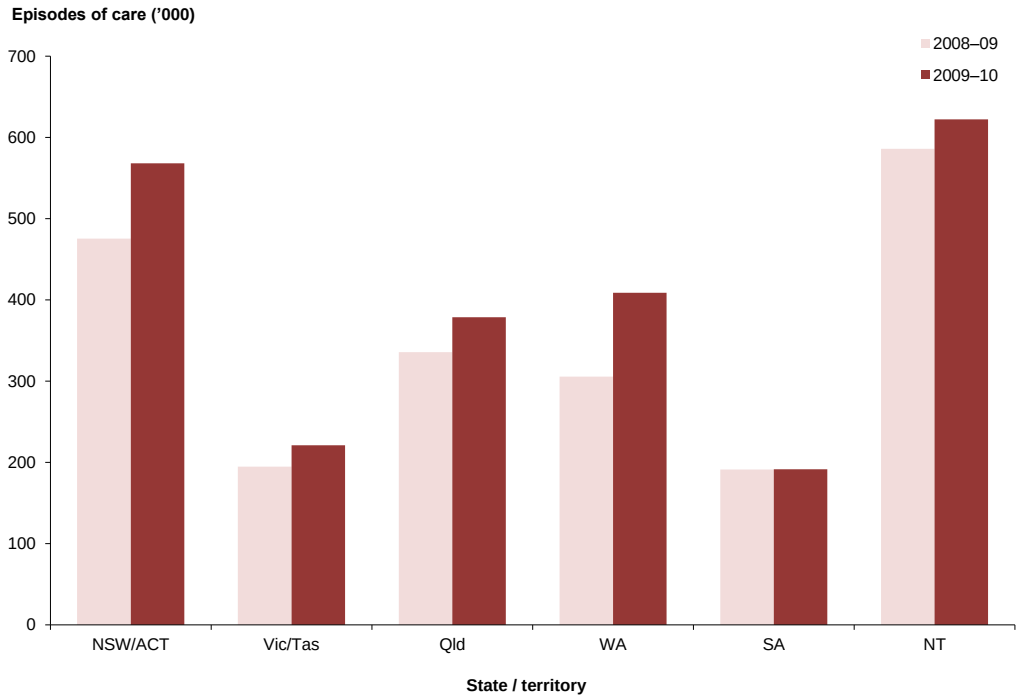
Notes

1. For 2009–10 *n*=216.
2. 'Unknown' refers to episodes of care for which the sex of the client was not recorded by the primary health care service.

In 2009–10, clients in the Northern Territory and New South Wales and the Australian Capital Territory, received half of all episodes of care (26% and 24%, respectively). This was consistent with the number of services located in these jurisdictions, and the relatively large population of Aboriginal and Torres Strait Islander people in New South Wales, and high proportion of Aboriginal and Torres Strait Islander people in the Northern Territory (Aboriginal and Torres Strait Islander Social Justice Commissioner 2009). Episodes of care to clients in Queensland and Western Australia accounted for one-third (33%) of all episodes of care (16% and 17% respectively). The distribution of episodes of care by state and territory was similar to the previous year (Figure 2.19).

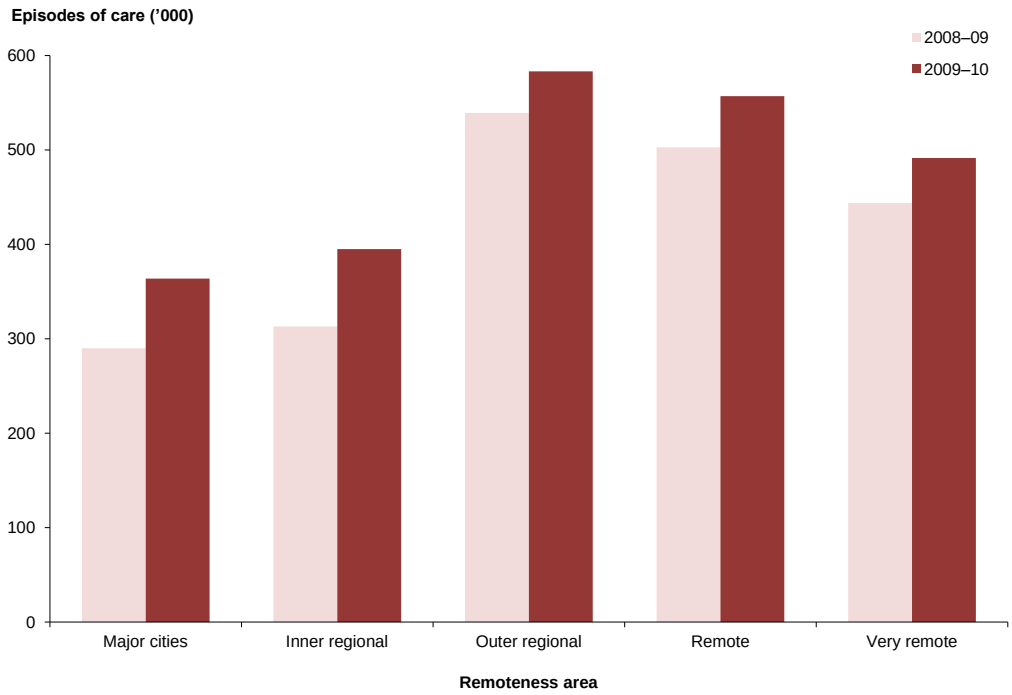
The proportion of all clients who were Aboriginal and Torres Strait Islander varied little with jurisdiction. However, services in New South Wales and Queensland had a lower proportion of Aboriginal or Torres Strait Islander clients than other areas (79% of their total episodes of care compared with 86% overall).

Nearly half of all episodes of health care were provided to clients by services located in *Outer regional* (24% or 583,000) and *Remote* (23% or 557,000) areas combined. A further 1 in 5 episodes of care were provided in *Very remote* areas (21% or 491,000). *Inner regional* and *Major cities* had 17% and 15% of all episodes of care, respectively. The distribution of episodes of care reflects the regional distribution of services, the size of the client base of each service, and the frequency with which the clients of each service seek treatment there. The distribution by area was similar to the previous year (Figure 2.20).



Note: For 2008–09 *n*=191; for 2009–10 *n*=216.

Figure 2.19: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health care services, by state/territory, 2008–10 (number)



Note: For 2008–09 *n*=191; for 2009–10 *n*=216.

Figure 2.20: Estimated episodes of care by Aboriginal and Torres Strait Islander primary health care services, by remoteness area, 2008–10 (number)

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 providing transport. If more than one worker (for example, a nurse and a driver) sees 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 2009–10, most (97% or 217) Aboriginal and Torres Islander primary health care services reported on their client contacts. These services reported about 3.4 million client contacts—14% higher than the number reported in the previous year (about 3.0 million). Of these, 90% or 3.0 million were health care contacts and 10% or 352,000 were transport contacts. These proportions were similar to the previous year.

Health care contacts

In 2009–10, about 3.0 million health care client contacts were reported by 217 Aboriginal and Torres Strait Islander primary health care services—14% higher than in the previous year (2.7 million).

- Half of these were provided to female clients (52%), and one-third (35%) to male clients. The sex of the client was not recorded for the remaining contacts (14%).
- Nurses (32% or 978,000 contacts), doctors (29% or 871,000 contacts) and Aboriginal and Torres Strait Islander health workers (21% or 622,000 contacts) made the majority of health care client contacts.
- A smaller proportion of contacts were made by allied health professionals (4% or 122,000) and social and emotional wellbeing staff (6% or 176,000).

Proportions were similar to the previous year (Table D.11).

Health care contacts by remoteness area

- Nearly half of health-related client contacts were made by staff in services located in *Outer regional* (25% or 757,000) and *Remote* (23% or 708,000) areas combined.
- A further 1 in 5 were made by staff in *Very remote* areas (20% or 606,000).
- Health staff of services located in *Inner regional* areas (17% or 507,000) and *Major cities* (15% or 447,000) made the remaining contacts.

These proportions were similar to the previous year.

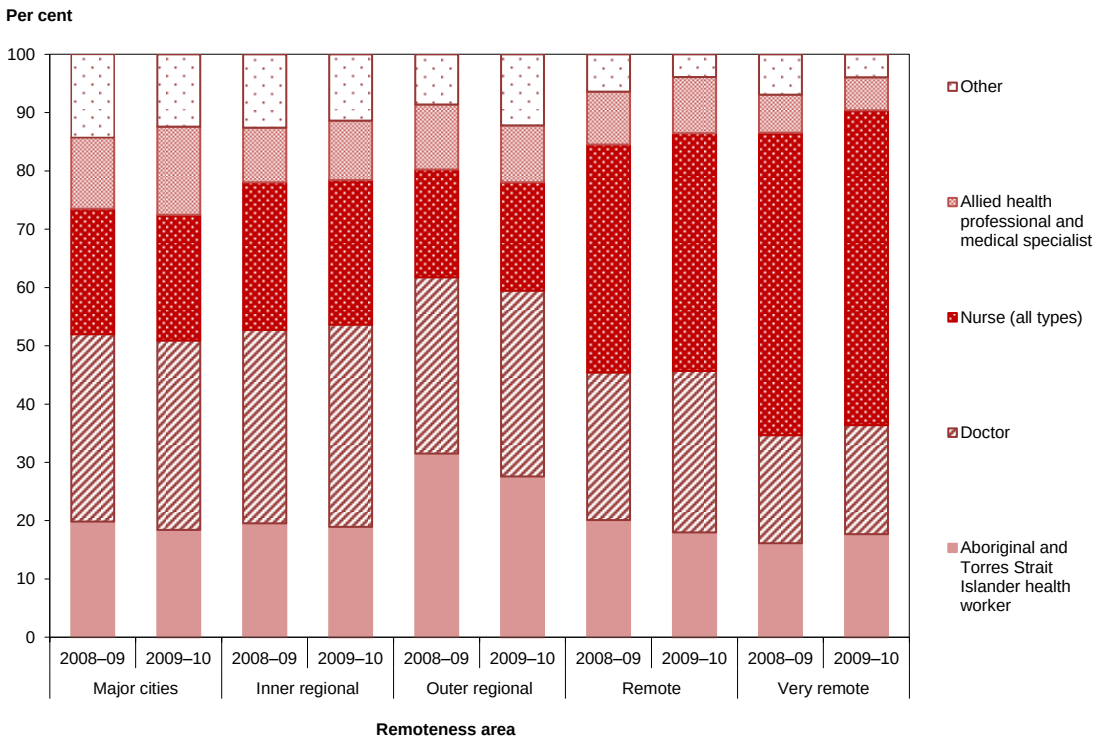
- The proportion of health-related client contacts made by different health professionals varied by area.
- Doctors made one-third of all client contacts in *Major cities* (33%), *Inner regional* areas (35%) and *Outer regional* areas (32%). Nurses made about 1 in 5 contacts in these areas (22%, 25% and 19%, respectively).

- In contrast, in *Remote* and *Very remote* areas, nurses made a higher proportion of contacts (41% and 54%, respectively). Doctors accounted for a lower proportion of client contacts in these areas (28% and 19%, 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.

- Aboriginal and Torres Strait Islander health workers provided nearly 3 in 10 (28%) health-related client contacts in *Outer Regional* areas, and nearly 2 in 10 in *Major cities* (18%), *Inner regional* areas (19%) and *Remote* areas (18%).

The distribution of contacts by different types of health workers was similar to the previous year (Figure 2.21).



Notes

1. For 2008–09 *n*=190; for 2009–10 *n*=217.
2. Percentages were calculated based on the number of services who provided client contact data only.
3. Transport contacts are excluded.

Figure 2.21: Health-care client contacts by Aboriginal and Torres Strait Islander primary health care services, by type of health professional and remoteness area, 2008–10 (per cent)

Transport contacts

In 2009–10, most (97% or 217) Aboriginal and Torres Strait Islander primary health care services reported providing 352,000 transport contacts. This was an increase of 19% compared with the previous year. Almost one-third (30% or 105,500) of these were provided by drivers or field officers in services located in *Inner regional* areas and just over one-quarter in *Outer regional* areas (28% or 99,400). The remaining transport contacts were provided by

staff of services located in *Very remote* areas (16% or 56,100), *Major cities (*15% or 50,900) and *Remote areas* (11% or 40,000).

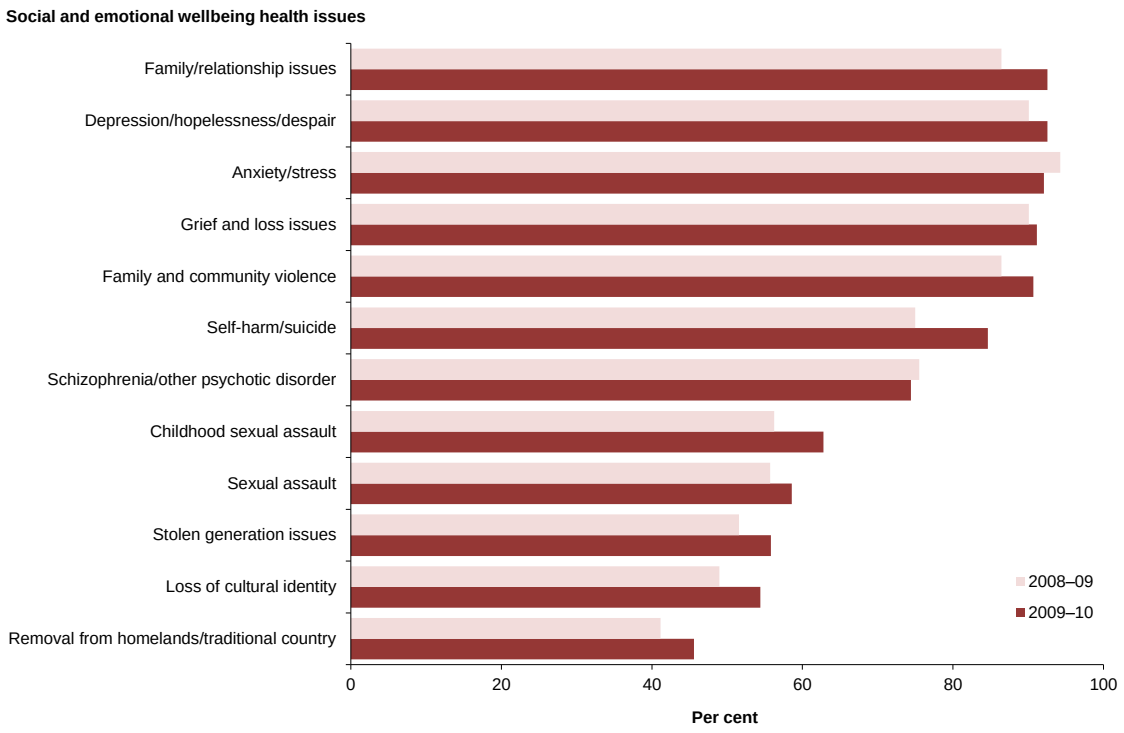
Social and emotional wellbeing of clients

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 his or her 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 Islander people has been identified as a priority area of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NATSIHC 2004).

In 2009–10, there were about 175,700 client contacts with social and emotional wellbeing staff (see Glossary) within Aboriginal and Torres Strait Islander primary health care services. This was 65% higher than in the previous year (106,200). These do not include contacts with other staff, such as doctors or Aboriginal and Torres Strait Islander health workers, who are not designated as social and emotional wellbeing staff. Given this, client contact numbers are likely to underestimate total access to social and emotional wellbeing and mental health services that are culturally appropriate for Aboriginal and Torres Strait Islander people within these services.

In 2009–10, nearly all (99%) services provided information on social and emotional wellbeing issues experienced by their clients.

- Of these, almost all (97% or 215 services) reported that one or more of their clients had social and emotional wellbeing issues.
- The most common issues reported by these services were depression, hopelessness and despair (93%); family and relationship issues (93%); anxiety and stress (92%); grief and loss issues (91%); family and community violence (91%); self-harm and suicide (85%); and schizophrenia and other psychotic disorders (74%) (Figure 2.22; Table D.12).



Notes

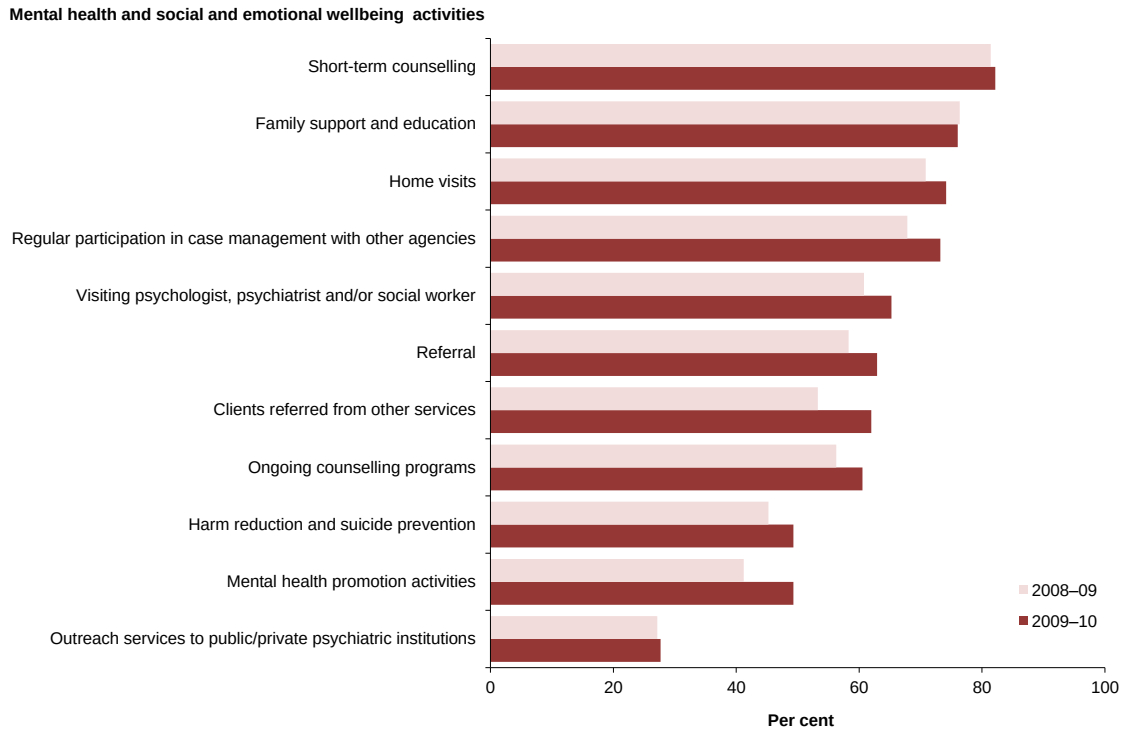
1. For 2008–09 *n*=192; for 2009–10 *n*=215.
2. Percentages were calculated based on the number of services where clients had social and emotional wellbeing issues.

Figure 2.22: Aboriginal and Torres Strait Islander primary health care services where one or more clients had social and emotional wellbeing issues, by selected issues, 2008–10 (per cent)

Nearly all, (99% or 222) primary health care services provided information on whether their service offered mental health and social and emotional wellbeing activities to their clients.

- Most services (96% or 213) made one or more mental health or social and emotional wellbeing activity available to their clients.
- The most common activity was short-term counselling, provided by about 8 in 10 services (82% or 175), while ongoing counselling programs were run by 6 in 10 services (61% or 129).
- Just over three-quarters of services (76% or 162) provided family support and education.
- Half offered mental health promotion activities (50%), and harm reduction and suicide prevention (50%).
- A small proportion of services (4% or 9) did not offer any mental health or social and emotional wellbeing activities to their clients.

Proportions were generally similar to the previous year (Figure 2.23; Table D.13).



Notes

1. For 2008–09 *n*=199; for 2009–10 *n*=213.
2. Percentages were calculated based on the number of services providing mental health and social and emotional wellbeing activities.

Figure 2.23: Aboriginal and Torres Strait Islander primary health care services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–10 (per cent)

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 around life expectancy and other health outcomes. The Australian Government aims to reduce alcohol and other drug problems in Aboriginal and Torres Strait Islander 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. Stand-alone services do not receive OATSIH funding to provide primary health care services. However, OATSIH also funds some substance use services through primary health care—about 20% of OATSIH-funded primary health care services are also funded for substance use. These services are not included in this chapter.

In 2009–10, 48 Aboriginal and Torres Strait Islander stand-alone substance use services that received OATSIH funding responded to the OATSIH Services Reporting questionnaire. This is a response rate of 94%. The number of stand-alone substance use services is 7% higher than the number reported on in the previous year (45 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

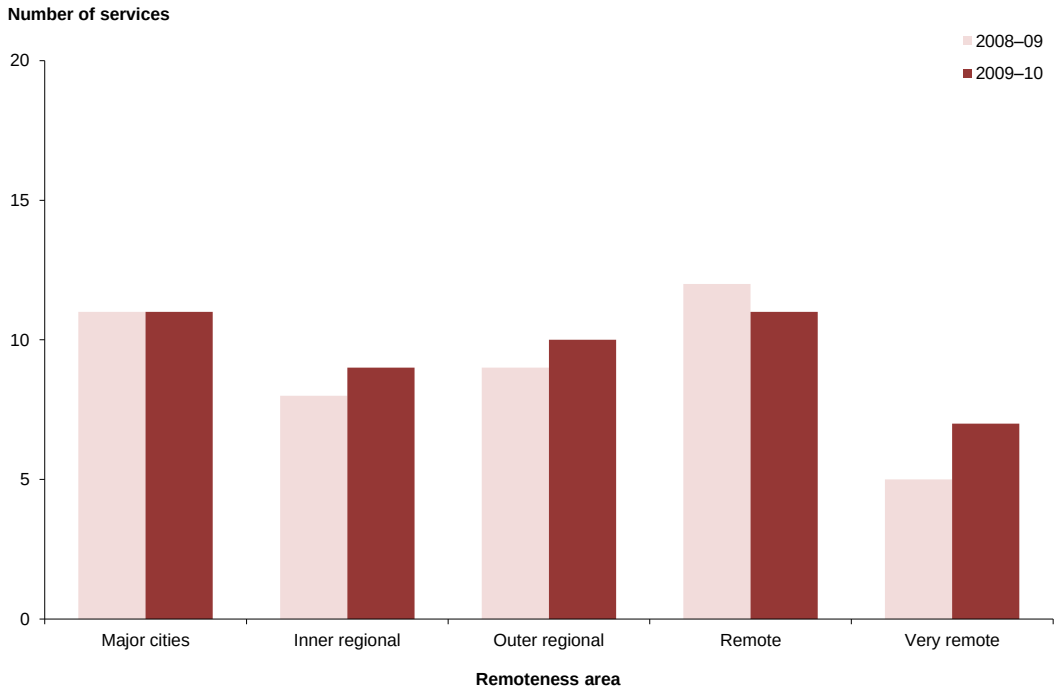
The 48 stand-alone substance use services that responded to the OATSIH Services Reporting questionnaire were located across all geographical areas, from *Major cities* to *Very remote* areas in all states and territories except Tasmania and the Australian Capital Territory.

- One-quarter were located in *Remote* areas (23% or 11 services) and *Major cities* (23% or 11 services).
- About 1 in 5 were located in *Outer regional* areas (21% or 10 services) and *Inner regional areas* (19% or 9 services).
- The remaining services were located in *Very remote* areas (15% or 7 services).

This distribution was similar to the previous year (Figure 3.1).

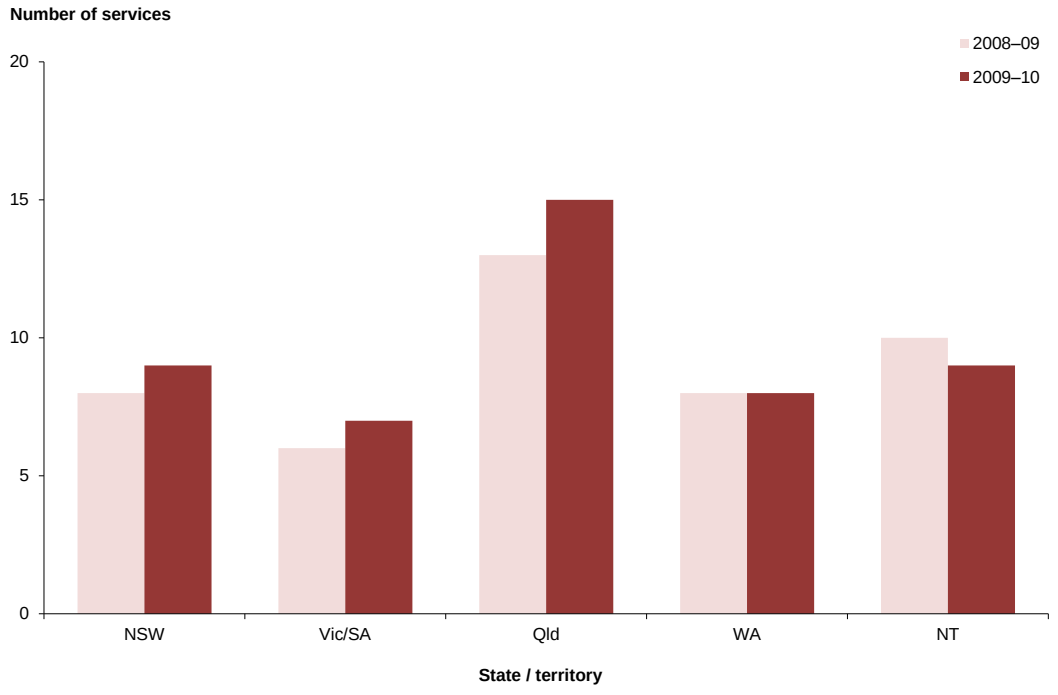
- Nearly one-third (31% or 15 services) were located in Queensland.
- About 1 in 5 were located in the Northern Territory (19% or 9 services), New South Wales (19% or 9 services) and Western Australia (17% or 8 services).
- More than 1 in 10 (13% or 6 services) were located in South Australia.
- Just 1 service (2%) was located in Victoria.

This distribution was 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.

Figure 3.1: Aboriginal and Torres Strait Islander stand-alone substance use services, by remoteness area, 2008–10 (number)



Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Figure 3.2: Aboriginal and Torres Strait Islander stand-alone substance use services, by state/territory, 2008–10 (number)

Accreditation

In 2009–10, nearly one-third (31%) of stand-alone substance use services were accredited—a much higher proportion than in the previous year (18%) (Table 3.1). Nearly three-quarters of these services (73%) achieved accreditation against organisational standards.

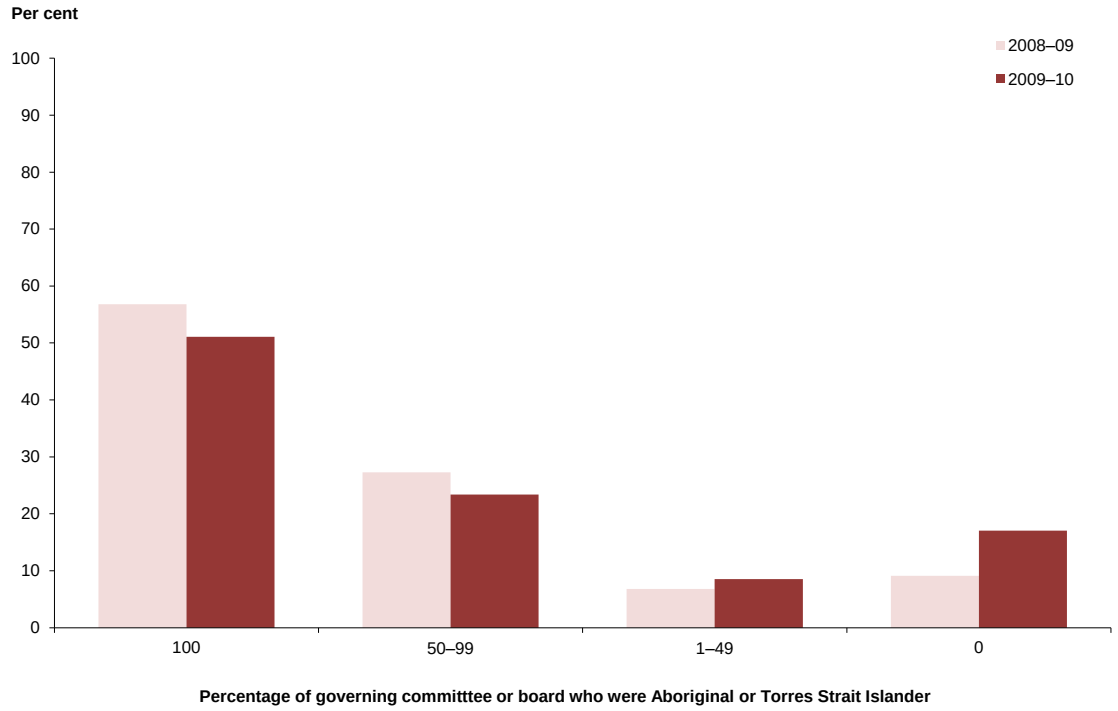
Table 3.1: Aboriginal and Torres Strait Islander stand-alone substance use services, by accreditation type, 2008–10

Accreditation type	2008–09		2009–10	
	Number	Per cent	Number	Per cent
RACGP accreditation	0	0.0	0	0.0
Organisational standard accreditation	5	11.1	11	22.9
Other accreditation	3	6.7	4	8.3
Total accredited services	*8*	*17.8*	*15*	*31.3*
Total services not accredited	*37*	*82.2*	*33*	*68.8*
Total services	**45**	**100.0**	**48**	**100.0**

Governance

In 2009–10, nearly all (98% or 47) Aboriginal and Torres Strait Islander stand-alone substance use services provided information on the makeup of their board or committee.

- About half (51%) 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 was higher than in the previous year (9%) (Figure 3.3).
- The governing committee or board of most services (96%) held regular meetings during 2009–10.
- 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 three-quarters of services (74%).



Notes

1. For 2008–09 *n*=44; for 2009–10 *n*=47.
2. Percentages were calculated based on the number of services with a governing committee or board.

Figure 3.3: Aboriginal and Torres Strait Islander stand-alone substance use services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–10 (per cent)

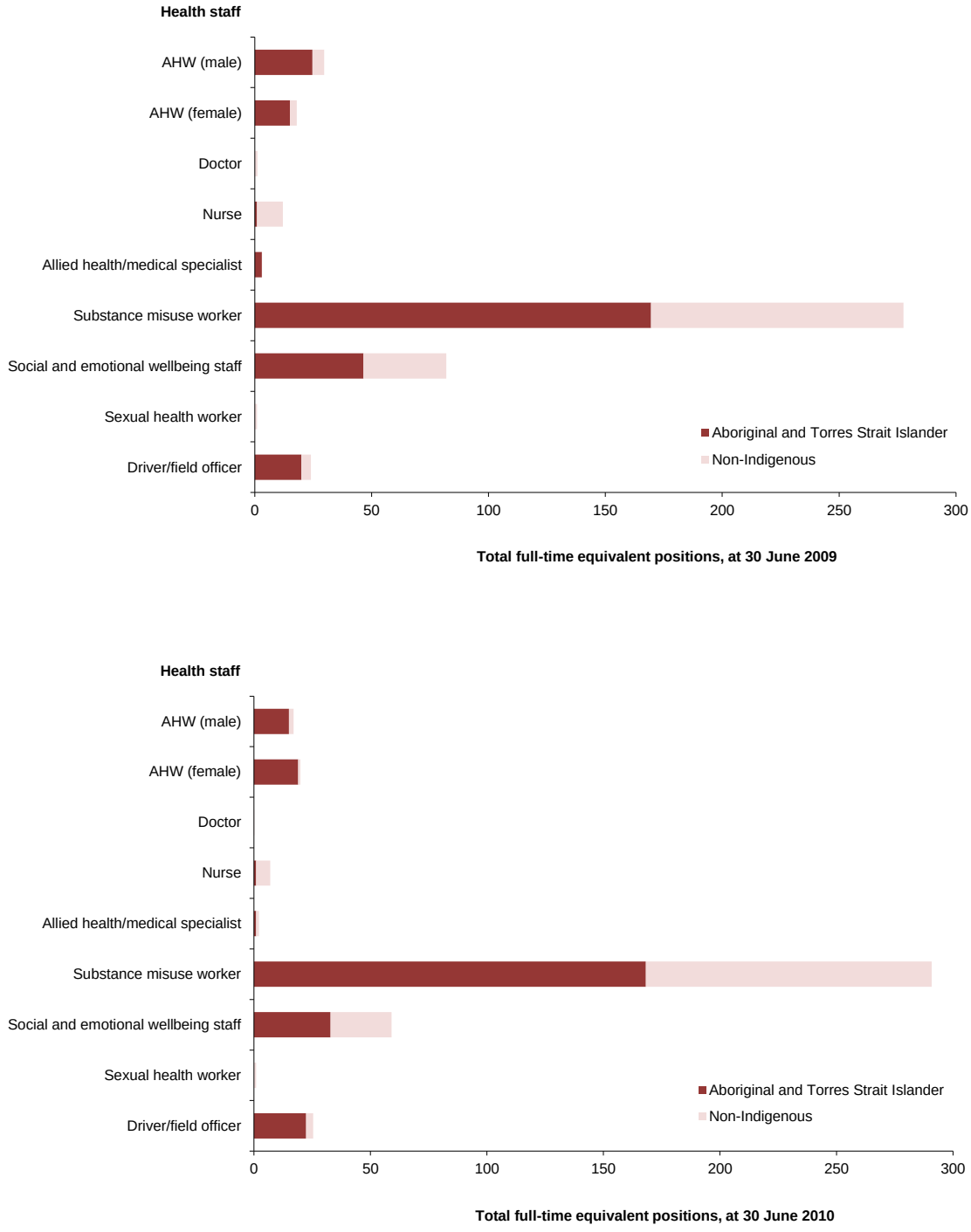
Staffing

Staff working at and paid by the service

In 2009–10, all 48 Aboriginal and Torres Strait Islander stand-alone substance use services provided information on the number of staff who worked in and whose salaries were paid by their service. As at the 30 June 2010, these services employed 802 FTE staff across health (430 FTE) and managerial, administrative and support roles (372 FTE). This was 6% lower than in the previous year (850 FTE).

- The main type of health staff employed were substance misuse workers. Nearly 9 in 10 services (85%) employed one or more substance misuse workers, with 291 FTE workers employed among all services (Figure 3.4).
- About 4 in 10 services (42%) had one or more social and emotional wellbeing staff, with 59 FTE staff employed.
- Just under one-third (29%) of services employed one or more Aboriginal and Torres Strait Islander health workers, with 37 FTE workers employed.
- About 1 in 5 services (21%) employed one or more drivers or field officers, with 25 FTE staff employed.

- A small number of services employed one or more doctors (2%) and nurses (13% or 7 FTE).



Notes:

1. For 2008–09 *n*=45; for 2009–10 *n*=48.
2. AHW: Aboriginal and Torres Strait Islander health worker.

Figure 3.4: Full-time equivalent health staff employed by Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status, 30 June 2009 and 2010 (number)

- Almost all (98%) services employed administrative, managerial and support staff, with 372 FTE employed.
- Of the 802 FTE staff, 471 (59%) were Aboriginal or Torres Strait Islander and 331 (41%) were non-Indigenous. These proportions were similar to the previous year.
- Almost 6 in 10 (58% or 168 FTE) substance misuse workers and social and emotional wellbeing staff (56% or 33 FTE) were Aboriginal or Torres Strait Islander—similar to the previous year.
- Most (88% or 22 FTE) drivers or field officers were Aboriginal or Torres Strait Islander—similar to the previous year.

Visiting staff

Visiting health professionals are an important way in which Aboriginal and Torres Strait Islander stand-alone substance use services can provide various treatments and assistance. In 2009–10, more than 6 in 10 (63% or 30) services reported 87 FTE visiting health professionals who came to their service but were paid for by another organisation. This was 15% less than in the previous year (102 FTE) (Figure 3.5).

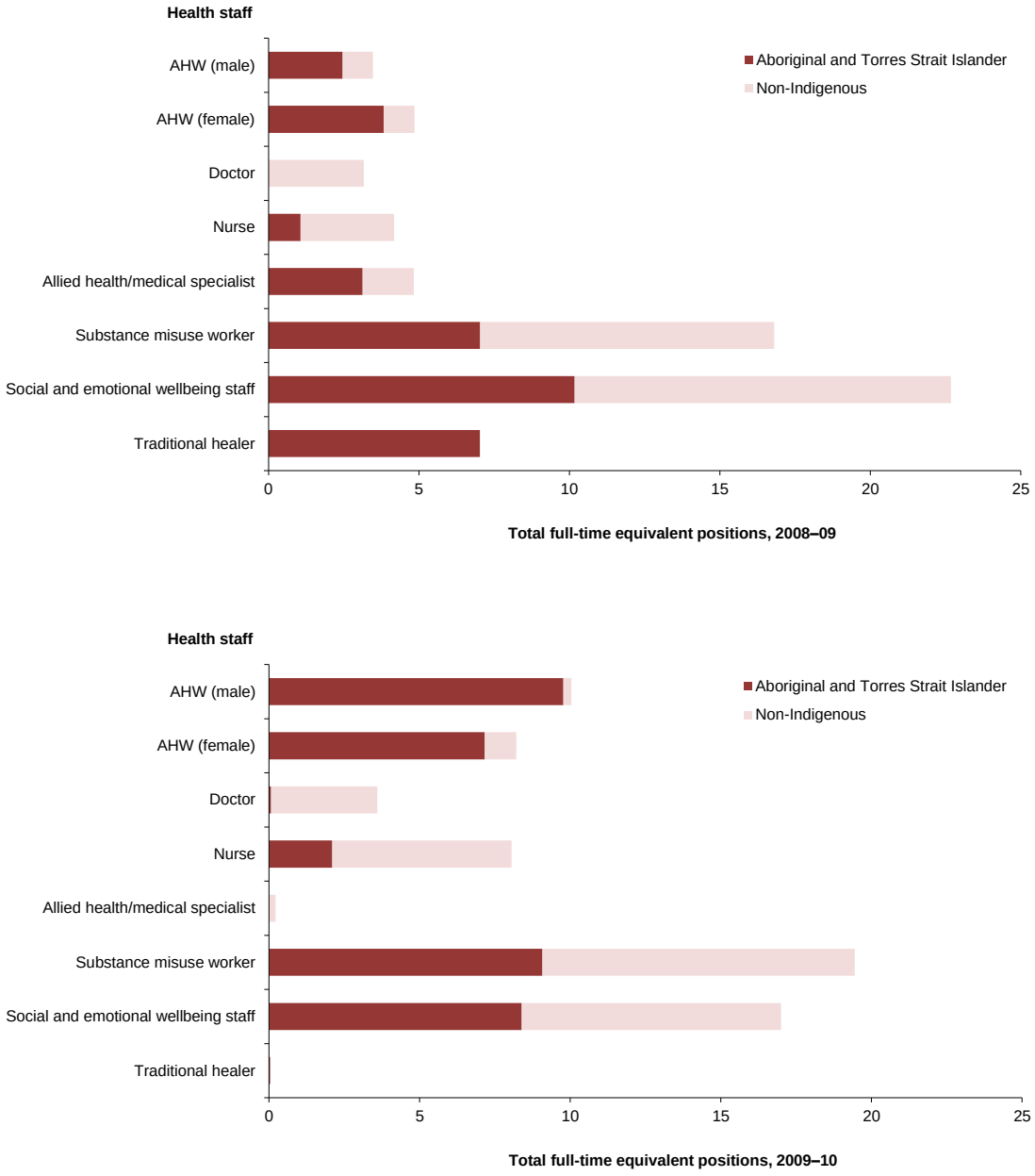
- The main types of visiting health professionals were substance misuse workers (19 FTE), Aboriginal and Torres Strait Islander health workers (18 FTE), and social and emotional wellbeing staff (17 FTE).
- Nearly 6 in 10 visiting health professionals were Aboriginal or Torres Strait Islander (59%). This is similar to the previous year (64%). Most Aboriginal and Torres Strait Islander health workers were Aboriginal or Torres Strait Islander (97% of males and 87% of females). This was higher than in the previous year (71% and 79%, respectively).
- About half (53% or 16 services) with visiting health professionals had visiting social and emotional wellbeing staff; about one-third had visiting Aboriginal and Torres Strait Islander health workers (37% or 11 services), substance misuse workers (33% or 10 services) and nurses (33% or 10 services).

While 63% of services reported visiting health staff in 2009–10, it is important to note that the frequency and duration of visits by these staff varied greatly among services.

Staff vacancies

About one-third (35%) of Aboriginal and Torres Strait Islander stand-alone substance use services reported having one or more staff vacancies at 30 June 2010—a total of 29 FTE positions. This was similar to the previous year (31%), although the total number of vacancies was 53% higher (29 compared with 19 FTE positions).

- The most common vacancies were for social and emotional wellbeing staff (13 FTE), substance misuse workers (7 FTE), and managerial, administrative and support positions (6 FTE).
- Most positions were vacant for 26 weeks or less (70% or 21). This was lower than in the previous year (89% or 17).
- Nearly one-third (30% or 9) were vacant for 27 weeks or more. This was higher than in the previous year (11% or 2).



Notes:

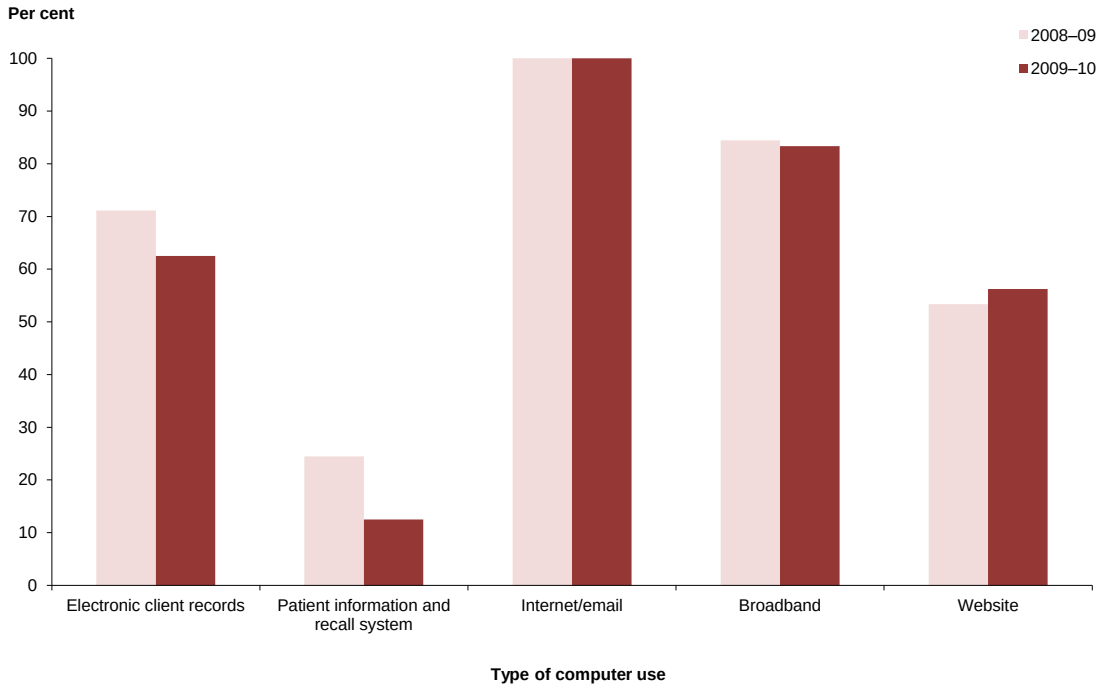
1. For 2008–09 *n*=26, for 2009–10 *n*=30.
2. AHW: Aboriginal and Torres Strait Islander health worker.

Figure 3.5: Full-time equivalent visiting health staff to Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status, 2008–10 (number)

Information technology

In 2009–10, all stand-alone substance use services used computers, email and the Internet, and most (83%) had a broadband internet connection (Figure 3.6). This was similar to the previous year.

- More than half of services (56%) reported having a website. This was similar to the previous year.
- More than 6 in 10 services (63%) used electronic client records; although the proportion with patient information and recall systems in place was much lower (13%). These proportions were lower than in the previous year (71% and 24%, respectively.



Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Figure 3.6: Aboriginal and Torres Strait Islander stand-alone substance use services using computers, by type of use, 2008–10 (per cent)

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 2009–10, stand-alone substance use services reported providing treatment and assistance for various substance use issues experienced by their clients. This treatment or assistance was provided to individual clients, and through targeted programs for specific substance use issues.

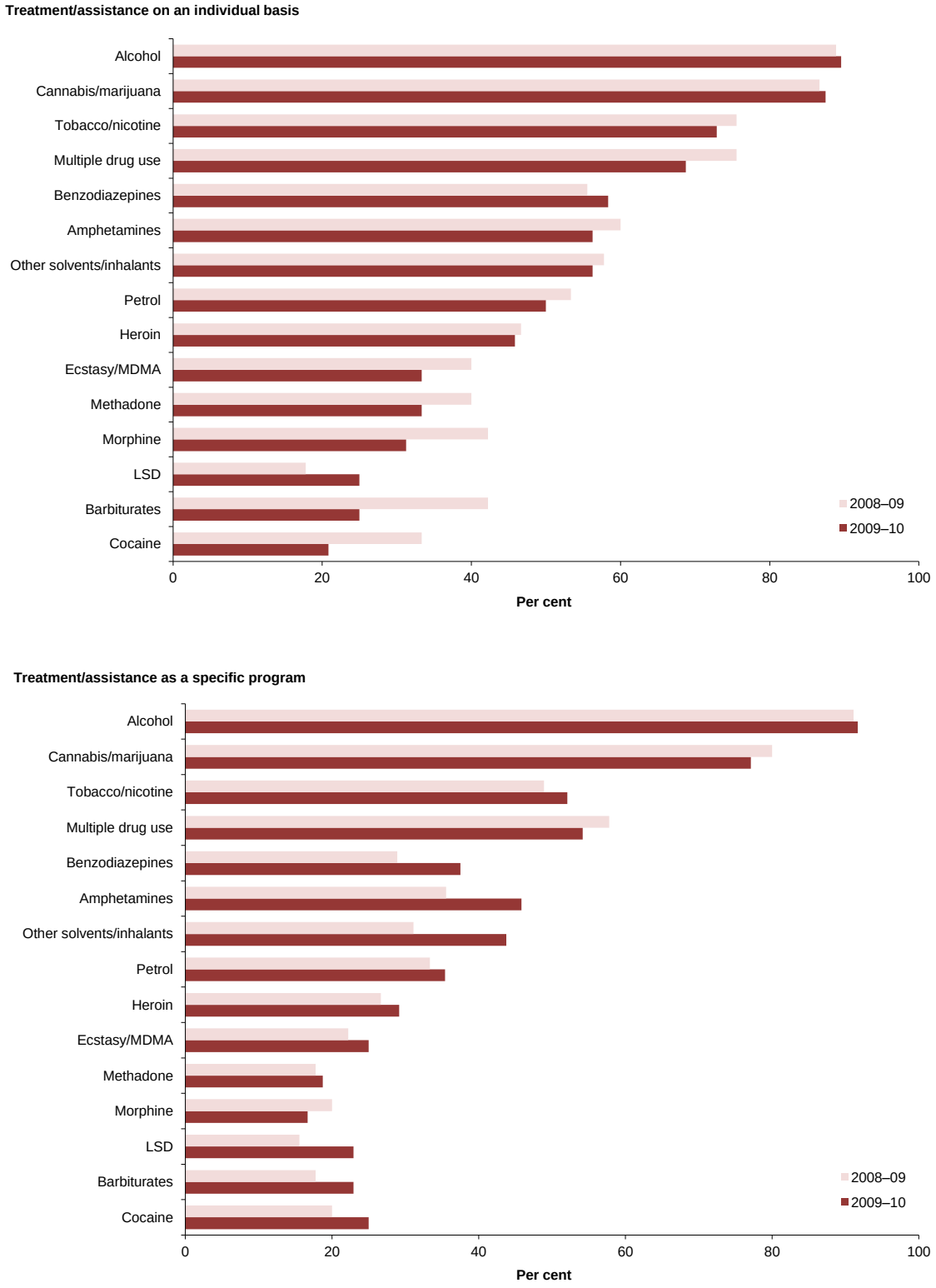
The most common substances treatment or assistance was provided for were alcohol, tobacco and nicotine, cannabis and marijuana, and multiple drug use.

- Most services provided treatment or assistance to individual clients for alcohol (90%), and cannabis and marijuana (88%).
- Nearly three-quarters provided treatment or assistance to individual clients for tobacco and nicotine (73%).
- Almost 7 in 10 (69%) provided treatment or assistance to individual clients for multiple drug use.

Proportions were generally similar to the previous year, although a lower proportion of services provided individual treatment for morphine (31% compared with 42%), barbiturates (25% compared with 42%) and cocaine (21% compared with 33%) (Figure 3.7; Table E.1).

- Most (92%) services provided targeted programs specifically for treatment and help with alcohol use.
- Nearly 8 in 10 (77%) services provided specific programs for cannabis and marijuana use.
- Just over half (54%) provided specific programs for multiple drug use, and tobacco and nicotine use (52%).

Again, these proportions were generally similar to the previous year, although a higher proportion of services provided specific programs for amphetamines (46% compared with 36%), other solvents and inhalants (44% compared with 31%), and benzodiazepines use (38% compared with 29%) (Figure 3.7; Table E.2).



Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Figure 3.7: Aboriginal and Torres Strait Islander stand-alone substance use services providing individual support and specific programs by selected substances, 2008–10 (per cent)

Programs provided

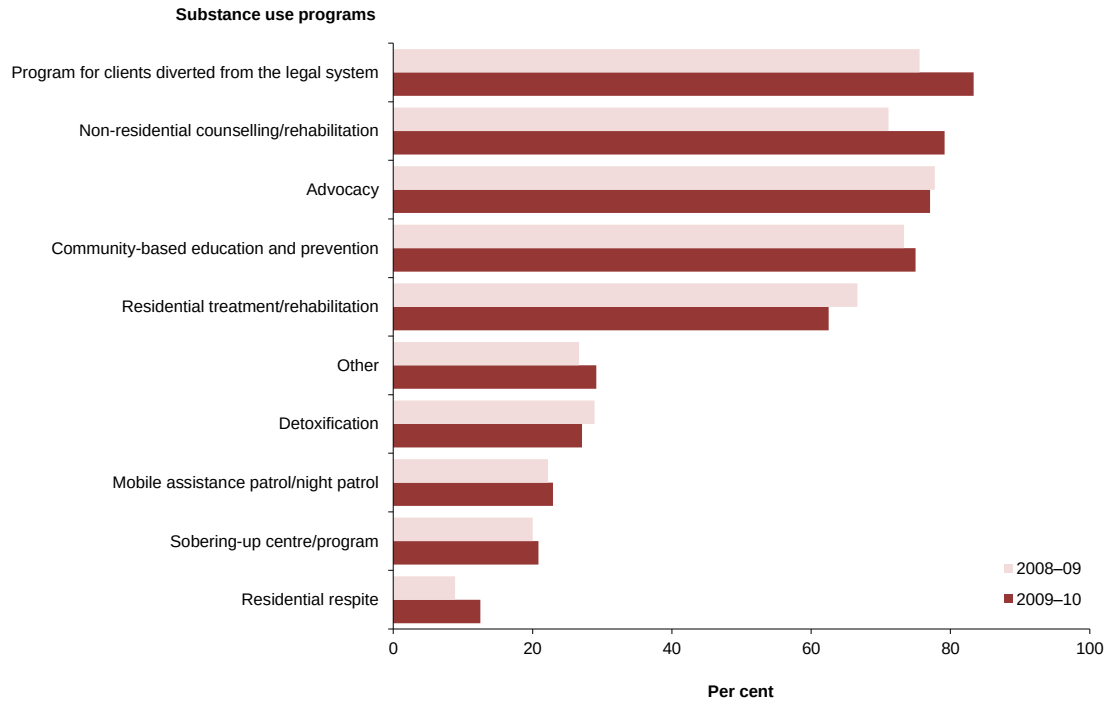
In 2009–10, Aboriginal and Torres Strait Islander stand-alone substance use services ran various programs to manage substance use. Services provided treatment and assistance through: residential treatment and rehabilitation programs; sobering up and residential respite and short-term care; non-residential counselling and rehabilitation programs; or 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 (1–7 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).

- Almost two-thirds of services (63%) provided residential treatment and rehabilitation programs. This was lower than in the previous year (67%). This was largely made up of services that provided residential care only (15% of services), residential and non-residential care (23%), and all three types of services (residential, non-residential and sobering up and residential respite and short-term care services) (23%).
- Non-residential programs were provided by almost 8 in 10 services (79%). This is higher than in the previous year (71%). One-third of services (31%) provided non-residential services only. This was higher than in the previous year (24%).
- Nearly half of all services (46%) provided both residential and non-residential services. This was similar to the previous year (44%).
- Sobering up and residential respite and short-term care services were provided by 29% of services. This was lower than in the previous year (24%). These services were nearly always provided in conjunction with other services (Table 3.2).

Table 3.2: Aboriginal and Torres Strait Islander stand-alone substance use services, by type of programs provided, 2008–10

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

The proportion of services providing particular programs was generally similar to the previous year, although there were increases in the proportion of services providing programs for clients diverted from the legal system (83% compared with 76%) and non-residential counselling and rehabilitation (79% compared with 71%) (Figure 3.8; Table E.3).



Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Figure 3.8: Aboriginal and Torres Strait Islander stand-alone substance use services providing programs, by type of program, 2008–10 (per cent)

Other types of assistance and activities

Stand-alone substance use services provided various assistance and activities for their clients.

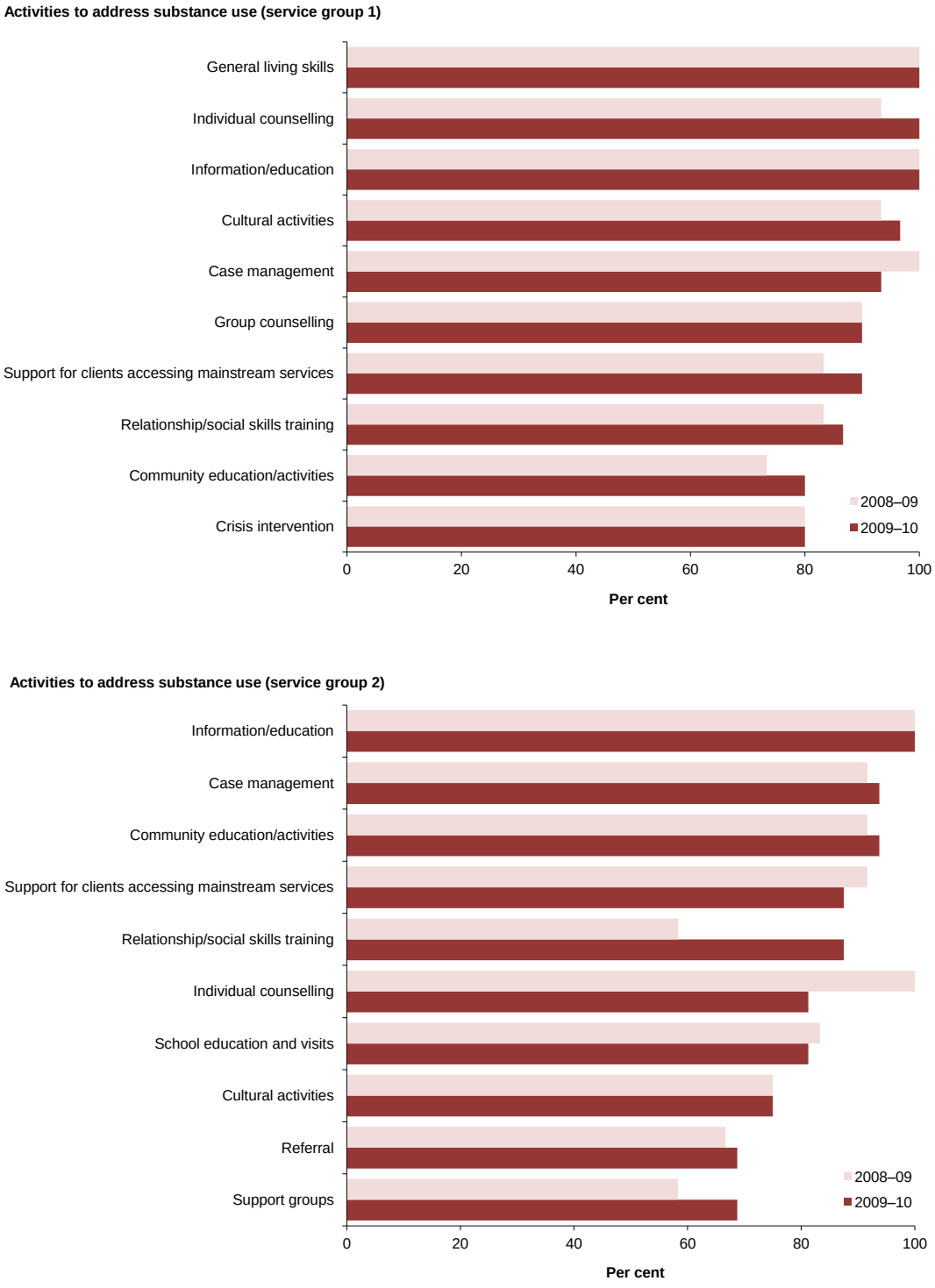
- Nearly all services (98%) provided information and education about substance use.
- About 8 in 10 provided this in the form of community education and activities (83%), and about half provided school-based education visits (52%).
- Most services (90%) provided case management of clients with substance use issues, and offered cultural activities (85%) and general living skills programs (83%).
- Most services also offered counselling delivered in various ways; 9 in 10 services (90%) offered individual counselling, about 7 in 10 (73%) offered group counselling, and more than 6 in 10 (65%) offered telephone counselling.

The assistance and activities offered varied 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 (100% compared with 63%), crisis intervention (80% compared with 63%), cultural activities (97% compared with 75%) and various types of counselling.
- The 16 services providing non-residential treatment only (or with sobering-up services) were more likely to provide school education and visits (81% compared with 37%), and community education and activities (94% compared with 80%) (Figure 3.9; tables E.4 and E.5).

The proportion of services offering these activities was generally similar to the previous year. For services providing residential treatment (with or without non-residential treatment and other types of programs), there was a decrease in the proportion providing support groups (77% compared with 87%), and an increase in the proportion providing support for clients accessing mainstream services (90% compared with 83%).

For services providing non-residential treatment only (or with sobering-up services), there was a decrease in the proportion providing general living skills (63% compared with 75%), crisis intervention (63% compared with 92%), and individual counselling (81% compared with 100%). There was an increase in the proportion offering support groups (69% compared with 58%), and relationship and social skills training (88% compared with 58%).



Notes

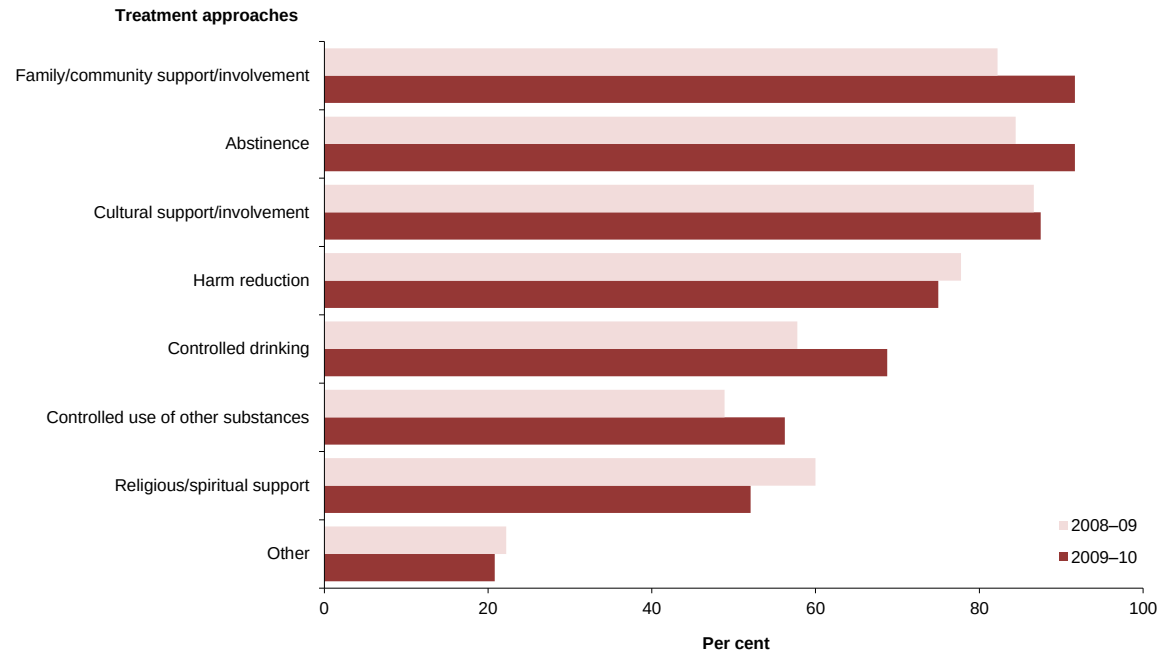
1. For 2008–09 *n*=43; for 2009–10 *n*=47.
2. Percentages were calculated based on the number of services providing at least one of three types of programs—residential; sobering up/residential respite/short-term care; and non-residential/follow-up/aftercare.
3. Service group 1 includes services who provided residential treatment with or without other programs; service group 2 includes the remaining services who did not provide residential treatment.

Figure 3.9: Aboriginal and Torres Strait Islander stand-alone substance use services providing activities to manage substance use, by selected activities, 2008–10 (per cent)

Treatment approaches

In 2009–10, stand-alone substance use services used various 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—a similar proportion to the previous year (87%).
- Other common treatment approaches included abstinence, and family and community support and involvement (92% each)—an increase from the previous year (84% and 82%, respectively).
- Three-quarters of services used harm reduction (75%)—similar to the previous year.
- About 1 in 5 (21%) used other treatment approaches—similar to the previous year (Figure 3.10; Table E.6).



Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

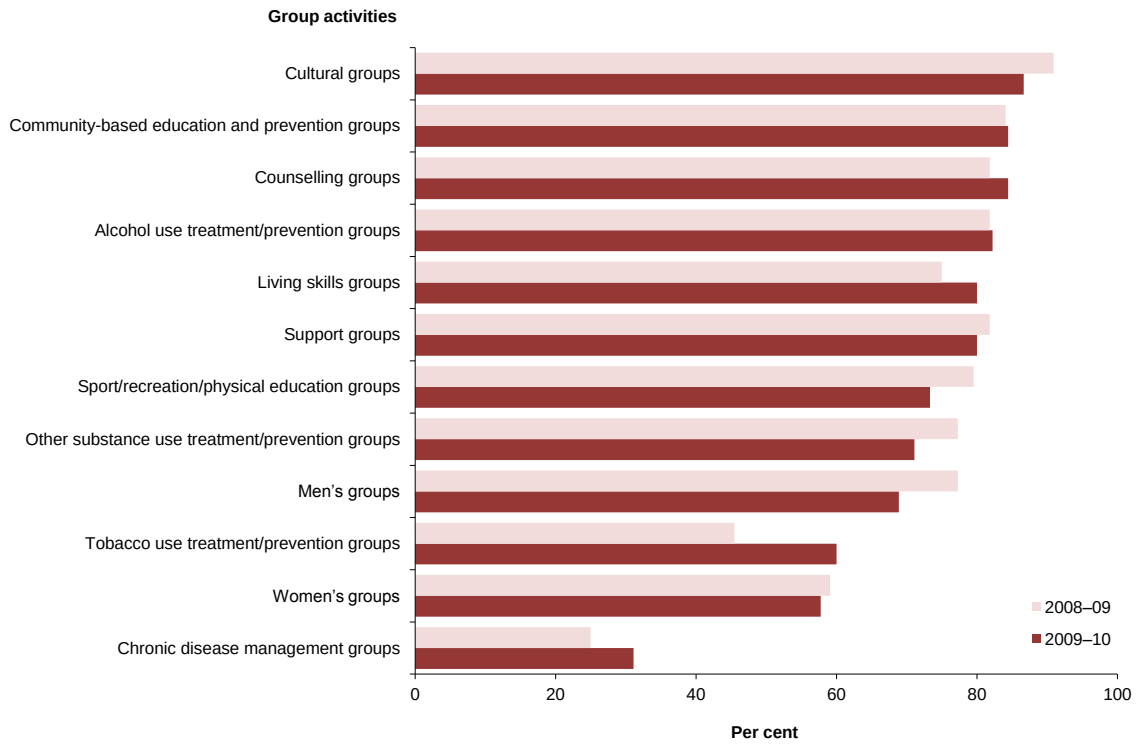
Figure 3.10: Aboriginal and Torres Strait Islander stand-alone substance use services using particular treatment approaches, by selected approaches, 2008–10 (per cent)

Group activities

Various group activities are used to help treat and prevent substance use, and to support communities and families affected by substance use. In 2009–10, group activities were provided by most (94% or 45) stand-alone substance use services.

- Cultural groups, such art, hunting and bush outings, were the most common group activity, and were offered by most services (87%).
- About 8 in 10 services offered community-based education and prevention groups (84%), counselling groups (84%), support groups (80%), alcohol use treatment and prevention groups (82%), and living skills groups (80%).
- About 7 in 10 services offered sport and physical education groups (73%), men's groups (69%), and other substance use treatment and prevention groups (71%).

Proportions were similar to the previous year, although the proportion of services offering tobacco use treatment and prevention groups increased from 45% to 60% (Figure 3.11; Table E.7).



Notes

1. For 2008–09 *n*=44; for 2009–10 *n*=45.
2. Percentages were calculated based on the number of services providing group activities.

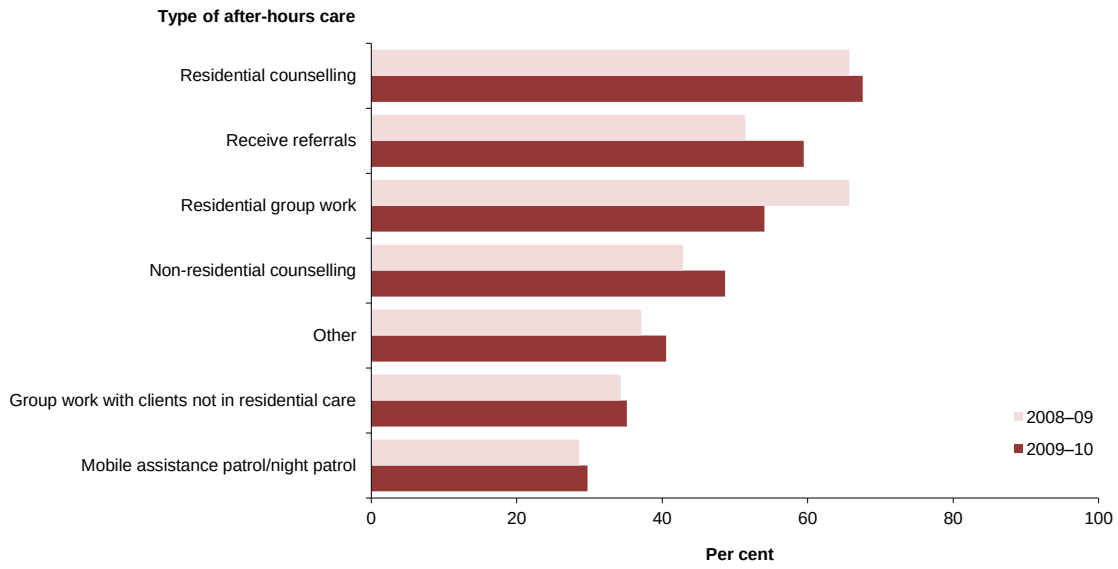
Figure 3.11: Aboriginal and Torres Strait Islander stand-alone substance use services providing group activities, by selected activities, 2008–10 (per cent)

Care outside opening hours

In 2009–10, more than three-quarters of Aboriginal and Torres Strait Islander stand-alone substance use services (77%) provided care to clients outside of usual opening hours—a similar proportion to the previous year.

- More than two-thirds of these services provided residential counselling outside usual opening hours (68%).
- More than half (59%) received referrals outside usual opening hours.

Compared with the previous year, a higher proportion of services received referrals (59% compared with 51%), and did non–residential counselling (49% compared with 43%). A smaller proportion did residential group work out of hours (54% compared with 66%) (Figure 3.12; Table E.8).



Notes

1. For 2008–09 *n*=35; for 2009–10 *n*=37.
2. Percentages were calculated based on the number of services providing out-of-hours care.

Figure 3.12: Aboriginal and Torres Strait Islander stand-alone substance use services providing out-of-hours care, by type of care, 2008–10 (per cent)

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 period 1 July–30 June. 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 2009–10, nearly all (98% or 47) Aboriginal and Torres Strait Islander stand-alone substance use services reported their client numbers. There were about 26,300 clients reported, an increase of 14% (about 3,100 clients) compared with the previous year.

- Of those, 15,700 (60%) were male and 10,700 (40%) were female.
- Three-quarters (75%) of clients were Aboriginal or Torres Strait Islander, and about one-quarter (24% or 6,297) were non-Indigenous. These were similar proportions to the previous year.
- Almost 6 in 10 (58%) Aboriginal and Torres Strait Islander clients were male, and about 4 in 10 were female (42%) (Table 3.3).

Table 3.3: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status and sex, 2009–10

Indigenous status	Male	Female	Unknown sex	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	11,517	8,270	2	19,789	75.2
Non-Indigenous	3,991	2,306	0	6,297	23.9
Unknown Indigenous status	145	77	3	225	0.9
Total	**15,653**	**10,653**	**5**	**26,311**	**100.0**

Notes

1. For 2009–10 *n*=47.
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

- Nearly one-third of clients sought treatment or assistance at stand-alone substance use services located in Queensland (30%).
- About 1 in 5 sought treatment at services located in the Northern Territory (21%), South Australia (20%) and Western Australia (20%).
- The remainder sought treatment or assistance in New South Wales (6%) or Victoria (3%).

Proportions were similar to the previous year. Almost all (98%) clients of services in the Northern Territory were Aboriginal or Torres Strait Islander, while just over a half (57%) of those in Queensland were Aboriginal or Torres Strait Islander (Table 3.4).

Table 3.4: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by Indigenous status and state/territory, 2009–10

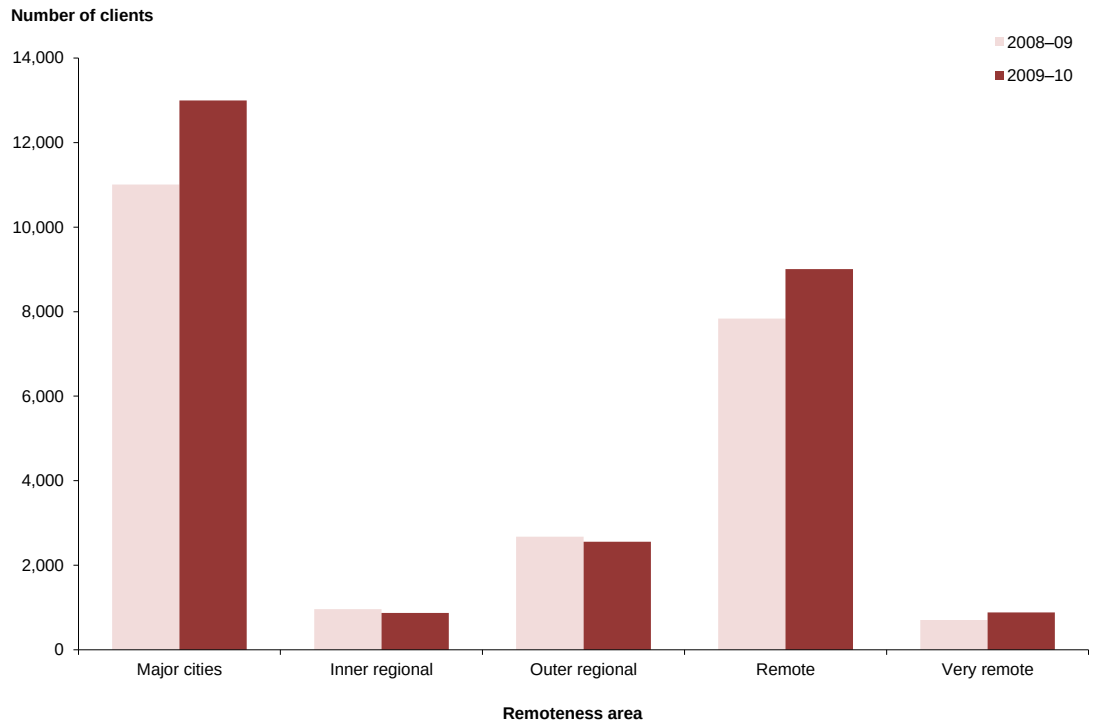
Indigenous status	NSW	Vic/SA	Qld	WA	NT	Total
Aboriginal and Torres Strait Islander	1,048	5,172	4,480	3,608	5,481	19,789
Non-Indigenous	394	817	3,410	1,536	140	6,297
Unknown Indigenous status	0	176	0	49	0	225
Total clients (number)	**1,442**	**6,165**	**7,890**	**5,193**	**5,621**	**26,311**
Total clients (per cent)	**5.5**	**23.4**	**30.0**	**19.7**	**21.4**	**100.0**

Notes

1. For 2009–10 *n*=47.
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.
3. Data for Victoria and South Australia have been combined due to the small number of services in Victoria.

- About half (49%) of clients received treatment at services located in *Major cities*, although this figure was lower for Aboriginal and Torres Strait Islander clients (43%) than non-Indigenous clients (67%).
- One-third (34%) of clients received treatment at a service located in *Remote* areas. This was higher for Aboriginal and Torres Strait Islander clients (39%) than non-Indigenous clients (21%).
- About 1 in 10 (10%) received treatment at services located in *Outer regional areas*. The remainder received treatment in *Inner regional* or *Very remote* areas (3% each).

Proportions were similar to the previous year (Figure 3.13).



Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=47.
2. The estimated number of clients refers to individual clients, and does not include clients who attended groups only.

Figure 3.13: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by remoteness area, 2008–10 (number)

Residential clients

In 2009–10, the 30 stand-alone substance use services providing residential treatment and rehabilitation programs reported providing these programs to about 3,400 clients. This is the same as in the previous year (about 3,400).

- Of these, 8 in 10 (82% or 2,800) clients were Aboriginal or Torres Strait Islander—a similar proportion to the previous year. Among these clients, nearly 8 in 10 were male (79%), and 2 in 10 were female (21%) (Table 3.5).

- Nearly half (47%) of Aboriginal and Torres Strait Islander clients were aged 19–35 years, and more than 4 in 10 (42%) were aged 36 years or over. Just over 1 in 10 (11%) were aged 18 years or under.

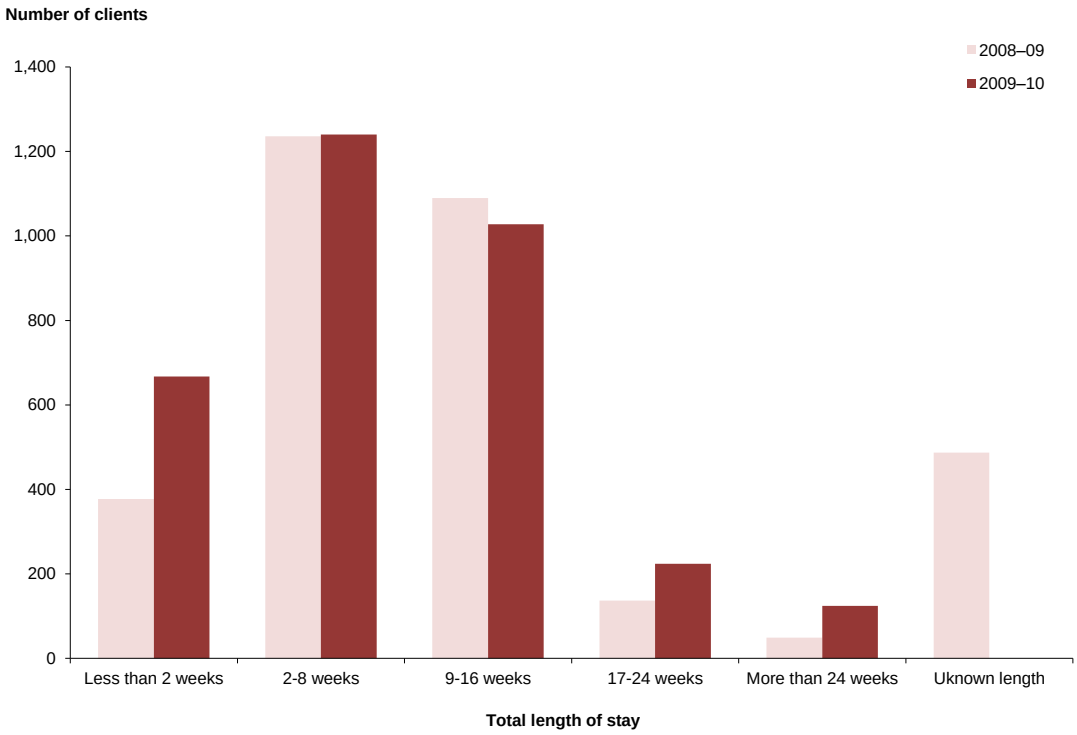
Table 3.5: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services providing residential treatment, by Indigenous status and sex, 2009–10

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,221	595	2,816	81.7
Non-Indigenous	539	93	632	18.3
Total	**2,760**	**688**	**3,448**	**100.0**

Note: For 2009–10 *n*=30.

The length of stay for clients in residential treatment and rehabilitation varied.

- More than one-third of clients (38%) had a length of stay ranging from 2 to 8 weeks, and nearly a third (31%) had a length of stay from 9 to 16 weeks. These proportions were similar to the previous year
- 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 (20%) or greater than 17 weeks (11%). The proportion of clients staying less than 2 weeks was higher than in the previous year (20% compared to 11%), as was the proportion staying more than 17 weeks (11% compared to 6%).
- The proportion of clients with an unknown length of stay was lower (0% compared with 14%) (Figure 3.14).



Notes

1. For 2008–09 *n*=30; for 2009–10 *n*=28.
2. Data are based on services providing residential treatment and rehabilitation and valid information on total length of stay.

Figure 3.14: Estimated residential treatment and rehabilitation clients of Aboriginal and Torres Strait Islander stand-alone substance use services, by length of stay, 2008–10 (number)

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 1–7 days for respite. They do not receive formal rehabilitation. Sobering-up clients include mobile assistance patrol clients, night patrol clients and 'walk-in' clients who stay overnight.

In 2009–10, the 13 substance use services providing these types of services reported about 4,500 clients. This was similar to the previous year (about 4,600).

- Almost all (98%) clients were Aboriginal or Torres Strait Islander—a similar proportion to the previous year.
- Just over half (54%) were male, and 46% were female (Table 3.6).
- About 4 in 10 (41%) Aboriginal and Torres Strait Islander clients were aged 36 years or over.
- Nearly 3 in 10 (28%) were aged 19–35 years.
- Only 1% of clients were aged 18 years or less.

These figures were affected by the fact that the age of a relatively high number of clients was unknown (30%).

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, 2009–10

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,394	2,052	4,446	98.2
Non-Indigenous	68	15	83	1.8
Total	**2,462**	**2,067**	**4,529**	**100.0**

Note: For 2009–10 *n*=13.

Non-residential, follow-up and aftercare clients

Non-residential, follow-up and aftercare 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 2009–10, 38 substance use services reported an estimated 19,400 non-residential, follow-up and aftercare clients. This was a 30% increase compared to the previous year (about 15,000).

- About two-thirds (69%) of these were Aboriginal or Torres Strait Islander, and one-third (30%) were non-Indigenous—similar proportions to the previous year. Indigenous status was unknown for a small proportion (1%) of clients.
- More than half (56%) of Aboriginal and Torres Strait Islander clients were male, and more than 4 in 10 (44%) were female (Table 3.7).
- About 4 in 10 (41%) Aboriginal and Torres Strait Islander clients were aged 19–35 years.
- One-third (34%) were aged 36 years and over.
- Clients aged 18 years or less made up a smaller proportion (11%) of Aboriginal or Torres Strait Islander clients.

These figures are affected by the fact that the age of 13% of clients was unknown.

Table 3.7: Estimated clients of Aboriginal and Torres Strait Islander stand-alone substance use services providing non-residential, follow-up and aftercare, by Indigenous status and sex, 2009–10

Indigenous status	Male	Female	Unknown sex	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	7,449	5,909	2	13,360	68.7
Non-Indigenous	3,581	2,238	0	5,819	30.0
Unknown Indigenous status	158	93	3	254	1.3
Total	**11,188**	**8,240**	**5**	**19,433**	**100.0**

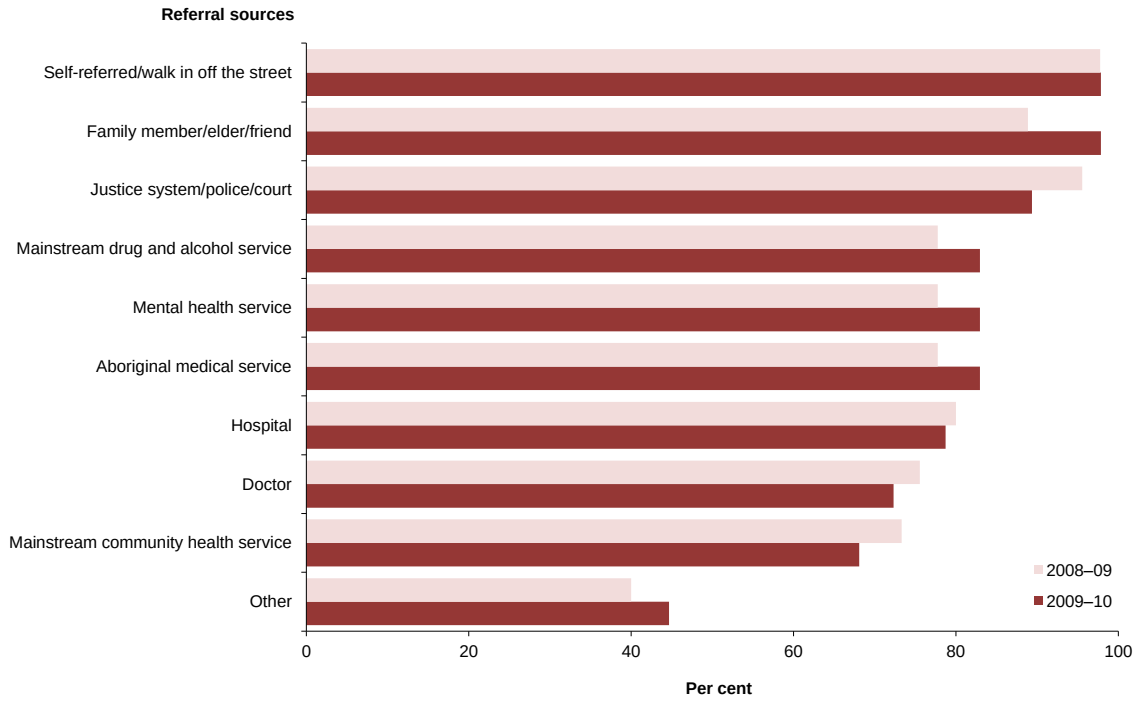
Note: For 2009–10 *n*=38.

Client referral sources

Clients of Aboriginal and Torres Strait Islander stand-alone substance use services are referred from various sources.

- In 2009–10, almost all services had clients who walked in or referred themselves (98%), or were referred by a family member, elder or friend (98%).
- About 9 in 10 services had clients who were referred by the justice system, police or court (89%).
- More than 8 in 10 had clients referred by an Aboriginal medical service, mental health service, and mainstream drug and alcohol service (83% each).

Proportions were generally similar to the previous year, although the proportion of services with clients referred by a family member or elder or friend increased from 89% to 98%, and the proportion with clients referred by the justice system, police or court decreased from 96% to 89% (Figure 3.15; Table E.9).



Notes

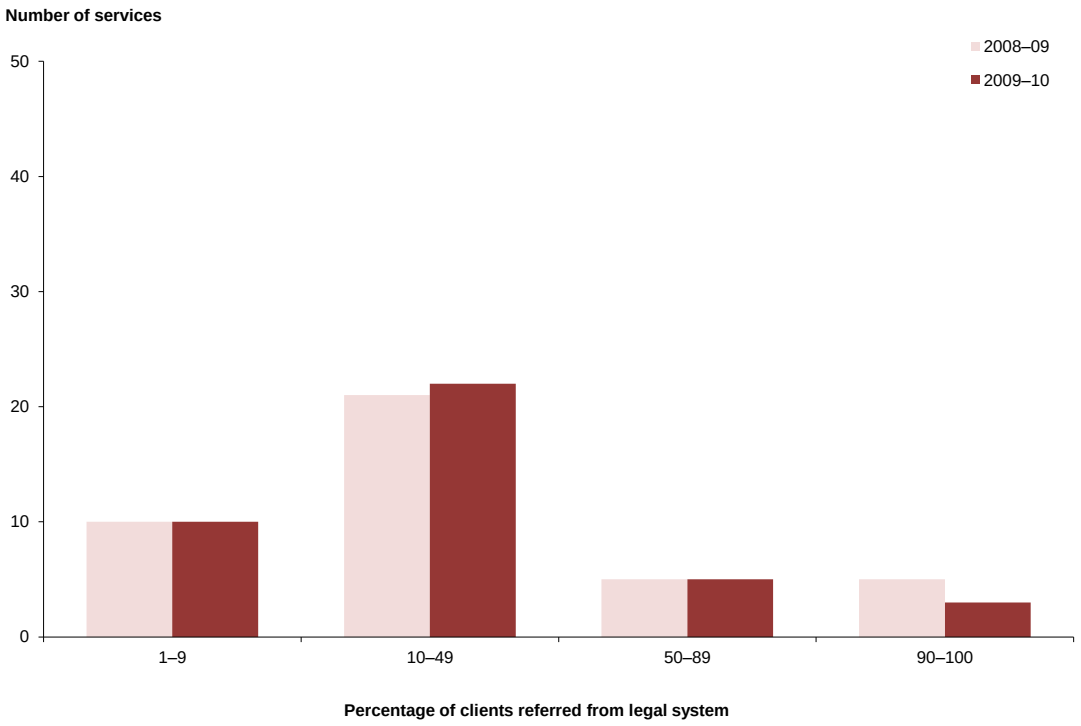
1. For 2008–09 *n*=45; for 2009–10 *n*=47.
2. Percentages were calculated based on the number of services receiving referred clients.

Figure 3.15: Aboriginal and Torres Strait Islander stand-alone substance use services receiving referred clients, by referral source, 2008–10 (per cent)

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 2009–10, most (85% or 40) stand-alone substance use services reported receiving a proportion of their clients as referrals from the justice system—a lower proportion than in the previous year (91%).
- Of these services (80% or 32) reported that up to a half their clients were referred from the justice system. This was similar to the previous year (76%).
- The remaining services reported that more than half their clients were referred from this source, with 3 services (8%) receiving all or nearly all their clients as the result of legal proceedings (Figure 3.16).



Notes

1. For 2008–09 *n*=41; for 2009–10 *n*=40.
2. Percentages were calculated based on the number of services receiving clients as a result of legal proceedings.

Figure 3.16: Aboriginal and Torres Strait Islander stand-alone substance use services receiving clients as a result of legal proceedings, by percentage of clients referred, 2008–10 (number)

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 counted as two episodes of care.

In 2009–10, most (93% or 28) stand-alone substance use services providing residential treatment and rehabilitation programs reported on their episodes of care. These services provided about 3,400 episodes of care (Table 3.8). This was 6% lower than in the previous year (3,600).

- Aboriginal or Torres Strait Islander clients received more than three-quarters (81%) of all episodes of care, while non-Indigenous clients received 19%—similar proportions to the previous year.
- Almost three-quarters (73% or 22) residential treatment and rehabilitation services had a waiting list in 2009–10. This was higher than in the previous year (67%).
- More than half (55% or 12) of services with a waiting list had 10 or more people on it. This was lower than in the previous year (60%).

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, 2009–10

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,194	587	2,781	80.6
Non-Indigenous	565	103	668	19.4
Total	**2,759**	**690**	**3,449**	**100.0**

Note: For 2009–10 *n*=28.

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

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 2009–10, 13 substance use services reported about 16,300 episodes of care for sobering-up, residential respite and short-term care (Table 3.9). This was 14% higher than the number reported in the previous year (about 14,300). On average, each client had 3.6 episodes of care.

- Aboriginal or Torres Strait Islander clients received almost all (99%) episodes of care—a similar proportion to the previous year.
- Of these, more than half (55%) were for male clients, and 4 in 10 (45%) for female clients.

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, 2009–10

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	8,828	7,272	16,100	99.0
Non-Indigenous	135	22	157	1.0
Total	**8,963**	**7,294**	**16,257**	**100.0**

Note: For 2009–10 *n*=13.

Non-residential, follow-up and aftercare episodes of care

An episode of non-residential, follow-up and aftercare 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 2009–10, 89% or 34 stand-alone substance use services providing non-residential, follow-up and aftercare programs reported on their episodes of care. These services provided about 56,000 episodes of non-residential, follow-up and aftercare (Table 3.10). This was 12% higher than the number reported in the previous year (about 50,200). On average, each client had about 3 episodes of care.

- Aboriginal or Torres Strait Islander clients received almost three-quarters (73%) and non-Indigenous clients about one-quarter (26%) of all episodes of care—similar proportions to the previous year. Indigenous status was not recorded for the remaining 1% of clients
- More than half (56%) of all episodes of care to Aboriginal and Torres Strait Islander clients were provided to male clients, and the remainder to female clients (44%).
- About 4 in 10 episodes of care to Aboriginal and Torres Strait Islander clients were provided to clients aged 36 years and over (42%), and those aged 19–35 years (39%).
- About 1 in 10 (10%) were provided to clients aged 18 years or under, and to clients whose age was unknown (9%).

Table 3.10: Estimated episodes of care by Aboriginal and Torres Strait Islander stand-alone substance use services for non-residential, follow-up and aftercare, by Indigenous status and sex, 2009–10

Indigenous status	Male	Female	Unknown sex	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	22,904	17,879	2	40,785	72.8
Non-Indigenous	9,024	5,604	0	14,628	26.1
Unknown Indigenous status	390	228	3	621	1.1
Total	**32,318**	**23,711**	**5**	**56,034**	**100.0**

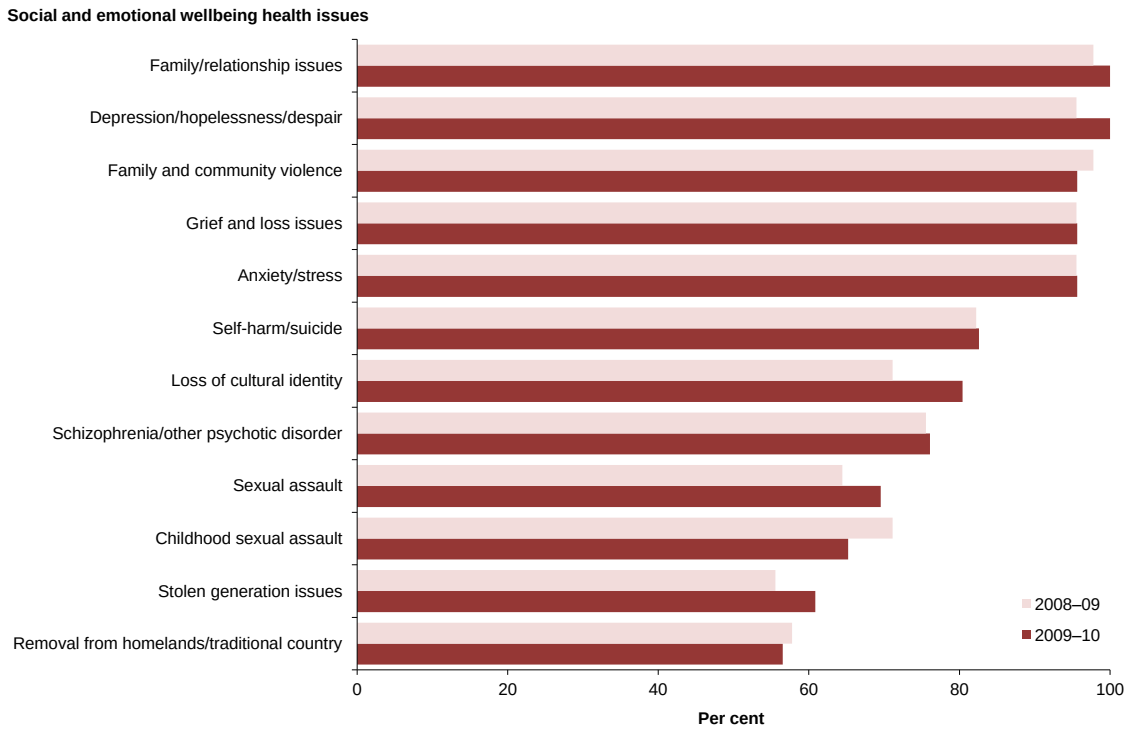
Note: For 2009–10 *n*=34.

Social and emotional wellbeing of clients

In 2009–10, nearly all (96%) stand–alone substance use services reported that one or more of their clients had experienced negative social and emotional wellbeing issues.

- Of these, all reported that one or more of their clients had family and relationship issues, and depression, hopelessness and despair.
- Nearly all reported that clients experienced family and community violence (96%), anxiety and stress (96%), and grief and loss issues (96%).
- About 8 in 10 (83%) reported self-harm or suicide as issues.
- Three-quarters (76%) reported that one or more clients had schizophrenia or another psychotic disorder (Figure 3.17; Table E.10).

Proportions were generally similar to the previous year, although a higher proportion of services reported loss of cultural identity as an issue experienced by their clients (80% compared with 71%).



Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=46.
2. Percentages were calculated based on the services with clients having social and emotional health issues.

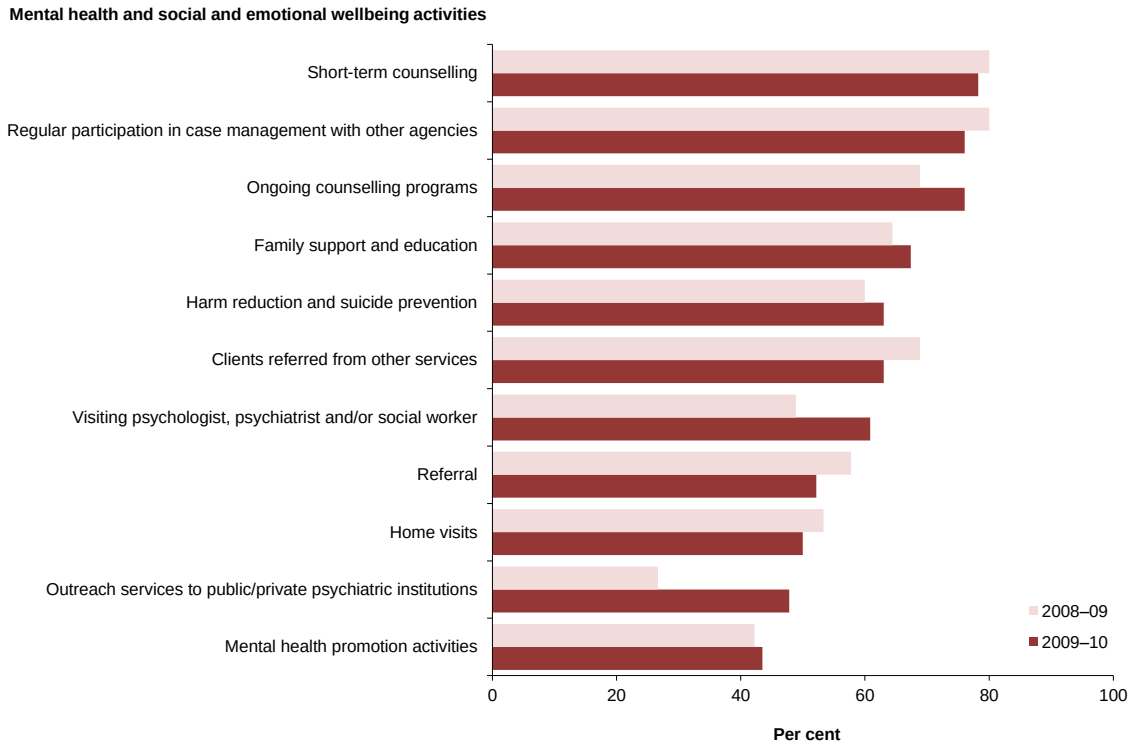
Figure 3.17: Aboriginal and Torres Strait Islander stand-alone substance use services where one or more clients had social and emotional wellbeing issues, by selected issues, 2008–10 (per cent)

Most services (96%) provided one or more mental health or social and emotional wellbeing activities.

- About three-quarters of services (78%) provided short-term counselling, and ongoing counselling programs (76%).
- About three-quarters of services participated in case management with other agencies in the care of patients with mental illness (76%).
- Two-thirds of services (67%) provided family support and education.

- About 6 in 10 services had clients with mental health issues who were referred from other services (63%), provided a visiting psychologist, psychiatrist or social worker (61%), and provided harm reduction and suicide prevention activities (63%).

Proportions were generally similar to the previous year, although there were increases in the proportion of services providing ongoing counselling programs (76% compared with 69%), a visiting psychologist, psychiatrist or social worker (61% compared with 49%), and outreach to psychiatric institutions (48% compared with 27%) (Figure 3.18; Table E.11).



Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=46.
2. Percentages were calculated based on the services providing mental health and social and emotional wellbeing activities.

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, 2008–10 (per cent)

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 2009–10, 91 services that received OATSIH funding to provide Bringing Them Home and Link Up counselling services responded to the OATSIH Services Reporting questionnaire. This is a response rate of 97%. The number of services is 12% higher than the number reported on in the previous year (81 services).

Location

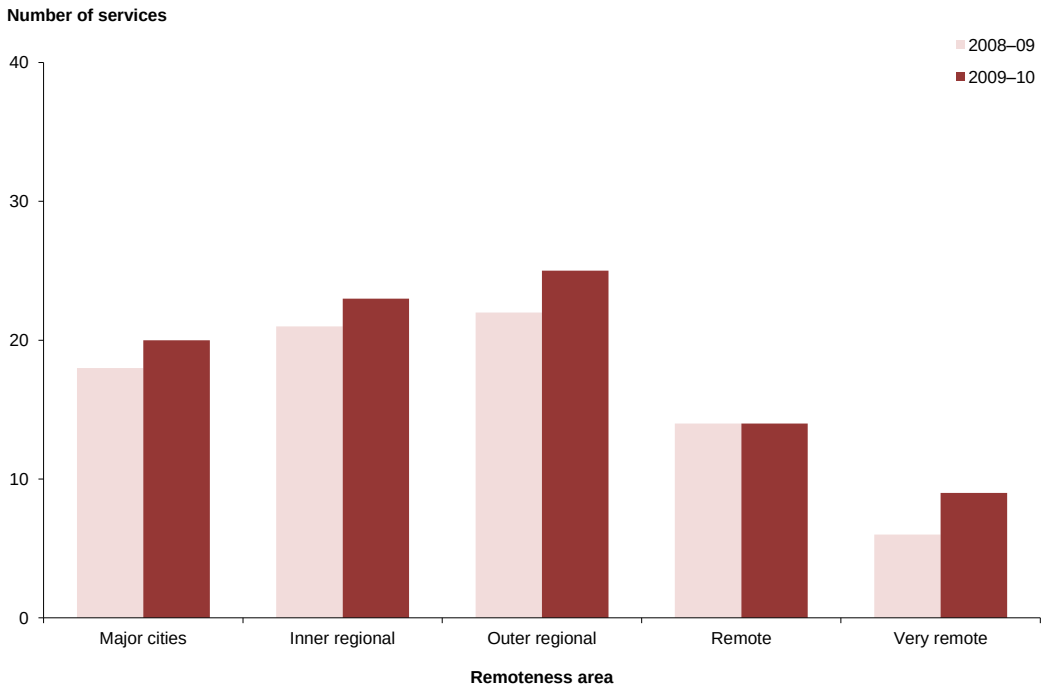
In 2009–10, the 91 Bringing Them Home and Link Up counselling services were located in all states and territories, and across all geographical areas from *Major cities* to *Very remote* areas.

- About half of these services were located in *Outer regional* (27% or 25 services) and *Inner regional* areas (25% or 23 services) combined.
- The remaining services were located in *Major cities* (22% or 20), *Remote* areas (15% or 14) and *Very remote* areas (10% or 9).

This distribution was similar to the previous year (Figure 4.1).

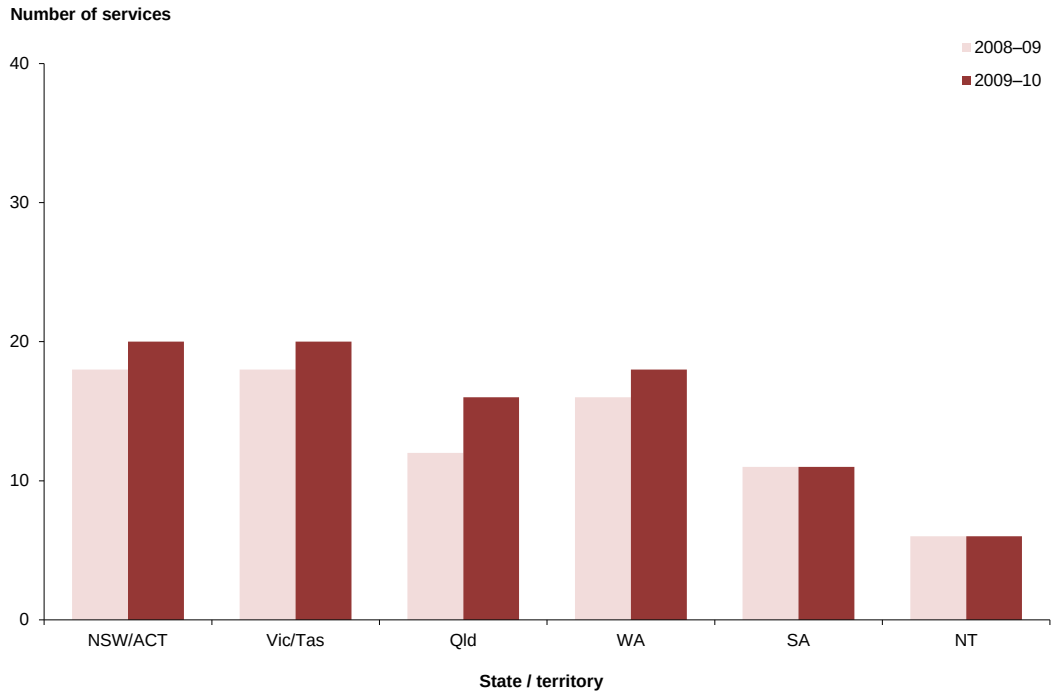
- About 1 in 5 services were located in New South Wales and the Australian Capital Territory (22% or 20), Victoria and Tasmania (22% or 20), Western Australia (20% or 18) and Queensland (18% or 16).
- The remaining services were located in South Australia (12% or 11) and the Northern Territory (7% or 6).

This distribution was similar to the previous year (Figure 4.2). Figure C.3 in Appendix C maps the locations of all Bringing Them Home and Link Up counselling services.



Note: For 2008–09 *n*=81; for 2009–10 *n*=91.

Figure 4.1: Bringing Them Home and Link Up counselling services, by remoteness area, 2008–10 (number)



Note: For 2008–09 *n*=81; for 2009–10 *n*=91.

Figure 4.2: Bringing Them Home and Link Up counselling services, by state/territory, 2008–10 (number)

Accreditation

In 2009–10, 7 in 10 (71%) Bringing Them Home and Link Up counselling services were accredited. This was higher than in the previous year (65%) (Table 4.1). Most accredited services (89% or 58) achieved accreditation through the Royal Australian College of General Practitioners (RACGP).

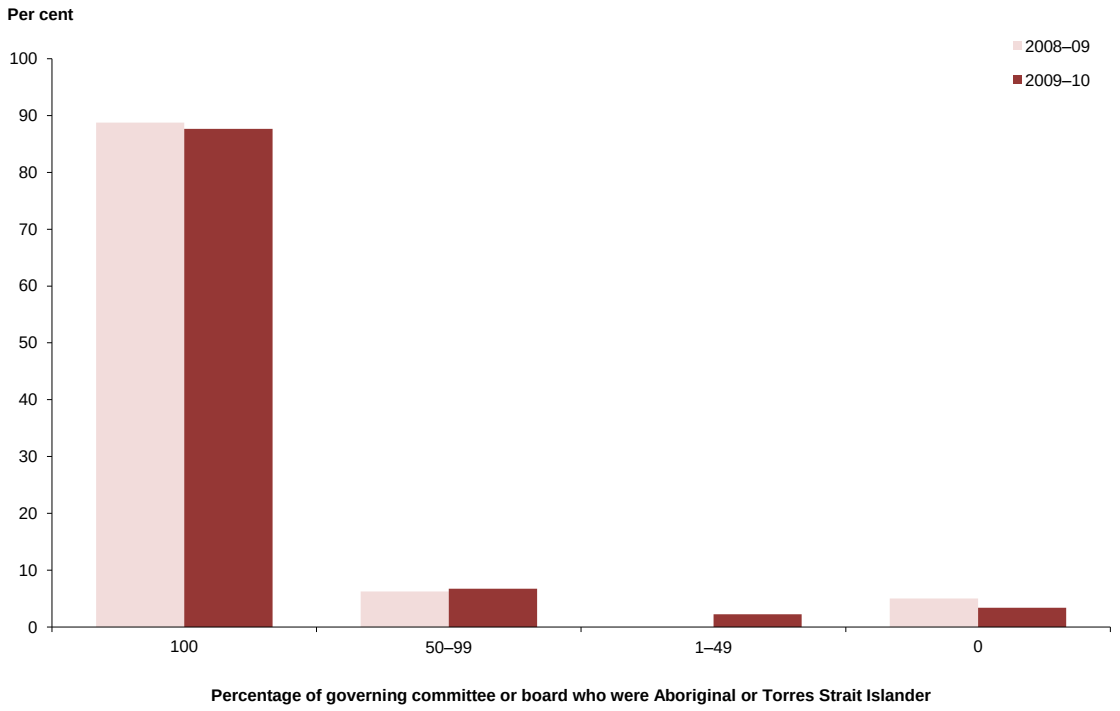
Table 4.1: Bringing Them Home and Link Up counselling services, by accreditation type, 2008–10

	2008–09		2009–10	
Accreditation type	**Number**	**Per cent**	**Number**	**Per cent**
RACGP accreditation	44	54.3	58	63.7
Organisational standard accreditation	6	7.4	4	4.4
Other accreditation	3	3.7	3	3.3
Total accredited services	*53*	*65.4*	*65*	*71.4*
Total services not accredited	*28*	*34.6*	*26*	*28.6*
Total number of services	**81**	**100.0**	**91**	**100.0**

Governance

In 2009–10, most (98% or 89) Bringing Them Home and Link Up counselling services provided information on the make-up of their board or committee.

- Of these nearly 9 in 10 (88%) had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people (Figure 4.3). This was similar to the previous year.
- Most services (98%) had regular meetings of the governing committee or board during 2009–10, and 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 three-quarters of services (77%).



Notes

1. For 2008–09 *n*=80; for 2009–10 *n*=89.
2. Percentages were calculated based on the number of services with a governing committee or board.

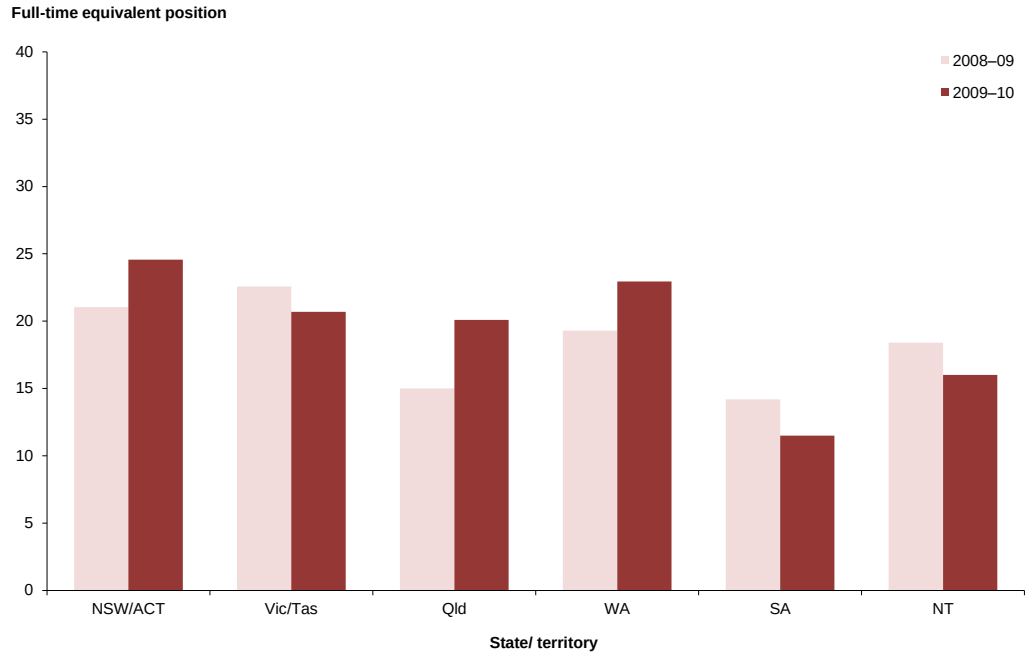
Figure 4.3: Bringing Them Home and Link Up counselling services, by percentage of governing committee or board who were Aboriginal or Torres Strait Islander, 2008–10 (per cent)

Staffing

Number of counsellors

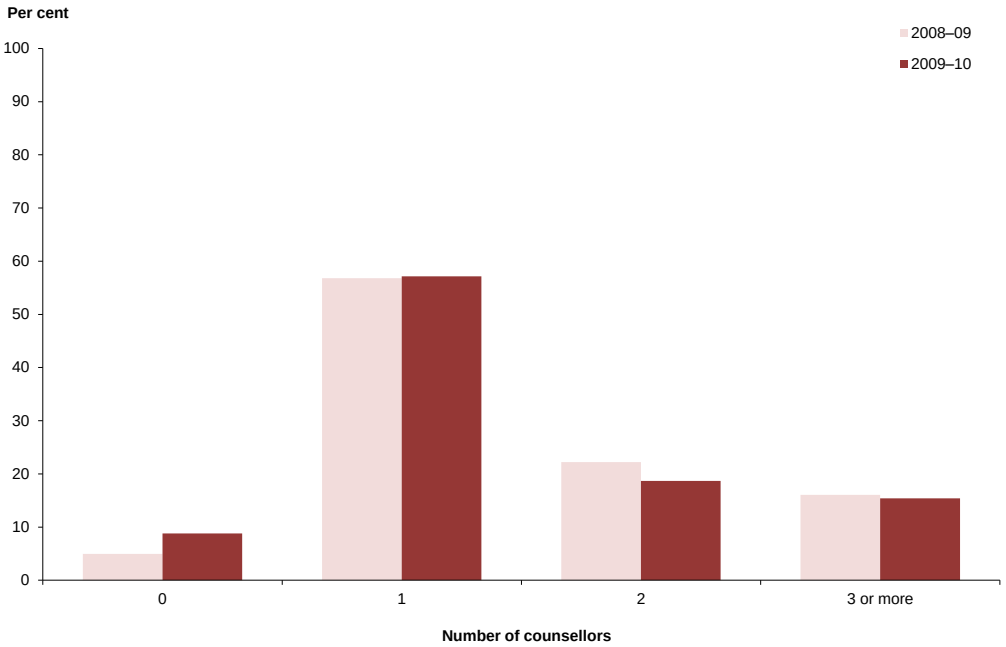
At 30 June 2010, 91% or 83 Bringing Them Home and Link Up counselling services employed a total of 136 counsellors, or 116 FTE counsellor positions. The remaining services had vacant positions.

- The number of counsellors was around 5% higher than in the previous year (130 counsellors and 111 FTE positions).
- Counsellors were employed in every state and territory, with the largest number of FTE counsellors employed in New South Wales and the Australian Capital Territory (21% or 25 FTE). This was followed by Western Australia (20% or 23 FTE), Victoria and Tasmania (18% or 21 FTE) and Queensland (17% or 21 FTE).
- Proportions were generally similar to the previous year, although Queensland had a higher proportion of FTE positions (17% compared with 14% in the previous year), and the Northern Territory a lower proportion (14% compared with 17%) (Figure 4.4).
- More than 6 in 10, (63% or 52) Bringing Them Home and Link Up counselling services employed one counsellor. About 2 in 10 (21% or 17) employed two counsellors. The remainder had three or more counsellors (17% or 14 services). These were similar proportions to the previous year (Figure 4.5).



Note: For 2008–09 *n*=77; for 2009–10 *n*=83.

Figure 4.4: Full-time equivalent Bringing Them Home and Link Up counsellor positions, by state/territory, 2008–10 (number)

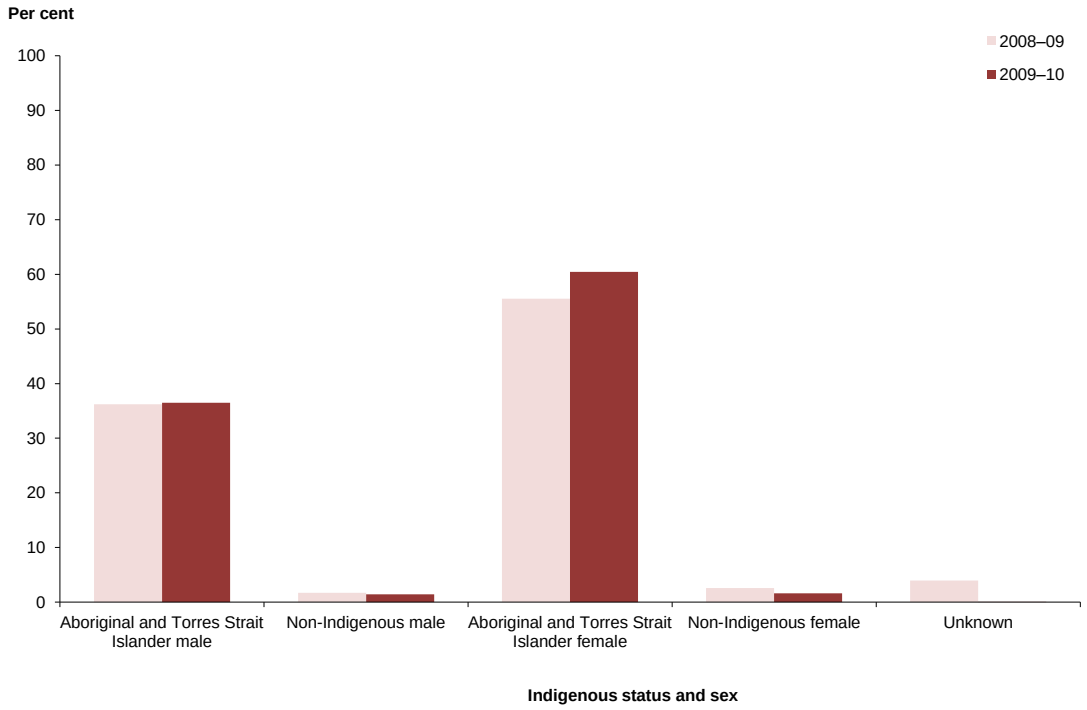


Note: For 2008–09 *n*=81; for 2009–10 *n*=91.

Figure 4.5: Bringing Them Home and Link Up counselling services, by the number of counsellors in the service, 2008–10 (per cent)

Indigenous status of counsellors

- Nearly 9 in 10 (89% or 74) Bringing Them Home and Link Up counselling services with counsellors had at least one counsellor of Aboriginal and Torres Strait Islander origin. A small proportion of these services had non-Indigenous counsellors only (11% or 9 services). These proportions were similar to the previous year.
- Of the 136 counsellors employed at 30 June 2010, three-quarters (75%) were Aboriginal and Torres Strait Islander—43% were female and Aboriginal and Torres Strait Islander, and 32% were male and Aboriginal and Torres Strait Islander. Proportions were similar to the previous year (Figure 4.6).



Notes

1. For 2008–09 *n*=130; for 2009–10 *n*=136.
2. Percentages were calculated based on the total number of counsellors.

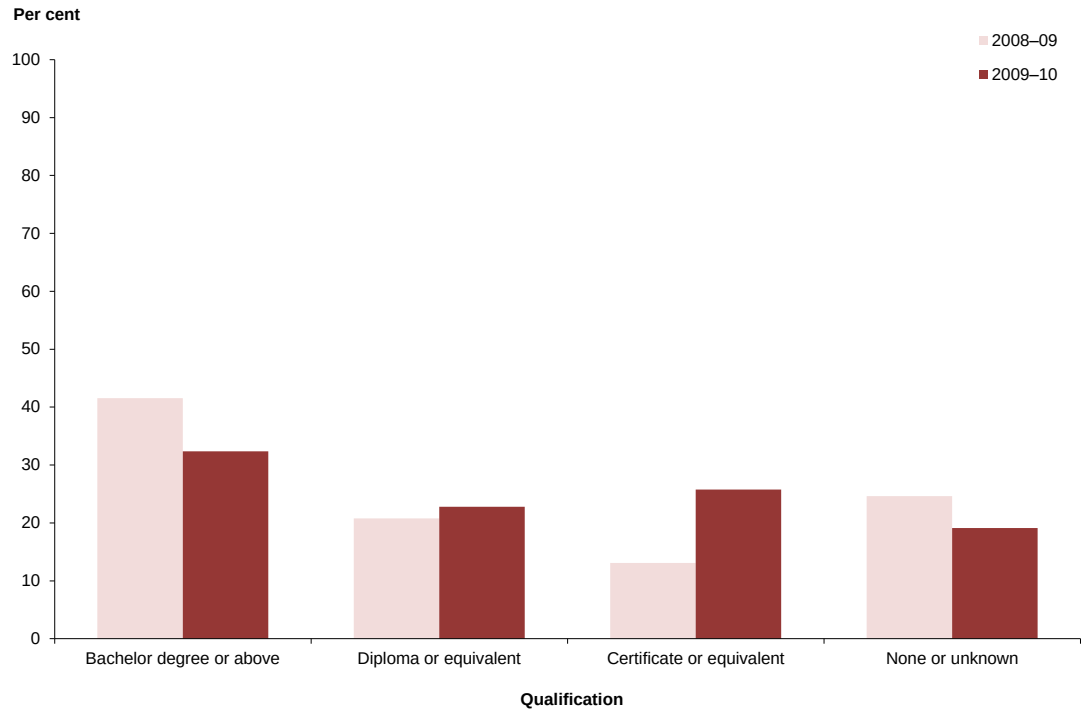
Figure 4.6: Bringing Them Home and Link Up counsellors, by Indigenous status and sex, 2008–10 (per cent)

Qualifications and training

In 2009–10, about 8 in 10 counsellors (81%) held a non-school qualification. This was higher than in the previous year (75%).

- Nearly one-third of counsellors had a Bachelor degree or above. This was lower than in the previous year (32% compared with 42%).
- Nearly one-quarter (23%) had a diploma-level qualification. This was similar to the previous year (21%).
- One-quarter had a certificate-level qualification. This was double the proportion in the previous year (26% compared with 13%) (Figure 4.7).

- Common fields of study in which qualifications were held include Aboriginal health and mental health, counselling, social work and welfare, psychology, and narrative therapy.
- Nearly all (97% or 54) Bringing Them Home and Link Up counselling services reported on formal training attended by their counsellors. Common training areas were Aboriginal health, mental health, narrative therapy or approaches, and community welfare.



Note: For 2008–09 *n*=130; for 2009–10 *n*=136.

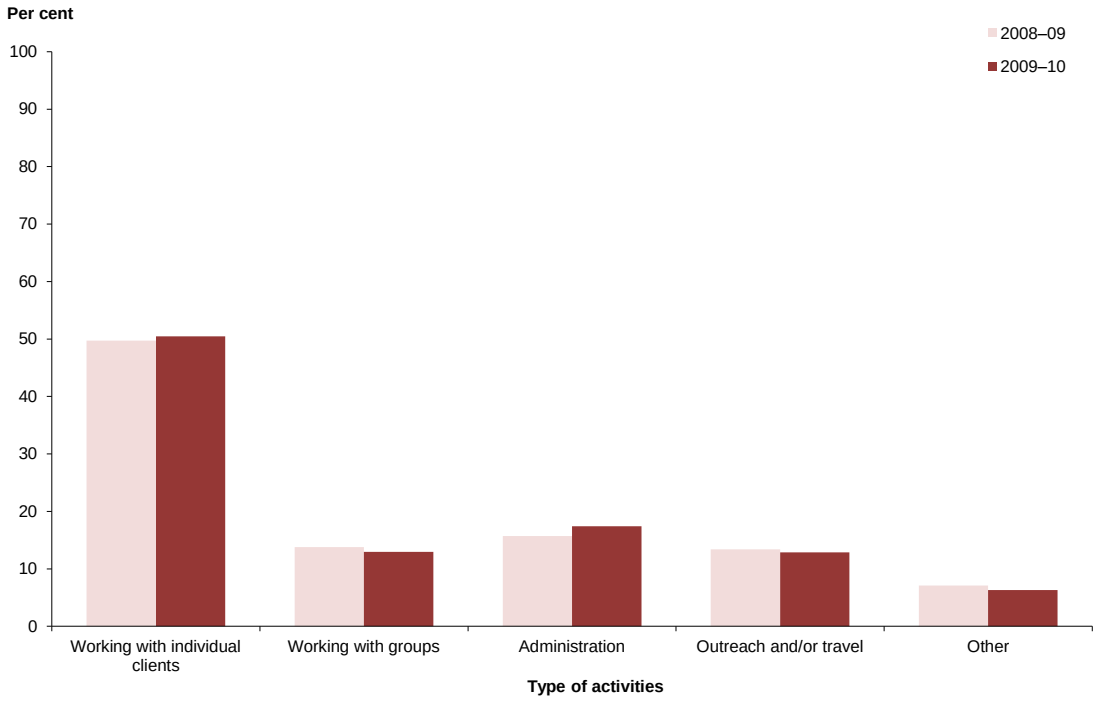
Figure 4.7: Bringing Them Home and Link Up counsellors, by non-school qualification held, 2008–10 (per cent)

Time spent on different activities

Most (95% or 86) Bringing Them Home and Link Up counselling services reported on how their counsellors spent their time in 2009–10.

- Counsellors spent on average half their time (50%) working directly with clients.
- They also spent time on administration (17%), working with groups (13%), outreach and/or travel (13%) and other tasks (6%).

This was similar to how counsellors spent their time in the previous year (Figure 4.8).



Notes

1. For 2008–09 *n*=77; for 2009–10 *n*=86.
2. Percentages were calculated based on the number of services providing information on how time was spent.

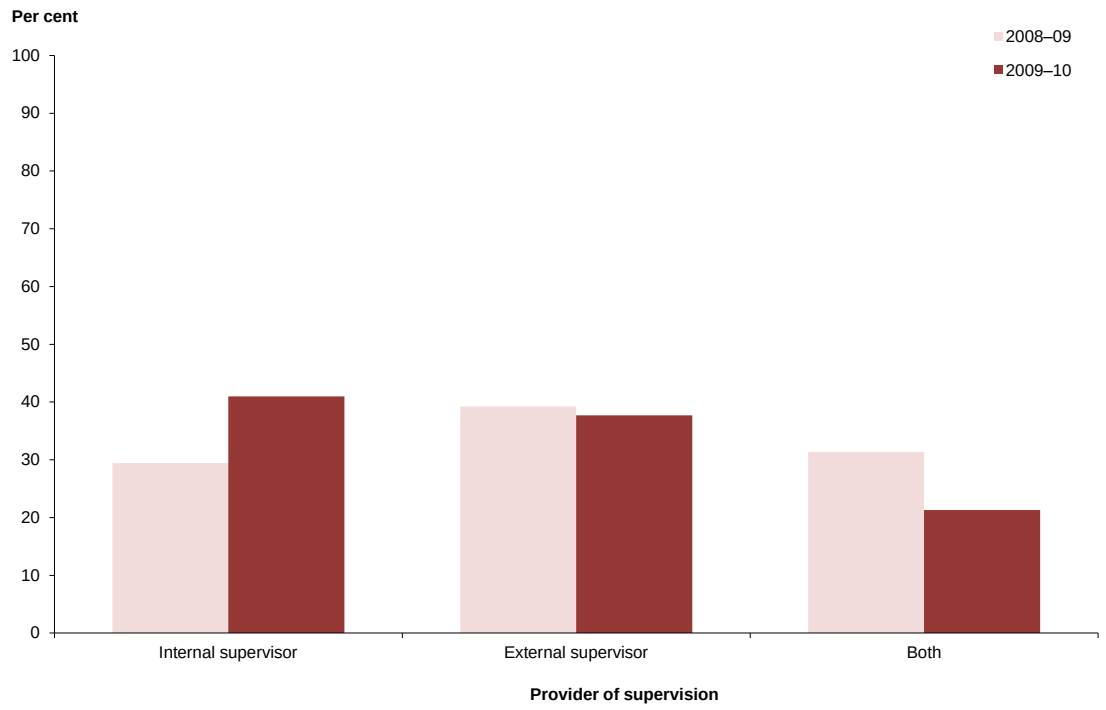
Figure 4.8: Time spent on selected activities by Bringing Them Home and Link Up counsellors, 2008–10 (per cent)

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 performance of the worker being supervised; teaching; and collaborative goal setting (NSW IRCST 2008).

In 2009–10, most (95% or 86) services reported on their supervision for counsellors.

- Of these, 71% or 61 services reported that their counselling staff received supervision from a qualified professional.
- Among services where counsellors received supervision, 4 in 10 reported that their counselling staff received supervision from a person who worked at the service. This was higher than in the previous year (41% compared with 29%).
- Another 4 in 10 reported that staff received supervision from a person who did not work at their service. This was similar to the previous year (38% compared with 39%).
- The remaining services had staff who received supervision from both internal and external supervisors. This was lower than in the previous year (21% compared with 31%) (Figure 4.9).



Notes

1. For 2008–09 *n*=51; for 2009–10 *n*=61.
2. Percentages were calculated based on the number of services where counsellors received professional supervision.

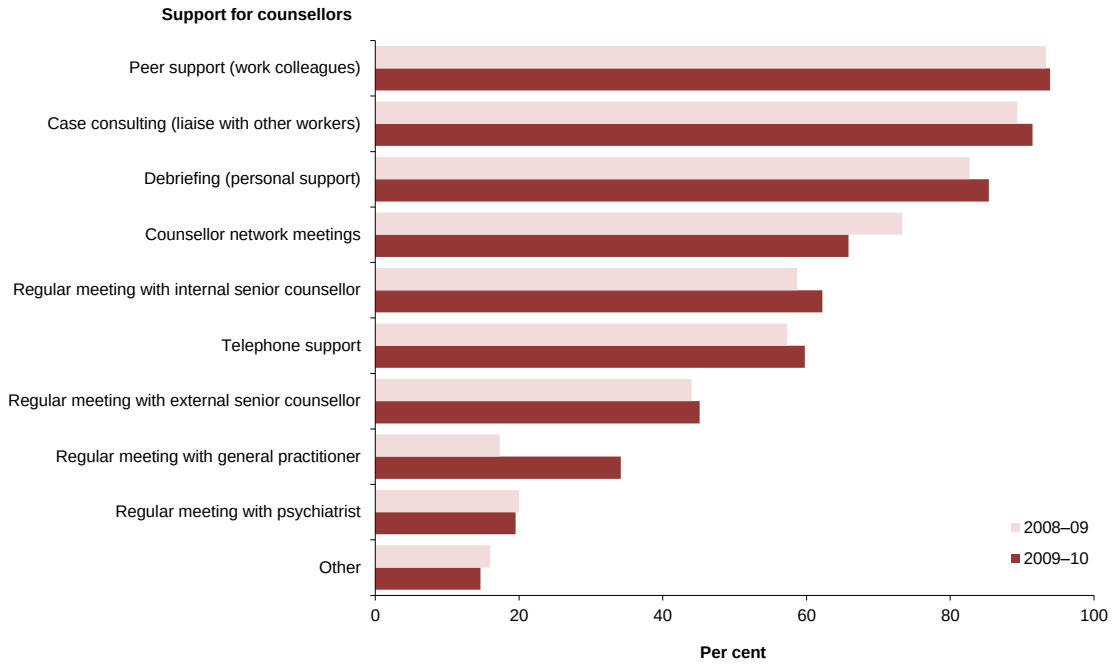
Figure 4.9: Bringing Them Home and Link Up counselling services providing professional supervision, by type of supervisor, 2008–10 (per cent)

Types of support for counsellors

In 2009–10, most (90% or 82) services reported on the types of support available to their counsellors.

- For these services, common types of support available to counsellors were peer support (94%), consulting with other workers about their cases (92%), and debriefing (85%).
- About 6 in 10 services had counsellor network meetings (66%), regular meetings with a senior counsellor (62%) and telephone support available (60%).

Proportions were generally similar to the previous year, although a higher proportion of services had regular meetings with a clinical supervisor (GP) mentor (34% compared with 17%), and a lower proportion had counsellor network meetings (66% compared with 73%) (Figure 4.10; Table F.1).



Notes

1. For 2008–09 *n*=75; for 2009–10 *n*=82.
2. Percentages were calculated based on the services providing support to counsellors.

Figure 4.10: Bringing Them Home and Link Up counselling services providing support to counsellors, by type of support, 2008–10 (per cent)

Vacant positions

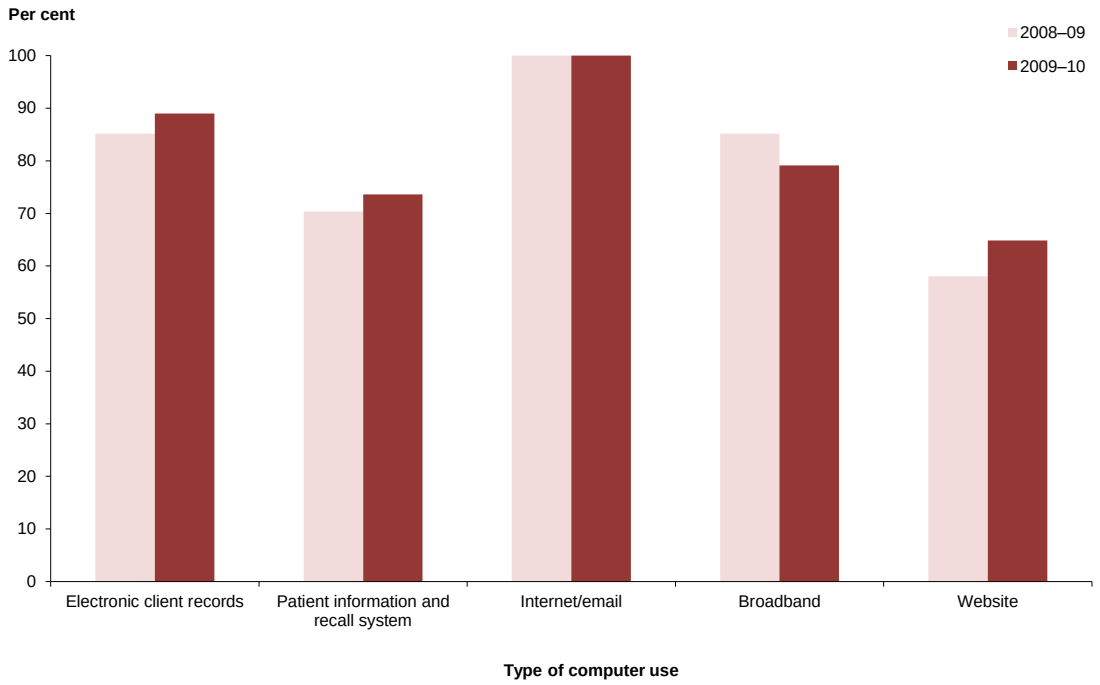
In 2009–10, nearly all (99%) Bringing Them Home and Link Up counselling services reported on their vacant counsellor positions.

- One-quarter (27% or 24) of these services reported 21 vacant FTE counsellor positions as at 30 June 2010. This was similar to the previous year (26% of services with 24 FTE vacant positions).
- More than half (56%) of these positions were vacant for 26 weeks or less. This was higher than in the previous year (46%).
- Less than one-third (28%) were vacant for 50 weeks or more. This was lower than in the previous year (38%).

Information technology

In 2009–10, all Bringing Them Home and Link Up counselling services reported using computers, email and the internet, with most (79%) having a broadband internet connection.

- Nearly two-thirds of services (65%) reported having a website. This was higher than in the previous year (58%).
- Most services (89%) used electronic client records, and three-quarters (74%) had patient information and recall systems. Both of these were higher than in the previous year (85% and 70%, respectively) (Figure 4.11).



Note: For 2008–09 *n*=80; for 2009–10 *n*=91.

Figure 4.11: Bringing Them Home and Link Up counselling services using computers, by type of use, 2008–10 (per cent)

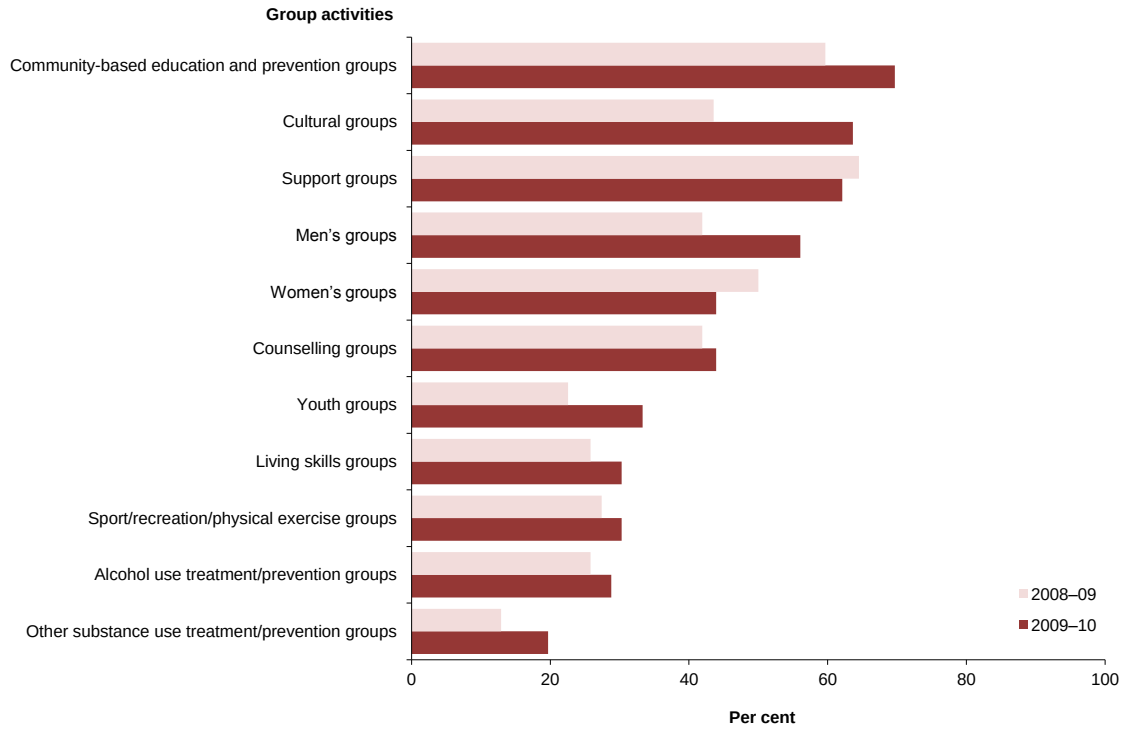
4.2 Services provided

Group activities

In 2009–10, most (96% or 88) Bringing Them Home and Link Up counselling services reported on their group activities. About three-quarters of these (76% or 66) services provided group activities—a similar proportion to the previous year (80%).

- Of these, 7 in 10 (70%) provided community-based education and prevention groups.
- More than 6 in 10 ran cultural groups (64%) and support groups for clients (62%).
- Some services provided group activities for specific population groups—over half (56%) ran a men's group, about 4 in 10 (44%) a women's group, and 3 in 10 (33%) a youth group.

Compared with the previous year, there was an increase in the proportion of services providing community based education and prevention groups (70% compared with 60%), men's groups (56% compared with 42%), youth groups (33% compared with 23%) and other substance use and treatment prevention groups (20% compared with 13%) (Figure 4.12; Table F.2).



Notes

1. For 2008–09 *n*=62; for 2009–10 *n*=66.
2. Percentages were calculated based on the services providing group activities.

Figure 4.12: Bringing Them Home and Link Up counselling services providing group activities, by selected activities, 2008–10 (per cent)

4.3 Clients

Client numbers

In 2009–10, most (90% or 82) Bringing Them Home and Link Up counselling services reported on their client numbers. These services reported about 10,700 clients. This was an increase of about 27% compared with the previous year (8,400 clients). This increase may in part reflect an increase in the number of services and/or counsellors.

- Most (96%) clients were Aboriginal and Torres Strait Islander and a small proportion (4%) were non-Indigenous.
- About 6 in 10 Aboriginal and Torres Strait Islander clients (61%) were female, and about 4 in 10 (39%) were male.
- About 14% of all clients were first-generation clients (those who were moved from their families and communities), and 12% were second-generation clients (those whose parents are first-generation members). These proportions were both lower than in the previous year (18% each).
- 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 nearly 3 in 10 clients (28%). This was higher than in the previous year (20%).

- More than 4 in 10 clients (42%) were other Aboriginal and Torres Strait Islander clients, a higher proportion than in the previous year (29%) (Table 4.2).

Table 4.2: Estimated clients of Bringing Them Home and Link Up counselling services, by Indigenous status, sex and generation, 2009–10

Indigenous status and generation	Male	Female	Total (number)	Total (per cent)
First generation clients	580	895	1,475	13.7
Second generation clients	581	744	1,325	12.3
Third and subsequent generation clients	1,192	1,821	3,013	28.1
Other Aboriginal and Torres Strait Islander clients	1,656	2,843	4,499	41.9
Non-Indigenous clients	187	237	424	3.9
Total clients	**4,196**	**6,540**	**10,736**	**100.0**

Notes

1. For 2009–10 *n*=82.
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.

- Half of all clients received counselling at services located in *Inner regional* (30%) and *Outer regional* areas (23%) combined. This reflects the distribution of services in these areas.

The geographical distribution of clients of different generations varied.

- About one-third of first-generation clients received counselling at services located in *Outer regional* areas (36%) and *Major cities* (30%), and only 3% did so in *Very remote* areas.
- One-third (30%) of third- and subsequent generation clients sought counselling at services located in *Inner regional* areas and one-quarter (26%) at services located in *Very remote* areas.

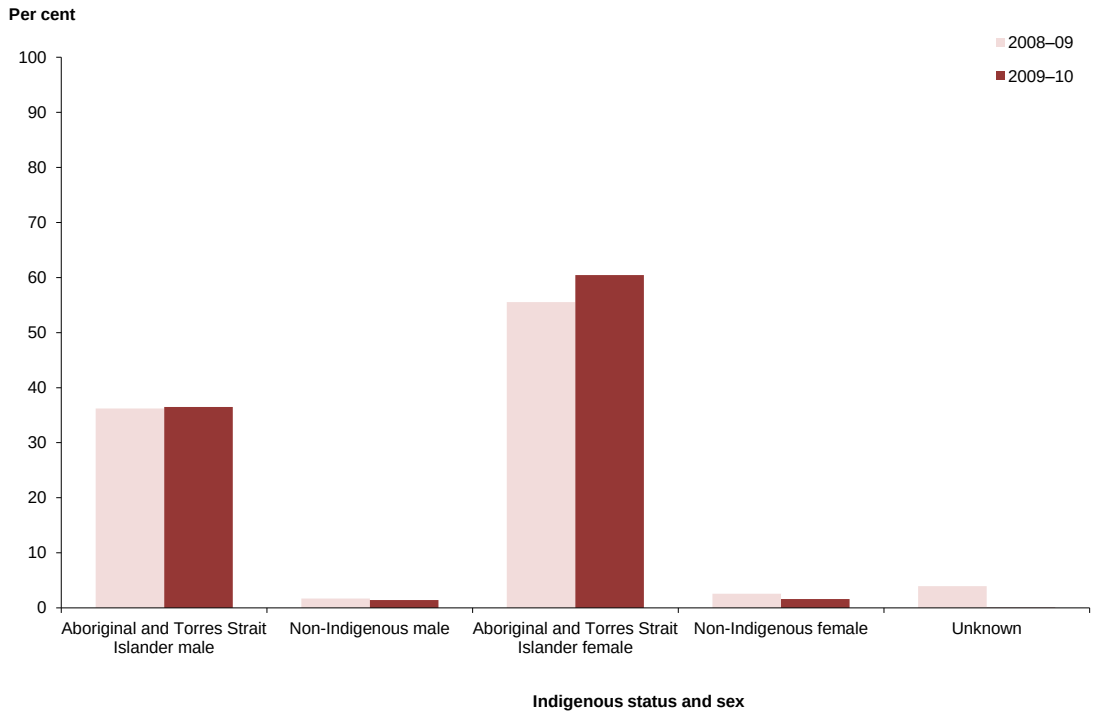
Client contacts

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

In 2009–10, most (93% or 84) Bringing Them Home and Link Up counselling services reported on their client contacts. These services reported an estimated 56,800 client contacts. This was 39% higher than in the previous year (40,800). This increase may in part reflect an increase in the number of clients, services and/or counsellors, as well as a higher proportion of services providing this information compared with the previous year.

- Of these contacts, 21,500 (38%) were with males, and 35,200 (62%) with females.
- Nearly all (97%) contacts were with Aboriginal or Torres Strait Islander clients (Figure 4.13).
- A similar number of client contacts was recorded in *Major cities* (17,000) and *Inner regional* areas (16,600), accounting for nearly 6 in 10 (59%) of all client contacts.

- The proportion of client contacts recorded in *Major cities* was higher than in the previous year (30% of all contacts compared with 25%).
- Counsellors in services in *Very remote* areas made a small proportion (7% or 3,800) of all client contacts. This is despite the client base in *Very remote* areas (1,500 clients) being similar to that of *Major cities* (1,800 clients). This may be because of the smaller number of services in *Very remote* areas compared with *Major cities* (9 compared with 20).

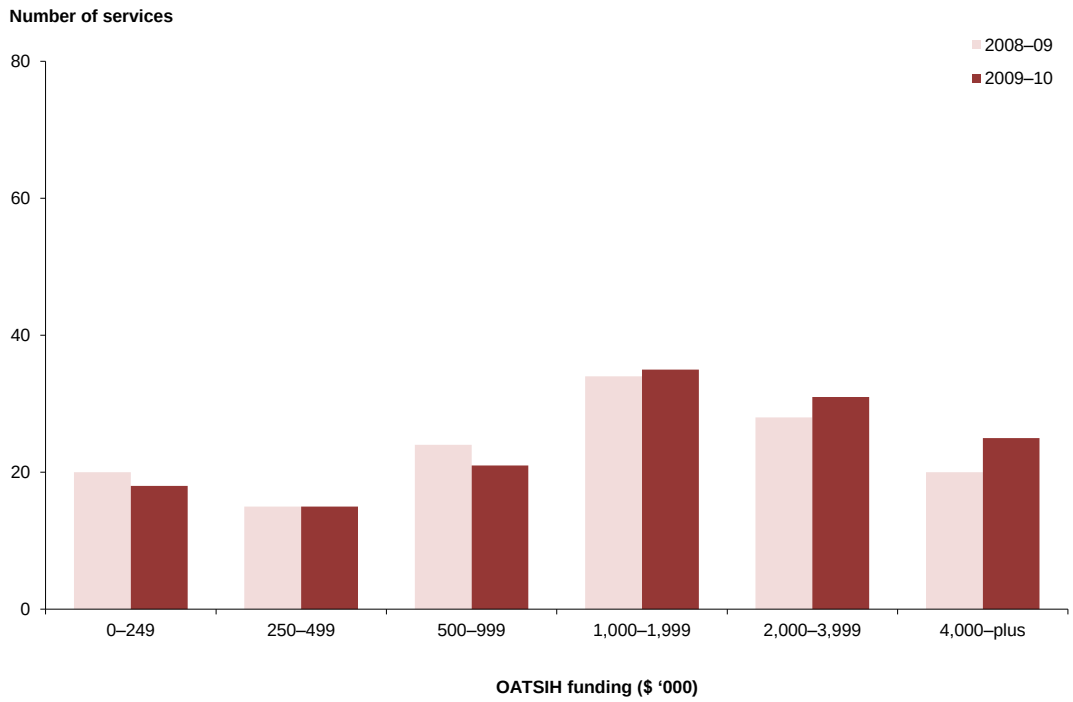


Notes

1. For 2008–09 *n*=72; for 2009–10 *n*=84.
2. Percentages were calculated based on the number of services who provided client contact data only.

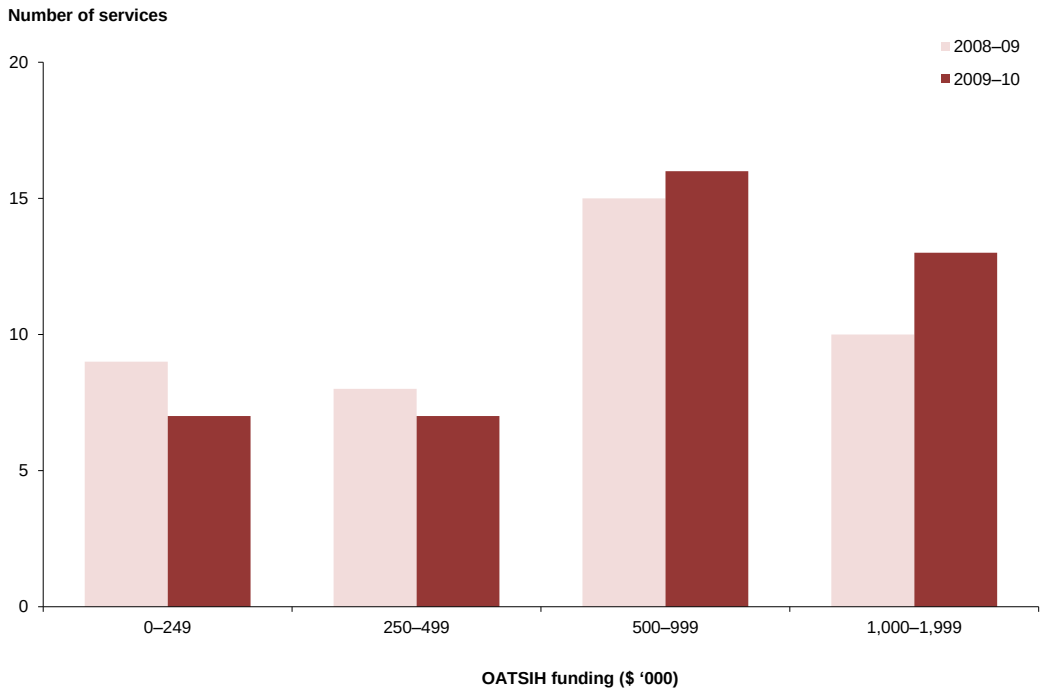
Figure 4.13: Client contacts of Bringing Them Home and Link Up counselling services, by Indigenous status and sex, 2008–10 (per cent)

Appendix A Australian Government funding categories of Aboriginal and Torres Strait Islander health services



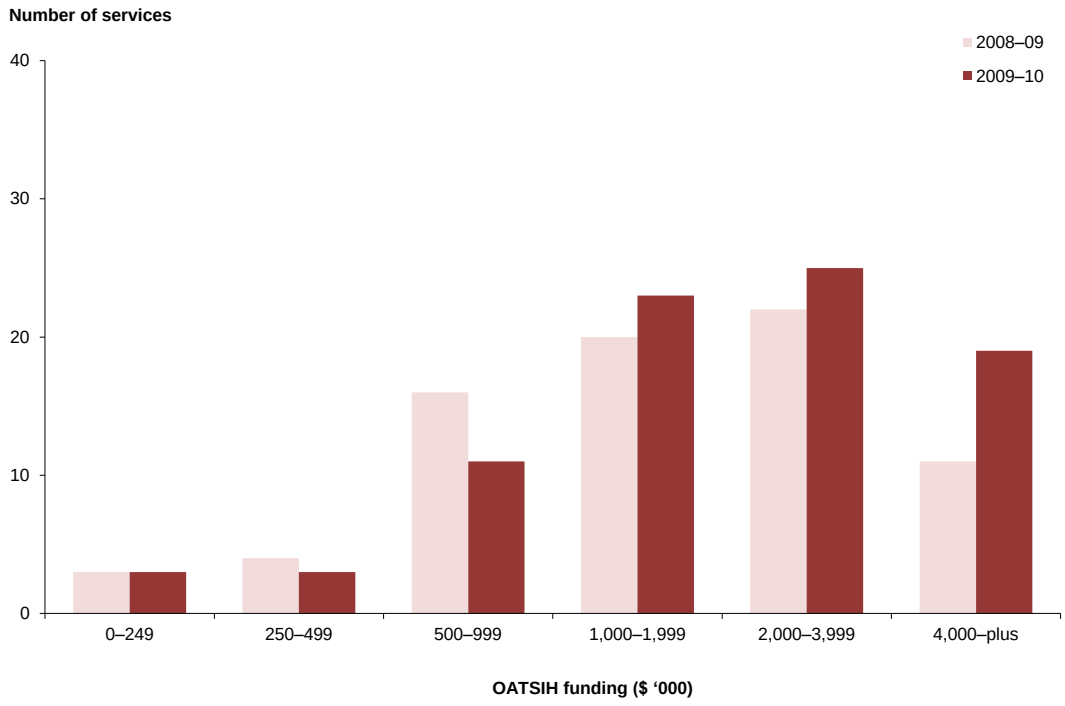
Note: For 2008–09 *n*=141 (excludes auspiced services); for 2009–10 *n*=145 (excludes auspiced services).

Figure A.1: Aboriginal and Torres Strait Islander primary health care services, by level of OATSIH funding, 2008–10 (number)



Note: For 2008–09 *n*=42 (excludes auspiced services); for 2009–10 *n*=43 (excludes auspiced services).

Figure A.2: Aboriginal and Torres Strait Islander stand-alone substance use services, by level of OATSIH funding, 2008–10 (number)



Note: For 2008–09 *n*=76 (excluding auspiced services); for 2009–10 *n*=84 (excluding auspiced services).

Figure A.3: Bringing Them Home and Link Up counselling services, by level of OATSIH funding, 2008–10 (number)

Appendix B Data quality and limitations

The data were collected using the OATSIH Services Reporting questionnaire, which combines previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services. The 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 2009–10 questionnaire to each participating service, and asked the service to complete relevant sections. Services returned their completed questionnaires directly to the AIHW.

The AIHW received a small proportion of questionnaires from services by the due date (31 August 2010), and most questionnaires the following month. Table B.1 shows the timing of receipt of 2009–10 questionnaires.

The AIHW followed up outstanding questionnaires with services to find 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 2009–10 OATSIH Services Reporting questionnaires

	Primary health care		Stand-alone substance use		Bringing Them Home/ Link Up counselling	
Month received	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
August 2010	48	21.5	17	35.4	27	29.7
September 2010	129	57.9	16	33.3	48	52.7
October 2010	25	11.2	6	12.5	4	4.4
November 2010	13	5.8	6	12.5	5	5.5
December 2010	2	0.9	1	2.1	2	2.2
January 2011	4	1.8	1	2.1	2	2.2
February 2011	2	0.9	1	2.1	3	3.3
Total responding services	**223**	**100.0**	**48**	**100.0**	**91**	**100.0**

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 get additional or corrected data. After manually entering the data on the data repository system, further data quality checks were done.

The AIHW found 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 2009–10 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 text 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 were provided as estimates.

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 had complete client contact records for all types of health staff. Therefore, figures for some services—especially for visiting health staff—may be underestimates.

Also, not all services had complete and accurate records of individual client numbers, and there is potential 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 questionnaire. Data with significant and non-rectifiable quality issues have not been 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: Aboriginal and Torres Strait Islander primary health care services that provided data for each OATSIH Services Reporting question, 2008–10 (per cent)

Question	2008–09	2009–10
2. Whether service accredited, and types of accreditation	99.0	100.0
3. Whether service use computers, and types of computer use	99.5	99.6
4. Governing committee or board	98.5	100.0
5. Episodes of health care provided	93.2	96.9
6. Client contacts made by each type of worker	92.7	97.3
7. Individual clients seen by health service	90.2	97.3
8. Whether service provided care outside usual opening hours, and types of care provided	98.0	99.6
9. Number and type of FTE positions for which wages/salaries paid by service	97.6	99.6
10. Whether services had vacant positions, and descriptions	100.0	99.6
11. Number and type of FTE positions where wages/salaries were paid by another organisation	85.9	78.5
12. Whether one or more clients had social and emotional health issues, and types of social and emotional issues	96.1	99.6
13. Type of mental health or social and emotional wellbeing activities	97.1	99.6
14. 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
15. Treatment/assistance provided by service for substance use issues	89.3	99.6
16. Substance use services provided by service	92.7	99.6
17. Whether service ran any groups and types of groups	97.6	99.6

FTE full-time equivalent

Notes

1. For 2008–09 *n*=205; for 2009–10 *n*=223.
2. Includes data that were corrected or edited, after follow-up with an individual service.
3. Percentages are based on all services. Some questions were not applicable to all services, so the percentages responding to these will be lower.

Table B.3: Aboriginal and Torres Strait Islander stand-alone substance use services that provided data for each OATSIH Services Reporting question, 2008–10 (per cent)

Question	2008–09	2009–10
2. Whether service accredited, and type of accreditation	100.0	100.0
3. Whether service use computers, and type of computer use	100.0	100.0
4. Governing committee or board	100.0	100.0
18. Type of substance use programs provided by service	100.0	100.0
19. Whether service provided care outside usual opening hours, and types of care provided	100.0	100.0
20. Clients referral sources	100.0	100.0
21. Number of individual clients assistance/treatment provided ,	100.0	97.9
22. Residential treatment/rehabilitation (number of individual clients, length of stay and episodes of care)	66.7	62.5
23. Sobering-up/residential respite/short-term care (number of individual clients and episodes of care)	31.1	27.1
24. Number of beds/residential places	66.7	62.5
25. Non-residential/follow-up/aftercare (number of individual clients and episodes of care)	77.8	79.2
26. Whether the service ran any groups and types of groups	100.0	100.0
27. Number and type of FTE positions for which service paid wages/salaries	100.0	100.0
28. Whether services had vacant positions and descriptions	100.0	100.0
29. Number and type of FTE positions for which wages/salaries were paid by another organisation	57.8	62.5
30. Types of substances treatment/assistance provided for (to individual clients/program focused on specific substances)	100.0	100.0
31. Services to address substance use issues provided	100.0	100.0
32. Type of approaches used to treat substance use issues	100.0	100.0
33. Whether one or more clients had social and emotional health issues, and types of social and emotional issues	100.0	100.0
34. Type of mental health and social and emotional wellbeing activities provided by service	100.0	100.0

FTE full-time equivalent

Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=48.
2. Includes data that were corrected or edited, after follow-up with an individual service.
3. Percentages are based on all services. Some questions were not applicable to all services, so the percentages responding to these will be lower.

Table B.4: Bringing Them Home and Link Up services that provided data for each OATSIH Services Reporting question, 2008–10 (per cent)

Question	2008–09	2009–10
2. Whether service accredited, and type of accreditation	100.0	100.0
3. Whether service use computers, and type of computer use	100.0	100.0
4. Governing committee or board	100.0	100.0
35. Whether service has a memorandum of understanding negotiated	96.3	98.9
36. Number, Indigenous status, sex, qualifications and FTE of Bringing Them Home and Link Up counsellors	95.1	91.2
37 Whether Bringing Them Home or Link Up counsellors attended any training and course details	96.3	96.7
38. Whether service had vacant Bringing Them Home or Link Up Counsellor positions	98.8	98.9
39. Number of clients seen by Bringing Them Home or Link Up Counsellors	87.7	90.1
40. Number of individual client contacts	88.9	92.3
41. Proportion of time spent on different activities	92.6	94.5
42. Whether counsellors received professional supervision, and who provided supervision	95.1	94.5
43. Support available to counsellors	92.6	90.1
44. Whether counsellors ran any groups and types of groups	96.3	95.6

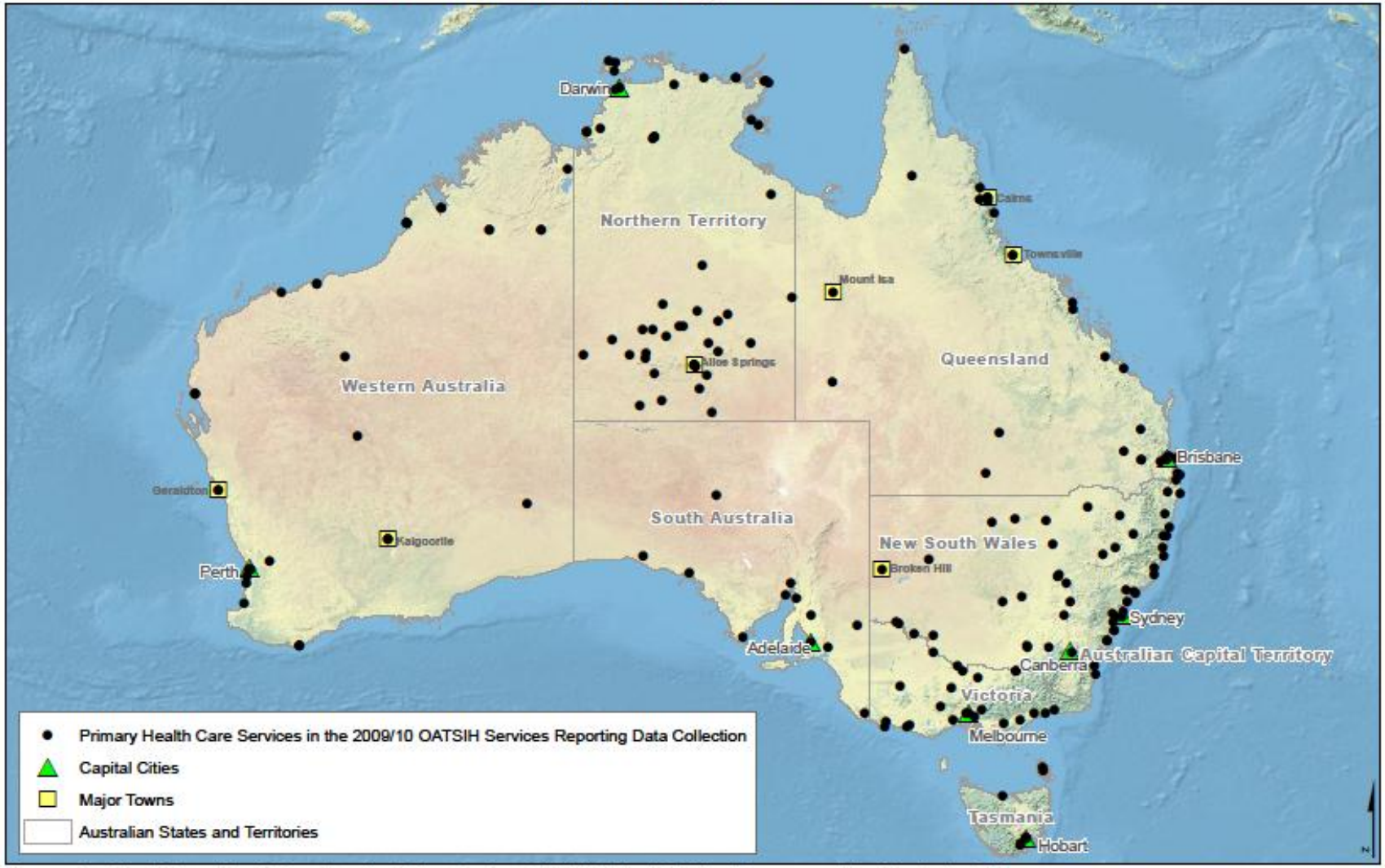
FTE full-time equivalent

Notes

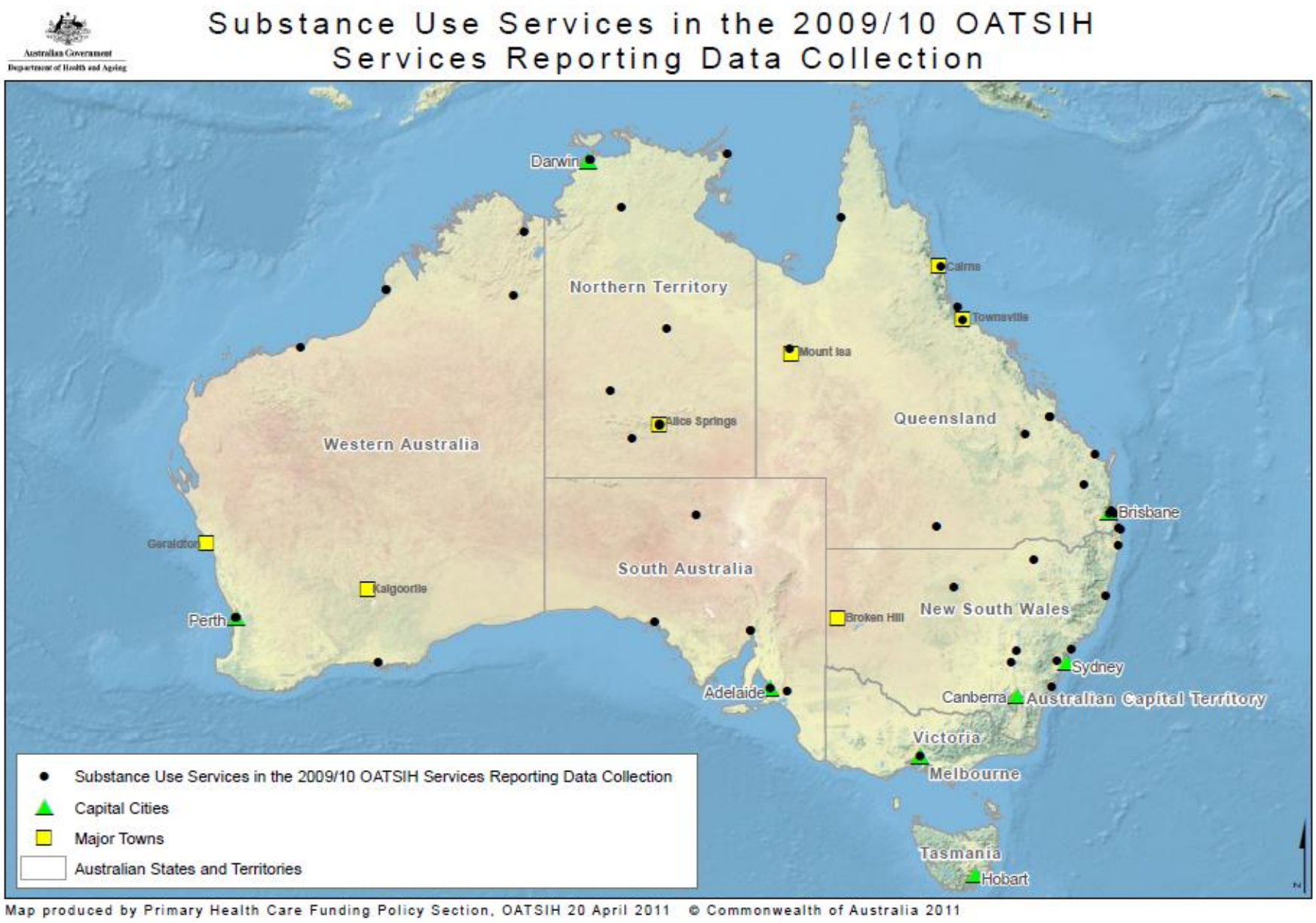
1. For 2008–09 *n*=81; for 2009–10 *n*=91.
2. Includes data that were corrected or edited, after follow-up with an individual service.

Appendix C Location maps

Primary Health Care Services in the 2009/10 OATSIH Services Reporting Data Collection

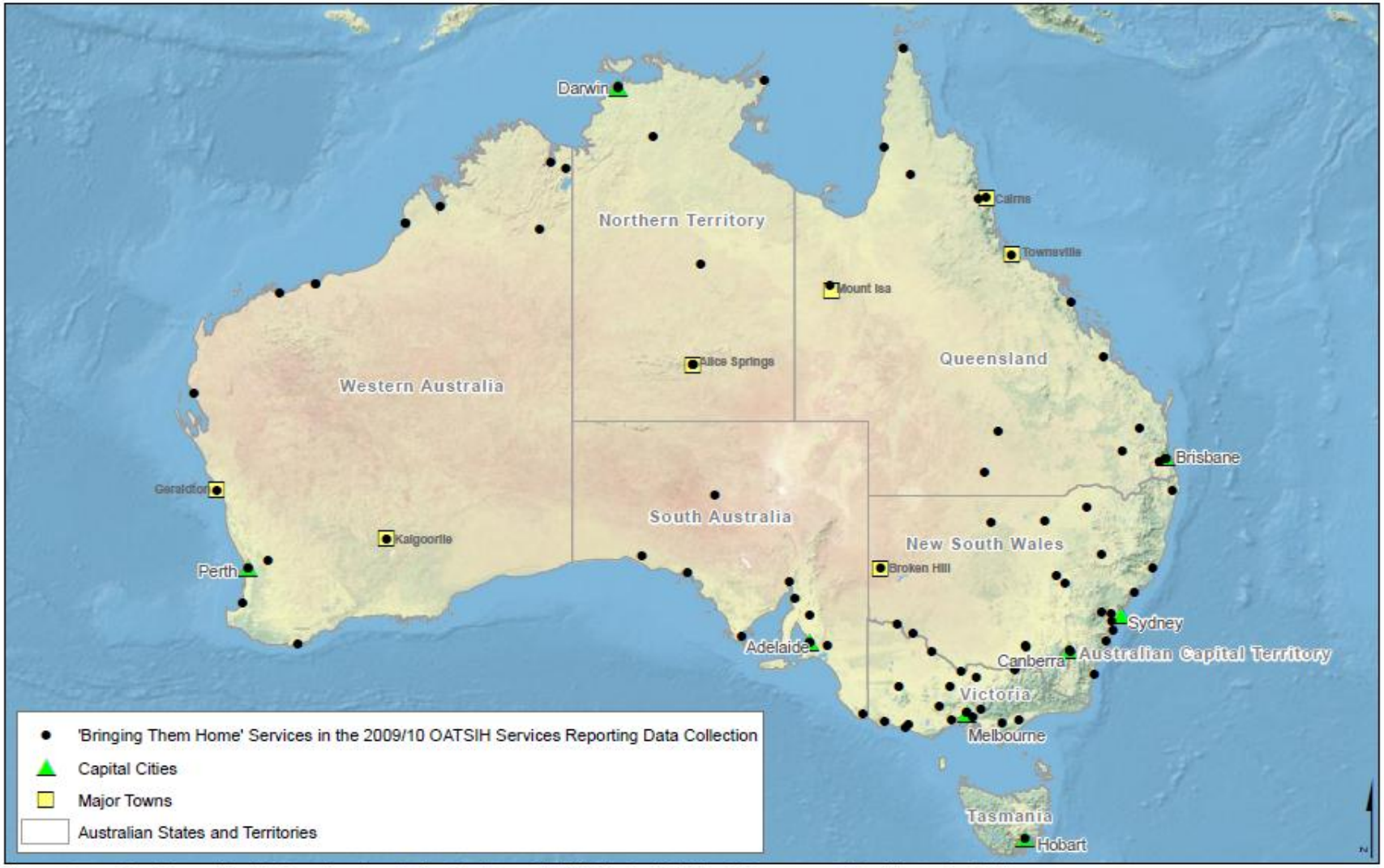


Map produced by Primary Health Care Funding Policy Section, OATSIH 20 April 2011 © Commonwealth of Australia 2011


Australian Government
Department of Health and Ageing
Substance Use Services in the 2009/10 OATSIH Services Reporting Data Collection
Darwin
Northern Territory
Cairns
Townsville
Mount Isa
Alice Springs
Queensland
Western Australia
Brisbane
Geraldton
South Australia
Kalgoorlie
Perth
Broken Hill
New South Wales
Sydney
Adelaide
Canberra
Australian Capital Territory
Victoria
Melbourne
Tasmania
Hobart
Substance Use Services in the 2009/10 OATSIH Services Reporting Data Collection
Capital Cities
Major Towns
Australian States and Territories
Map produced by Primary Health Care Funding Policy Section, OATSIH 20 April 2011 © Commonwealth of Australia 2011

Australian Government
Department of Health and Ageing

'Bringing Them Home' Services in the 2009/10 OATSIH Services Reporting Data Collection



Map produced by Primary Health Care Funding Policy Section, OATSIH 20 April 2011

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

Table D.1: Aboriginal and Torres Strait Islander primary health care services, by clinical health care activity provided, 2008–10 (per cent)

Clinical health care activity	2008–09	2009–10
Management of diabetes	88.6	87.0
Management of other chronic illness	86.1	83.4
Diagnosis and treatment of illness/disease	84.6	82.1
Management of cardiovascular disease	83.6	80.7
Computerised medical record system	72.6	80.7
Immunisation and vaccination registers	79.6	78.0
Shared care arrangements for management of people with chronic conditions (for example, between service and hospitals, specialists)	77.6	75.8
Discharge planning between service and hospital(s) (for example, provision of medicines, transport, liaison with general practitioner and family)	66.7	75.8
Clinical practice guidelines used (for example, Central Australian Rural Practitioners Association, diabetes guidelines)	74.1	73.1
Service maintains health registers (for example, chronic disease register)	72.6	73.1
Antenatal shared care arrangements between service and hospital(s)	72.6	72.7
Keep track of clients needing follow-up (for example, through monitoring sheets/follow-up files)	70.6	70.9
System for formal client feedback	63.2	63.7
Collection of additional data for clinical population analysis	53.7	59.6
Outreach clinic services (for example, health care at outstation visits, park clinics, satellite clinics)	55.2	55.6
Hospital inpatient visits and support	46.3	53.4
Dental care (for example, dentist/dental therapist, education)	51.7	48.9
24-hour emergency care	30.8	27.8
Interpreting services	19.9	23.3
Clinical services to men in custody	18.9	17.9
Card system patient files	20.9	17.5
Bush tucker nutrition programs	14.9	15.7
Traditional healing	17.9	14.8
Clinical services to women in custody	14.9	13.0
Clinical services to youth in custody/remand	10.4	9.9
Bush medicine	10.0	9.9
Other traditional health care	4.0	6.7
Dialysis services on site	4.0	6.3

Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.2: Aboriginal and Torres Strait Islander primary health care services, by population health program provided, 2008–10 (per cent)

Population health program	2008–09	2009–10
Health/promotion education	93.5	92.8
Routinely organise influenza immunisation	81.6	81.6
Child immunisation	80.6	81.6
Women's health programs	76.6	76.2
Child growth monitoring	64.2	76.2
Routinely organise pneumococcal immunisation	75.6	74.9
Antenatal/maternal programs	69.7	74.0
Dietary and nutrition programs	70.1	71.8
Infectious diseases programs/education	65.7	67.3
Sexually transmissible infection contact tracing	61.2	66.4
Men's health programs	65.2	63.2
Outreach health promotion	57.7	62.8
Physical activity programs	58.7	57.4
Healthy weight programs	52.7	52.0
Tobacco control programs	49.8	50.7
Injury/accident prevention (for example, domestic violence, road safety, safety in the home)	45.3	49.3
Drug and alcohol programs	47.3	46.6
Mental health programs—adults (aged 18 years and over)	48.3	45.7
Advice and advocacy on environmental health issues (for example safe water, sanitation, dog health)	41.8	45.7
Mental health programs—children (aged 17 years and under)	29.4	34.1
Work with food stores in the community to encourage healthy eating	29.4	34.1

Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.3: Aboriginal and Torres Strait Islander primary health care services, by screening program provided, 2008–10 (per cent)

Screening program	2008–09	2009–10
Pap smears/cervical screening	80.1	76.2
Diabetic screening	77.6	75.3
Hearing screening	71.6	74.9
Sexually transmissible infection screening	73.1	74.0
Regular age/sex appropriate well person checks	79.6	72.7
Eye screening	68.7	71.8
Cardiovascular screening	66.2	62.3
Renal screening	54.2	53.4

Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.4: Aboriginal and Torres Strait Islander primary health care services, by access to specialist support service provided, 2008–10 (per cent)

Access to specialist support service	2008–09	2009–10
Referral to hospital and/or other specialist services	84.6	86.1
Audiologist specialist hearing services	73.1	77.1
Optometrist specialist eye testing	72.6	75.3
Podiatrist specialist feet services	72.6	74.4
Arrange for free provision of medical supplies/pharmaceuticals	76.1	74.0
Ophthalmologist specialist eye services	60.2	65.9
Ear, nose and throat specialist services	60.7	64.1
Write scripts for pharmaceuticals	71.1	63.7
Audiometrist specialist hearing services	55.2	56.5
Physiotherapy	52.2	54.3
Links with Royal Flying Doctor Service	33.8	28.3
Dental radiology provided by your service	22.4	21.5
Clinical radiology provided by your service	10.4	12.6

Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.5: Aboriginal and Torres Strait Islander primary health care services, by health-related and community service provided, 2008–10 (per cent)

Health-related or community service	2008–09	2009–10
Transport (for example, to medical appointments)	86.1	87.0
Involvement in committees on health (for example, steering groups)	76.6	81.2
Attending medical appointments with patients to provide support	69.2	78.0
School-based activities	68.2	70.4
Support for public housing issues	57.7	67.7
Community development work (for example, help form other Aboriginal organisations, capacity building)	60.2	66.8
Cultural promotion activities	62.2	66.4
Centrelink advocacy and liaison	65.7	63.2
Participation in regional planning forums (for example, under the Framework Agreements)	57.2	57.9
Services for people with a disability	56.7	57.4
Aged care	56.7	52.0
Parenting programs	48.3	51.6
Palliative care (looking after people with a life-limiting illness)	46.3	47.1
Funeral assistance and arrangements	51.7	45.7
Homelessness support	36.3	43.5
Legal/police/prison advocacy services	42.3	43.1
Representation on external boards (for example, hospital)	40.3	38.6
Medical evacuation services (for example, ambulance, Royal Flying Doctor Service)	37.3	37.7
Welfare services and food provision	33.8	35.4
Youth camps	23.4	23.3
Breakfast programs	12.9	16.1
Deceased transportation	20.9	14.4

Note: For 2008–09 *n*=201; for 2009–10 *n*=223.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.6: Aboriginal and Torres Strait Islander primary health care services providing treatment and assistance for substance use to individual clients, by substance use issue, 2008–10 (per cent)

Substance use issue	2008–09	2009–10
Alcohol	92.9	92.5
Tobacco/nicotine	89.1	91.5
Cannabis/marijuana	84.2	81.6
Multiple drug use (two or more drugs/substances)	48.1	57.2
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	40.4	42.8
Amphetamines (ice, speed)	34.4	41.8
Methadone	33.3	35.3
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	23.5	33.3
Petrol	26.2	31.8
Morphine	25.1	30.4
Heroin	30.6	29.4
Ecstasy/MDMA	25.1	27.4
Barbiturates (downers, phenobarbital, Amytal)	24.0	26.9
Cocaine (coke, crack)	19.1	20.9
LSD (acid, trips)	10.9	15.4
Steroids/anabolic agents	8.2	8.0
Kava	7.1	4.5
Other drugs	6.0	5.5

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Notes

1. For 2008–09 *n*=183; for 2009–10 *n*=201.
2. Percentages were calculated based on the total number of services providing treatment and assistance for substance use.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.7: Aboriginal and Torres Strait Islander primary health care services providing treatment and assistance for substance use through programs focused on specific substances, by substance use issue, 2008–10 (per cent)

Substance use issue	2008–09	2009–10
Tobacco/nicotine	36.1	34.3
Alcohol	27.3	29.4
Cannabis/marijuana	19.7	18.9
Multiple drug use (two or more drugs/substances)	10.4	10.0
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	3.8	8.0
Petrol	7.7	6.5
Amphetamines (ice, speed)	6.6	5.0
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	2.7	4.5
Heroin	4.4	4.0
Methadone	3.8	3.5
Barbiturates (downers, phenobarbital, Amytal)	2.2	3.0
Morphine	2.7	2.5
Ecstasy/MDMA	2.2	2.0
Cocaine (coke, crack)	1.6	1.5
LSD (acid, trips)	1.6	1.5
Steroids/anabolic agents	1.1	1.0
Other drugs	0.5	1.0
Kava	1.6	0.5

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Notes

1. For 2008–09 *n*=183; for 2009–10 *n*=201.
2. Percentages were calculated based on the total number of services providing treatment and assistance for substance use.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.8: Aboriginal and Torres Strait Islander primary health care services providing activities to manage substance use, by activity provided, 2008–10 (per cent)

Activity to manage substance use	2008–09	2009–10
Information/education about substance use	77.9	84.7
Individual counselling	77.4	78.8
Support for clients accessing mainstream services	67.9	70.0
Case management of clients with substance use issues	61.6	62.6
Community education/activities	59.5	58.1
Crisis intervention	56.8	56.7
Tobacco control program	49.5	52.2
Referral	46.3	47.8
School education and visits	41.6	46.8
Detoxification support and referral	43.2	46.3
General living skills	48.4	44.8
Cultural activities	41.6	42.9
Relationship/social skills training	37.9	40.9
Management of hepatitis C	42.1	39.4
Telephone counselling	39.5	37.0
Welfare/emergency relief	34.2	33.0
Support groups	23.2	24.6
Group counselling	22.6	21.2
Medicated detoxification	18.9	20.2
Non-medicated detoxification	15.3	17.2
Needle exchange	12.6	16.3
Methadone management	14.7	13.3
Other	8.4	7.9
Mobile assistance program/night patrol	5.8	6.4

Notes

1. For 2008–09 *n*=190; for 2009–10 *n*=203.
2. Percentages were calculated based on the total number of services providing activities to manage substance use.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.9: Aboriginal and Torres Strait Islander primary health care services providing group activities, by activities provided, 2008–10 (per cent)

Type of group run by service	2008–09	2009–10
Community-based education and prevention groups	68.3	71.4
Women's groups	66.1	62.8
Living skills groups (for example, cooking, nutrition groups)	59.4	62.2
Mothers' and babies' groups	58.3	61.2
Men's groups	56.7	58.2
Sport/recreation/physical exercise groups	52.2	53.6
Support groups (where clients offer each other support)	37.8	48.0
Cultural groups (for example, art, hunting, bush outings)	48.9	45.9
Chronic disease management groups	48.3	44.9
Youth groups	44.4	44.9
Antenatal groups	33.9	42.4
Tobacco use treatment/prevention groups	28.3	35.2
Counselling groups (where counsellors provide treatment or guidance)	26.7	33.2
Alcohol use treatment or prevention groups	22.8	24.5
Other substance use treatment/prevention groups	12.2	13.3
Other	12.8	11.7

Notes

1. For 2008–09 *n*=180; for 2009–10 *n*=196.
2. Percentages were calculated based on the number of services providing group activities.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.10: Aboriginal and Torres Strait Islander primary health care services providing out-of-hours care, by type of care provided, 2008–10 (per cent)

Type of out-of-hours care	2008–09	2009–10
Transport	78.3	80.3
Social and emotional wellbeing/mental health	72.5	69.7
Transfer/admission to hospital	75.8	68.9
Diagnosis and treatment of illness/disease	60.8	56.6
Antenatal/maternal care	55.8	56.6
Treatment of injury	57.5	53.3
Other	24.2	21.3
Hospital inpatient/outpatient care	30.8	19.7
Care in police station/lock-up prison	25.0	19.7

Notes

1. For 2008–09 *n*=120; for 2009–10 *n*=122.
2. Percentages were calculated based on the total number of services providing out-of-hours care.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.11: Client contacts by health staff at Aboriginal and Torres Strait Islander primary health care services, by type of health staff, 2008–10 (number)

Professional title	2008–09	2009–10
Nurse	832,197	978,257
Doctor	734,846	871,434
Aboriginal and Torres Strait Islander health worker	593,031	622,045
Allied health professional	126,419	121,712
Social and emotional wellbeing staff	106,212	175,737
Dentist/dental therapist	55,538	63,476
Other health related	51,174	26,180
Administrative support	46,678	6,840
Substance misuse worker	40,033	47,822
Dental support	39,806	55,191
Medical specialist	24,531	27,967
Sexual health worker	9,467	21,563
Traditional healer	714	1,416
Total	**2,660,646**	**3,024,059**

Notes

1. For 2008–09 *n*=190; for 2009–10 *n*=217.
2. Numbers were calculated based on services providing client contact data only.
3. Transport contacts are excluded.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.12: Aboriginal and Torres Strait Islander primary health care services with clients having social and emotional wellbeing health issues, by issue experienced, 2008–10 (per cent)

Social and emotional wellbeing health issue	2008–09	2009–10
Depression/hopelessness/despair	90.1	92.6
Family/relationship issues	86.5	92.6
Anxiety/stress	94.3	92.1
Grief and loss issues	90.1	91.2
Family and community violence	82.8	90.7
Self-harm/suicide	75.0	84.7
Schizophrenia or other psychotic disorder	75.5	74.4
Survivor of childhood sexual assault	56.3	62.8
Sexual assault	55.7	58.6
Stolen generation issues	51.6	55.8
Loss of cultural identity	49.0	54.4
Removal from homelands/traditional country	41.1	45.6
Issues with sexuality	38.0	45.6
Other	12.0	12.1

Notes

1. For 2008–09 *n*=192; for 2009–10 *n*=215.
2. Percentages were calculated based on the number of services with clients having social and emotional wellbeing issues.

Source: OATSIH Services Reporting data collection 2008–10.

Table D.13: Aboriginal and Torres Strait Islander primary health care services providing social and emotional wellbeing activities, by activity provided, 2008–10 (per cent)

Mental health and social and emotional wellbeing activity	2008–09	2009–10
Short-term counselling	81.4	82.2
Family support and education	76.4	76.1
Home visits for social and emotional wellbeing	70.9	74.2
Regular participation in case management with other agencies in the care of patients with mental illness	67.8	73.2
Visiting psychologist, psychiatrist, and/or social worker (not paid by the service) provides care at the service	60.8	65.3
Referral	58.3	62.9
Clients with mental health problems referred to the service from other services	53.3	62.0
Ongoing counselling programs	56.3	60.6
Harm reduction and suicide prevention	45.2	49.3
Mental health promotion activities (for example, youth camps, drop-in centres)	41.2	49.3
Outreach services to public/private psychiatric institutions	27.1	27.7
Other	18.1	12.7

Notes

1. For 2008–09 *n*=199; for 2009–10 *n*=213.
2. Percentages were calculated based on the number of services providing mental health and social and emotional wellbeing activities.

Source: OATSIH Services Reporting data collection 2008–10.

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

Table E.1: Aboriginal and Torres Strait Islander stand-alone substance use services providing programs to individual clients, by substance use issue, 2008–10 (per cent)

Substance use issue	2008–09	2009–10
Alcohol	88.9	89.6
Cannabis/marijuana	86.7	87.5
Tobacco/nicotine	75.6	72.9
Multiple drug use (two or more drugs/substances)	75.6	68.8
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	55.6	58.3
Amphetamines (ice, speed)	60.0	56.3
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	57.8	56.3
Petrol	53.3	50.0
Heroin	46.7	45.8
Methadone	40.0	33.3
Ecstasy/MDMA	40.0	33.3
Morphine	42.2	31.3
Barbiturates (downers, phenobarbital, Amytal)	42.2	25.0
LSD (acid, trips)	17.8	25.0
Cocaine (coke, crack)	33.3	20.8
Steroids/anabolic agents	13.3	14.6
Other drugs	6.7	8.3
Kava	11.1	4.2

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.2: Aboriginal and Torres Strait Islander stand-alone substance use services providing programs focused on specific substances, by substance use issue, 2008–10 (per cent)

Substance use issue	2008–09	2009–10
Alcohol	91.1	91.7
Cannabis/marijuana	80.0	77.1
Multiple drug use (two or more drugs/substances)	57.8	54.2
Tobacco/nicotine	48.9	52.1
Amphetamines (ice, speed)	35.6	45.8
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	31.1	43.8
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	28.9	37.5
Petrol	33.3	35.4
Heroin	26.7	29.2
Ecstasy/MDMA	22.2	25.0
Cocaine (coke, crack)	20.0	25.0
Barbiturates (downers, phenobarbital, Amytal)	17.8	22.9
LSD (acid, trips)	15.6	22.9
Methadone	17.8	18.8
Morphine	20.0	16.7
Steroids/anabolic agents	2.2	12.5
Kava	2.2	8.3
Other drugs	8.9	6.3

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Sources: OATSIH Services Reporting data collection 2008–10.

Table E.3: Aboriginal and Torres Strait Islander stand-alone substance use services, by substance use program provided, 2008–10 (per cent)

Substance use programs provided	2008–09	2009–10
Program for clients diverted from the legal system (for example, courts can suspend sentence and/or release people on condition that they attend substance use treatment)	75.6	83.3
Non-residential counselling/rehabilitation	71.1	79.2
Advocacy (contact with other agencies on behalf of clients)	77.8	77.1
Community-based education and prevention	73.3	75.0
Residential treatment/rehabilitation (residential clients receive formal rehabilitation for substance use)	66.7	62.5
Other	26.7	29.2
Detoxification (managed withdrawal from alcohol and/or other drugs)	28.9	27.1
Mobile assistance patrol/night patrol	22.2	22.9
Sobering-up centre/program (clients are in residential care overnight to sober up, and do not receive formal rehabilitation)	20.0	20.8
Residential respite (clients spend 1–7 days in residential care for respite and do not receive formal rehabilitation)	8.9	12.5

Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.4: Aboriginal and Torres Strait Islander stand-alone substance use services (group 1), by activity provided to manage substance use, 2008–10 (per cent)

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

Notes

1. Service group 1 includes services providing residential treatment with or without other types of programs. Percentages were calculated based on the number of services in group 1.
2. For 2008–09 *n*=30; for 2009–10 *n*=30.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.5: Aboriginal and Torres Strait Islander stand-alone substance use services (group 2), by activity provided to manage substance use, 2008–10 (per cent)

Activity to manage substance use	2008–09	2009–10
Information/education	100.0	100.0
Community education/activities	91.7	93.8
Case management	91.7	93.8
Support for clients accessing mainstream services	91.7	87.5
Relationship/social skills training	58.3	87.5
Individual counselling	100.0	81.3
School education and visits	83.3	81.3
Cultural activities	75.0	75.0
Referral	66.7	68.8
Support groups	58.3	68.8
Crisis intervention	91.7	62.5
General living skills	75.0	62.5
Welfare/emergency relief	66.7	62.5
Telephone counselling	75.0	62.5
Detoxification support and referral	58.3	50.0
Group counselling	58.3	50.0
Other	8.3	37.5
Mobile assistance program/night patrol	16.7	18.8
Non-medicated detoxification	25.0	12.5
Needle exchange	16.7	12.5
Medicated detoxification	8.3	12.5
Tobacco control program	8.3	12.5
Management of hepatitis C	8.3	6.3
Methadone management	0.0	6.3

Notes

1. Service group 2 includes services not included in group 1 in Table E.4. This group does not provide residential care. Percentages were calculated based on the number of services in group 2.
2. For 2008–09 *n*=12; for 2009–10 *n*=16.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.6: Aboriginal and Torres Strait Islander stand-alone substance use services, by treatment approach used, 2008–10 (per cent)

Treatment approach	2008–09	2009–10
Abstinence (aims to help the individual to completely stop using drugs/alcohol)	84.4	91.7
Family/community support/involvement	82.2	91.7
Cultural support/involvement (for example, bush camps, traditional healing, arts/crafts, mentor programs involving elders)	86.7	87.5
Harm reduction (aims to reduce harm to individuals rather than reducing their substance use; includes education about safe substance use practices)	77.8	75.0
Controlled drinking (aims to help individuals monitor their drinking, and keep their alcohol consumption within safe levels)	57.8	68.8
Controlled use of other substances (aims to help individuals monitor their substance use, and keep their consumption within safe levels)	48.9	56.3
Religious/spiritual support	60.0	52.1
Other	22.2	20.8

Note: For 2008–09 *n*=45; for 2009–10 *n*=48.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.7: Aboriginal and Torres Strait Islander stand-alone substance use services providing group activities, by type of activities, 2008–10 (per cent)

Types of groups run by service	2008–09	2009–10
Cultural groups (for example, art, hunting, bush outings)	90.9	86.7
Community-based education and prevention groups	84.1	84.4
Counselling groups (where counsellors provide treatment/guidance)	81.8	84.4
Alcohol use treatment/prevention groups	81.8	82.2
Support groups (where clients offer each other support)	81.8	80.0
Living skills groups (for example, cooking, nutrition groups)	75.0	80.0
Sport/recreation/physical exercise groups	79.5	73.3
Other substance use treatment/prevention groups	77.3	71.1
Men's groups	77.3	68.9
Tobacco use treatment/prevention groups	45.5	60.0
Women's groups	59.1	57.8
Chronic disease management groups	25.0	31.1
Other	34.1	28.9
Youth groups	31.8	28.9
Mothers' and babies' groups	15.9	15.6
Antenatal groups	6.8	4.4

Notes

1. For 2008–09 *n*=44; for 2009–10 *n*=45.
2. Percentages were calculated based on the number of services providing group activities.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.8: Aboriginal and Torres Strait Islander stand-alone substance use services providing out-of-hours care, by type of care provided, 2008–10 (per cent)

Type of out-of-hours care	2008–09	2009–10
Residential counselling	65.7	67.6
Receive referrals (admissions, assessments, referrals, etc.)	51.4	59.5
Residential group work	65.7	54.1
Non-residential counselling	42.9	48.7
Other	37.1	40.5
Group work with clients not in residential care	34.3	35.1
Mobile assistance patrol/night patrol	28.6	29.7

Notes

1. For 2008–09 *n*=35; for 2009–10 *n*=37.
2. Percentages were calculated based on the total number of services providing out-of-hours care.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.9: Aboriginal and Torres Strait Islander stand-alone substance use services, by client referral sources, 2008–10 (per cent)

Client referral source	2008–09	2009–10
Self-referred/walk in	97.8	97.9
Family member/elder/friend	88.9	97.9
Justice system/police/court	95.6	89.4
Aboriginal medical service	77.8	83.0
Mental health service	77.8	83.0
Mainstream drug and alcohol service	77.8	83.0
Hospital	80.0	78.7
Doctor	75.6	72.3
Mainstream community health service	73.3	68.1
Other	40.0	44.7

Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=47.
2. Percentages were calculated based on the number of services receiving referred clients.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.10: Aboriginal and Torres Strait Islander stand-alone substance use services where one or more clients had social and emotional wellbeing issues, by issue experienced, 2008–10 (per cent)

Social and emotional wellbeing health issues	2008–09	2009–10
Family/relationship issues	97.8	100.0
Depression/hopelessness/despair	95.6	100.0
Family and community violence	97.8	95.7
Anxiety/stress	95.6	95.7
Grief and loss issues	95.6	95.7
Self-harm harm/suicide	82.2	82.6
Loss of cultural identity	71.1	80.4
Schizophrenia or other psychotic disorder	75.6	76.1
Sexual assault	64.4	69.6
Survivor of childhood sexual assault	71.1	65.2
Stolen generation issues	55.6	60.9
Removal from homelands/traditional country	57.8	56.5
Sexuality issues	48.9	43.5
Other	8.9	13.0

Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=46.
2. Percentages were calculated based on the number of services where clients had social and emotional wellbeing health issues.

Source: OATSIH Services Reporting data collection 2008–10.

Table E.11: Aboriginal and Torres Strait Islander stand-alone substance use services providing mental health and social and emotional wellbeing activities, by activity provided, 2008–10 (per cent)

Mental health or social and emotional wellbeing activities	2008–09	2009–10
Short-term counselling	80.0	78.3
Regular participation in case management in the care of patients with mental illness	80.0	76.1
Ongoing counselling programs	68.9	76.1
Family support and education	64.4	67.4
Referrals from other services of clients with mental health problems	68.9	63.0
Harm reduction and suicide prevention	60.0	63.0
Visiting psychologist, psychiatrist and/or social worker (not paid by the service) provides care at the service	48.9	60.9
Referral	57.8	52.2
Workers visit clients at home for social and emotional wellbeing	53.3	50.0
Outreach services to public/private psychiatric institutions	26.7	47.8
Mental health promotion activities (for example youth camps, drop-in centres)	42.2	43.5
Other	11.1	15.2

Notes

1. For 2008–09 *n*=45; for 2009–10 *n*=46.
2. Percentages were calculated based on the total number of services providing mental health and social and emotional wellbeing activities.

Source: OATSIH Services Reporting data collection 2008–10.

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, by type of support provided, 2008–10 (per cent)

Support available	2008–09	2009–10
Peer support (work colleagues)	93.3	93.9
Case consulting (liaison with other workers in relation to care for the client)	89.3	91.5
Debriefing (counsellor receives personal support in working through difficult cases)	82.7	85.4
Counsellor network meetings	73.3	65.9
Regular meeting with clinical supervisor mentor—senior counsellor from the service	58.7	62.2
Telephone support available through counsellors/supervisor/mentor	57.3	59.8
Regular meeting with clinical supervisor mentor—senior counsellor who is based at another service	44.0	45.1
Regular meeting with clinical supervisor mentor—general practitioner	17.3	34.2
Regular meeting with clinical supervisor mentor—psychiatrist	20.0	19.5
Other	16.0	14.6

Notes

1. For 2008–09 *n*=75; for 2009–10 *n*=82.
2. Percentages were calculated based on the number of services providing support to counsellors.

Source: OATSIH Services Reporting data collection 2008–10.

Table F.2: Aboriginal and Torres Strait Islander Bringing Them Home and Link Up services providing group activities, by type of activity provided, 2008–10 (per cent)

Type of group activities	2008–09	2009–10
Community-based education and prevention groups	59.7	69.7
Cultural groups(for example, art, hunting, bush outings)	43.5	63.6
Support groups (where clients offer each other support)	64.5	62.1
Men's groups	41.9	56.1
Women's groups	50.0	43.9
Counselling groups (where counsellors provide treatment/guidance)	41.9	43.9
Other	37.1	33.3
Youth groups	22.6	33.3
Sport/recreation/physical exercise groups	27.4	30.3
Living skills groups (for example, cooking, nutrition groups)	25.8	30.3
Alcohol use treatment/prevention groups	25.8	28.8
Other substance use treatment/prevention groups	12.9	19.7
Chronic disease management groups	19.4	16.7
Tobacco use treatment/prevention groups	19.4	16.7
Mothers' and babies' groups	11.3	15.2
Antenatal groups	3.2	7.6

Notes

1. For 2008–09 *n*=62; for 2009–10 *n*=66.
2. Percentages were calculated based on the number of services providing group activities.

Source: OATSIH Services Reporting data collection 2008–10.

Glossary

Aboriginal community controlled health services

These are primary health care services operated by local Aboriginal 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 various 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>.

Allied health professionals

Health professionals who are registered or licensed under a law of state or territory, and provide various diagnostic, technical, therapeutic and direct patient care and support services (for example, audiologists, optometrists, dieticians, physiologists, occupational therapists, pharmacists, podiatrists, and speech pathologists).

Auspiced service

An independent or semi-independent body that has been funded by an OATSIH-funded organisation to provide health services.

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

A person who receives care from an Aboriginal and Torres Strait Islander primary health care service, an Aboriginal and Torres Strait Islander stand-alone substance use service, or a Bringing Them Home and Link Up counsellor over the reporting year; each client is counted once only within that reporting year, regardless of how many times they receive treatment or assistance.

Client contacts

The individual client contacts that were made by each type of worker in the provision of health care by the service. If more than one worker (for example, a nurse and a driver) sees a client, then one episode of care may result in more than one contact.

Episode of health care

Contact between an individual client and a service by one or more staff members to provide health care. An individual client may have more than one episode of care within a year.

First-generation clients

Clients who were moved from their families and communities.

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.

Group episode of care

When a person attends a group meeting run by a substance use service.

Indigenous

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

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).

Memorandums of understanding

Agreements between services that outline agreed protocols and arrangements for referral, support and other relevant interagency issues.

Non-Indigenous

A person other than Australian Aboriginal and/or Torres Strait Islander people.

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/aftercare 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, Sundays and public holidays.

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.

Program

A planned, regular activity organised by the service.

Remoteness structure

This is one of the geographical structures listed in the Australian Standard Geographic Classification. Its purpose is to classify collection districts that share common characteristics of remoteness into broad geographical regions called Remoteness Areas. Within a state or territory, each remoteness area represents an aggregation of collection districts that share common characteristics of remoteness, determined in the context of Australia as a whole. It includes all collections districts and so 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* – collection districts with an average ARIA index value of 0 to 0.2
- *Inner regional* areas – collection districts with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- *Outer regional* areas – collection districts with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- *Remote* areas – collection districts with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- *Very remote* areas – collection districts with an average ARIA index value greater than 10.53
- *Migratory* (composed of offshore, shipping and migratory collection districts). Note – this category is not relevant for this report and is therefore not included.

For more information see ABS 2006.

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

Refers to one treatment period from the time of admission into residential treatment or rehabilitation through to discharge. If a client receives treatment on two separate occasions then this is counted as two episodes of care.

Second-generation clients

Clients whose parent(s) are first-generation members.

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.

Sobering-up/residential respite clients

Clients who are in residential care overnight to sober up, or those who stay in residential care for 1–7 days for respite, and who do not receive formal rehabilitation.

Sobering-up/residential respite/short-term episodes of care

Starting at admission into a sobering-up/residential respite/short-term care program and ending at discharge. One episode of care can last 1–7 days. If a client receives treatment on two separate occasions then this is counted as two episodes of care.

Social and emotional wellbeing staff

These include, but are not limited to, psychologists, counsellors, mental health workers, social workers and welfare workers.

Third- and subsequent generation clients

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.

References

Aboriginal and Torres Strait Islander Social Justice Commissioner 2009. Social justice report 2008. Appendix 2: A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia. Sydney: Australian Human Rights Commission. Viewed 1 June 2010, <www.hreoc.gov.au/social_justice/statistics/index.html>.

ABS (Australian Bureau of Statistics) 2006. Statistical geography volume 1—Australian Standard Geographical Classification (ASGC). ABS cat. no. 1216.0. Canberra: ABS. Viewed 16 July 2010, <www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/BD1B52D132D130E7CA2573630012F67B>.

MCDS (Ministerial Council on Drug Strategy) 2004. The National Drug Strategy: Australia's integrated framework 2004–2009. Canberra: Commonwealth of Australia.

NATSIHC (National Aboriginal and Torres Strait Islander Health Council) 2004. National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013: framework for action by governments. Canberra: NATSIHC.

NSW IRCST (Institute of Rural Clinical Services and Teaching) 2008. A report: clinical supervision for allied health professionals in rural NSW. Dubbo: NSW Institute of Rural Clinical Services and Teaching. Viewed 1 June 2010, <www.ircst.health.nsw.gov.au/__data/assets/pdf_file/0004/67936/Rural_NSW_Allied_Health_Clinical_Supervision_Paper_Final.pdf>.

RACGP (Royal Australian College of General Practitioners) 2011. Melbourne: RACGP. Viewed 7 July 2011, <www.racgp.org.au/standards>.

Screening Subcommittee of the APHDPC (Australian Population Health Development Principal Committee of the Australian Health Ministers' Advisory Council) 2008. Population based screening framework. Canberra: AHMAC.

WHO (World Health Organization) 1986.Ottawa Charter for Health Promotion. Geneva: WHO. Viewed 17 May 2010, <www.ldb.org/iuhpe/ottawa.htm>.

WHO 2005. Immunisation against diseases of public health importance. Fact sheet no. 288. Geneva: WHO. Viewed 17 May 2010, <www.who.int/mediacentre/factsheets/fs288/en/index.html>.

List of tables

List of figures