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Aboriginal and Torres Strait Islander health services report, 2008–09

OATSIH Services Reporting—key results

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Contents

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We would like to thank Aboriginal and Torres Strait Islander primary health care, substance use, and Bringing Them Home and Link Up counselling services that provided 2008–09 OATSIH Services Reporting (OSR) data. The OSR database is the most comprehensive data collection available describing Australian Government funded Aboriginal and Torres Strait Islander primary health care, 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, Office for Aboriginal and Torres Strait Islander Health (OATSIH) provided funding for the 2008–09 OSR project.

Abbreviations

AHW	Aboriginal and Torres Strait Islander health worker
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index of Australia
BTH	Bringing Them Home (counsellors)
CD	Collection District
FTE	full-time equivalent
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OSR	OATSIH Services Reporting
RACGP	Royal Australian College of General Practitioners

Summary

The 2008–09 Office for Aboriginal and Torres Strait Islander Health (OATSIH) Services Reporting data collection provides information on the activities, clients, provision of care and staffing of Australian Government funded Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services. This information informs Indigenous health policy, and program development and implementation.

Key findings

Primary health care

- In 2008–09, Aboriginal and Torres Strait Islander primary health-care services funded by OATSIH provided 2.1 million episodes of health care to around 375,000 clients. Nearly 4 in 5 (294,000) clients were Aboriginal or Torres Strait Islander people, and these clients received the great majority (82% or 1.7 million) of all episodes of care. As some individuals may have been clients at more than one service, this count may overstate the total number of clients for all services.
- Around 4,300 full-time equivalent (FTE) staff, including 2,800 FTE health staff and 1,500 FTE managerial, administrative, support and other roles, worked at and had their wages or salaries paid by their service. These staff were assisted in the delivery of primary health care by 215 FTE visiting health professionals paid for by other organisations. Close to 6 in 10 (57%) of the total FTE positions were occupied by Aboriginal or Torres Strait Islander people.

Substance use

- In 2008–09, Aboriginal and Torres Strait Islander substance use services funded by OATSIH provided treatment and assistance for substance use issues to about 23,200 clients. Around three-quarters (17,700) of these clients were Aboriginal or Torres Strait Islander.
- About 850 FTE staff from a wide variety of health staff (450 FTE) and managerial, administrative, support and other roles (400 FTE) worked at and were paid by their service. These staff were assisted in the delivery of substance use treatment by 100 FTE visiting health professionals paid for by other organisations.
- Around 6 in 10 (59%) of the total FTE positions (850 FTE) were occupied by Aboriginal or Torres Strait Islander people.

Bringing Them Home and Link Up counselling

- In 2008–09, Bringing Them Home and Link Up counselling services provided counselling to about 8,400 clients. The great majority (84% or 7,100) of clients were Aboriginal or Torres Strait Islander. There were 40,800 client contacts reported by these services, with almost all (93%) client contacts being with Aboriginal or Torres Strait Islander clients.
- A total of 130 counsellors (110 FTE) were employed by the counselling services. Nine in 10 (90%) services had at least one Aboriginal or Torres Strait Islander counsellor.

1 Introduction

The Australian Government supports a variety of service providers who deliver targeted health care to Aboriginal and Torres Strait Islander people in many locations around Australia. These services include primary health-care services, 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 (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. However, 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 substance use services funded under the Substance Use Program are delivered in a broad range of settings including residential and non-residential treatment and rehabilitation services, primary health-care services, sobering-up shelters and transitional aftercare programs.

Bringing Them Home (BTH) and Link Up counsellors help individuals, families and communities affected by past practices for 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.

Structure and purpose of this report

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

This report presents specific information on the activities during 2008–09 of Australian Government funded Aboriginal primary health-care services, substance use rehabilitation and treatment services, and Bringing Them Home and Link Up counselling services. The information covers the number of clients seen, episodes of care and client contacts provided, as well as staffing, and the types of care and group activities provided. These data inform Indigenous health policy, and program development and implementation.

Chapter 2 presents the main findings for the Aboriginal and Torres Strait Islander primary health-care services for the 2008–09 OSR reporting period.

Chapter 3 presents the main findings for the Aboriginal and Torres Strait Islander substance use services for the 2008–09 OSR reporting period.

Chapter 4 presents the main findings for Bringing Them Home and Link Up counselling for the 2008–09 OSR reporting period.

Scope

The data for this report were obtained from primary health-care, substance use and Bringing Them Home and Link Up counselling service providers that received funding from OATSIH in the period 2008–09, and that responded to the OSR questionnaire. Many of these services also receive funds from other sources (for example, state or territory governments, or Medicare benefits). The data in the OSR collection relate to service staffing and health-care delivery resulting from all funding sources.

In 2008–09, 275 services received funding from the Australian Government through OATSIH to provide a range of services to Aboriginal and Torres Strait Islander people. This represents 215 OATSIH-funded services and their auspiced services (see Glossary). In some cases, OATSIH provides funding to an organisation (the auspicing service) that subsequently funds the provision of services by one or more independent or semi-independent bodies (the auspiced services). Of the 275 services:

- there were 211 primary health-care services of which 205 (97%) responded to the OSR questionnaire, including 64 auspiced services
- there were 50 stand-alone substance use services of which 45 (90%) responded to the OSR questionnaire, including 3 auspiced services
- there were 86 Bringing Them Home and Link Up counselling services of which 81 (94%) responded to the OSR questionnaire, including 5 auspiced services. Many services providing Bringing Them Home and Link Up counselling are part of existing primary health-care or substance use services.

OATSIH-funded services include both Indigenous Community Controlled Health Organisations and non-community controlled health organisations.

The number of services in each Australian Government funding category and the amount of funding received are shown in Figure A.1, Figure A.2 and Figure A.3 in Appendix A. The amount of funding received by services varied from amounts of less than $249,000 to amounts of $4 million and over.

Data limitations

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

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Appendix B of this report presents more details on the data limitations of the OSR data collection.

2 Aboriginal and Torres Strait Islander primary health-care services

Introduction

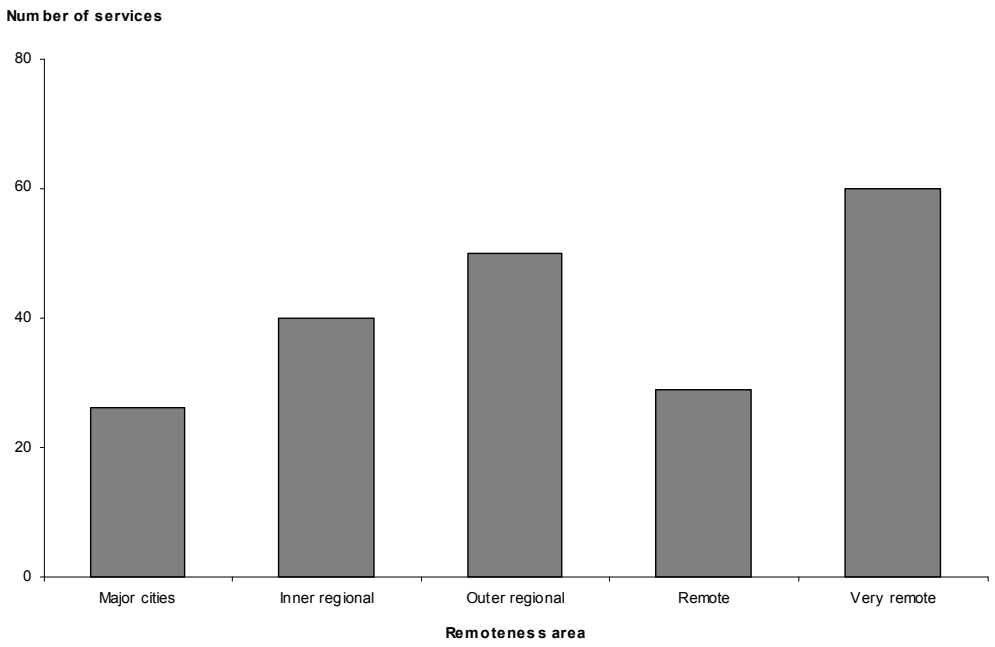
In 2008–09, 205 primary health-care services that received funding from the Australian Government through OATSIH to provide primary health-care services to Aboriginal and Torres Strait Islander people responded to the OSR questionnaire. In this report, these services are referred to as 'Aboriginal and Torres Strait Islander primary health-care services', 'Indigenous primary health-care services', or simply as 'primary health-care services'.

Location

The Indigenous primary health-care services were located in all states and territories, and across the spectrum of geographical areas, from cities to very remote areas.

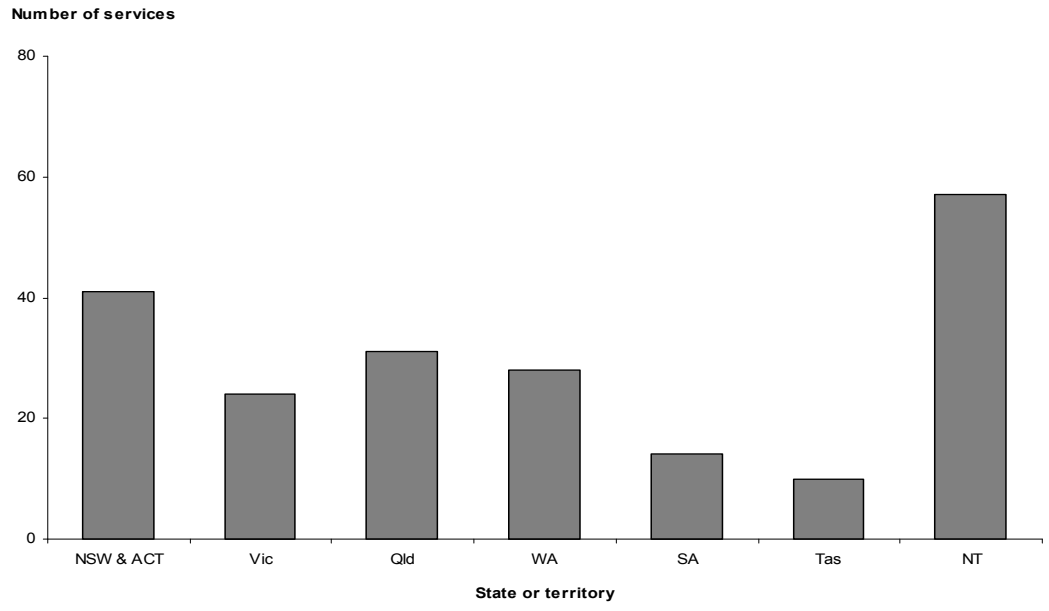
In total, two-thirds (67%) of all Indigenous primary health-care services were located in *Outer regional, Remote* and *Very remote* areas as defined by the remoteness area structure of the Australian Standard Geographical Classification. Around 3 in 10 (29% or 60) of all these services were in *Very remote* areas, while nearly a quarter of all services were located in *Outer regional* areas (24% or 50). The remaining services were located in *Inner regional* areas (20% or 40), *Remote* areas (14% or 29) and *Major cities* (13% or 26).

Three in 10 (28% or 57) primary health-care services were located in the Northern Territory, while 2 in 10 (20% or 41) services were located in New South Wales and the Australian Capital Territory. The remaining services were located in Queensland (15% or 31), Western Australia (14% or 28), Victoria (12% or 24), South Australia (7% or 14) and Tasmania (5% or 10). Figure 2.1 and Figure 2.2 show the number of services by remoteness and in each jurisdiction. Figure C.1 in Appendix C shows a map with locations of all Aboriginal and Torres Strait Islander primary health-care services.



Note: There were 205 respondent Aboriginal and Torres Strait Islander primary health-care services.

Figure 2.1: Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–09



Note: There were 205 respondent Aboriginal and Torres Strait Islander primary health-care services.

Figure 2.2: Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–09

Accreditation

Accreditation is an important part of quality improvement in primary health-care services. In 2008–09, half (50%) of all Indigenous primary health-care services were accredited. Most of these accredited services (78% or 80) had achieved accreditation by the Royal Australian College of General Practitioners (RACGP) (Table 2.1).

Table 2.1: Aboriginal and Torres Strait Islander health services, by accreditation type, 2008–09

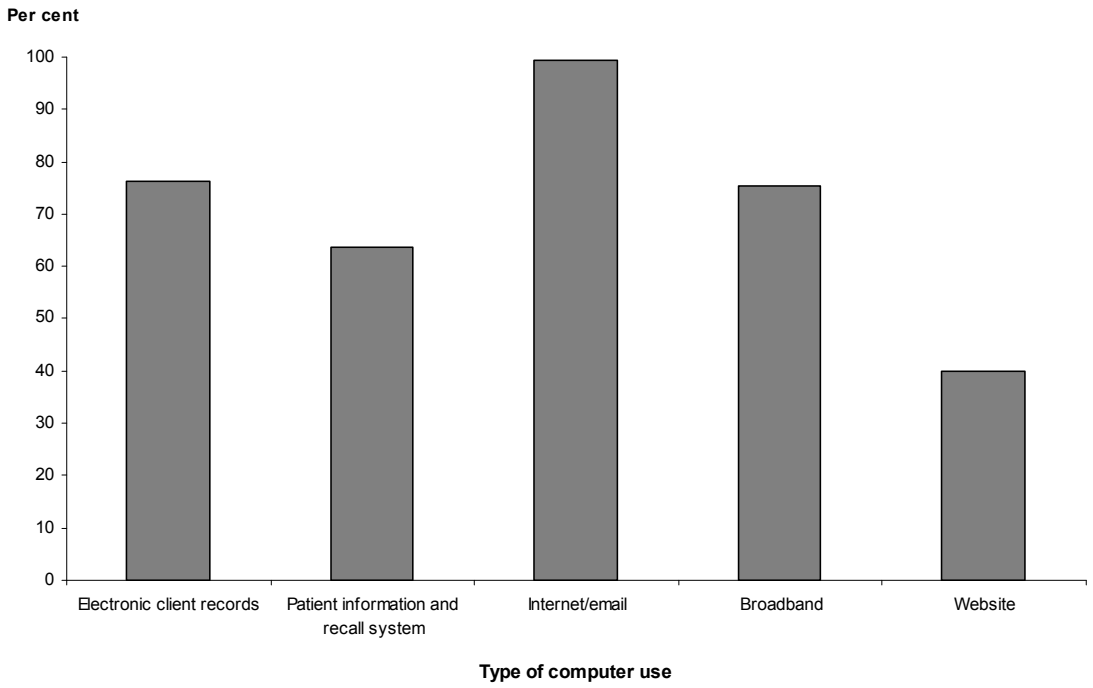
Accreditation type	Number	Per cent
RACGP accreditation	80	39.0
Organisational standard accreditation	17	8.3
Other accreditation	6	2.9
Total accredited services	*103*	*50.2*
Total services not accredited	*102*	*49.8*
Total services	**205**	**100.0**

RACGP Royal Australian College of General Practitioners

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 by allowing practices to identify these patients and recall them as required to ensure comprehensive patient care. Email and internet are also useful communication tools. Almost all Aboriginal and Torres Strait Islander primary health-care services (99%) reported using computers in their clinics. All of these services reported using email and the Internet, with three-quarters (75%) having a broadband internet connection. Many services (40%) also reported having a website.

Electronic client records were used by over three-quarters (76%) of primary health-care services, while almost two-thirds (64%) had electronic patient information and recall systems (Figure 2.3).



Note: 203 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for using computers.

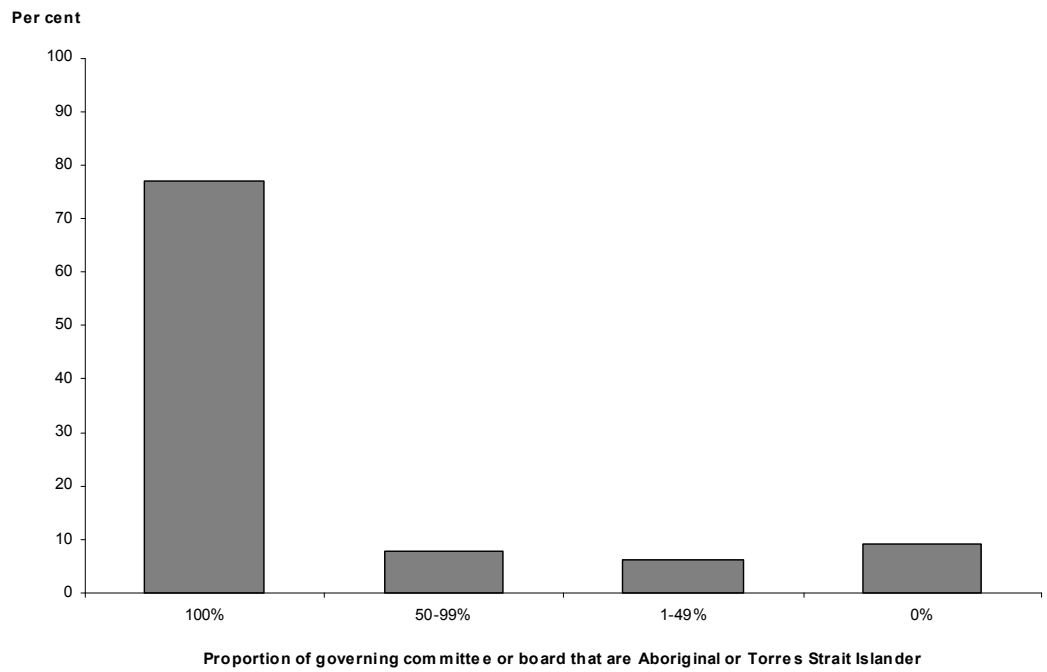
Figure 2.3*:* Proportion of Aboriginal and Torres Strait Islander primary health-care services using computers, by type of usage, 2008–09

Governance

The Australian Government supports a variety of health service providers, including community-controlled health services and services run by state and territory governments and Divisions of General Practice.

For the community-controlled health sector, governance is an important issue because it can influence the success or failure of an organisation (DoHA 2006). A little over three-quarters (77%) of Indigenous primary health-care services had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people, while a small proportion of services (9%) had a board or committee that included no Aboriginal or Torres Strait Islander members (Figure 4.4). The governing committee or board of most primary health-care services (86%) held regular meetings during 2008–09.

In all, 178 Aboriginal and Torres Strait Islander primary health-care services provided information on their income and expenditure, and 177 services provided information on the composition of their governing committees and the committee members' training. In 2008–09, almost all of these services (95%) presented income and expenditure statements to the committee or board at least twice a year. In over three-quarters (77%) of services, the board or committee members received training to help them in their roles. The questions on governing committees were not relevant to many of the auspiced primary health-care services, hence the lower response rate for these questions.



Note: 177 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for proportion of governing committee or board that are Aboriginal or Torres Strait Islander people.

Figure 2.4: Aboriginal or Torres Strait Islander primary health-care services, by proportion of governing committee or board that are Aboriginal or Torres Strait Islander people, 2008–09

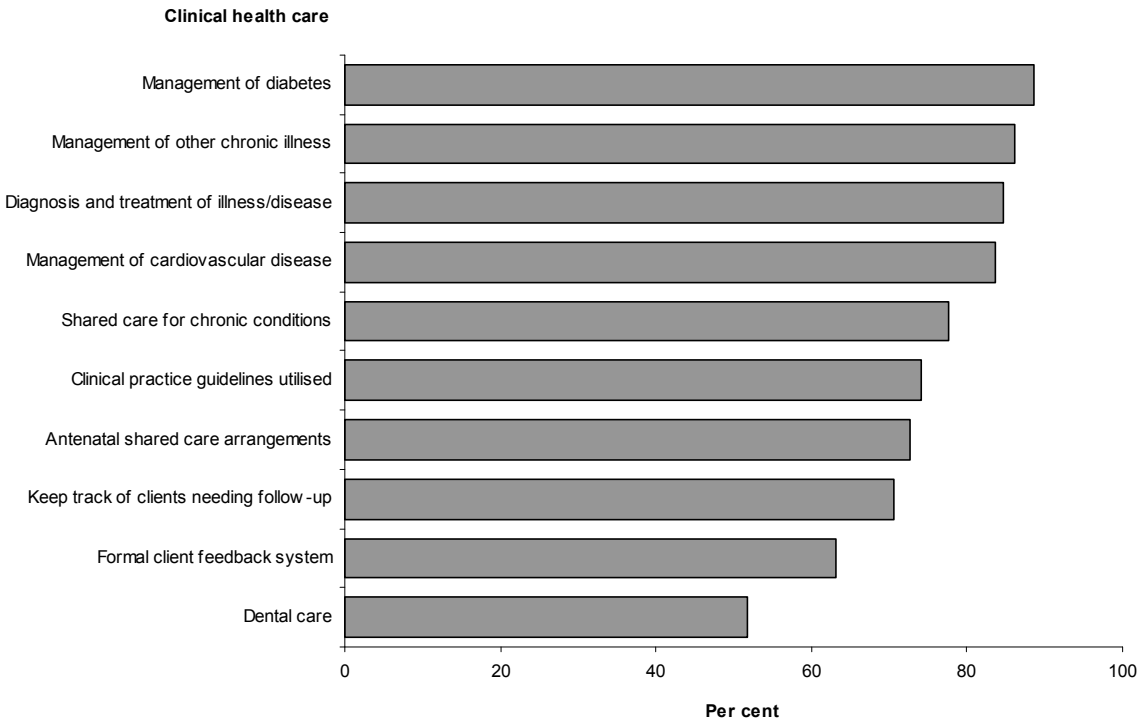
Clinical health care

There were 201 Aboriginal and Torres Strait Islander primary health-care services providing information on their clinical health-care activities. As might be expected, the vast majority (85%) of these primary health-care services provided diagnosis and treatment of illness and disease. The remaining services generally provided a very specific range of health services such as dental health care, child and maternal health, health promotion, social and emotional wellbeing activities, and nutritional care.

In 2008–09, the ongoing management of illness and disease was also a common function of primary health-care services, with close to 9 in 10 services providing management of diabetes (89%) and a similar proportion providing management of other chronic illness (86%), while 8 in 10 services provided management of cardiovascular disease (84%).

About three-quarters of services had shared-care arrangements with hospitals or relevant specialists for people with chronic conditions (78%), and shared-care between the service and hospitals for women accessing antenatal care (73%).

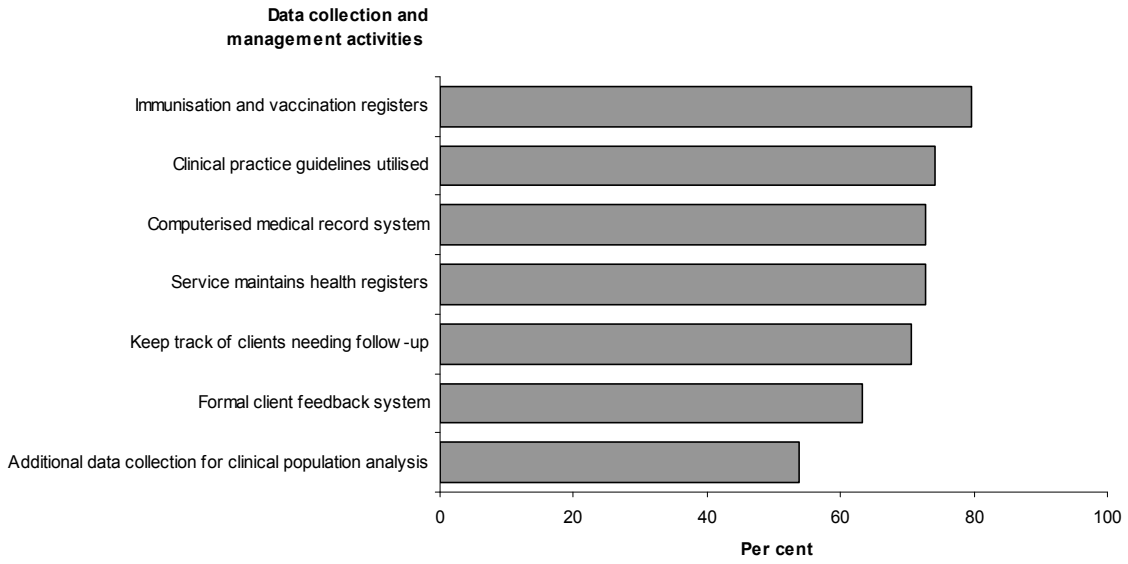
A little over half of all primary health-care services provided access to dental care (52%) (Figure 2.5). A small proportion of services provided traditional healing (18%), bush tucker nutrition programs (15%) and bush medicine (10%) (Table D.1 in Appendix D: Statistical tables for Aboriginal and Torres Strait Islander primary health-care services).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about clinical health care activities provided by the service.

Figure 2.5: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing clinical health-care activities, by selected activities, 2008–09

Indigenous primary health-care services had a variety of data collection and management practices, and clinic operational practices. Around 7 in 10 (73%) services maintained health registers, and a little over half (54%) conducted additional data collection for clinical population analysis. About 7 in 10 services kept track of clients requiring follow-up (71%), while a similar proportion utilised clinical practice guidelines (74%). There was a formal client feedback system operating in 6 in 10 primary health-care services (63%) (Figure 2.6).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data regarding health-related activities.

Figure 2.6: Proportion of Aboriginal and Torres Strait Islander primary health-care services using particular data and information management practices, 2008–09

Population health programs

Health promotion is the process of enabling people to increase control over, and to improve, their health (WHO 1986). Health promotion can play an important role in bringing about behavioural change at both the individual and community level. There were 201 Aboriginal and Torres Strait Islander primary health-care services that provided information on population health programs provided by their service. Health promotion and education activities were provided by almost all (94%) Aboriginal and Torres Strait Islander primary health-care services in 2008–09.

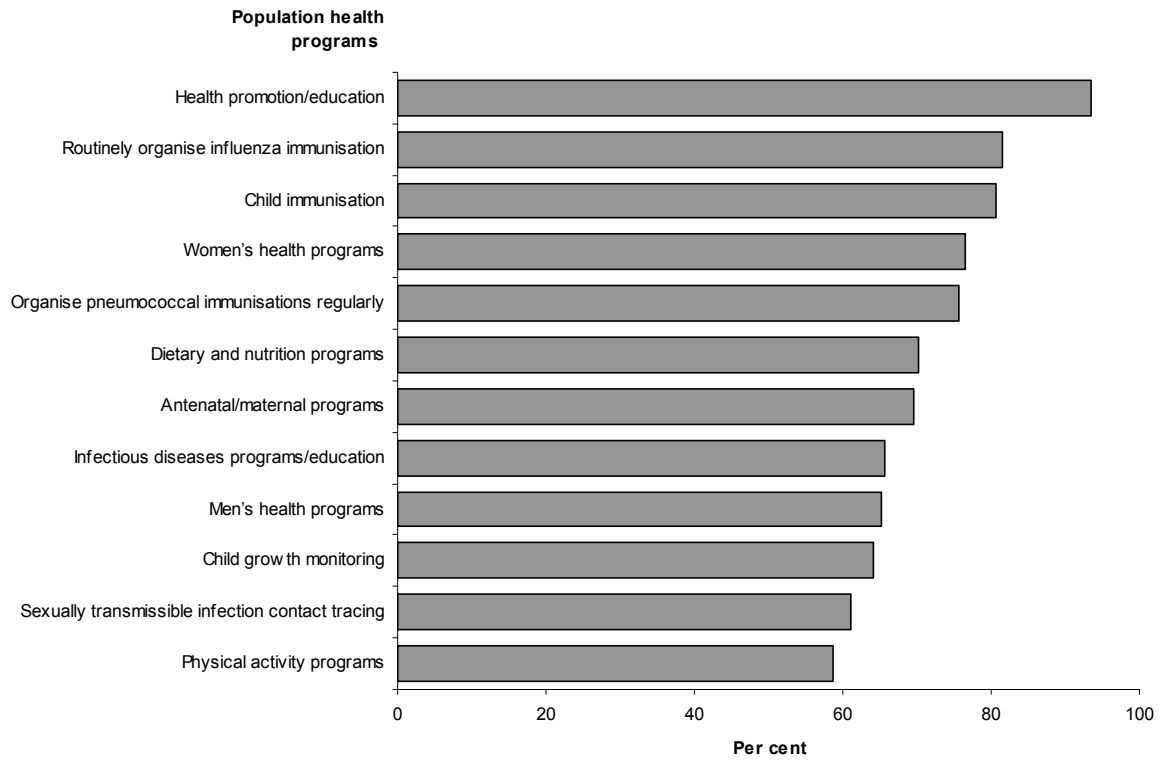
Immunisation is a proven tool for controlling and even eradicating disease (WHO 2005). Over three-quarters of primary health-care services provided immunisation programs that focused on influenza immunisation (82%), child immunisation (81%) or pneumococcal immunisation (76%) (Figure 2.7). Most of these services maintained immunisation and vaccination registers (80%) (Figure 2.6).

Seven in 10 (70%) primary health-care services offered dietary and nutrition programs, with around the same proportion (66%) of services offering programs and education about infectious diseases (Figure 2.7).

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.

Women's health and maternal health were a focus in primary health-care delivery in 2008–09, with over three-quarters of services (77%) providing women's health programs and 7 in 10 (70%) offering antenatal and maternal health programs (Figure 2.7). Almost half of services (48%) provided parenting programs (Table D.5).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about population health programs provided by the service.

Figure 2.7: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing population health programs, by selected programs, 2008–09

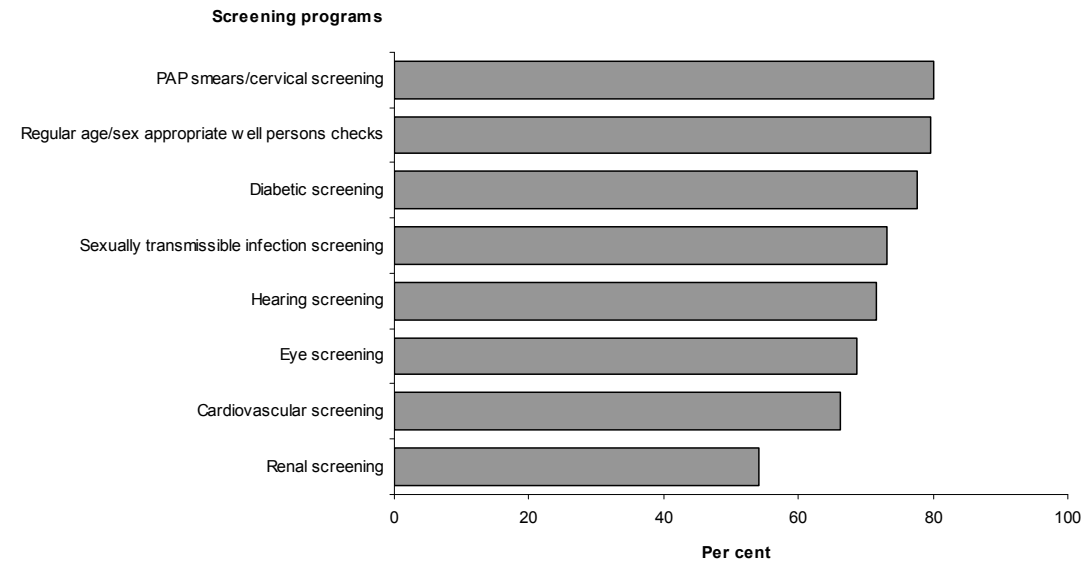
Screening programs and health checks

Screening programs to identify the presence of a disease or a risk marker 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). A total of 201 Aboriginal and Torres Strait Islander primary health-care services provided information on their screening programs.

These services provided a range of organised screening programs in 2008–09. Pap smears and cervical screening were the most widely offered population screening activities, with 8 in 10 services (80%) providing these. Other widely available screening programs were

diabetic screening, sexually transmissible infection screening and hearing screening, with each of these programs offered by about three-quarters of primary health-care services (78%, 73% and 72% respectively).

Well persons health checks are important for early detection and early treatment. Screening programs were complemented by the provision of regular age- or sex-appropriate well persons checks in 8 in 10 services (80%) (Figure 2.8).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about screening programs offered by the service.

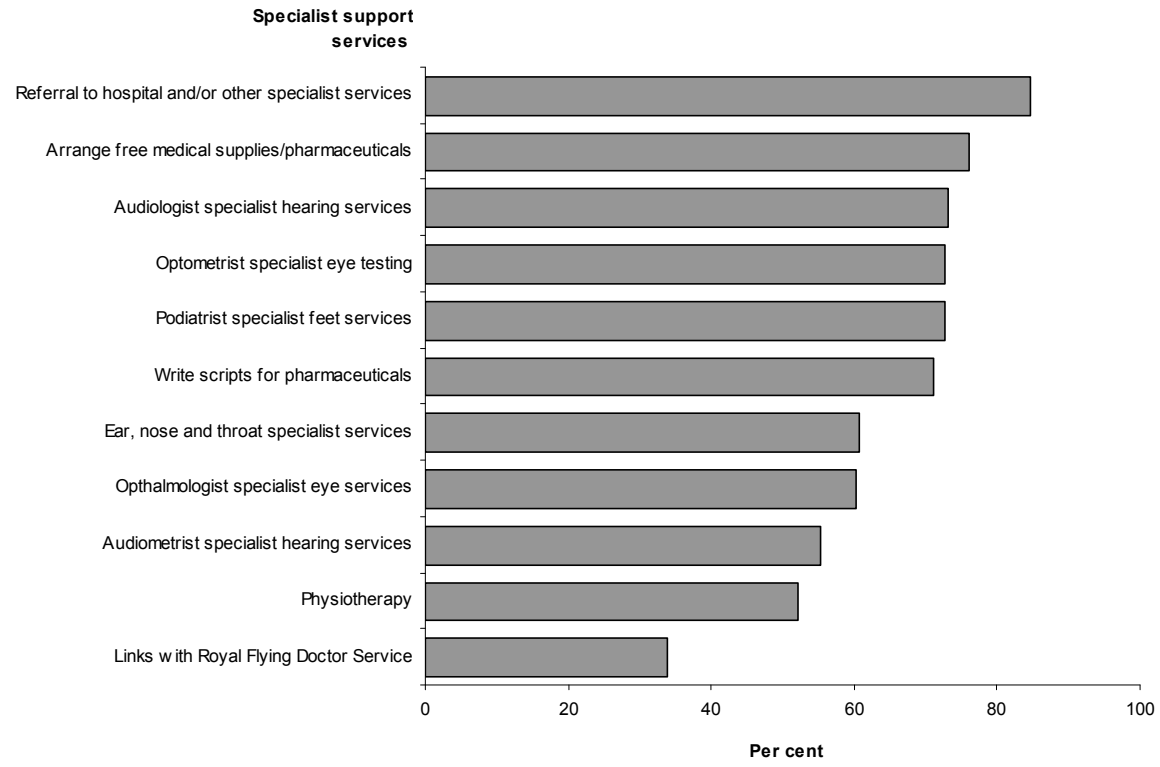
Figure 2.8: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing screening programs, by type of program, 2008–09

Access to specialist services

The availability of specialist services at Aboriginal primary health-care services helps to ensure that a comprehensive range of primary health care is accessible through individual health-care services. Of the Aboriginal and Torres Strait Islander primary health-care services, 201 provided information about the access to specialist services offered by their service. Nearly all (94%) Aboriginal primary health-care services provided access to one or more specialist support services. Many of these support services were provided by visiting health professionals, with varying frequency and duration of visits among different services.

The most accessible specialist services were audiologist services, optometrist services and podiatrist services, each of which were accessible at nearly three-quarters of primary health-care services (73%). Around 6 in 10 services (61%) provided access to ear, nose and throat specialist services, and a similar proportion of services offered access to ophthalmologist services (60%). Physiotherapy services were accessible through a little over half of all primary health-care services (52%).

About 7 in 10 services (71%) provided scripts for pharmaceuticals. Three-quarters of services (76%) were able to arrange the provision of free medical and pharmaceutical supplies. The great majority of services (85%) provided referral to hospital and/or other specialist services (Figure 2.9).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about access to specialist support services offered by the service.

Figure 2.9: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing access to specialist support services, by selected services, 2008–09

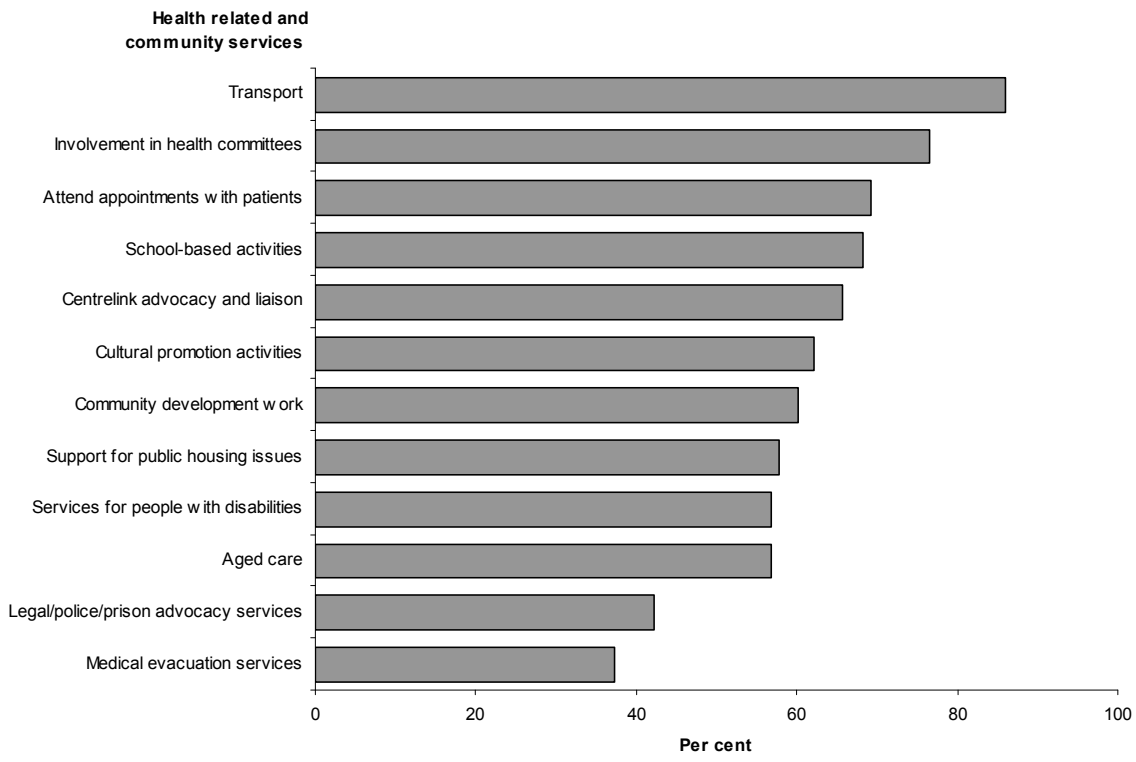
Health-related and community services

There were 201 Aboriginal and Torres Strait Islander primary health-care services that provided information on their health-related and community services.

Close to 7 in 10 (68%) Aboriginal primary health-care services ran school-based activities, while about 6 in 10 services were involved in community development work (60%) or cultural promotion activities (62%).

Advocacy and liaison functions were other community services functions performed by many Aboriginal and Torres Strait Islander primary health-care services. Around two-thirds of services provided advocacy and liaison for clients in dealing with Centrelink (66%), while just over 4 in 10 services (42%) provided advocacy services for their clients in dealing with the justice system.

Many services provided logistical assistance and support to clients attending medical appointments. The great majority of services provided transport to medical appointments (86%), while close to 4 in 10 services (37%) provided medical evacuation services. Seven in 10 services (69%) had staff available to attend medical appointments with patients (Figure 2.10).



Note: 201 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about health-related and community services offered by the service.

Figure 2.10: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing health-related and community services, by selected services, 2008–09

Service staffing

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

Staff working at and paid by the service

There were 200 Aboriginal and Torres Strait Islander primary health-care services that provided information on the number of staff who worked for and whose salaries were paid by their service in 2008–09 (Figure 2.11). These services employed about 4,300 full-time equivalent (FTE) staff across a wide variety of health (2,800 FTE), and managerial, administrative, support and other roles (1,500 FTE). The main types of health staff employed by Aboriginal and Torres Strait Islander primary health-care services were Aboriginal and Torres Strait Islander health workers (AHWs), doctors, nurses and a variety of social and emotional wellbeing staff.

Around 9 in 10 services employed one or more nurses (87%), with 550 FTE nurses employed by all primary health-care services. Eight in 10 services (79%) had an AHW on staff; altogether 745 FTE AHWs were employed in 2008–09. About two-thirds of all services (65%) employed a doctor; altogether 330 FTE doctors were employed by services.

Social and emotional wellbeing staff were an integral part of primary health-care delivery, with around 6 in 10 (58%) Aboriginal and Torres Strait Islander primary health-care services employing social emotional and wellbeing staff, commonly counsellors, psychologists and social workers, a total of 420 FTE staff in all. Six in 10 services (60%) employed, in total, 230 FTE drivers or field officers, reflecting the importance of providing transport for clients at many services. A small minority of services employed dentists (15% or 40 FTE) or traditional healers (4% or 10 FTE).

Most primary health-care services employed support staff. Nine in 10 services (90%) employed, in total, 1,400 FTE administrative and managerial staff. Around a third of these staff (470 FTE) were employed as chief executive officers, managers and supervisors.

Distribution of staff across remoteness areas

The distribution of different types of health staff varied with remoteness. In 2008–09, the vast majority of Aboriginal and Torres Strait Islander primary health-care services (79% or 158 services) employed an AHW. Around two-thirds (68%) of all these services were located in *Outer regional, Remote* and *Very remote* areas (26%, 15% and 27% respectively), and employed most (70%or 525 FTE) of the total FTE AHW staff positions.

The distribution of services that employed nurses was similar. Most services (87% or 173) employed a nurse, with 7 in 10 of these services being located in *Outer regional, Remote* and *Very remote* areas (24%, 14% and 32% respectively). Services located in *Outer regional, Remote* and *Very remote* areas employed most (80% or 440 FTE) of the total FTE nursing staff. 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 all client contacts made by nurses in these areas (Figure 2.17).

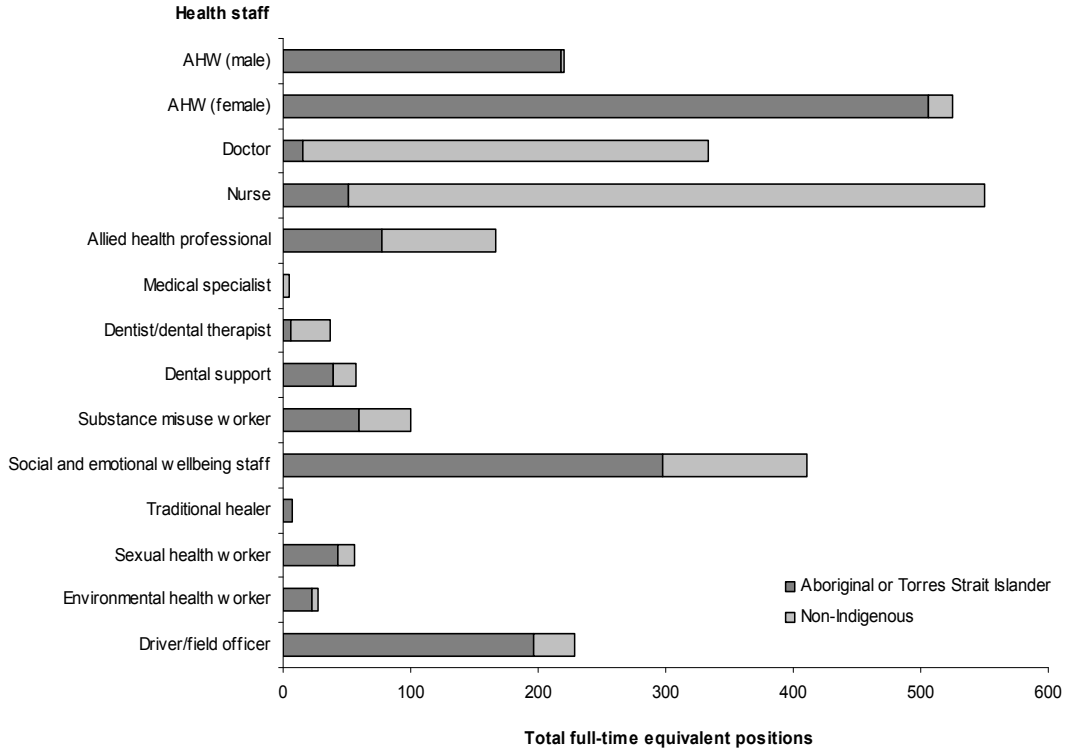
Close to two-thirds (65% or 130) of all services employed a doctor. Around two-thirds of these services were located in *Outer regional* (25%), *Remote* (17%) and *Very remote* areas (22%), and employed two-thirds (66% or 220 FTE) of the total FTE doctors.

Around 6 in 10 services (58% or 115) employed social and emotional wellbeing staff. The majority (61%or 70) of these services were located in *Outer regional* (28%), *Remote* (16%) and *Very remote* areas (17%). Around two-thirds (67% or 280 FTE) of the total FTE social and emotional wellbeing staff were employed in health services located in *Outer regional*, *Remote* and *Very remote* areas.

The greater concentration of services employing AHWs, nurses and doctors in *Outer regional* and *Very remote* areas reflects, to some extent, the larger number of services and the larger client base in these areas.

Indigenous status of staff

Of the 4,300 FTE positions paid by Aboriginal and Torres Strait Islander primary health-care services in 2008–09, 2,500 FTE positions (57%) were occupied by Aboriginal and/or Torres Strait Islander people, while 1,800 FTE staff (42%) were non-Indigenous. Indigenous status was unknown for the remaining 45 FTE positions (1%). Almost all AHWs (97% or 725 FTE) were Aboriginal and Torres Strait Islander, as were the great majority of drivers and field officers (85% or 195 FTE). Around 7 in 10 (71% or 300 FTE) social and emotional wellbeing staff were Aboriginal and Torres Strait Islander, as were 4 in 10 (42% or 75 FTE) allied health professionals, mostly in health promotion roles. A small proportion of doctors (5% or 15 FTE) and nurses (9% or 50 FTE) were Aboriginal and Torres Strait Islander.



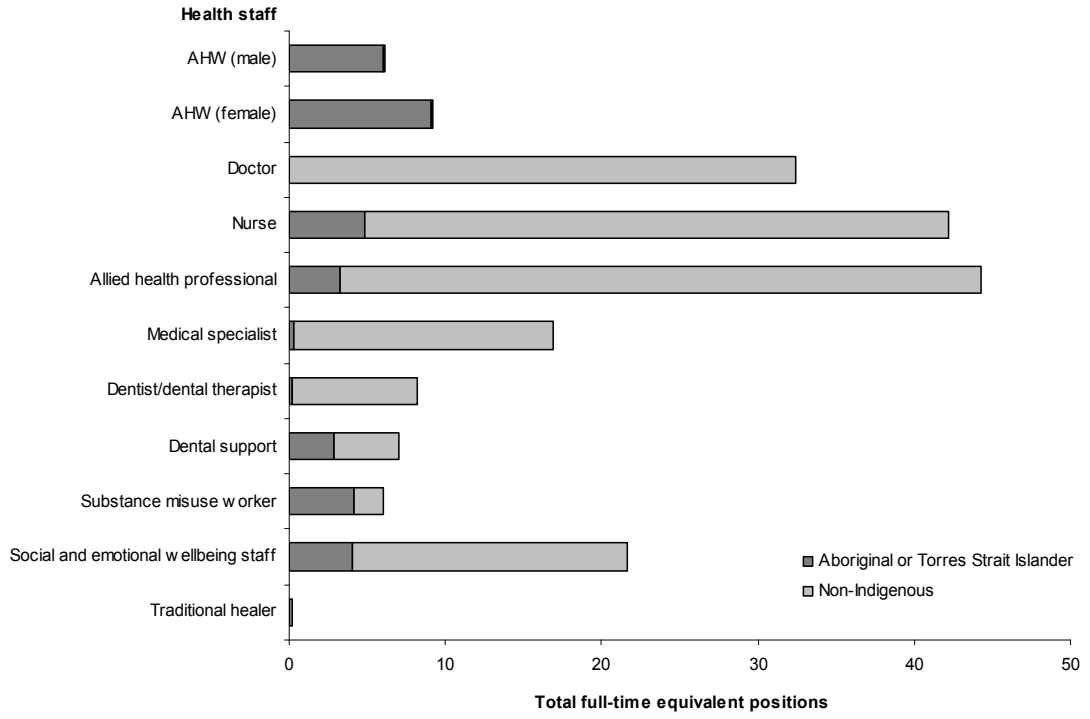
Notes

1. AHW: Aboriginal and Torres Strait Islander health worker.
2. 200 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data regarding the number of full-time equivalent health staff employed by the service.

Figure 2.11: Number of full-time equivalent health staff employed by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Visiting staff

Visiting health professionals are important in providing a comprehensive range of health-related activities and services for the Aboriginal and Torres Strait Islander health service providers. Altogether, 176 services reported 220 FTE visiting health professionals paid by another organisation. The main types of visiting health professionals were allied health professionals (50 FTE in total), nurses (45 FTE), doctors (35 FTE), medical specialists (25 FTE), and social and emotional wellbeing staff (20 FTE) (Figure 2.12).



Notes

1. AHW: Aboriginal and Torres Strait Islander health worker.
2. 176 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about the number of full-time equivalent visiting health staff.

Figure 2.12: Number of full-time equivalent visiting health staff at Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Close to 9 in 10 (86%) services had a visiting medical specialist or allied health professional, while around 4 in 10 services had a nurse (40%) or social and emotional wellbeing staff (37%) that visited the service. Close to 3 in 10 services (28%) had a visiting doctor. While many services reported visiting health staff in 2008–09, it is important to note that the frequency and duration of visits by these staff varied greatly among services.

Of the 153 services that reported having visiting medical specialists or allied health professionals paid by another organisation, one-third (35%) were located in *Very remote* areas, while almost one-quarter (24%) were located in *Outer regional* areas. The FTE numbers for medical specialists were consistent with this distribution.

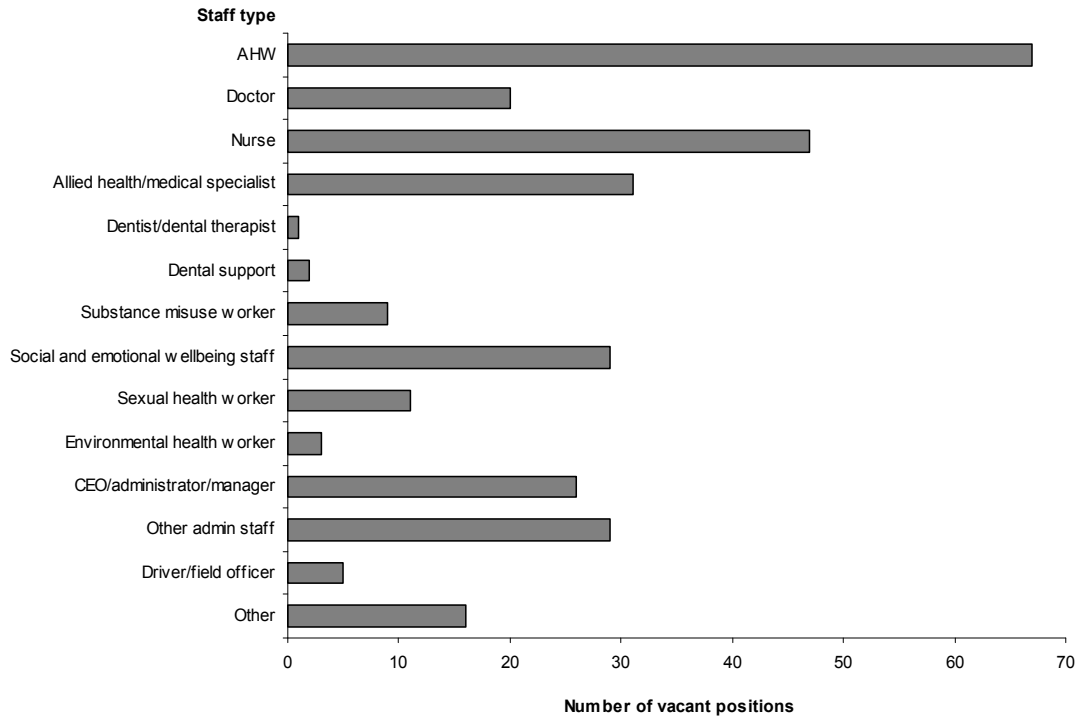
Of the 70 services that reported having visiting nurses, 4 in 10 (40%) were located in *Very remote* areas, with the FTE distribution consistent with this. There were 50 services that reported having visiting doctors, and 6 in 10 (62%) of these services were located in *Very remote* areas. However, over half of the FTE visiting doctors were dedicated to services in *Remote* Australia.

Over half (62%) of the 66 services that reported having visiting social and emotional wellbeing staff were located in either *Very remote* (33%) or *Outer regional* areas (29%). However, the distribution of FTE staff was relatively equally shared among all services in all geographical areas, regardless of remoteness.

Staff vacancies

Over half (57%) of all Aboriginal and Torres Strait Islander primary health-care services reported having one or more staff vacancies at 30 June 2009, a total of 296 positions. Close to a quarter (23%) of all vacant positions were for an AHW, with about another quarter (23%) of vacant positions being for nurses or doctors (Figure 2.13).

A quarter (25%) of all vacant positions had been vacant for less than 10 weeks, and a further quarter (24%) had been vacant for between 10 and 19 weeks. Nearly a quarter (23%) had been vacant for 50 weeks or more. Over half (54% or 161) of those vacant positions were in services located in *Outer regional* and *Remote* Australia. One in 5 (20% or 58) positions had been vacant in *Very remote* areas. This is consistent with the larger number of services located in these areas.



Notes

1. AHW: Aboriginal and Torres Strait Islander health worker.
2. 117 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data on the number of vacant positions.

Figure 2.13: Number of vacant positions in Aboriginal and Torres Strait Islander primary health-care services, 30 June 2009

Clients

In 2008–09, 185 Aboriginal and Torres Strait Islander primary health-care services reported individual client numbers. These services saw 375,000 clients. It is important to note that, owing to the difficulty in collecting accurate client numbers from some services, this figure is

an estimate. In addition, 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.

In 2008–09, about 4 in 5 (78% or 294,000) clients of Indigenous primary health-care services were Aboriginal or Torres Strait Islander people. Just over half of all clients visited services in New South Wales and the Australian Capital Territory (30%), and Queensland (21%) (Table 2.2).

Table 2.2: Total estimated individual clients of Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status, and state and territory, 2008–09

Indigenous status	NSW & ACT	Vic & Tas	Qld	WA	SA	NT	Total
Aboriginal and Torres Strait Islander	89,619	25,083	59,406	51,389	14,713	53,916	294,126
Non-Indigenous	18,667	10,420	15,371	9,725	1,643	7,669	63,495
Unknown Indigenous status	3,741	620	3,884	1,095	341	7,556	17,237
Total clients (number)	**112,027**	**36,123**	**78,661**	**62,209**	**16,697**	**69,141**	**374,858**
Total clients (per cent)	**29.9**	**9.6**	**21.0**	**16.6**	**4.5**	**18.4**	**100.0**

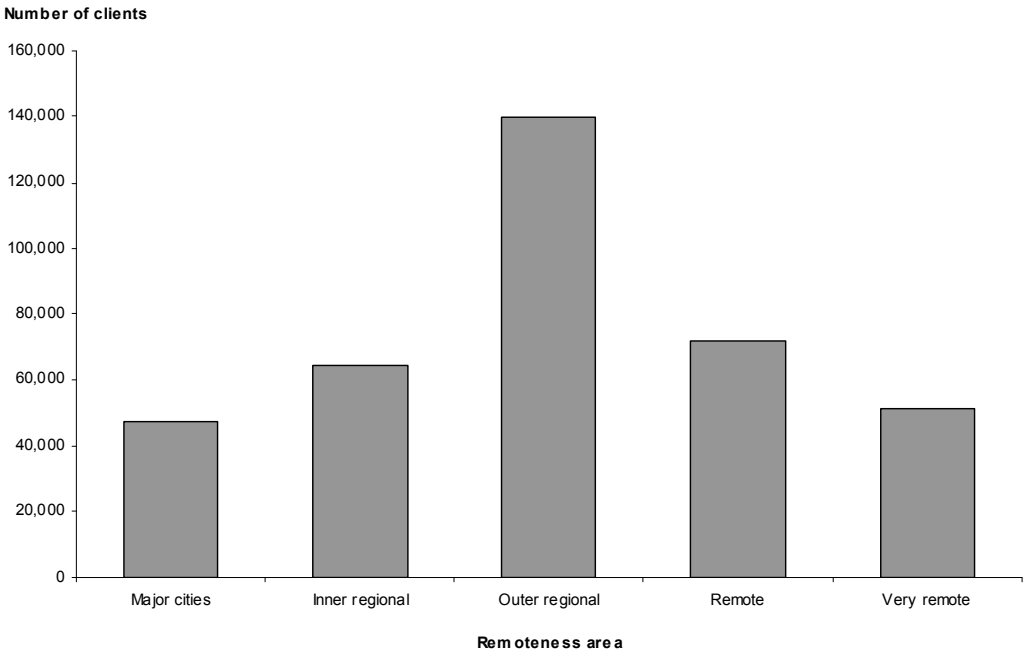
Notes

1. The total number of clients refers to individual clients and does not include clients that attended groups only.
2. Data for the ACT has been combined with data for NSW, and data for Tas with data for Vic, due to the small number of services in the ACT and Tas.
3. 185 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for the number of clients.

The distribution of clients did not vary greatly with remoteness, with the exception of services located in *Outer regional* areas that saw over a third (37%) of all clients (39% of Aboriginal and Torres Strait Islander clients). This large client base 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 2008). The larger client base is consistent with the larger number of primary health-care services in *Outer regional* Australia.

The vast majority (70%) of all clients were clients of services in *Outer regional (37%), Remote* (19%) or *Very remote* areas (14%). Just over 1 in 10 clients (13%) were seen by services located in *Major cities* (Figure 2.14).

The proportion of Aboriginal and Torres Strait Islander clients seen by primary health-care services varied little with increasing remoteness. However, Indigenous primary health-care services in *Very remote* areas had a lower proportion than other geographical areas of Aboriginal or Torres Strait Islander clients (68%) in their total client base. This lower proportion of Aboriginal and Torres Strait Islander clients is because the Indigenous status of nearly 1 in 5 (18%) of total clients in *Very remote* areas was reported as unknown. In contrast, in other geographical areas the proportion of clients whose Indigenous status was unknown was 5% or less. *Inner regional* areas had the highest proportion of non-Indigenous clients, with close to 1 in 4 (23%) clients recorded as non-Indigenous.



Notes

1. The total number of clients refers to individual clients and does not include clients that attended groups only.
2. 185 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for the number of clients.

Figure 2.14: Total estimated number of individual clients seen by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–09

Episodes of health care

In total, 191 Indigenous primary health-care services reported episodes of health care provided for the period 2008–09. These services provided 2.1 million episodes of primary health care. The great majority (1.7 million or 82%) of all episodes of care were provided to Aboriginal or Torres Strait Islander clients, while a small proportion (258,000 or 12%) of episodes of care were provided to non-Indigenous clients. The Indigenous status of the clients who received the remaining 5% of episodes of care was unknown (Table 2.3). Some services find it difficult to provide accurate data on episodes of care, and so the figures in this report are considered estimates.

Over half of all episodes of care were provided to female clients (56% or 1.2 million) and over a third to male clients (38% or 800,000). The sex of the client was not recorded for the remaining (5%) episodes of care (Table 2.3).

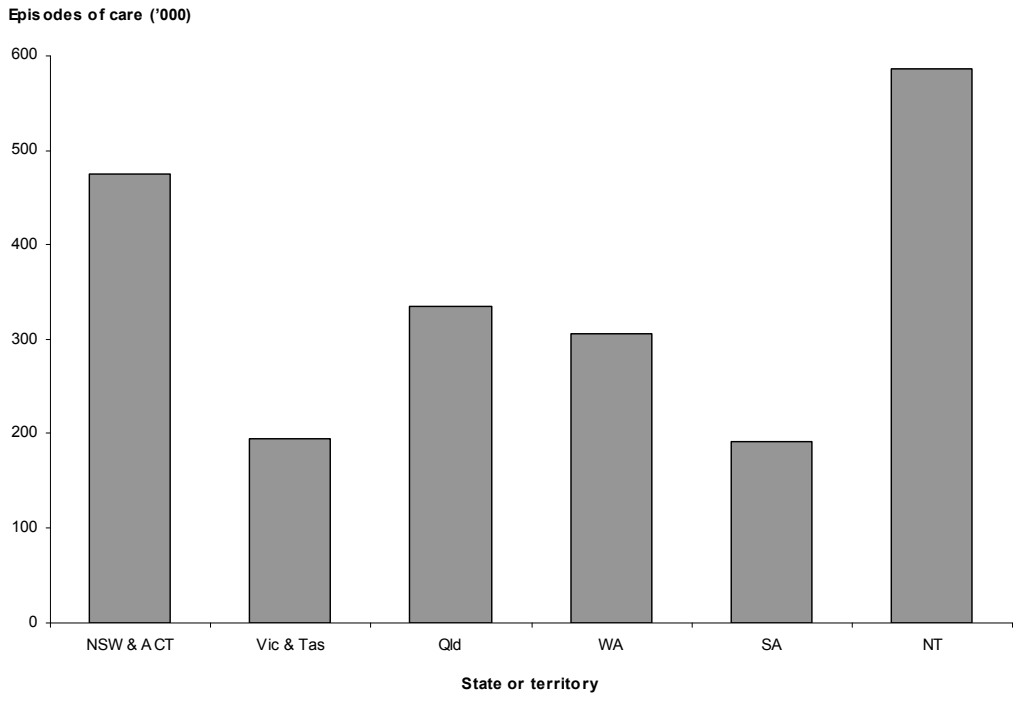
Table 2.3: Total estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	671,901	1,023,813	25,982	1,721,696	82.4
Non-Indigenous	116,766	140,935	165	257,866	12.3
Unknown Indigenous status	11,129	13,415	84,788	109,332	5.2
Total	**799,796**	**1,178,163**	**110,935**	**2,088,894**	**100.0**

Notes

1. 191 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for episodes of care.
2. 'Unknown' refers to episodes of care for which the sex of the client was not recorded by the primary health-care service.

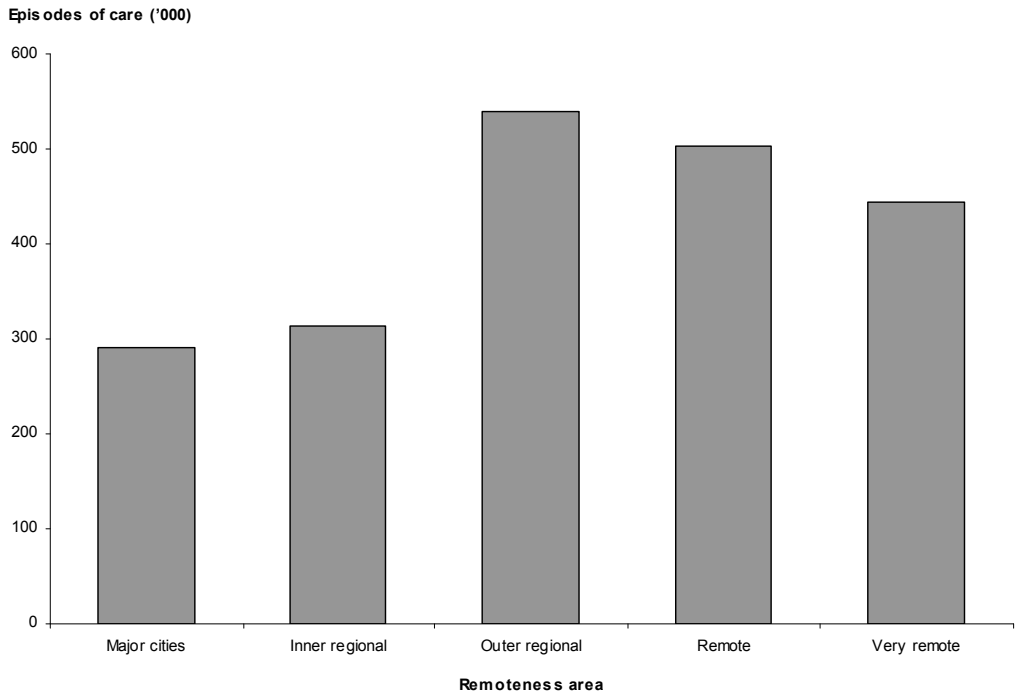
In 2008–09, clients in the Northern Territory and New South Wales, including the Australian Capital Territory, received just over half of all episodes of care (28% and 23% respectively). This is consistent with the relatively large population of Aboriginal and Torres Strait Islander people in New South Wales, and the high proportion of Aboriginal and Torres Strait Islander people in the population of the Northern Territory (Aboriginal and Torres Strait Islander Social Justice Commissioner 2008). Episodes of care provided to clients in Queensland and Western Australia accounted for close to a third (31%) of all episodes of care (16% and 15% respectively) (Figure 2.15).



Note: 191 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for episodes of care.

Figure 2.15: Total estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by state and territory, 2008–09

Just over 7 in 10 (71%) of all episodes of health care were provided to clients by primary health-care services located in *Outer regional* (26% or 539,000), *Remote* (24% or 503,000) or *Very remote* areas (21% or 444,000) (Figure 2.16). This distribution of episodes of care among remoteness areas reflects the combined influences of 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.



Note: 191 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for episodes of care.

Figure 2.16: Total estimated episodes of care provided by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–09

Client contacts

Total client contacts

Altogether, 190 Aboriginal and Torres Islander primary health-care services reported about 3 million client contacts in 2008–09. Of these, about 2.6 million (90%) were health-care contacts while about 297,000 (10%) were transport contacts. A health-care contact occurs when a health professional sees an individual client or provides advice over the phone. Transport contacts occur each time any client is provided with transport by the service to see either a health professional working for the service, or other health professional. A field officer or driver usually provides this transport. Because 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.

Health-care contacts

There were 2.6 million health-care client contacts reported by 190 Aboriginal and Torres Strait Islander primary health-care services in 2008–09. Nearly half of all client contacts were provided to female clients (49%), one-third (33%) to male clients, with the sex of the client not recorded for the remaining (18%) clients.

Nurses (31% or 830,000), doctors (28% or 735,000) and AHWs (22% or 593,000) made the majority of client contacts. A smaller proportion of client contacts were attributable to allied health professionals (5% or 126,000) and social and emotional wellbeing staff (4% or 106,000).

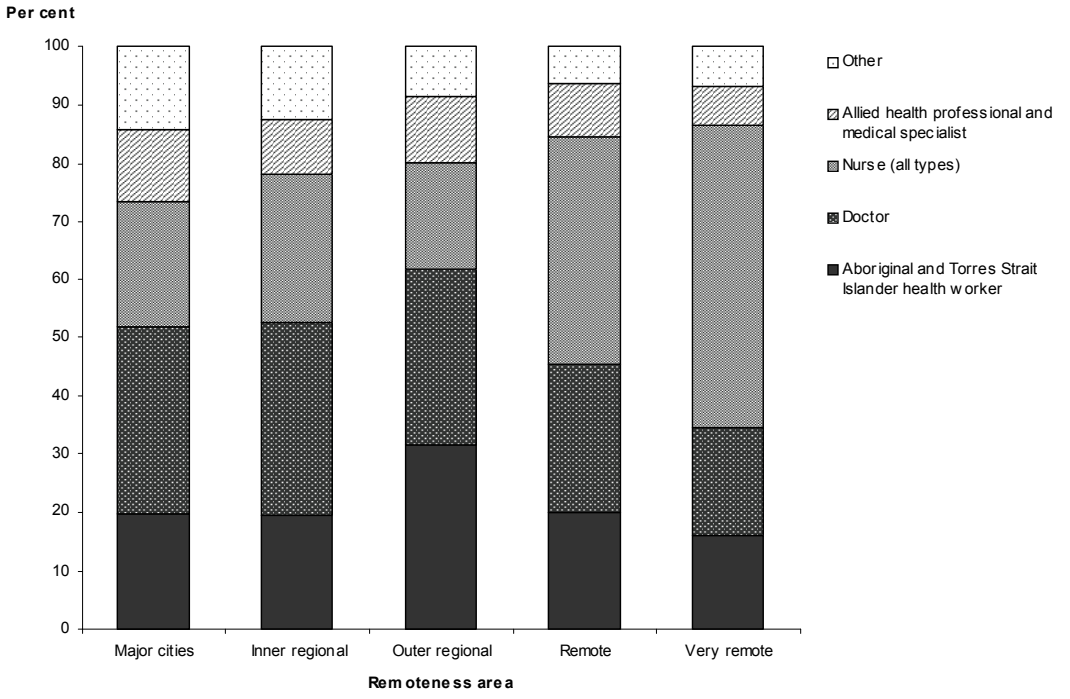
Client contacts by remoteness area

The majority (70%) of all health-related client contacts were made by health staff in services located in *Outer regional* (27% or 709,000), *Remote* (25% or 655,000) and *Very remote* areas (18% or 493,000). Health staff of primary health-care services located in Inner regional areas (16% or 439,000) and Major cities (14% or 365,000) made the remaining contacts.

The proportion of health-related client contacts provided by different health professionals in primary health-care clinics varied with increasing remoteness. In 2008–09, doctors provided close to a third of all client contacts in *Major cities* (32%), *Inner regional* areas (33%) and *Outer regional* areas (30%). Nurses accounted for about 2 in 10 of all client contacts in these areas (22%, 25% and 18% respectively).

This is in contrast to *Remote* and *Very remote* areas, where nurses provided around 4 in 10 (39%) and 5 in 10 (52%) of all client contacts respectively. Doctors accounted for a lower proportion of client contacts in these areas (25% and 19% respectively). This reflects the staffing composition of primary health-care clinics in *Remote* and *Very remote* areas where the core staff of many clinics are nurses, with doctors visiting the services periodically to provide consultations.

AHWs provided just over 3 in 10 (32%) of all client contacts in *Outer Regional* areas, and 2 in 10 (20%) of all client contacts in *Major cities*, *Inner regional* areas and *Remote* areas (Figure 2.17).



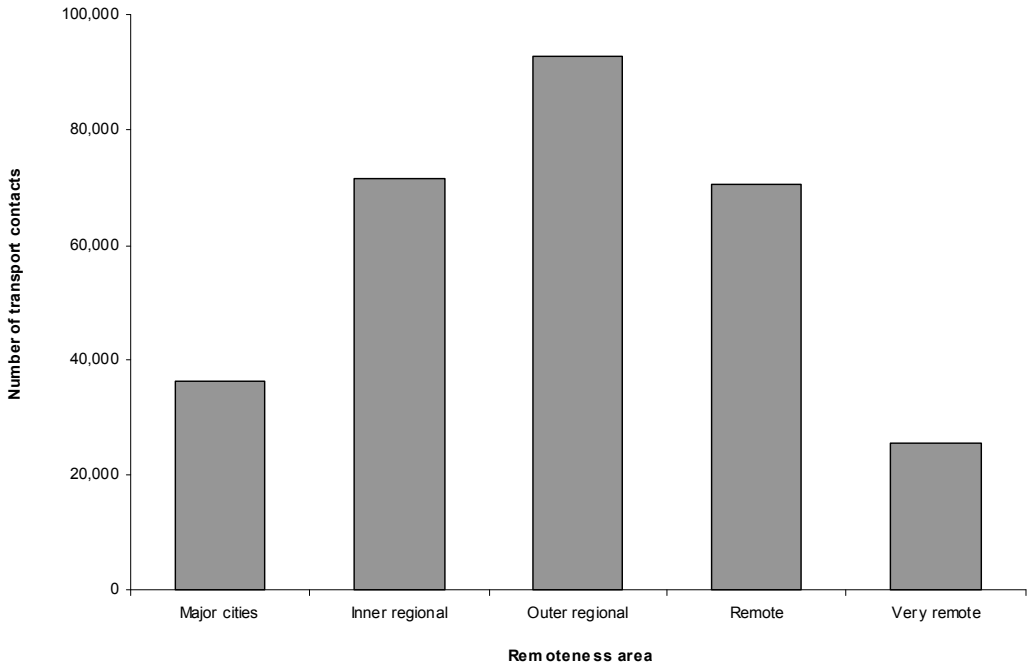
Notes

1. Transport contacts are excluded from primary health client contacts.
2. 190 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data regarding client contacts.

Figure 2.17: Client contacts provided by respondent Aboriginal and Torres Strait Islander primary health-care services, by type of health professionals and remoteness, 2008–09

Transport contacts

Overall, 190 Aboriginal and Torres Strait Islander primary health-care services reported 297,000 transport contacts in 2008–09. Almost one-third (31% or 92,800) of these transport contacts were provided by drivers or field officers in services located in *Outer regional* areas and one-quarter each in *Inner regional* (24% or 71,500) and *Remote* Australia (24% or 70,600). The remaining transport contacts were provided by staff or services located in *Major cities* 12% or 36,200) and *Very remote* areas (9% or 25,600) (Figure 2.15).



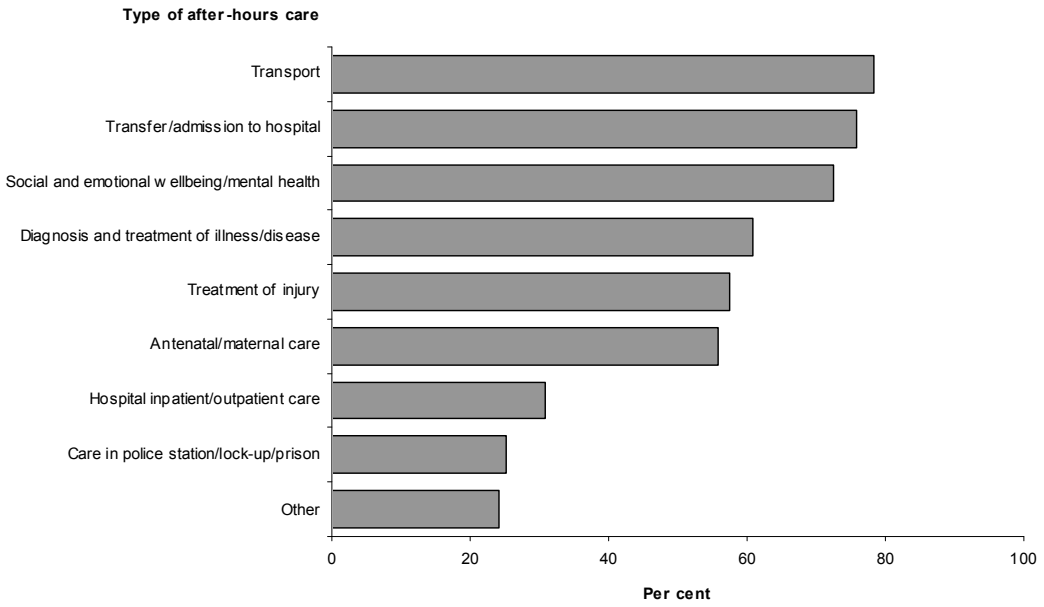
Notes

1. Transport contacts include provision of transport to enable clients to see health professionals employed by the service and health professionals who do not work for the service.
2. 190 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for client contacts.

Figure 2.18: Total transport contacts provided by Aboriginal and Torres Strait Islander primary health-care services, by remoteness, 2008–09

Care outside opening hours

A total of 201 Aboriginal and Torres Strait Islander primary health-care services reported on whether they provided out-of-hours care to their clients. In 2008–09, 6 in 10 Aboriginal and Torres Strait Islander primary health-care services (60%) provided care to clients outside usual opening hours. Around three-quarters of these services provided this out-of-hours care for social and emotional wellbeing and mental health issues (73%), transfer or admission to hospital (76%), or transport (78%). A quarter (24%) of services that provided out-of-hours care did so by providing other care such as emergency care, support for community events, clinical health care, dental care or health checks after hours (Figure 2.19).

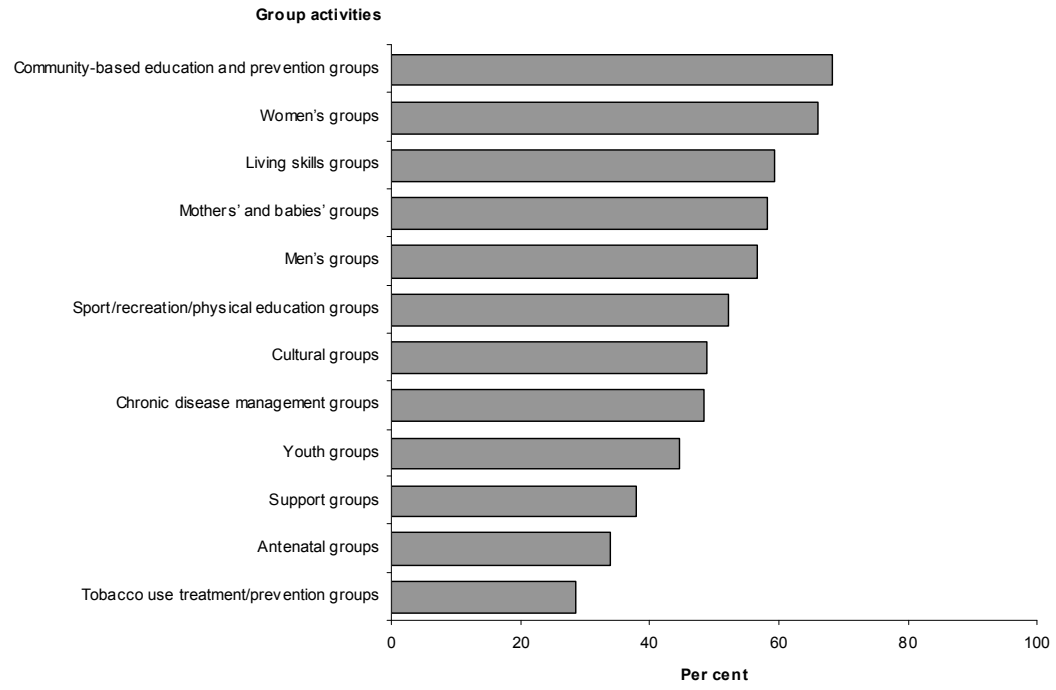


Note: 120 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided information on the type of after-hours care their service provided.

Figure 2.19: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing out-of-hours care, by type of care, 2008–09

Group activities

There were 200 Aboriginal and Torres Strait Islander primary health-care services that reported on whether they ran group activities. Nine in 10 of these services (90%) ran group activities during 2008–09. Of the 180 services running groups, almost 7 in 10 (68%) ran community-based education and prevention groups, while 6 in 10 ran living skills groups (59%) and just over half ran sport, recreation and physical education groups (52%) (Figure 2.20).



Note: 180 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided information on group activities offered by the service.

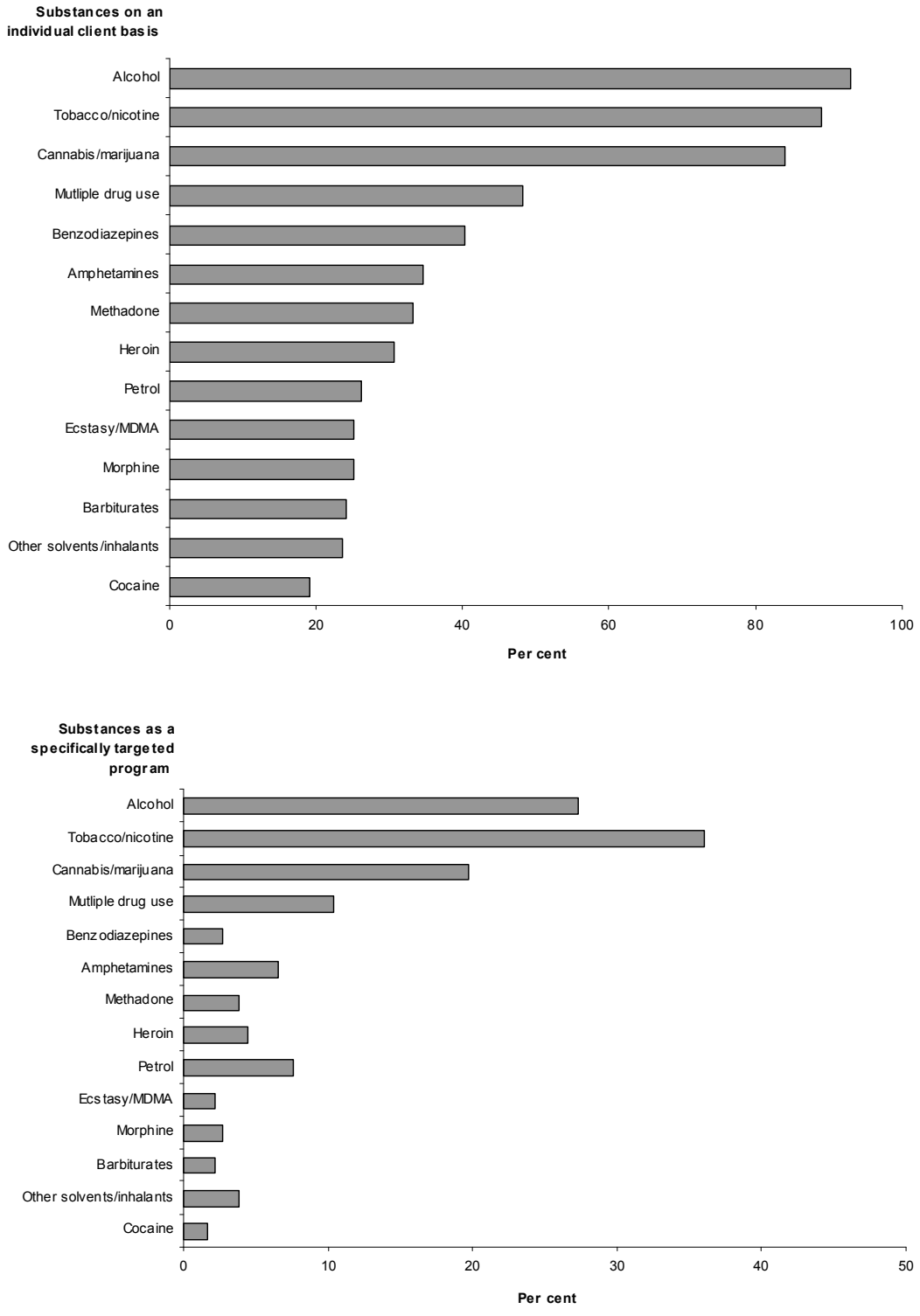
Figure 2.20: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing group activities, by selected activities, 2008–09

Substance use treatment and assistance

In 2008–09 around 9 in 10 (89%or 183) Aboriginal and Torres Strait Islander primary health-care services reported providing treatment or assistance to clients for a range of substance use issues. This treatment or assistance was provided most commonly to individual clients, although some services did run specifically targeted programs.

Alcohol, and tobacco and nicotine were the most common substances that treatment or assistance was provided for. Just over 9 in 10 services that offered treatment or assistance for substance use issues to individual clients did so for alcohol (93%or 170 services), and tobacco and nicotine (89% or 163 services), while 8 in 10 services provided treatment or assistance for cannabis/marijuana (84%or 154 services). Treatment or assistance for multiple drug use on an individual client basis was provided by almost half of all primary health-care services (48% or 88 services) that reported providing treatment or assistance for substance use issues.

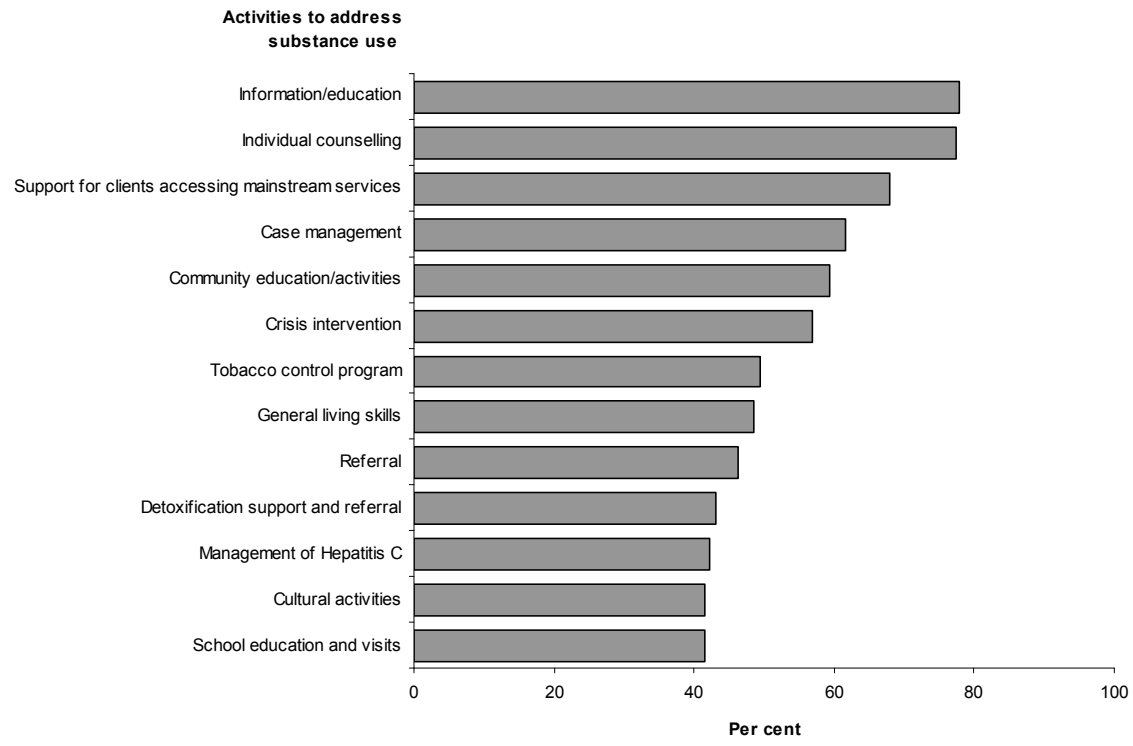
Over a third of Indigenous primary health-care services (36% or 66 services) that provided treatment for substance use issues reported providing specifically targeted programs for tobacco and nicotine. Specifically targeted programs for alcohol were provided by close to 3 in 10 services (27% or 50 services), while 2 in 10 services (20% or 36 services) provided programs for cannabis/marijuana (Figure 2.21).



Note: 183 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about treatment and assistance provided for specific substance use issues.

Figure 2.21: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for substances, by selected substances, 2008–09

In 2008–09, almost all (93% or 190) Aboriginal and Torres Strait Islander primary health-care services provided one or more activities to tackle substance use issues. The two most common activities were provision of information and education about substance use, and individual counselling, each of which were provided by a little over three-quarters of these services (78% or 148 services and 77% or 147 services respectively). Nearly 7 in 10 services (68% or 129) provided support for clients accessing mainstream services, while 7 in 10 services provided case management of clients (62% or 117) (Figure 2.22).



Note: 190 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about activities provided by the service to manage substance use.

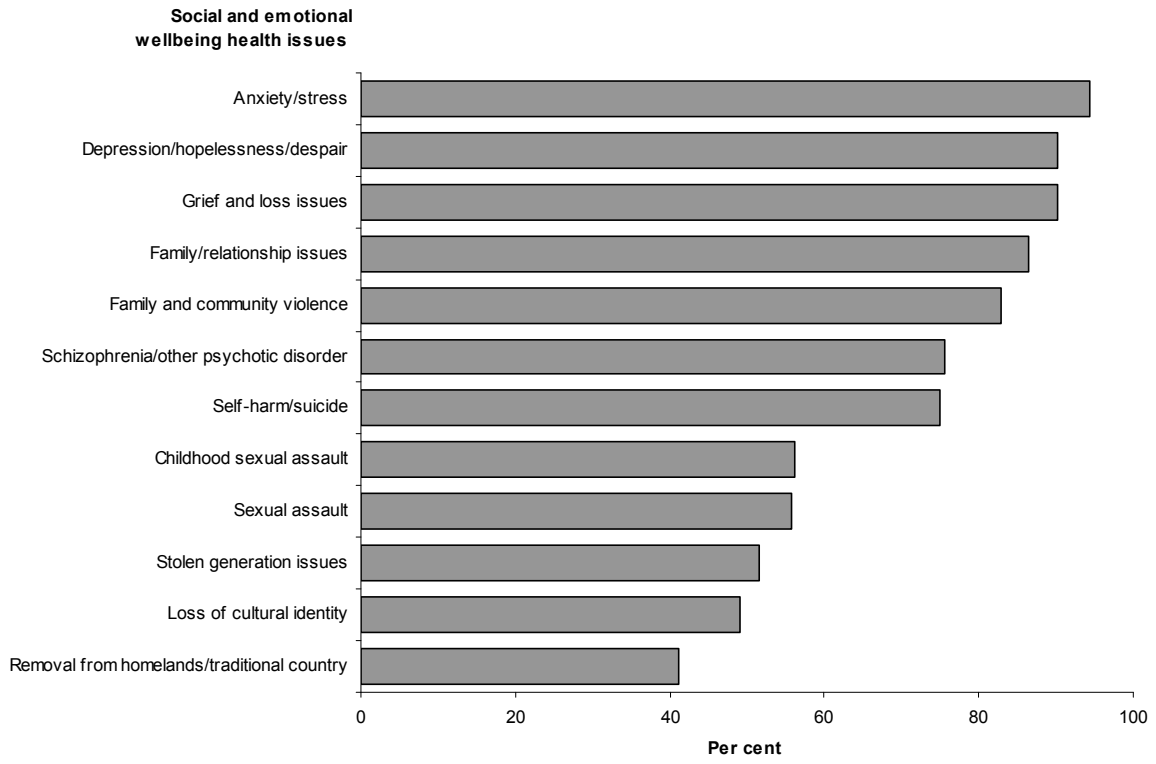
Figure 2.22: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing activities to manage substance use, by selected activities, 2008–09

Social and emotional wellbeing of clients

In 2008–09, there were about 109,000 client contacts with social and emotional wellbeing staff or psychiatrists within Australian Government funded Aboriginal and Torres Strait Islander primary health-care services. These client contacts do not include contacts with other staff, such as doctors or AHWs, who are not designated as social and emotional wellbeing staff. Given this, the 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.

There were 197 Aboriginal and Torres Strait Islander primary health-care services that provided information on social and emotional wellbeing issues experienced by their clients. Of these services, almost all (97% or 192) reported that social and emotional wellbeing issues

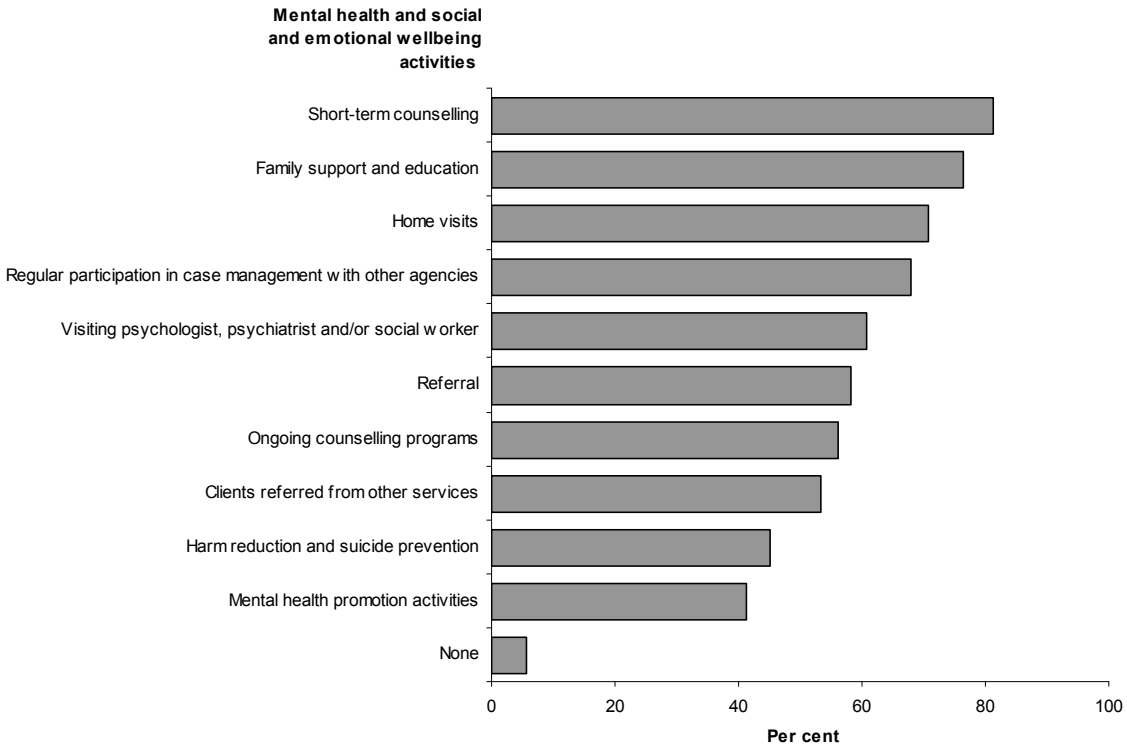
were experienced by one or more of their clients in 2008–09. The most common issues reported by these services were anxiety and stress (94% or 181 services); depression, hopelessness and despair (90% or 173); grief and loss issues (90% or 173), family and relationship issues (87% or 166), schizophrenia and other psychotic disorders (76% or 145), and self-harm and suicide (75% or 144) (Figure 2.23).



Note: 192 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided information about social and emotional wellbeing issues experienced by one or more clients of the service.

Figure 2.23: Proportion of Aboriginal and Torres Strait Islander primary health-care services where one or more clients experienced social and emotional health problems, by selected problems, 2008–09

There were 199 primary health-care services that provided information on whether their service offered any mental health or social and emotional wellbeing activities to their clients. Almost all primary health-care services (94% or 188) made one or more mental health or social and emotional wellbeing activities available to their clients. The most common activity that these services provided was short-term counselling, which was provided by about 8 in 10 services (81%or 162), while ongoing counselling programs were run in over half of services (56% or 112). Just over three-quarters of services (76% or 152) provided family support and education. A small proportion of services (6% or 11) did not offer any mental health or social and emotional wellbeing activities to their clients (Figure 2.24).



Note: 199 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data about mental health and social and emotional wellbeing activities provided by the service.

Figure 2.24: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–09

3 Aboriginal and Torres Strait Islander substance use services

Introduction

In 2008–09, 45 stand-alone Indigenous-specific substance use services that received OATSIH funding responded to the 2008–09 OSR questionnaire. In this report, these services are referred to as Aboriginal and Torres Strait Islander substance use services, Indigenous substance use services, or simply as substance use services.

Location

In 2008–09, the 45 substance use services that responded to the OSR questionnaire were located in cities, regional and remote locations in all states and territories, with the exception of Tasmania and the Australian Capital Territory. Over a quarter (27% or 12) of these substance use services were located in *Remote* areas, with a further quarter (24% or 11) of the services being located in *Major cities*. The remaining services were located in *Outer regional* (20% or 9), *Inner regional* (18% or 8) and *Very remote* areas (11% or 5).

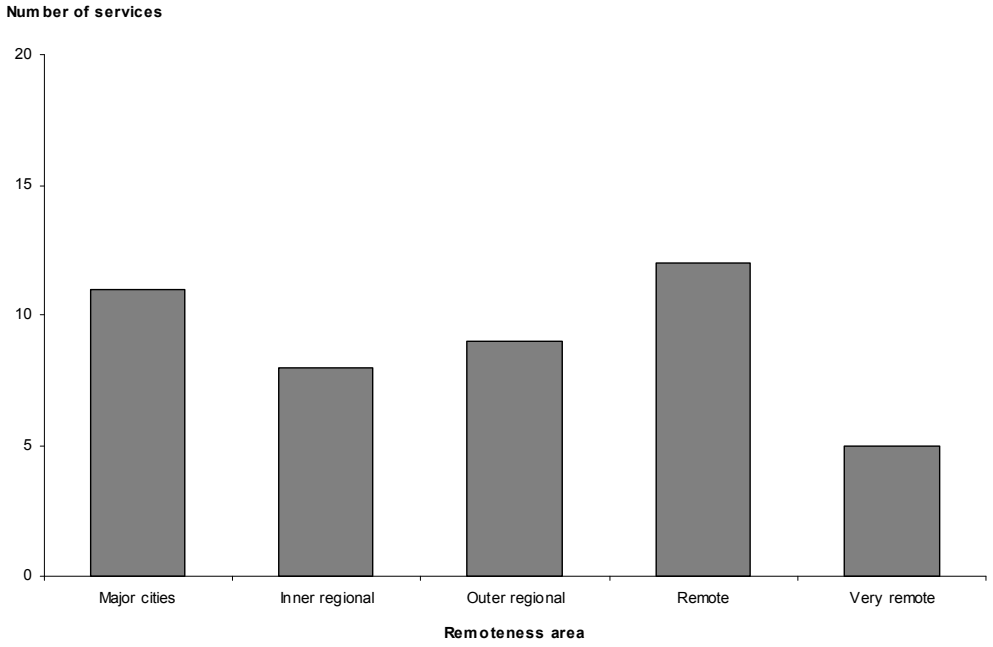
Around 3 in 10 (29% or 13) substance use services were located in Queensland. Two in 10 (22% or 10) services were located in the Northern Territory, with a similar number of services located in New South Wales (18% or 8) and Western Australia (18% or 8). One in 10 (11% or 5) services were located in South Australia, while 2% (1 service) was located in Victoria. Figure 3.1 and Figure 3.2 show the locations of these services by remoteness and jurisdiction. Figure C.2 in Appendix C shows the location of all stand-alone substance use services.

Accreditation

In 2008–09, close to 1 in 5 (18%) of all substance use services were accredited. Most of these services had achieved accreditation against organisational standards (Table 3.1).

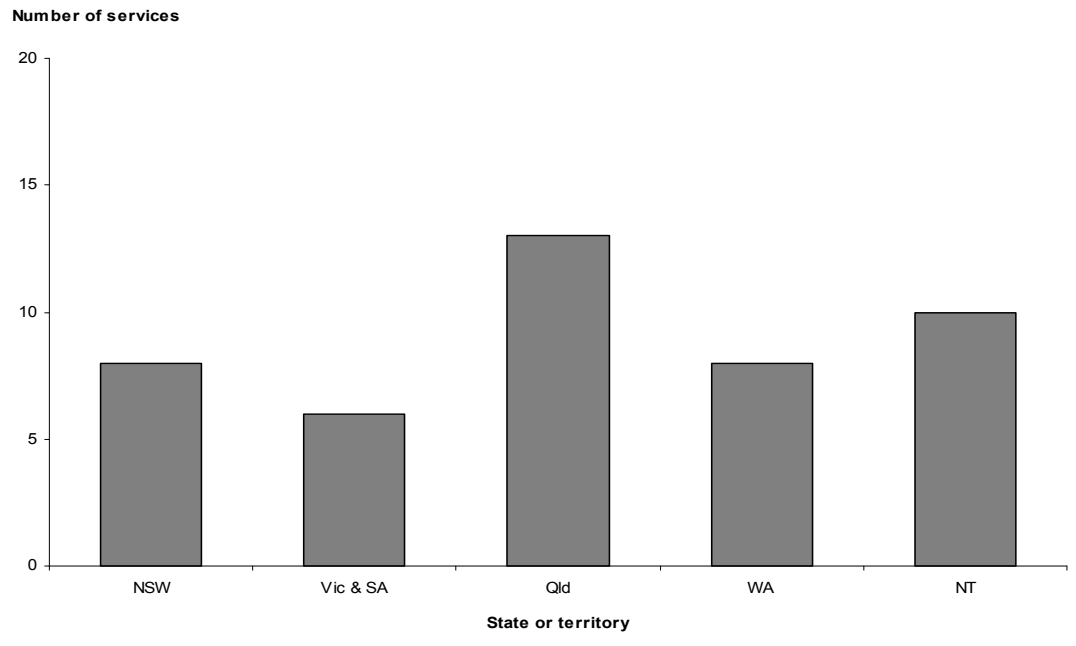
Table 3.1: Aboriginal and Torres Strait Islander substance use services, by accreditation type, 2008–09

Accreditation type	Number	Per cent
RACGP accreditation	0	0.0
Organisational standard accreditation	5	11.1
Other accreditation	3	6.7
Total accredited services	*8*	*17.8*
Total services not accredited	*37*	*82.2*
Total services	**45**	**100.0**



Note: There were 45 respondent Aboriginal and Torres Strait Islander substance use services.

Figure 3.1: Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–09

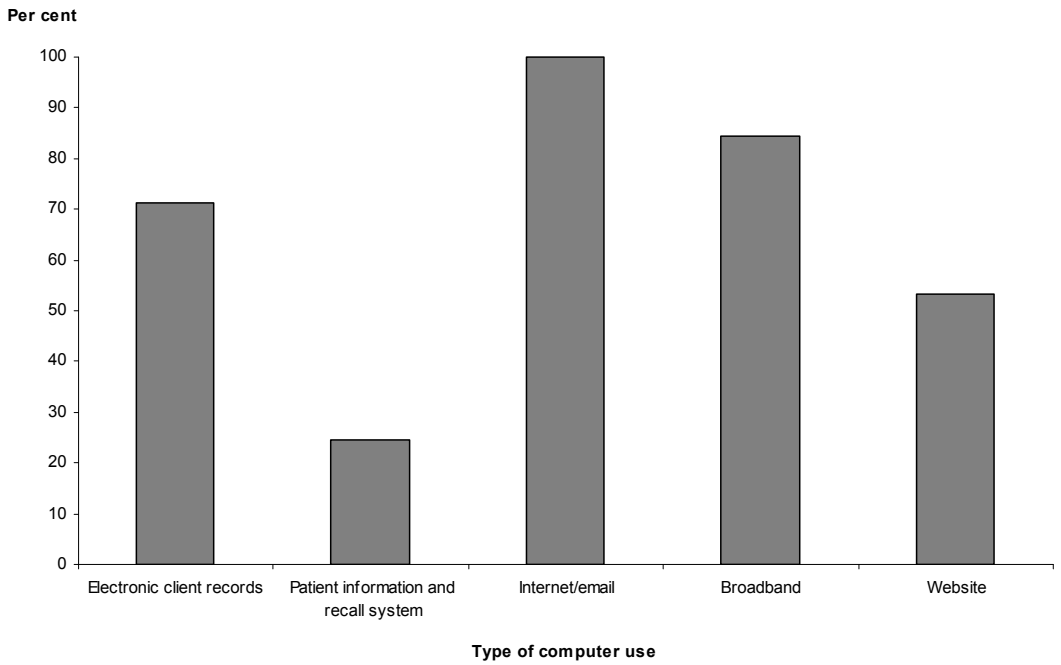


Note: There were 45 respondent Aboriginal and Torres Strait Islander substance use services.

Figure 3.2: Aboriginal and Torres Strait Islander substance use services, by state and territory, 2008–09

Information technology

All substance use services reported using computers. They all reported using email and internet, with most (84%) having a broadband internet connection. Over half of all substance use services (53%) also reported having a website. Most services (71%) used electronic client records, while almost a quarter (24%) had patient information and recall systems in place (Figure 3.3).



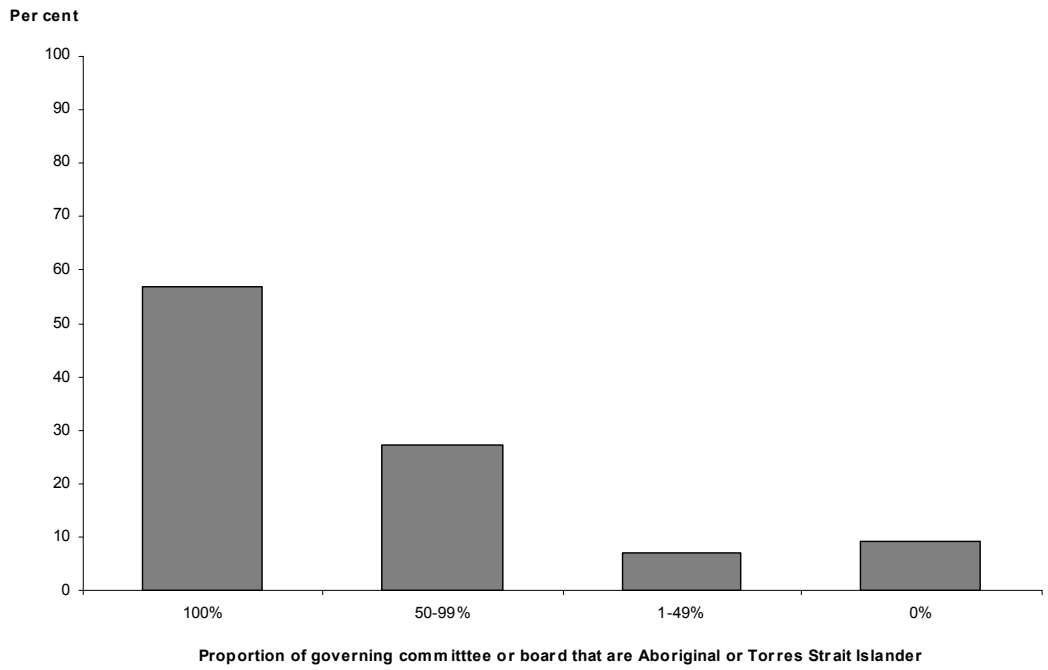
Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for use of computers.

Figure 3.3: Proportion of Aboriginal and Torres Strait Islander substance use services using computers, by type of usage, 2008–09

Governance

In 2008–09 more than half (57%) of substance use services had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people, while a small proportion of services (9%) had a board or committee with no Aboriginal or Torres Strait Islander members (Figure 3.4). Regular meetings of the governing committee or board were held by almost all substance use services (98%) during 2008–09.

All substance use services (100%) 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 most of these services (71%).



Note: 44 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for proportion of governing committee or board that are Aboriginal or Torres Strait Islander people.

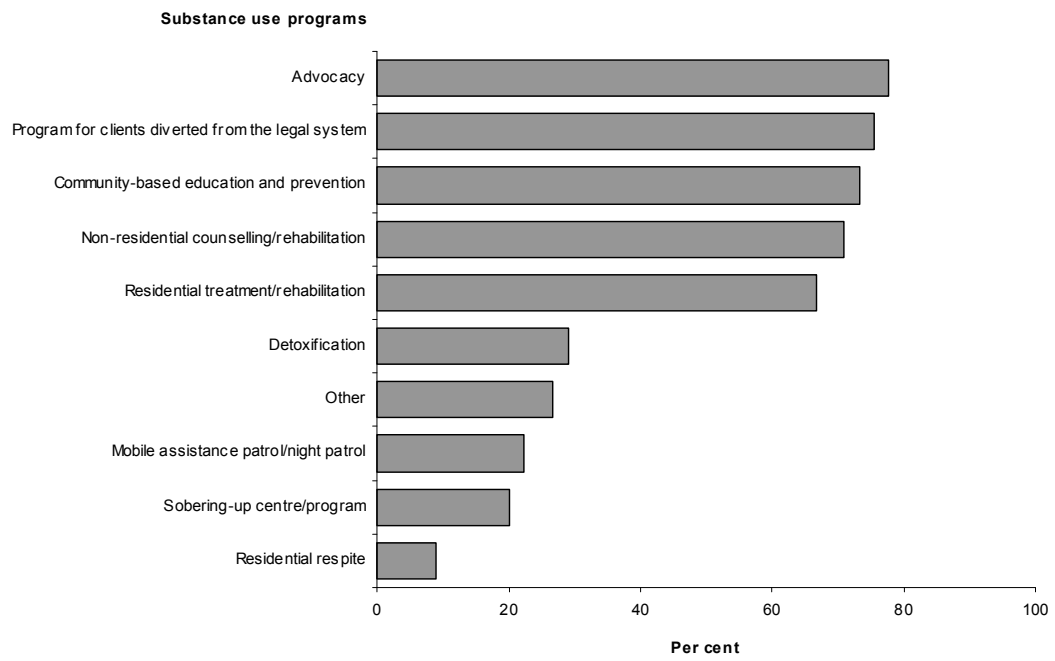
Figure 3.4: Aboriginal or Torres Strait Islander substance use services, by proportion of governing committee or board that are Aboriginal or Torres Strait Islander people, 2008–09

Programs and services

In 2008–09, a range of programs to manage substance use were run by Aboriginal and Torres Strait Islander substance use services. The most common programs were advocacy on behalf of clients, programs for clients diverted from the legal system, and community-based education and prevention programs, each of which were provided by about three-quarters of all drug and alcohol services (78%, 76% and 73% respectively).

Most substance use services generally provided treatment and assistance through residential treatment and rehabilitation programs, through non-residential counselling and rehabilitation programs, or through a combination of both. Residential programs were provided by two-thirds of services (67%). Non-residential programs were provided by around 7 in 10 services (71%). There was some overlap in service provision, with one-half of services (51%) providing both residential and non-residential services.

Over a quarter (27%) of services provided other programs, for example, health education and promotion programs, and referrals (Figure 3.5).



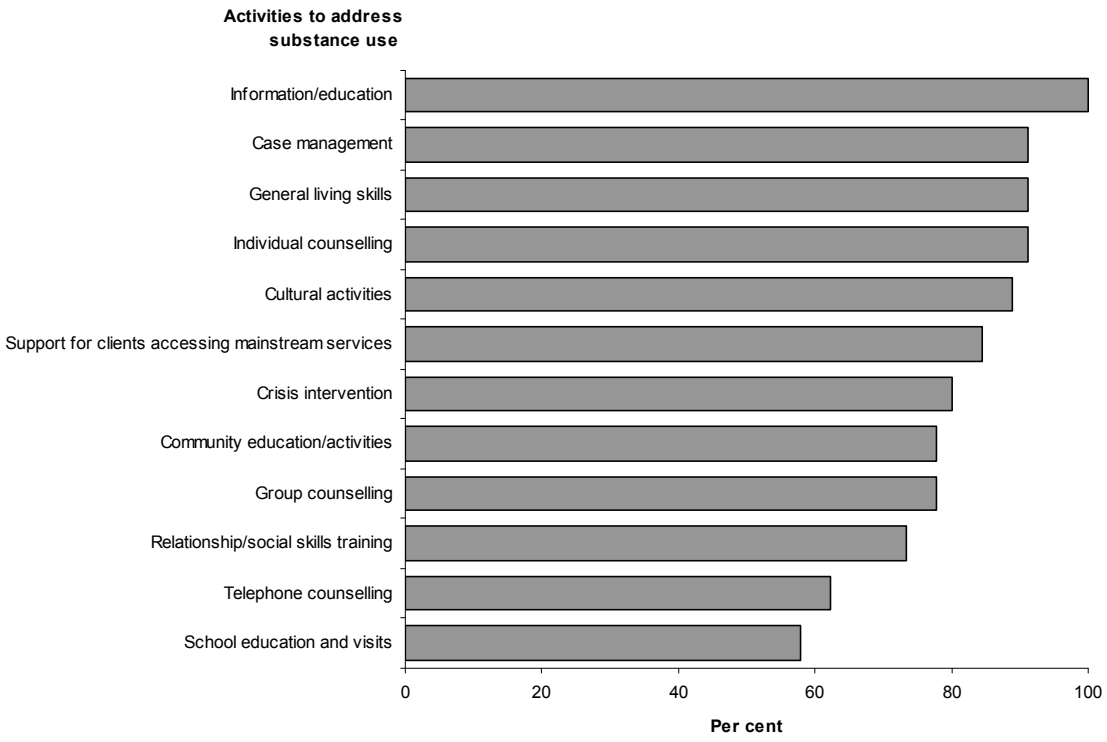
Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about programs provided to address substance use issues.

Figure 3.5: Proportion of Aboriginal and Torres Strait Islander substance use services providing programs, by type of program, 2008–09

Substance use services provided a range of different services and activities for their clients, including treatment and case management, cultural activities, education and counselling. All drug and alcohol services (100%) provided information and education about substance use. Around 8 in 10 services provided education in the form of community education and activities (78%), and around 6 in 10 services provided school-based education visits (58%).

Nine in 10 services (91%) provided case management of clients with substance use issues, while a similar proportion offered cultural activities and general living skills programs (89% and 91% respectively).

Most services offered counselling delivered in a variety of ways. Nine in 10 services (91%) offered individual counselling, while around 8 in 10 services (78%) offered group counselling and 6 in 10 (62%) offered telephone counselling (Figure 3.6).



Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about activities the service provided to manage substance use.

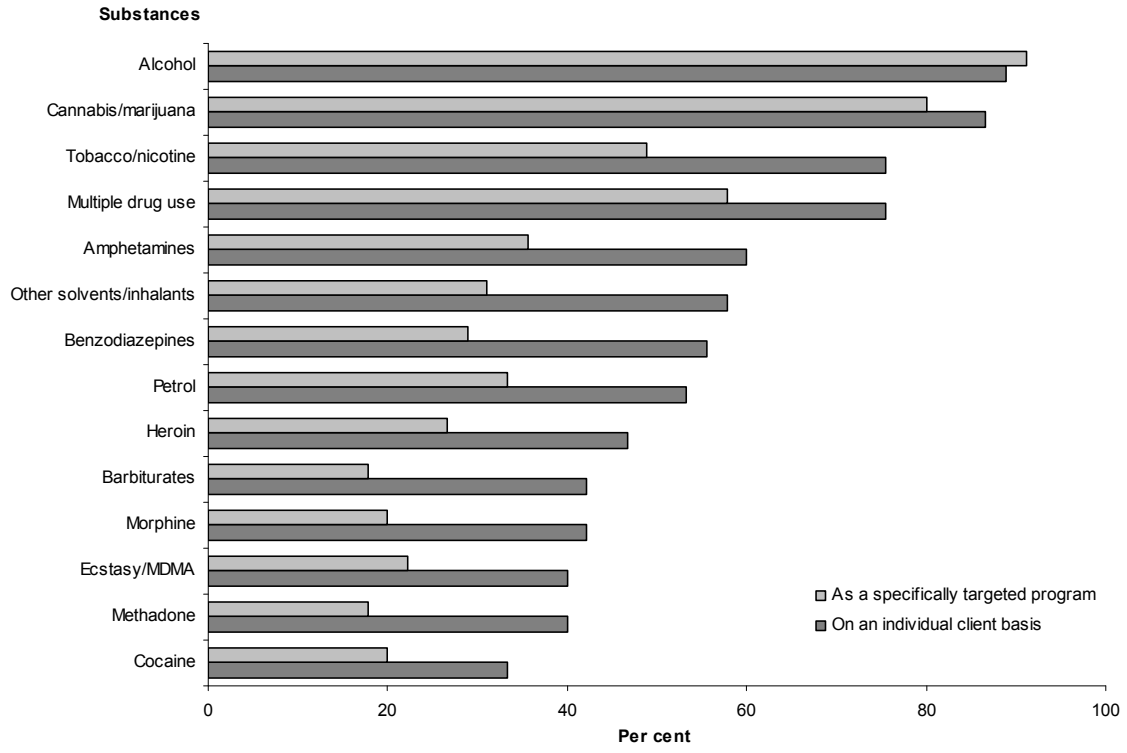
Figure 3.6: Proportion of Aboriginal and Torres Strait Islander substance use services providing activities to manage substance use, by selected activities, 2008–09

Substance use treatment and assistance

In 2008–09, substance use services reported providing treatment and assistance for a wide range of substance use issues experienced by their clients. Most commonly, this treatment or assistance was provided to individual clients, although many services did provide specifically targeted programs for specific substance use issues.

The most common substances that treatment or assistance was provided for were alcohol, tobacco and nicotine, cannabis and marijuana, or for multiple drug use. The vast majority of services provided treatment or assistance to individual clients for alcohol (89%of all services), and cannabis and marijuana (87%). Just over three-quarters of services provided treatment or assistance for tobacco and nicotine to individual clients, or for multiple drug use (both 76%).

Nine in 10 (91%) drug and alcohol services provided specifically targeted programs for treatment and help with alcohol, while 8 in 10 (80%) services provided a program to deal with cannabis and marijuana use. Six in 10 services provided (58%) programs to tackle multiple drug use. Programs specifically targeted to manage tobacco and nicotine use were offered by nearly half of all services (49%) (Figure 3.7).

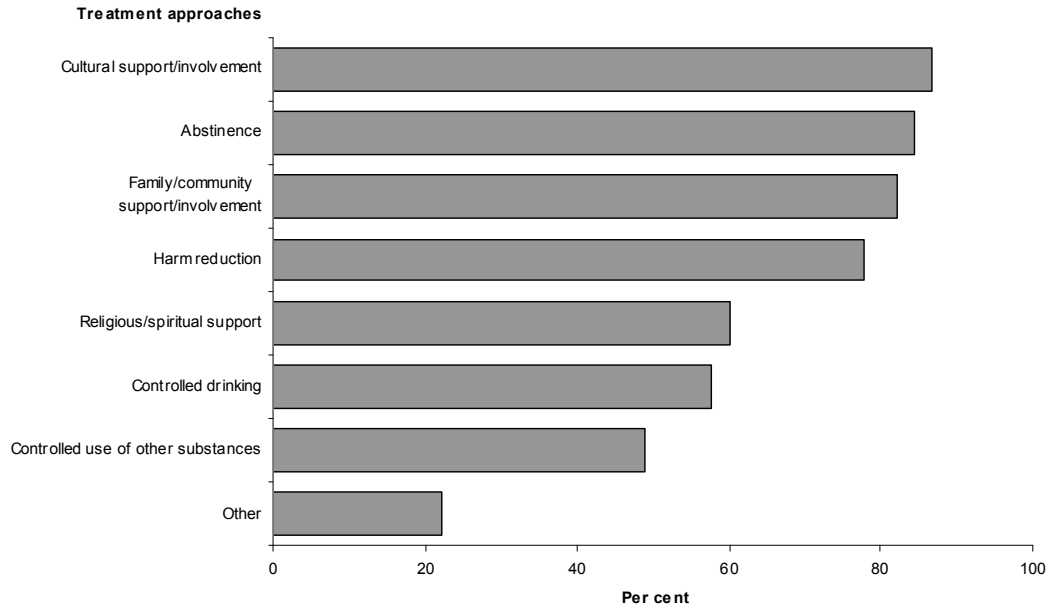


Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about treatment and assistance for specific substance use issues provided by the service.

Figure 3.7: Proportion of Aboriginal and Torres Strait Islander primary health-care services providing treatment and assistance for specific substance use issues, by selected substances, 2008–09

Treatment approaches

In 2008–09, a variety of treatment approaches were used by drug and alcohol services. The vast majority of services (87%) used approaches that involved traditional cultural elements such as bush camps, traditional healing, arts and crafts, and mentor programs with elders. Other common treatment approaches included abstinence, family and community support and involvement, and harm reduction, each of which were used by about 8 in 10 services (84%, 82% and 78% respectively). Around 1 in 5 (22%) services used other treatment approaches including social and emotional wellbeing, cultural support, cognitive behaviour therapy and Alcoholics Anonymous (Figure 3.8).

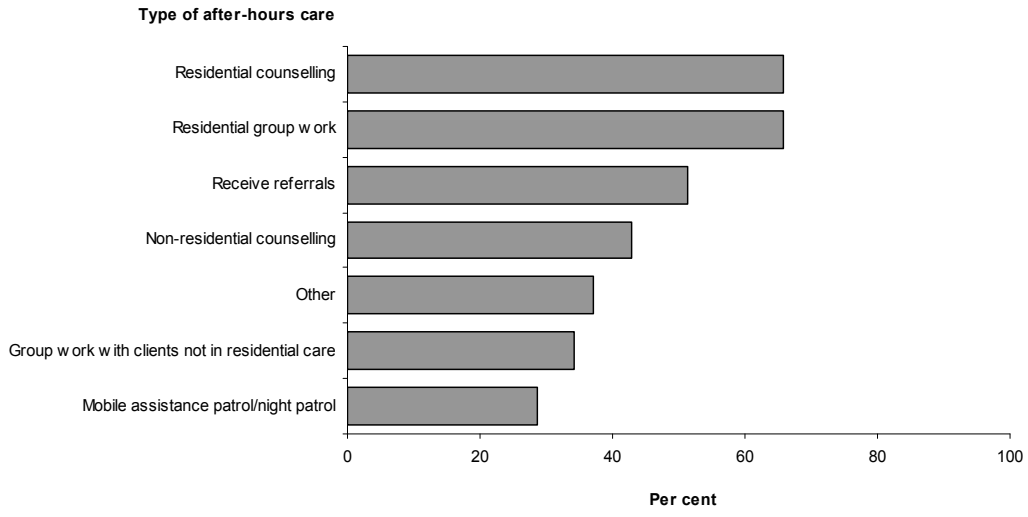


Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about treatment approaches used by the service.

Figure 3.8: Proportion of Aboriginal and Torres Strait Islander substance use services that used particular treatment approaches, 2008–09

Care outside opening hours

In 2008–09, over three-quarters of all Aboriginal and Torres Strait Islander substance use services (78%) provided care to clients outside of usual opening hours. Almost two-thirds of services who provided out-of-hours care did so by providing residential counselling or residential group work outside of usual opening hours (both 66%). A little over half (51%) of services providing out-of-hours care received referrals outside of usual opening hours. Over a third (37%) of services provided other care such as sobering-up (7 days a week, 24 hours a day), and social and emotional wellbeing and cultural activities (for example arts, church attendance and bush adventures and camps) (Figure 3.9).



Note: 35 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided information on type of after-hours care provided to clients by the service.

Figure 3.9: Proportion of Aboriginal and Torres Strait Islander substance use services providing out-of-hours care, by type of care, 2008–09

Service staffing

Staff working at and paid by the service

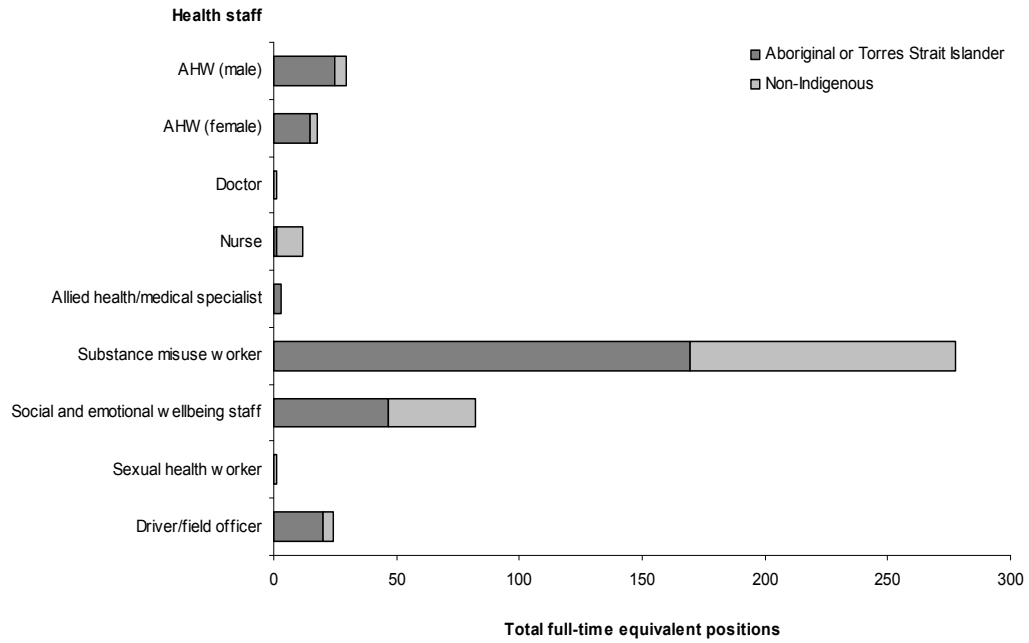
In all, 45 Aboriginal and Torres Strait Islander substance use services provided information on the number of staff who worked in and whose salaries were paid by their service in 2008–09. These services employed about 850 FTE staff across a wide variety of health staff (450 FTE) and managerial, administrative and support roles (400 FTE). The main types of health staff employed by Aboriginal and Torres Strait Islander substance use services were substance misuse workers and a variety of social and emotional wellbeing staff.

Around 9 in 10 services employed one or more substance misuse workers (89%), with 280 FTE substance misuse workers employed among all substance use services. Nearly 4 in 10 services (38%) had one or more social and emotional wellbeing staff, with 80 FTE social and emotional wellbeing staff employed in 2008–09. A little over a third (36%) of all services employed one or more AHWs, with 50 FTE AHWs employed among these services. A small minority of services employed one or more doctors or nurses (20% and 15 FTE) or one or more drivers or field officers (20% and 25 FTE) (Figure 3.10).

Most Aboriginal and Torres Strait Islander substance use services employed support staff. Almost all (96%) services employed, in total, 380 FTE administrative, managerial and support staff. A little over a third (36% or 140 FTE) of these staff were chief executive officers, managers and supervisors.

Of the 850 FTE staff paid by Aboriginal and Torres Strait Islander substance use services in 2008–09, 505 FTE (59%) were positions occupied by Aboriginal or Torres Strait Islander people, while 345 FTE (40%) were non-Indigenous. Indigenous status was unknown for the

remaining small number of FTE (1%) staff. About 6 in 10 (61% or 170 FTE) substance misuse workers were Aboriginal or Torres Strait Islander, as were a similar proportion of social and emotional wellbeing staff (57% or 45 FTE). The great majority (83% or 20 FTE) of drivers or field officers were Aboriginal or Torres Strait Islander.



Note:

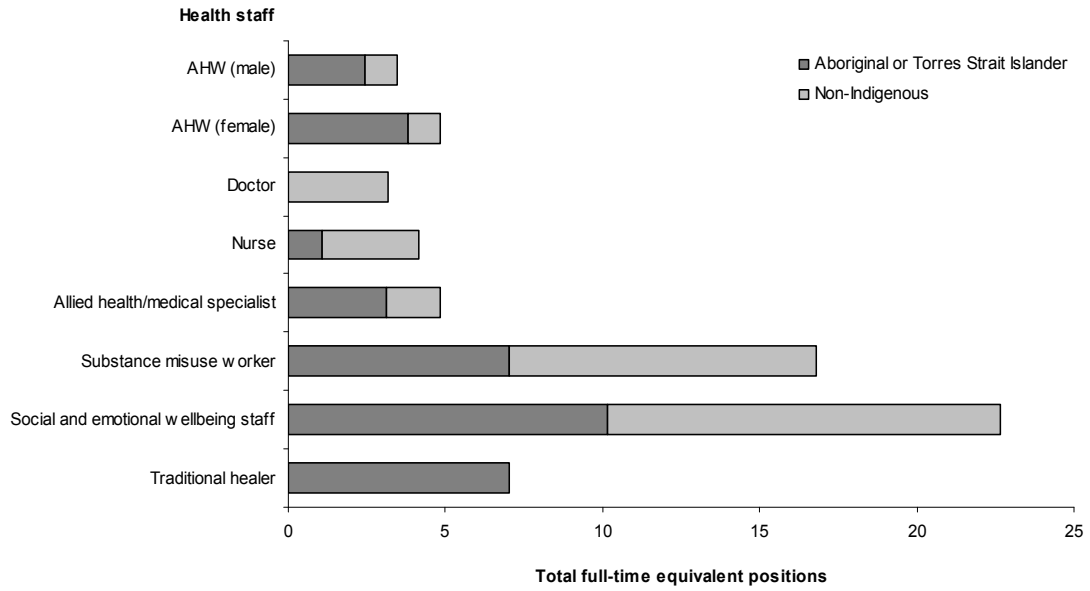
1. AHW: Aboriginal and Torres Strait Islander health worker.
2. All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about the number of full-time equivalent health staff employed by the service.

Figure 3.10: Number of full-time equivalent health staff employed by Aboriginal and Torres Strait Islander substance use services, 2008–09

Visiting staff

Visiting health professionals are an important way in which Aboriginal and Torres Strait Islander substance use services can provide a comprehensive range of treatment and assistance. Of the substance use services, 26 reported, in total, 100 FTE visiting health professionals who came to their service but were paid by another organisation. The main types of visiting health professionals were social and emotional wellbeing staff (about 25 FTE) and substance misuse workers (about 15 FTE) (Figure 3.11).

Around 6 in 10 (62% or 16) of these services had visiting social and emotional wellbeing staff, while just over 4 in 10 services (42% or 11) had a substance misuse worker visit the service. While more than half of all substance use services reported visiting health staff in 2008–09, it is important to note that the frequency and duration of visits by these staff varied greatly among services.



Note:

1. AHW: Aboriginal and Torres Strait Islander health worker.
2. 26 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about the number of full-time equivalent visiting health staff.

Figure 3.11: Number of full-time equivalent visiting health staff to Aboriginal and Torres Strait Islander substance use services, 2008–09

Staff vacancies

Close to a third (31%) of all Aboriginal and Torres Strait Islander substance use services reported having one or more staff vacancies at 30 June 2009—19 positions in all. The more common vacancies were for substance misuse workers, drug and alcohol counsellors and administrative support positions. Most (90% or 17) vacant positions in Aboriginal and Torres Strait Islander substance use services were vacant for 26 weeks or less.

Clients and referral sources

Clients

All 45 Aboriginal and Torres Strait Islander substance use services reported their client numbers for 2008–09. There were a total of 23,200 clients, with 11,400 (49%) male clients, 6,500 (28%) female clients and 5,300 (23%) clients for whom the service did not record the sex and/or Indigenous status. Just over three-quarters (77% or 17,700) of all clients were Aboriginal or Torres Strait Islander, while nearly a quarter (23% or 5,400) were non-Indigenous. Close to 5 in 10 (48%) of all Aboriginal and Torres Strait Islander clients were male, while around 3 in 10 were female (28%). Sex was not recorded for the remaining 2 in 10 clients (Table 3.2).

Table 3.2: Total estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	8,528	4,891	4,302	17,721	76.5
Non-Indigenous	2,809	1,555	989	5,353	23.1
Unknown Indigenous status	60	42	2	104	0.4
Total	**11,397**	**6,488**	**5,293**	**23,178**	**100.0**

Notes

1. The total estimated number of clients refers to individual clients, and does not include clients that attended groups only.
2. Unknown clients refer to any client for whom the substance use service did not record their sex.
3. All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for the number of clients.

Close to 3 in 10 of all clients sought treatment or assistance at Aboriginal and Torres Strait Islander substance use services located in Queensland (29% or 6,600). There were similar numbers of clients at substance use services in South Australia and Victoria (5,600), the Northern Territory (5,200) and Western Australia (4,700). Almost all (97%) clients of services in the Northern Territory were Aboriginal or Torres Strait Islander, while just over a half (51%) of clients of services in Queensland were Aboriginal or Torres Strait Islander people (Table 3.3).

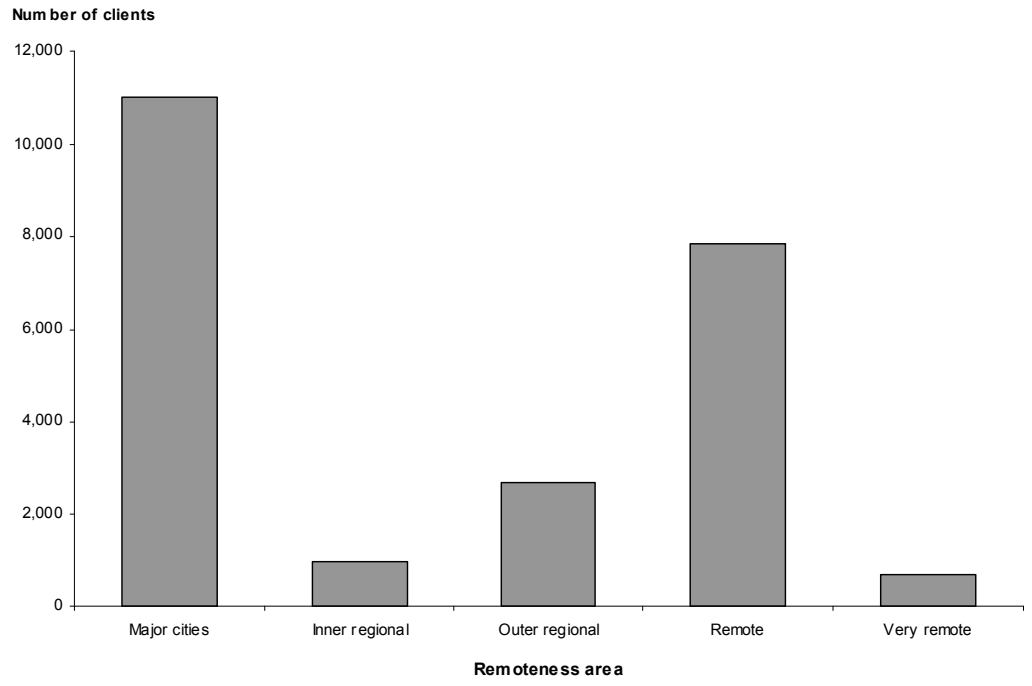
Table 3.3: Total estimated clients of Aboriginal and Torres Strait Islander substance use services, by Indigenous status, and state and territory, 2008–09

Indigenous status	NSW	Vic & SA	Qld	WA	NT	Total
Aboriginal and Torres Strait Islander	749	4,540	3,388	3,993	5,051	17,721
Non-Indigenous	349	1,056	3,242	557	149	5,353
Unknown Indigenous status	0	0	0	104	0	104
Total clients (number)	**1,098**	**5,596**	**6,630**	**4,654**	**5,200**	**23,178**
Total clients (per cent)	**4.7**	**24.1**	**28.6**	**20.1**	**22.4**	**100.0**

Notes

1. The total estimated number of clients refers to individual clients, and does not include clients that attended groups only.
2. Data for Vic and SA have been combined due to the small number of services in Vic.
3. All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for the number of clients.

Nearly half (48% or 11,200) of all clients received treatment at services located in *Outer regional, Remote* or *Very remote* areas (Figure 3.12). Just over 4 in 10 (43% or 7,600) of all Aboriginal and Torres Strait Islander clients received treatment at a substance use service located in *Remote* areas, with close to another further 4 in 10 (38%or 6,700) receiving treatment at services in *Major cities*. Eight in 10 (80% or 4,300) of all non-Indigenous clients received treatment at substance use services located in *Major cities*, while one in 10 (13%) received treatment at services located in *Outer regional* areas.



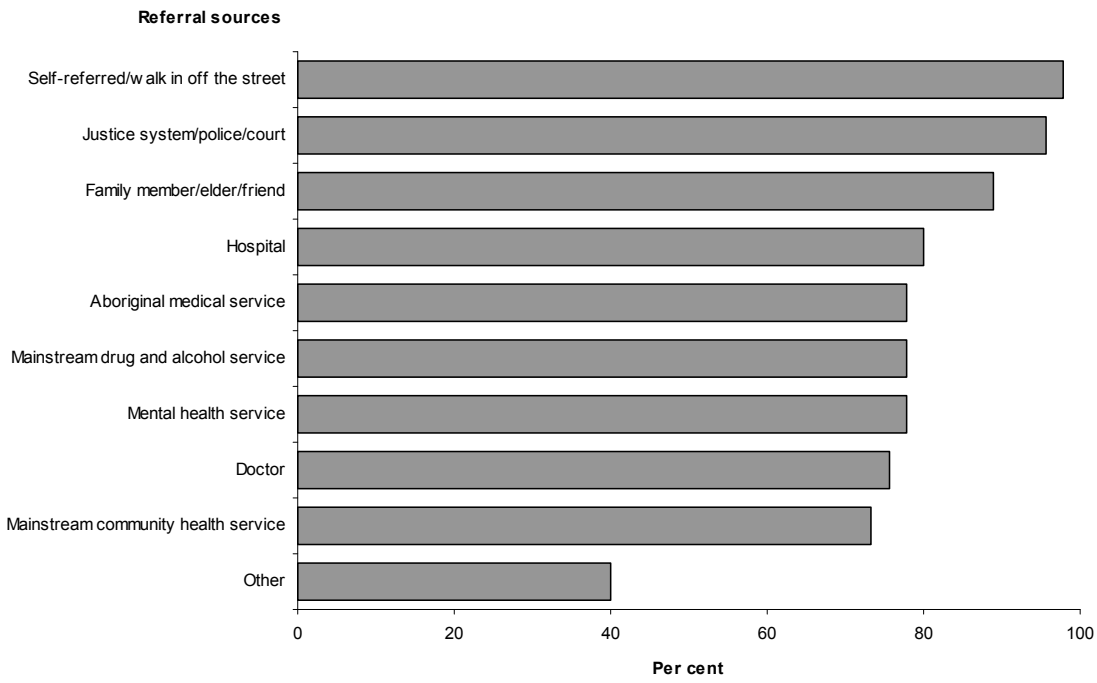
Notes

1. The total estimated number of clients refers to individual clients, and does not include clients that attended groups only.
2. All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data regarding number of clients.

Figure 3.12: Total estimated number of clients of Aboriginal and Torres Strait Islander substance use services, by remoteness, 2008–09

Client referral sources

In 2008–09, clients of Aboriginal and Torres Strait Islander drug and alcohol services were referred from a wide variety of sources. Almost all services had clients who walked in off the street or referred themselves, or who were referred by the justice system (98% and 96% respectively). About 9 in 10 services had clients who were referred by a family member, an elder or a friend (89%). Four in 10 (40%) services had clients who were referred from other sources (for example, Centrelink, community centres and organisations, or job network) (Figure 3.13).

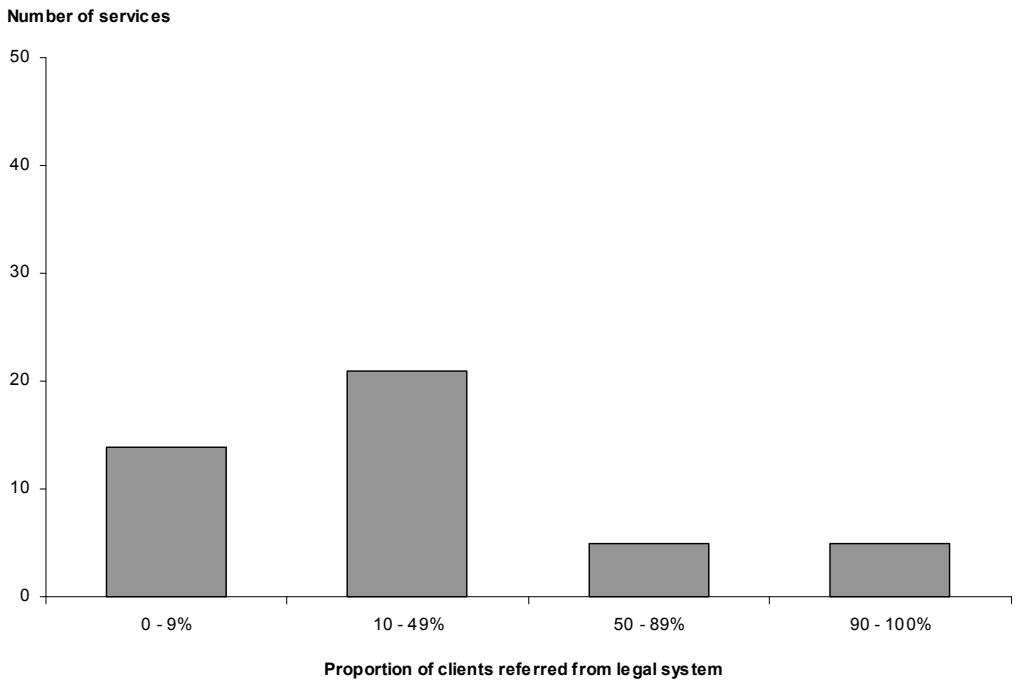


Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about the referral sources of clients.

Figure 3.13: Proportion of Aboriginal and Torres Strait Islander substance use services receiving referred clients, by referral source, 2008–09

Clients referred from justice system

Many clients of Aboriginal and Torres Strait Islander substance use services are referred to substance use treatment and rehabilitation as the result of legal proceedings. In 2008–09, 41 substance use services reported receiving a proportion of their clients as referrals from the justice system. Thirty-five (78%) of these services reported that up to a half of their clients were referred from the justice system. The remaining services reported that more than half of their clients were referred from this source, with five services (11%) receiving all or nearly all (90–100%) of their clients as the result of legal proceedings (Figure 3.14).



Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about clients referred as a result of legal proceedings.

Figure 3.14: Number of Aboriginal and Torres Strait Islander substance use services receiving clients as a result of legal proceedings, 2008–09

Residential treatment

Residential clients and length of stay

In 2008–09, 30 substance use services that provided residential treatment and rehabilitation programs reported 3,400 clients. Close to 8 in 10 (81% or 2,700) clients of these services were Aboriginal or Torres Strait Islander people. Among these clients, around 7 in 10 were male (68%) and around 2 in 10 were female (22%), with the sex not recorded for the remaining clients (Table 3.4).

Just over 4 in 10 (43%) of all Aboriginal and Torres Strait Islander clients were aged between 19 and 35 years of age, with a similar proportion (37%) aged 36 years or over. One in 10 (11%) Aboriginal and Torres Strait Islander clients were aged 18 years or under.

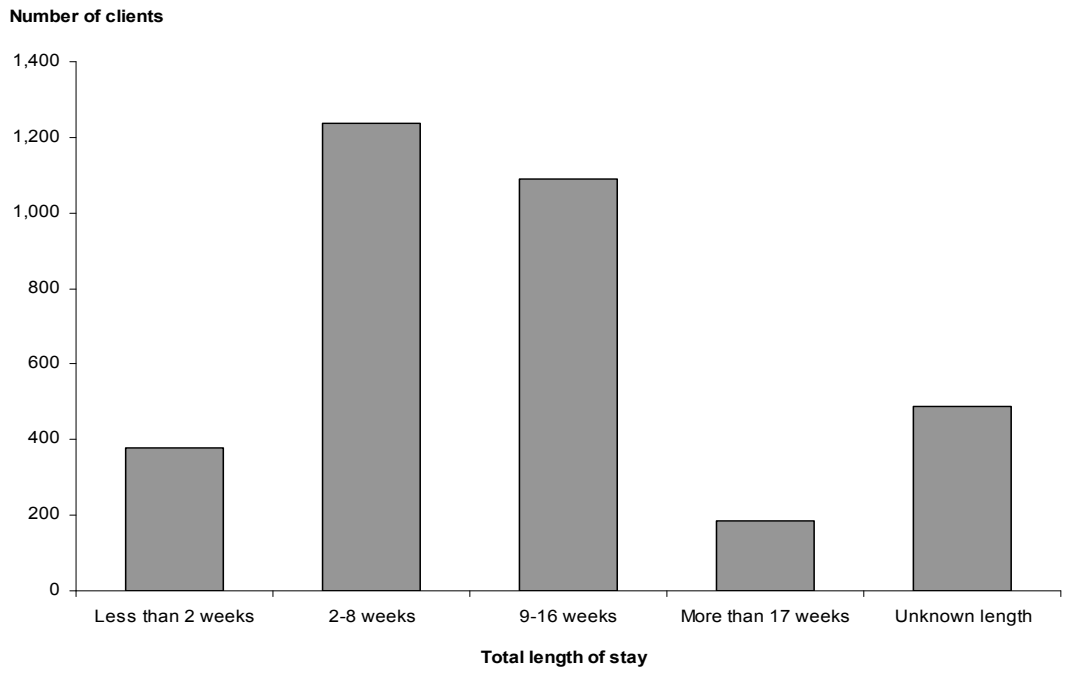
Table 3.4: Total estimated clients of Aboriginal and Torres Strait Islander substance use services providing residential treatment, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	1,877	605	260	2,742	81.3
Non-Indigenous	498	89	44	631	18.7
Total	**2,375**	**694**	**304**	**3,373**	**100.0**

Notes

1. The total estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.
2. 30 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for the number of residential treatment/rehabilitation clients.

The length of stay for clients in residential treatment varied. Over a third of clients (37%) in residential treatment and rehabilitation had a length of stay ranging from 2 to 8 weeks. Nearly a third (32%) of clients had a length of stay ranging from 9 to 16 weeks. Very short and relatively long stays in residential treatment and rehabilitation were less common, with a small proportion of clients having a stay of less than 2 weeks (11%) or a stay of greater than 17 weeks (6%). The length of stay was unknown for 14% of clients (Figure 3.15).



Note: 30 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about total length of stay of residential treatment and rehabilitation clients.

Figure 3.15: Total estimated number of residential treatment and rehabilitation clients of Aboriginal and Torres Strait Islander substance use services, by total length of stay, 2008–09

Residential treatment and rehabilitation episodes of care

A residential treatment and rehabilitation episode of care refers to one treatment period, that is, 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 two episodes of care.

The 30 substance use services that offered residential treatment and rehabilitation programs reported 3,600 episodes of care during 2008–09. Aboriginal or Torres Strait Islander clients received a little over three-quarters (77% or 2,800) of all episodes of care, while non-Indigenous clients received 17% or 600 episodes of care. Two-thirds (67% or 20) of the residential treatment and rehabilitation substance use services maintained a waiting list in 2008–09. The majority (60% or 12) of these services had 10 or more people waiting to receive treatment or assistance for substance use.

Sobering-up, residential respite and short-term care

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

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

In 2008–09, 14 substance use services reported 4,600 clients as receiving sobering-up, residential respite or short-term care. Almost all (98%or 4,500) of the clients were Aboriginal or Torres Strait Islander people. Around 6 in 10 (57%) clients were male, and 4 in 10 (43%) were female (Table 3.5).

Almost half (48%) of all Aboriginal and Torres Strait Islander clients were aged 36 years or over, while nearly a third (32%) of clients were aged between 19 and 35 years. Clients aged 18 years of age or less comprised a small proportion (2%) of all Aboriginal or Torres Strait Islander clients. The age of clients was unknown for about 1 in 5 (18%) of clients.

Table 3.5: Total estimated clients of Aboriginal and Torres Strait Islander substance use services providing sobering-up, residential respite and short-term care, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	2,516	1,942	4,458	97.5
Non-Indigenous	94	18	112	2.5
Total	**2,610**	**1,960**	**4,570**	**100.0**

Notes

1. The total estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.
2. 14 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided information about the number of clients in sobering-up, residential respite and short-term care.

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 2008–09, there were 13 substance use services that reported a total of 14,300 episodes of care for sobering-up, residential respite and short-term care. On average, each client had three episodes of care in 2008–09.

Aboriginal or Torres Strait Islander clients received almost all (99% or 14,100) episodes of care. Of these, nearly 6 in 10 (59%) episodes of care were for male clients, while 4 in 10 (41%) were for female clients (Table 3.6). Aboriginal or Torres Strait Islander clients aged 36 years and over received about 6 in 10 (62%) of all episodes of care (Table 3.6).

Table 3.6: Total estimated episodes of care provided by Aboriginal and Torres Strait Islander substance use services that offer sobering-up, residential respite and short-term care, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	8,285	5,811	14,096	98.7
Non-Indigenous	156	26	182	1.3
Total	**8,441**	**5,837**	**14,278**	**100.0**

Notes

1. The total estimated number of clients excludes a small number of clients for whom Indigenous status was unknown.
2. 13 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for episodes of sobering-up/ residential respite/short-term care.

Non-residential, follow-up and after-care

Non-residential, follow-up and aftercare clients

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

In 2008–09, 35 substance use services reported 15,000 non-residential, follow-up and aftercare clients. Around two-thirds (67% or 10,100) of all clients were Aboriginal or Torres Strait Islander people, while one-third (29% or 4,300) were non-Indigenous. Indigenous status was unknown for a small proportion (4% or 600) of clients.

Over a half (57%) of all Aboriginal and Torres Strait Islander clients were male and over a third (36%) were female, with the sex not recorded by the service for the remainder of clients (Table 3.7). Close to a half (45%) of all Aboriginal and Torres Strait Islander clients were aged between 19 and 35 years, while nearly a third (32%) were aged 36 and over.

Table 3.7: Total estimated clients of Aboriginal and Torres Strait Islander substance use services providing non-residential, follow-up and after-care, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	5,712	3,636	743	10,091	67.4
Non-Indigenous	2,675	1,617	0	4,292	28.6
Unknown Indigenous status	60	42	491	593	4.0
Total	**8,447**	**5,295**	**1,234**	**14,976**	**100.0**

Note: 35 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for the number of non-residential, follow-up and aftercare clients.

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

An episode of non-residential, follow-up and after-care refers to each occasion where 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 2008–09, 29 substance use services reported 50,200 episodes of non-residential, follow-up and after-care. On average, each client had about three episodes of care during 2008–09. Aboriginal or Torres Strait Islander clients received almost three-quarters (74% or 37,200) of the episodes of care. Small proportions of episodes of care were provided to non-Indigenous clients (15% or 7,500 episodes) and clients whose Indigenous status was not recorded by the service (11% or 5,500 episodes) (Table 3.8).

Close to 6 in 10 (56%) of all episodes of care provided to Aboriginal and Torres Strait Islander clients were provided to male clients, while 4 in 10 were provided to female clients (42%).

Just over 7 in 10 (72%) of all episodes of care provided to Aboriginal and Torres Strait Islander clients were for clients aged 19 to 35 years old (35%) or for clients aged 36 years and over (36%).

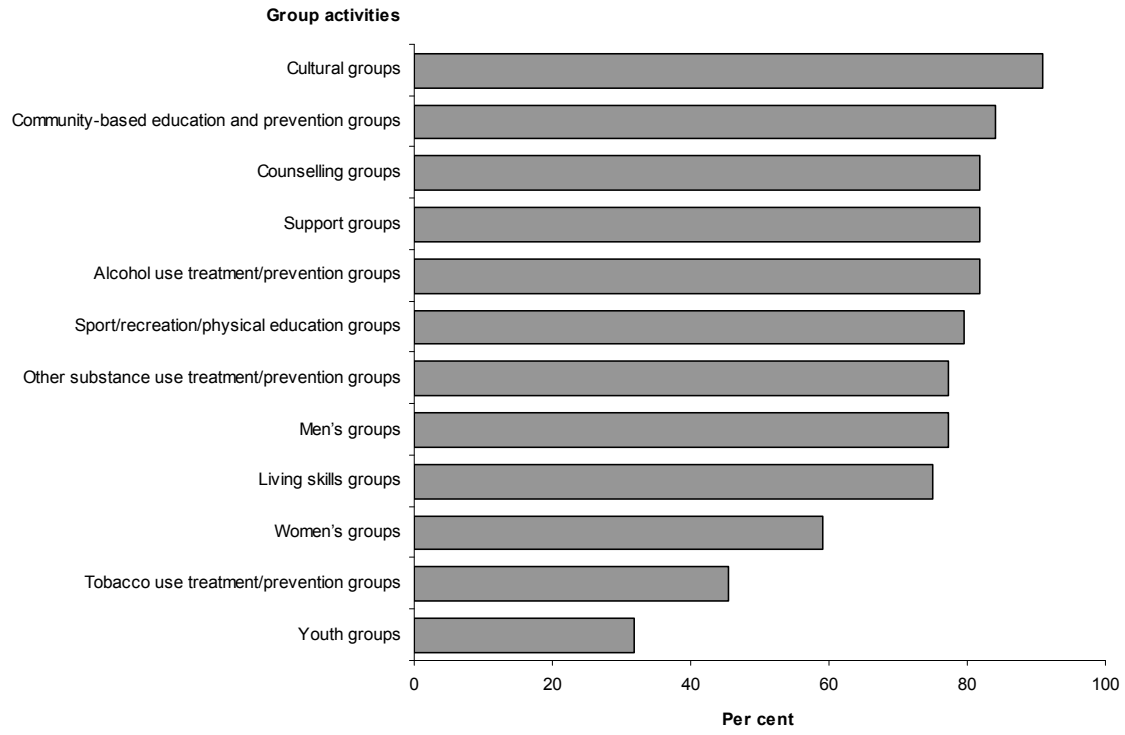
Table 3.8: Total estimated episodes of care provided by Aboriginal and Torres Strait Islander substance use services that offer non-residential, follow-up and after-care, by Indigenous status and sex, 2008–09

Indigenous status	Male	Female	Unknown	Total (number)	Total (per cent)
Aboriginal and Torres Strait Islander	20,749	15,770	743	37,262	74.3
Non-Indigenous	5,211	2,239	0	7,450	14.8
Unknown Indigenous status	2,646	1,786	1,034	5,466	10.9
Total	**28,606**	**19,795**	**1,777**	**50,178**	**100.0**

Note: 29 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data for episodes of non-residential, follow-up and after-care.

Group activities

Group activities were provided by nearly all (98%) substance use services in 2008–09. There was a wide range of activities offered by many of the services. The most common group activity was cultural groups, which involved activities such as art, hunting and bush outings, and was offered by about 9 in 10 services (91%). Around 8 in 10 services offered one or more of community-based education and prevention groups (84%), counselling groups (82%), support groups (82%), alcohol use treatment and prevention groups (82%), sport and physical education groups (80%), and men's groups (77%) (Figure 3.16).

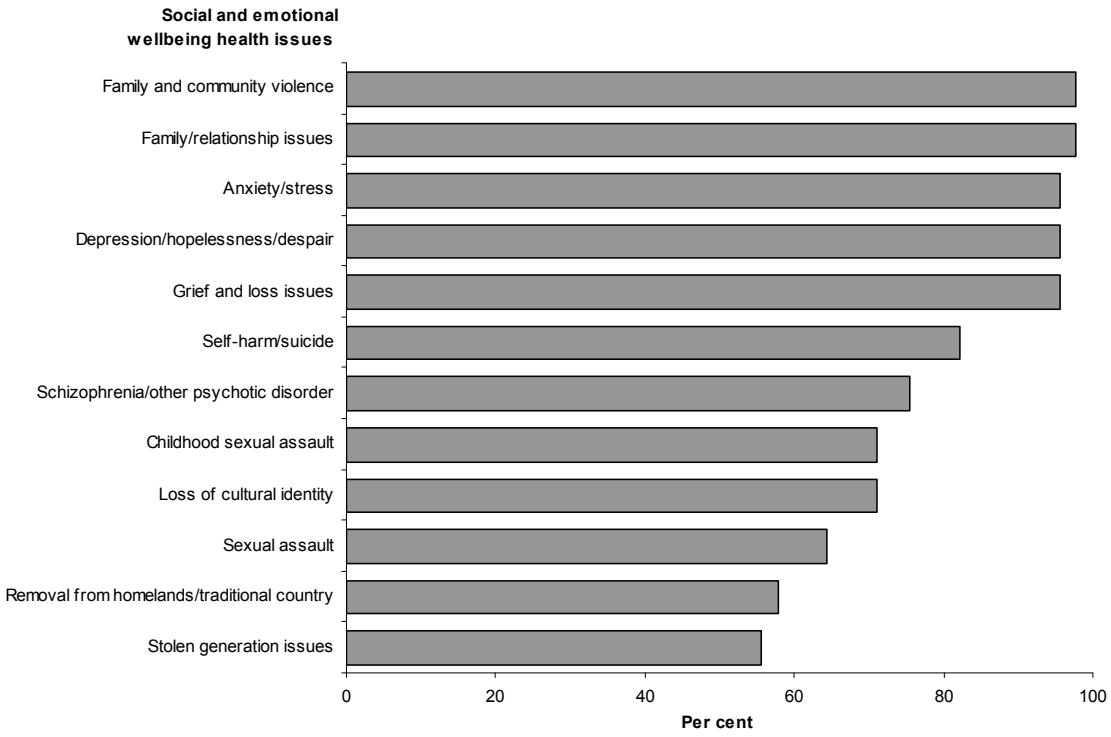


Note: 44 of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided information on group activities.

Figure 3.16: Proportion of Aboriginal and Torres Strait Islander substance use services providing group activities, by selected activities, 2008–09

Social and emotional wellbeing of clients

In 2008–09, all drug and alcohol services reported that social and emotional wellbeing issues were experienced by one or more of their clients. Almost all services reported that one or more of their clients experienced family and relationship issues (98%); family and community violence (98%); anxiety and stress (96%); depression, hopelessness and despair (96%); and grief and loss issues (96%). About 8 in 10 (82%) services reported self-harm or suicide as issues, while three-quarters (76%) of services reported that one or more clients experienced schizophrenia or another psychotic disorder (Figure 3.17).

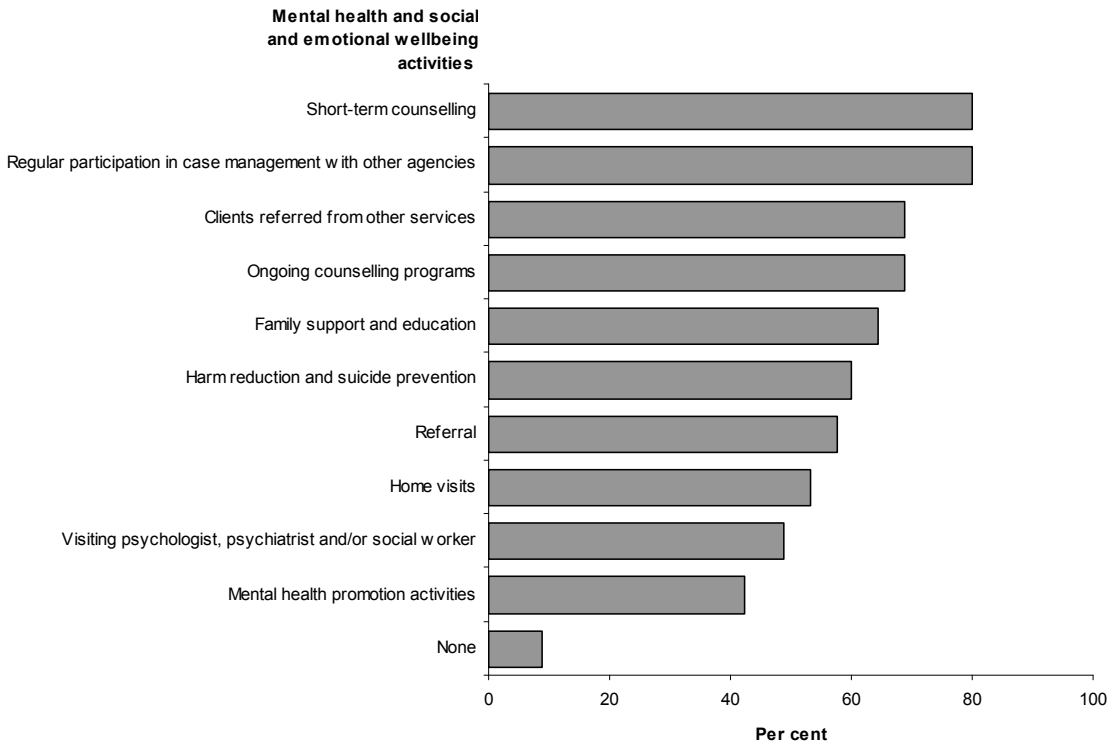


Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about the mental health and social and emotional wellbeing activities the service provided.

Figure 3.17: Proportion of Aboriginal and Torres Strait Islander substance use services where one or more clients experienced social and emotional health issues, by selected issues, 2008–09

Nine in 10 drug and alcohol services (91%) had one or more mental health or social and emotional wellbeing activities available to their clients. Eight in 10 services (80%) provided short-term counselling while nearly 7 in 10 services (69%) provided ongoing counselling programs. Nearly two-thirds of services (64%) provided family support and education.

Eight in 10 services (80%) participated in case management with other agencies in the care of patients with mental illness, while nearly 7 in 10 services (69%) had clients with mental health issues who were referred from other services (Figure 3.18).



Note: All of the 45 respondent Aboriginal and Torres Strait Islander substance use services provided valid data about mental health, and social and emotional wellbeing activities the service provided.

Figure 3.18: Proportion of Aboriginal and Torres Strait Islander substance use services providing mental health and social and emotional wellbeing activities, by selected activities, 2008–09

4 Bringing Them Home and Link Up counselling services

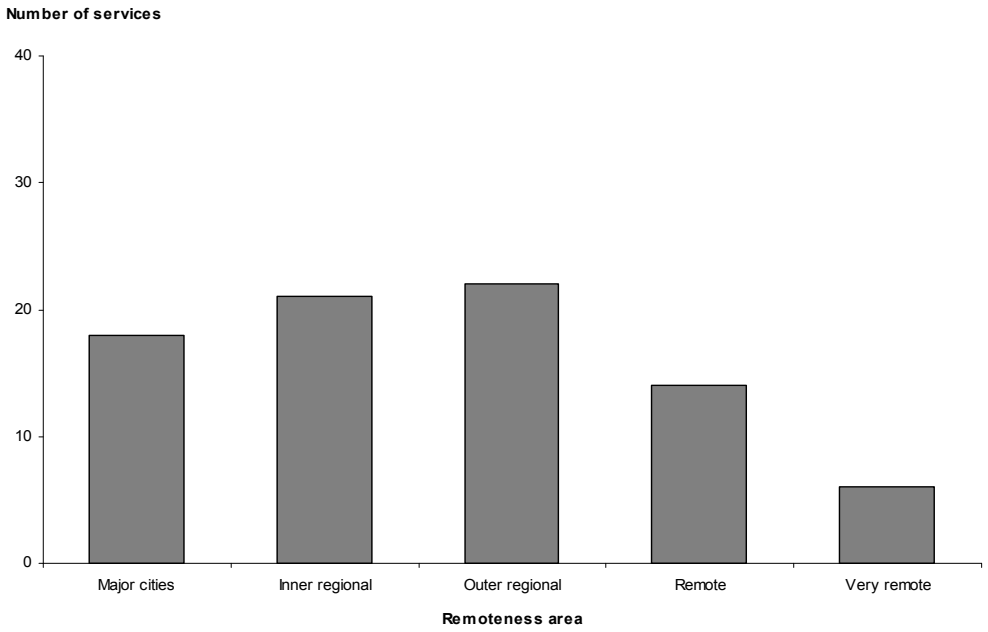
Introduction

In 2008–09, 81 services that received OATSIH funding to provide Bringing Them Home counselling or Link Up services to clients responded to the OSR questionnaire. In this report, these services are referred to as Bringing Them Home counselling services.

Location

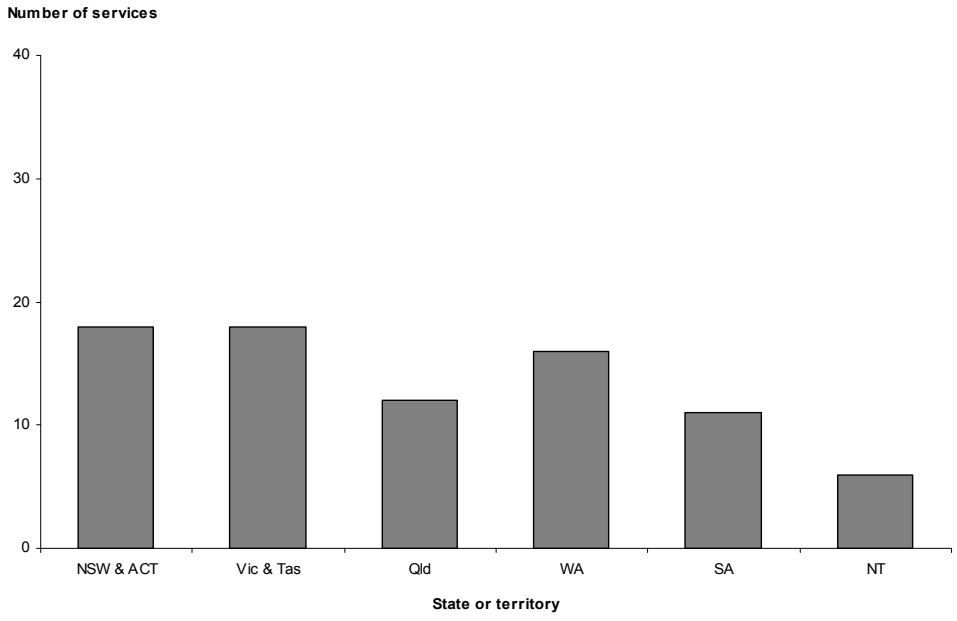
The 81 Bringing Them Home counselling services in the 2008–09 OSR collection were located in all states and territories, and across the spectrum of geographical areas from cities to very remote areas. Over a half of all Bringing Them Home counselling services were located in *Outer regional* (27% or 22) and *Inner regional* areas (26% or 21). The remaining services were located in *Major cities* (22% or 18), *Remote* areas (17% or 14) and *Very remote* areas (7% or 6).

Four in 5 services were located in New South Wales and the Australian Capital Territory (22% or 18), Victoria and Tasmania (22% or 18), Western Australia (20% or 16) and Queensland (15% or 12). The remaining services were in South Australia (14% or 11) and the Northern Territory (7% or 6). Figure 4.1 and Figure 4.2 show the location of all services by remoteness and jurisdiction. A map with the locations of all Bringing Them Home counselling services is at Figure C.3 in Appendix C.



Note: All of the 81 Bringing Them Home counselling services responded.

Figure 4.1: Bringing Them Home counselling services, by remoteness, 2008–09



Note: There were 81 respondent Bringing Them Home counselling services.

Figure 4.2: Bringing Them Home counselling services, by state and territory, 2008–09

Accreditation

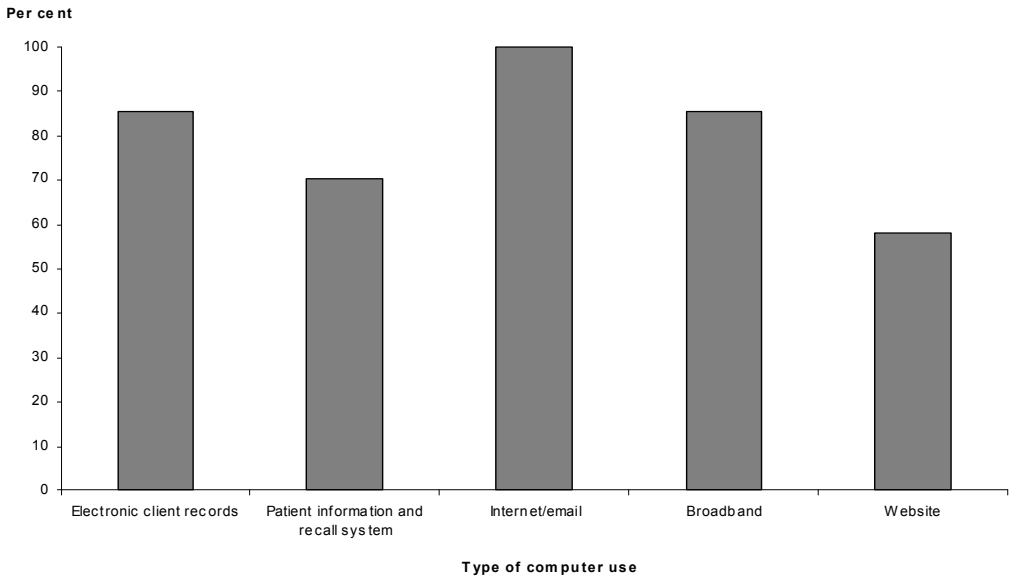
In 2008–09, 3 in 5 (65%) Bringing Them Home or Link Up counselling services were accredited. Most accredited services (83%) had achieved their accreditation against the RACGP Standards (Table 4.1).

Table 4.1: Aboriginal and Torres Strait Islander Bringing Them Home counselling services, by accreditation type, 2008–09

Accreditation type	Number	Per cent
RACGP accreditation	44	54.3
Organisational standard accreditation	6	7.4
Other accreditation	3	3.7
Total accredited services	*53*	*65.4*
Total services not accredited	*28*	*34.6*
Total number of services	**81**	**100.0**

Information technology

All Bringing Them Home and Link Up counselling services reported using computers All of these services reported using email and internet, with most (85%) having a broadband internet connection. Well over half of all services (58%) also reported having a website. Most services (85%) used electronic client records, and many (70%) had patient information and recall systems (Figure 4.3).

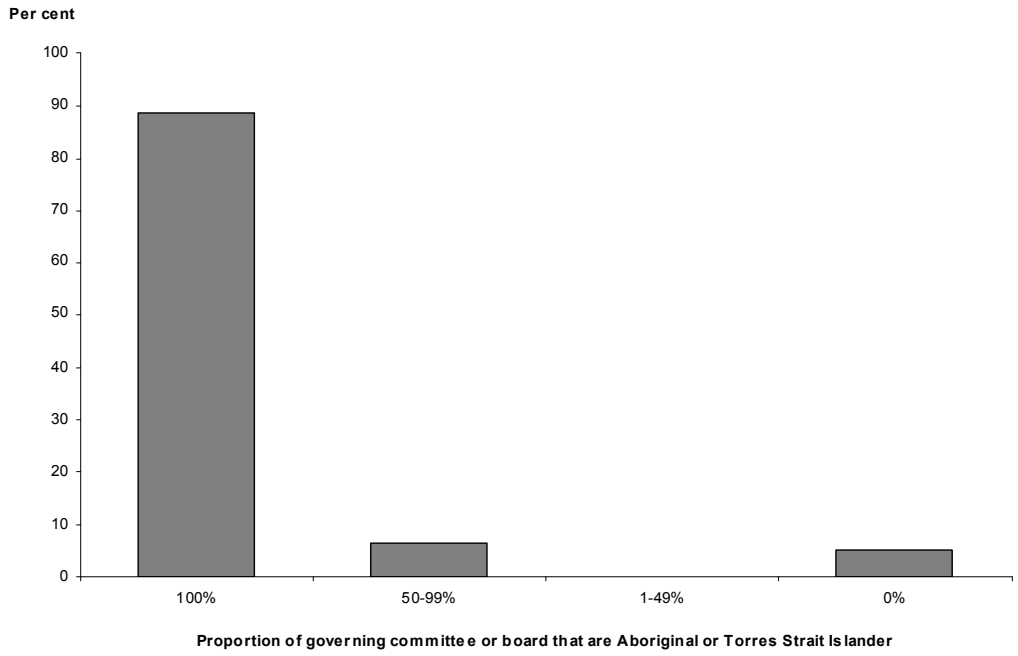


Note: 80 of the 81 respondent Aboriginal and Torres Strait Islander Bringing Them Home counselling services provided valid data for use of computers.

Figure 4.3: Proportion of Aboriginal and Torres Strait Islander Bringing Them Home counselling services using computers, by type of usage, 2008–09

Governance

In 2008–09 almost 9 in 10 (89%) Bringing Them Home or Link Up counselling services had a governing committee or board composed entirely of Aboriginal and Torres Strait Islander people (Figure 4.4). Almost all services (96%) had regular meetings of the governing committee or board during 2008–09 and presented income and expenditure statements to the committee or board at least twice a year (95%). The board or committee members received training to help them in their roles in most of these services (85%).

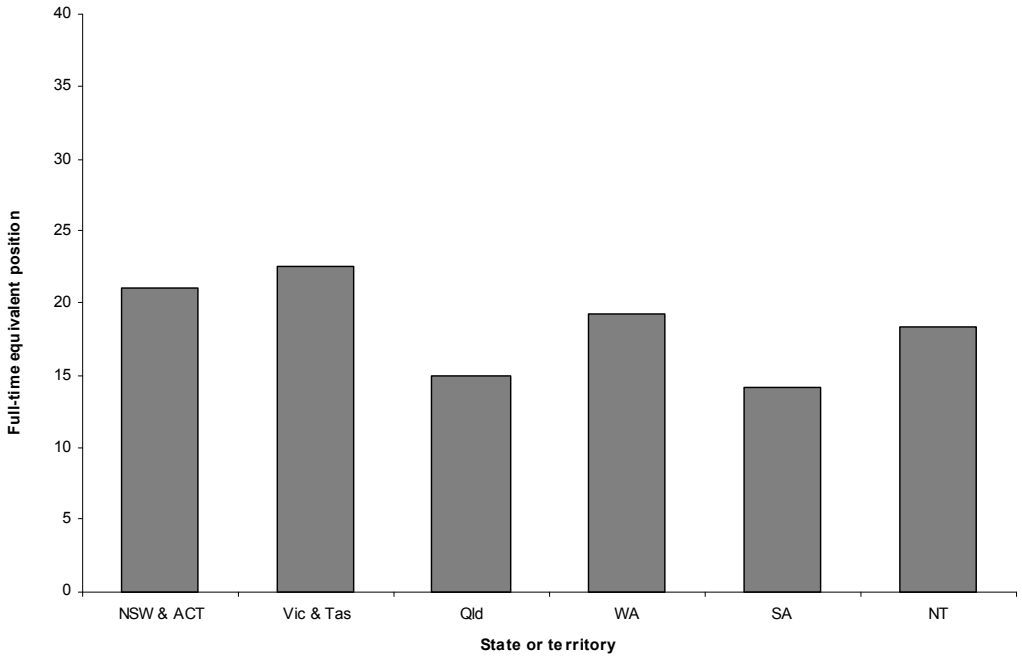


Note: 80 of the 81 respondent Bringing Them Home counselling services provided valid data for proportion of governing committee or board that are Aboriginal or Torres Strait Islander people.

Figure 4.4: Aboriginal or Torres Strait Islander Bringing Them Home counselling services, by proportion of governing committee or board that are Aboriginal or Torres Strait Islander people, 2008–09

Bringing Them Home and Link Up counsellors

At 30 June 2009, there were 77 Bringing Them Home and Link Up services employing 130 counsellors, or 110 FTE counsellor positions. BTH and Link Up counsellors were employed in every state and territory, with the largest number of FTE counsellors employed in Victoria and Tasmania (25 FTE) followed by New South Wales and the Australian Capital Territory (20 FTE) (Figure 4.5).

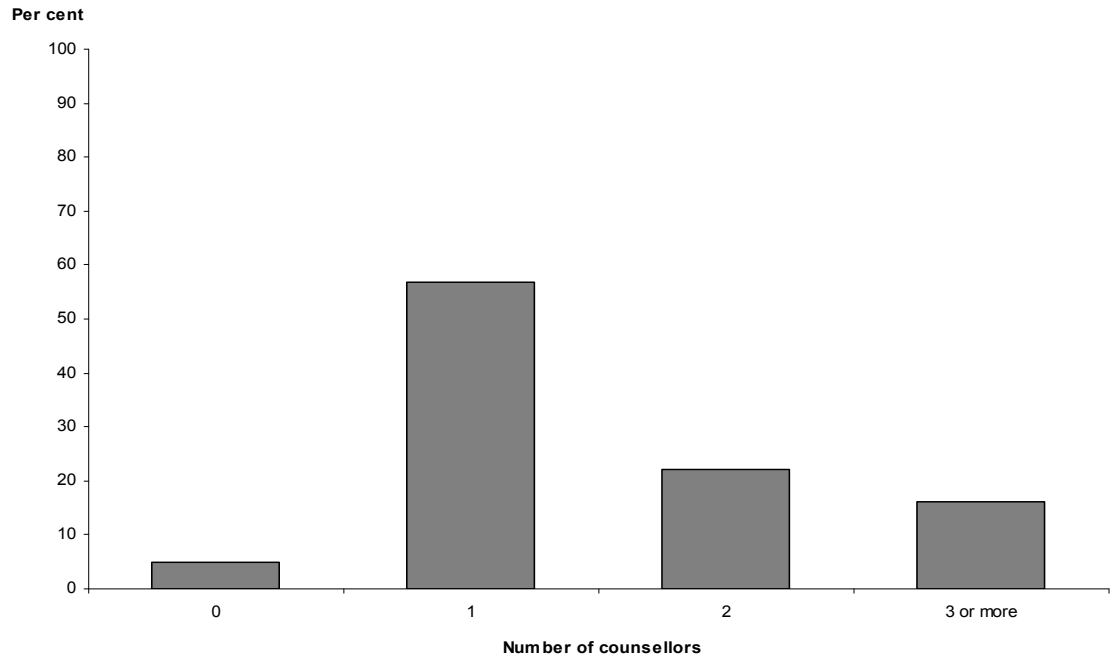


Note: 77 of the 81 respondent Bringing Them Home counselling services provided valid data about the number of full-time equivalent counsellor positions.

Figure 4.5: Number of full-time equivalent Bringing Them Home and Link Up counsellor positions, by state and territory, 2008–09

Number, sex and Indigenous status of counsellors

Nearly 6 in 10 (57% or 46) Bringing Them Home counselling services employed one counsellor, while 2 in 10 (22% or 18) services had two counsellors. A small proportion (16% or 13) of services had three or more counsellors. There was no counsellor employed at a small number of services (5% or 4), generally because of difficulties associated with recruitment of counsellors (Figure 4.6).



Note: 77 of the 81 respondent Bringing Them Home counselling services provided valid data about the number of counsellors.

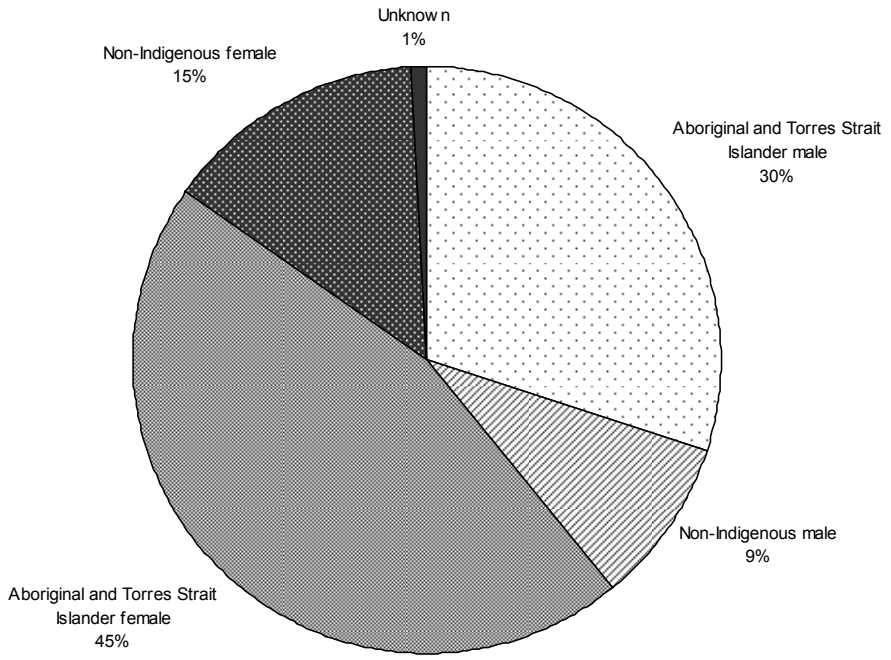
Figure 4.6: Proportion of Bringing Them Home counselling services, by number of counsellors in the service, 2008–09

Nine in 10 (90% or 69) of all Bringing Them Home counselling services that employed counsellors had at least one counsellor of Aboriginal and Torres Strait Islander origin, with a small proportion (10%) of those services having non-Indigenous counsellors only.

Of the 130 BTH and Link Up counsellors employed at 30 June 2009, three-quarters (75%) were Aboriginal and Torres Strait Islander people. Of all BTH counselors, 45% were female and Aboriginal or Torres Strait Islander, and 30% were male and Aboriginal or Torres Strait Islander (Figure 4.7).

Vacant positions

Just over a quarter (26%) of all Bringing Them Home counselling services reported, in total, 24 vacant positions at 30 June 2009. Over half (58%) of these vacant positions were Bringing them Home counselling positions, with the remainder being vacancies for other types of social and emotional wellbeing staff. Close to a half (46%) of all vacant positions had been vacant for 26 weeks or less, while over a third (38%) had been vacant for 52 weeks.



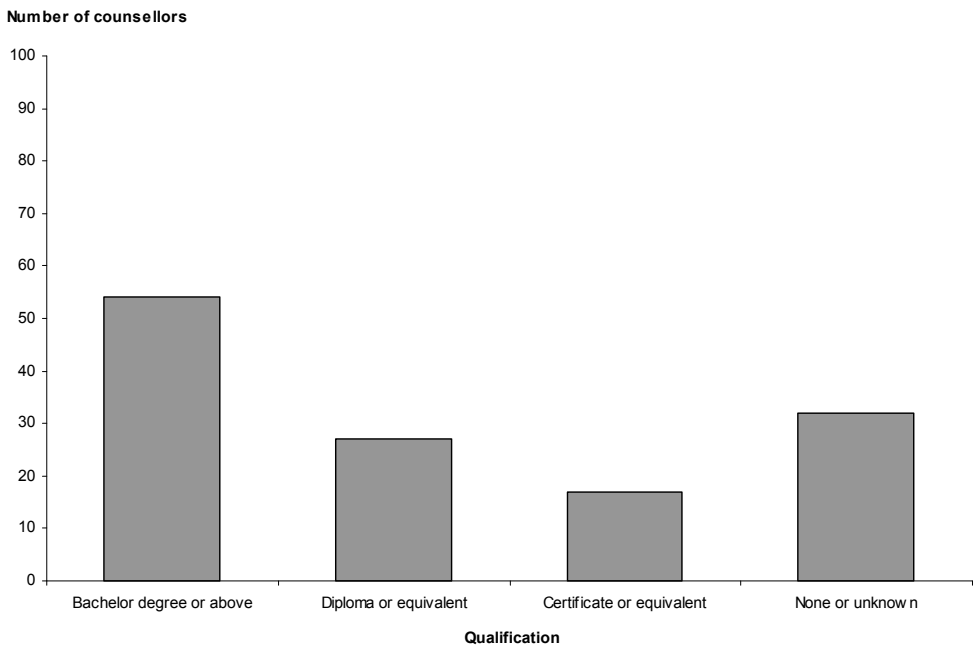
Note: 77 of the 81 respondent Bringing Them Home counselling services provided valid data for the number and demographic characteristics of counsellors employed by the service.

Figure 4.7: Bringing Them Home and Link Up counsellors, by Indigenous status and sex, 2008–09

Qualifications and training undertaken

Three-quarters (75%) of all BTH and Link Up counsellors held a non-school qualification. Just over 4 in 10 (42%) counsellors had a Bachelor degree or above and around 2 in 10 (21%) had a diploma-level qualification while around 1 in 10 (13%) had a certificate-level qualification (Figure 4.8). The most common fields of study in which qualifications were held included counselling, social work and welfare, psychology, and narrative therapy.

In 2008–09, 78 Bringing Them Home counselling services reported on formal training attended by their counsellors. BTH counsellors in over half (58%) of these services undertook some type of formal training in 2008–09. Some common training areas were narrative therapy or approaches, the Marumali healing program, primary health, mental health and community welfare.

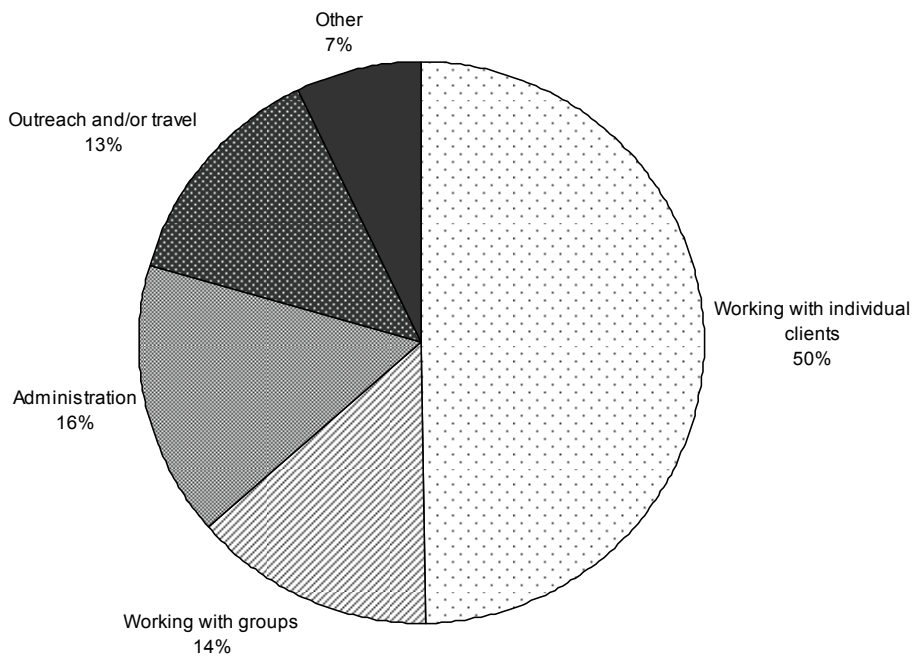


Note: 77 of the 81 respondent Bringing Them Home counselling services provided valid data for qualifications held by counsellors.

Figure 4.8: Bringing Them Home and Link Up counsellors, by non-school qualification held, 2008–09

Time spent on different activities

Of the Bringing Them Home counselling services, 75 reported on how their counsellors spent their time. In 2008–09, BTH and Link up counsellors spent on average half (50%) of their time working directly with clients. On average, counsellors spent close to a third (29%) of their time on administration, travel and outreach services. Counsellors also spent some time (14%) working with groups, and on other tasks (7%) (Figure 4.9).

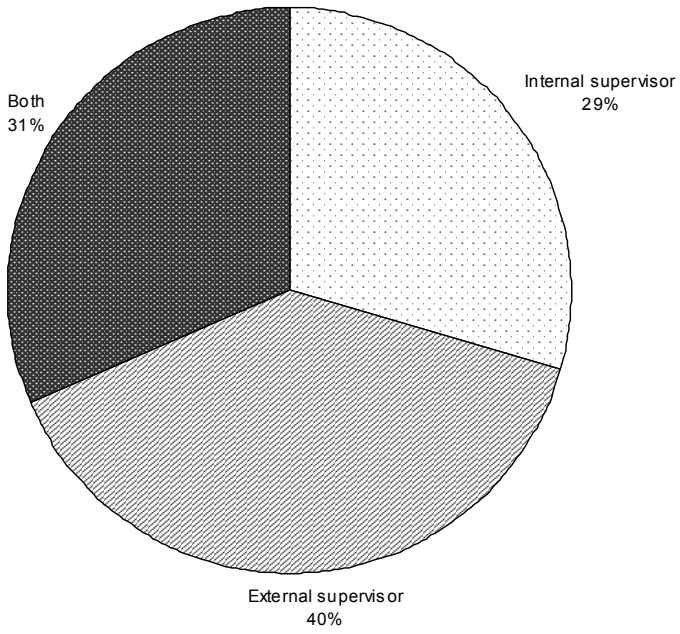


Note: 77 of the 81 respondent Bringing Them Home counselling services provided valid data regarding time spent on different activities.

Figure 4.9: Time spent on different activities by Bringing Them Home and Link Up counsellors, 2008–09

Supervision and support for counsellors

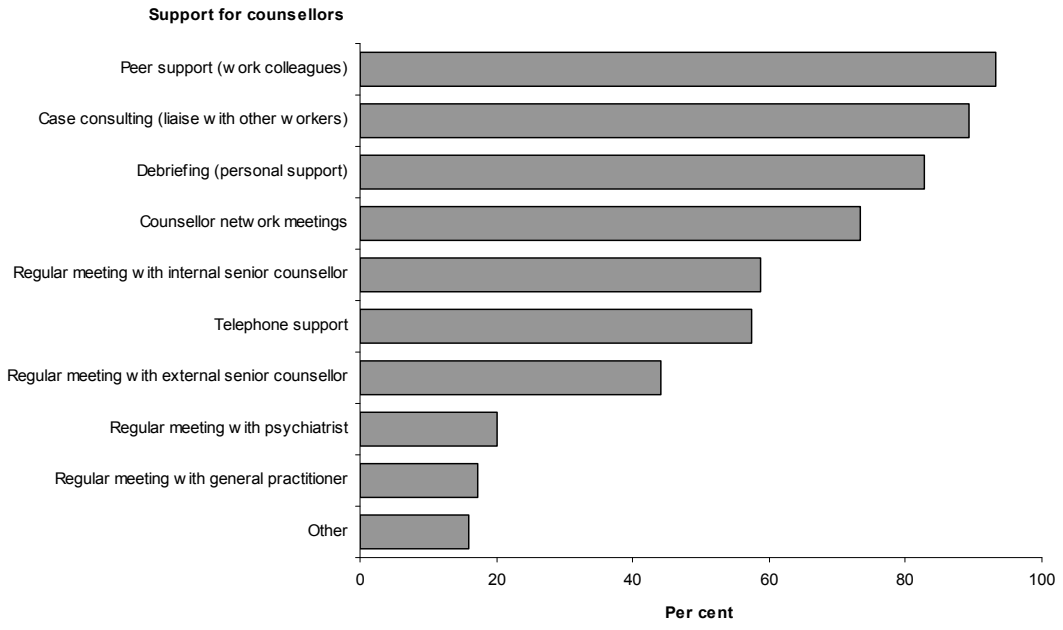
Clinical supervision is the formal provision, by approved supervisors, of relationship-based education and training that is work-focused and that manages, supports, develops and evaluates the work of colleagues. The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching and collaborative goal setting (NSW Health 2008). In 2008–09, two-thirds of all Bringing Them Home or Link Up services (66%) reported that their counselling staff received supervision from a qualified professional. Among services where counsellors received supervision, 4 in 10 (40%) reported that their staff received supervision from a person who did not work at their service. Three in 10 (29%) reported that their counselling staff received supervision from a person who did work at the service, while the remaining 3 in 10 (31%) received supervision from both a person working at the service as well as someone external to the service (Figure 4.10).



Note: 51 of the 81 respondent Bringing Them Home and Link Up counselling services provided information on the provision of supervision.

Figure 4.10: Proportion of Bringing Them Home and Link Up counselling services by provider of supervision, 2008–09

Other forms of support widely available to BTH and Link Up counsellors were peer support (reported by 93% of services), consulting with other workers about their cases (89%) and debriefing (83%). There was a small proportion (16%) of services that had other support available for counsellors such as training and workshops, and community network support (for example, Aboriginal elders and mentors) (Figure 4.11).



Note: 75 of the 81 respondent Bringing Them Home and Link Up counselling services provided valid data about support provided to counsellors.

Figure 4.11: Proportion of Bringing Them Home and Link Up counselling services providing support to counsellors, by type of support, 2008–09

Clients

In 2008–09, 71 Bringing Them Home counselling services reported client numbers, with 8,400 clients in total. The great majority (84% or 7,100) of clients were Aboriginal or Torres Strait Islander, with a small proportion (4%) of non-Indigenous clients, and the Indigenous status of the remaining clients (12%) being unknown. Over half (58%) of all Aboriginal and Torres Strait Islander clients were female, and a little over a third (35%) male.

Nearly 2 in 10 (18% or 1,500) of all Bringing Them Home counselling clients were first-generation clients (those who were moved from their families and communities). About 2 in 10 clients (18% or 1,500) were second-generation clients (those clients whose parents are first-generation members). 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) also accounted for 2 in 10 clients (20% or 1,700). One-third of clients (29% or 2,400) were other Aboriginal and Torres Strait Islander clients (Table 4.2).

Close to a half (48% or 4,000) of all clients received counselling at services located in *Outer regional* (27%) and *Remote* areas (21%) (Figure 4.12). The geographical distribution of clients of different generations varied. Close to a third (32% or 500) of all first-generation clients received counselling at services located in *Very remote* regions. Nearly 4 in 10 (38% or 550) second-generation clients, and over a third (35% or 600) of third- and subsequent generation clients, sought counselling at services located in *Outer regional* Australia.

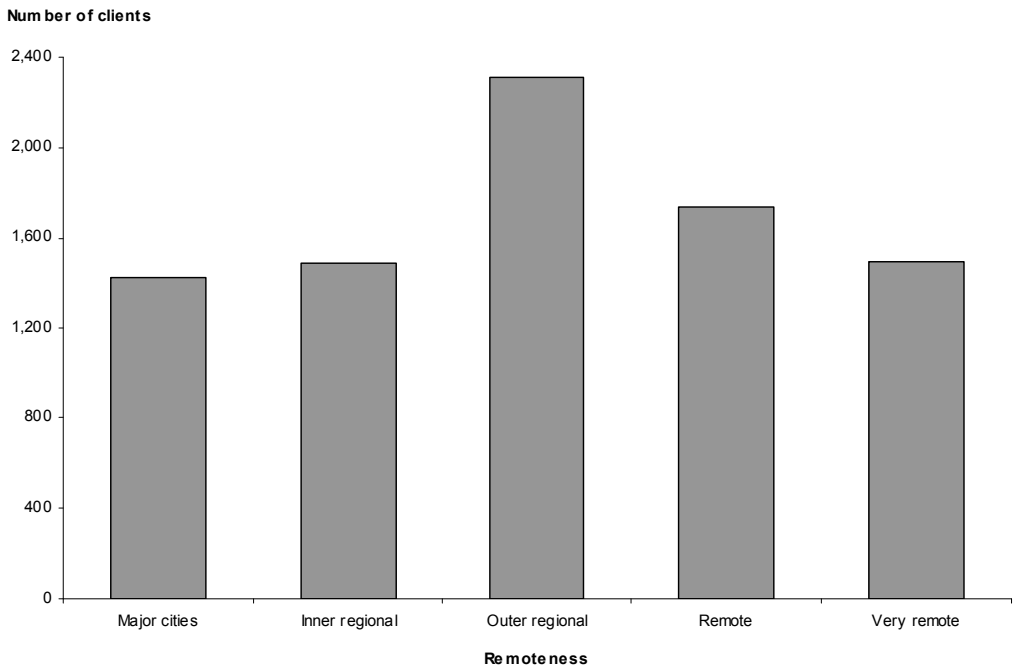
Table 4.2: Total clients of Bringing Them Home counselling services, by Indigenous status, sex and generation, 2008–09

Indigenous status and generation	Male	Female	Unknown	Total (number)	Total (per cent)
First generation clients	445	962	70	1,477	17.5
Second generation clients	481	873	127	1,481	17.6
Third and subsequent generation clients	540	913	242	1,695	20.1
Other Aboriginal and Torres Strait Islander clients	1,015	1,385	41	2,441	28.9
Non-Indigenous clients	149	202	13	364	4.3
Unknown Indigenous status clients	258	676	45	979	11.6
Total clients	**2,888**	**5,011**	**538**	**8,437**	**100.0**

Notes

1. The first-generation clients are those that were moved from their families and communities. The second-generation clients are those clients whose parent(s) are first-generation members. The third- and subsequent generation clients are grandchildren or direct descendants of those who are first-generation members.

2. 71 of the 81 respondent Bringing Them Home and Link Up counselling services provided valid data about the number of clients.



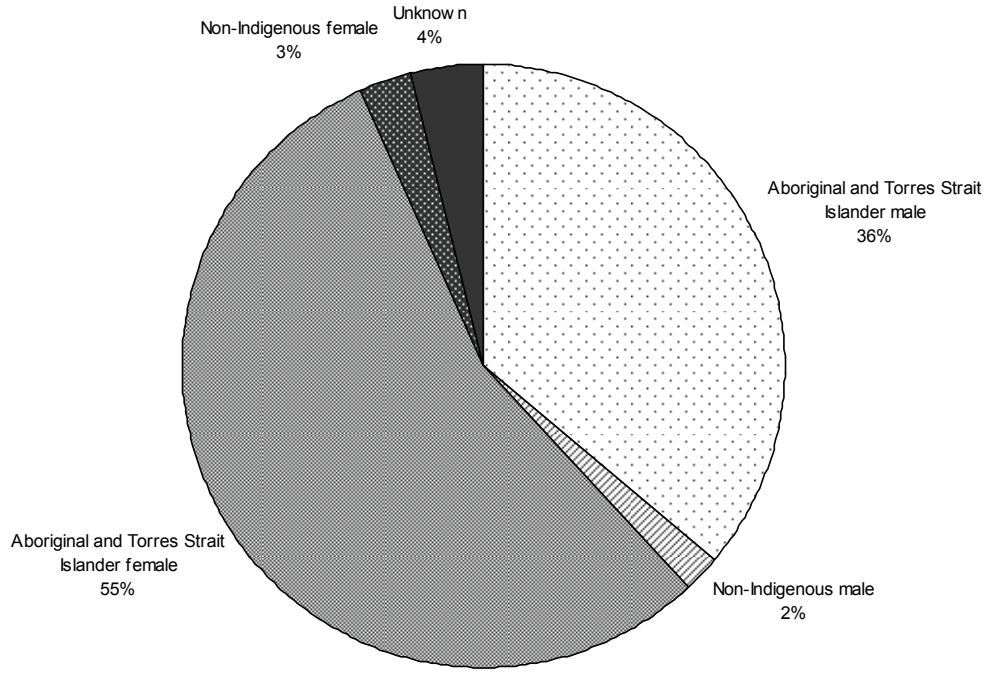
Note: 71 of the 81 respondent Bringing Them Home counselling services provided valid data about the number of clients.

Figure 4.12: Total estimated number of clients of Bringing Them Home counselling services, by remoteness, 2008–09

Client contacts

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

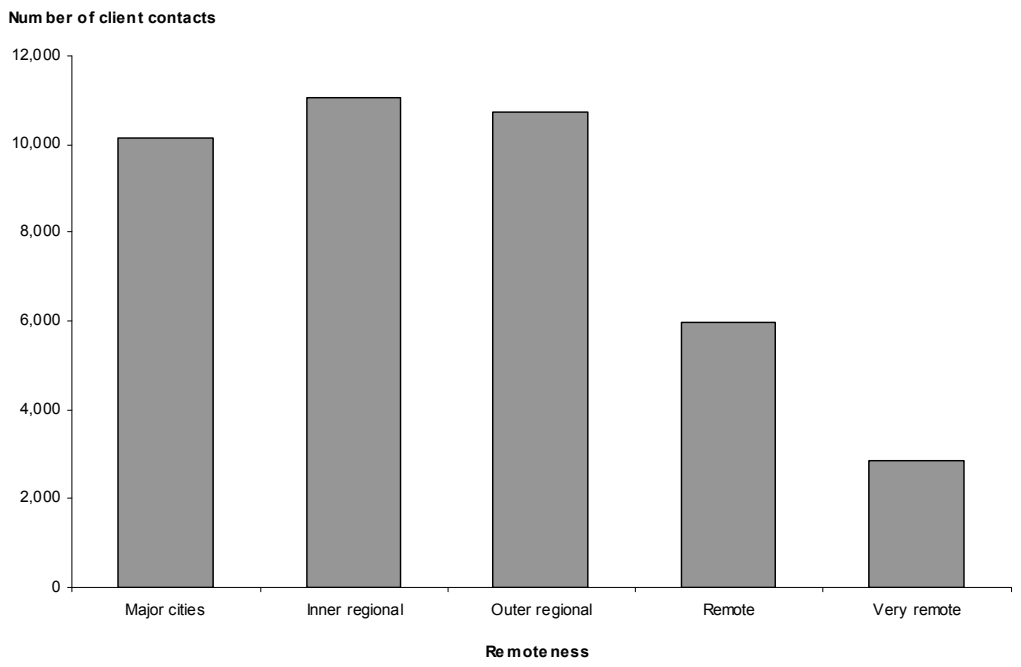
In 2008–09, 72 Bringing Them Home counselling services reported 40,800 client contacts in total, with 23,700 (58%) female contacts and 15,500 (38%) male contacts. About 9 in 10 (91%) client contacts were with Aboriginal or Torres Strait Islander clients. There were 1,100 client contacts where the sex and/or the Indigenous status was unknown (Figure 4.13).



Note: 72 of the 81 respondent Bringing Them Home counselling services provided valid data about the number of client contacts.

Figure 4.13: Total number of client contacts of Bringing Them Home counselling services, by Indigenous status and sex, 2008–09

There were a similar number of client contacts recorded in *Major cities* (10,100), *Inner regional* areas (11,000)and *Outer regional* areas (10,700), accounting in total for 8 in 10 (80%) of all client contacts. Counsellors located in services in *Very remote* areas made a small proportion (7% or 2,800) of all client contacts (Figure 4.14). This was despite the client base in *Very remote* areas (1,500 clients) being similar in size to that of *Major cities* (1,400 clients) and *Inner regional* areas (1,500) (Figure 4.12). The relatively small proportion of client contacts in *Very remote* areas is most likely because of the smaller number of services, 6 in total, in *Very remote* areas (Figure 4.1).

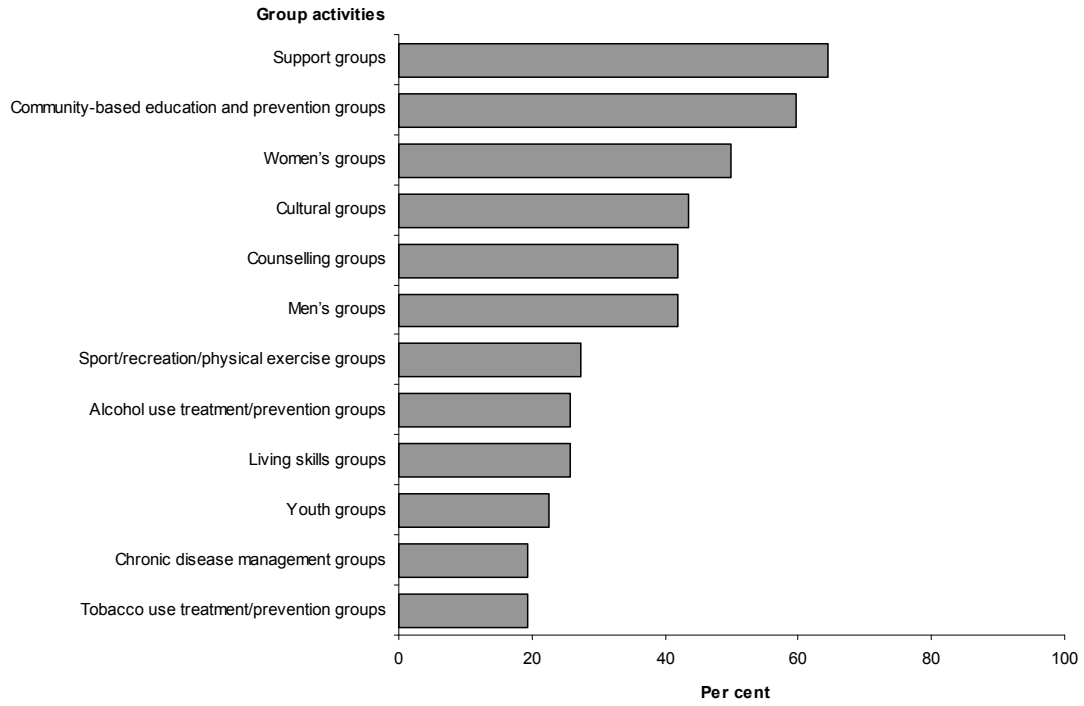


Note: 72 of the 81 respondent Bringing Them Home counselling services provided valid data about the number of client contacts.

Figure 4.14: Total estimated number of client contacts of Bringing Them Home counselling services, by remoteness, 2008–09

Group activities

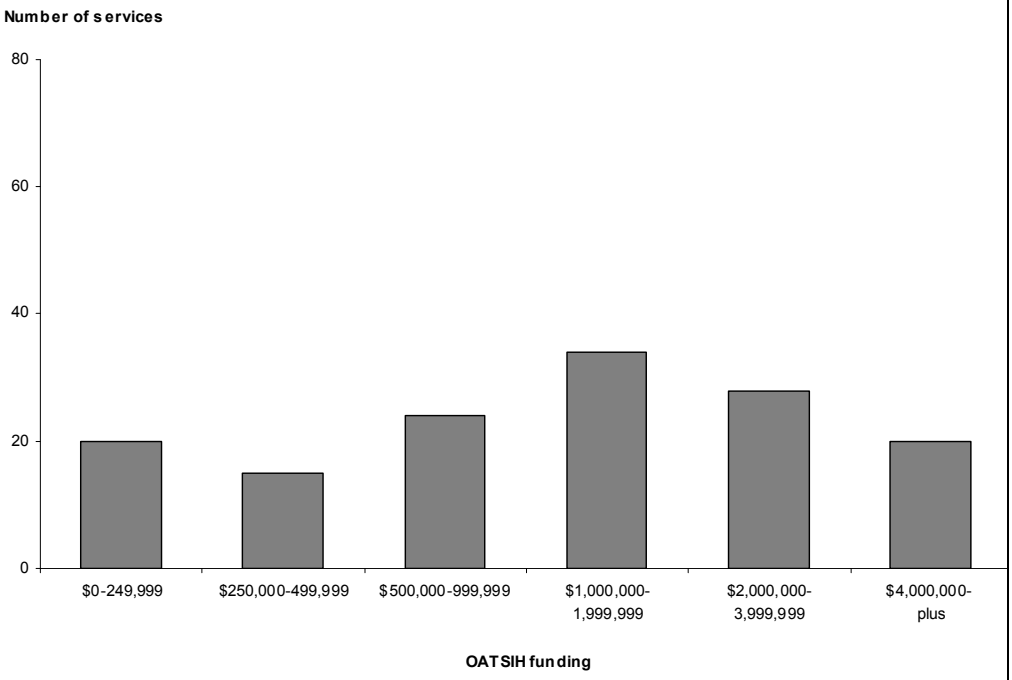
In 2008–09, 8 in 10 Bringing Them Home or Link Up services (80%) reported providing group activities. Of all services that reported providing group activities, close to two-thirds ran support groups for clients (65%). Six in 10 (60%) provided community-based education and prevention groups, and 4 in 10 (44%) ran cultural groups involving activities such as art, hunting or bush outings. Some services that provided group activities catered for specific population groups, with half of these services (50%) running a women's group, around 4 in 10 (42%) running a men's group, and around 2 in 10 (23%) running a youth group (Figure 4.15).



Note: 62 of the 81 respondent Bringing Them Home and Link Up counselling services provided information about group activities provided by the service.

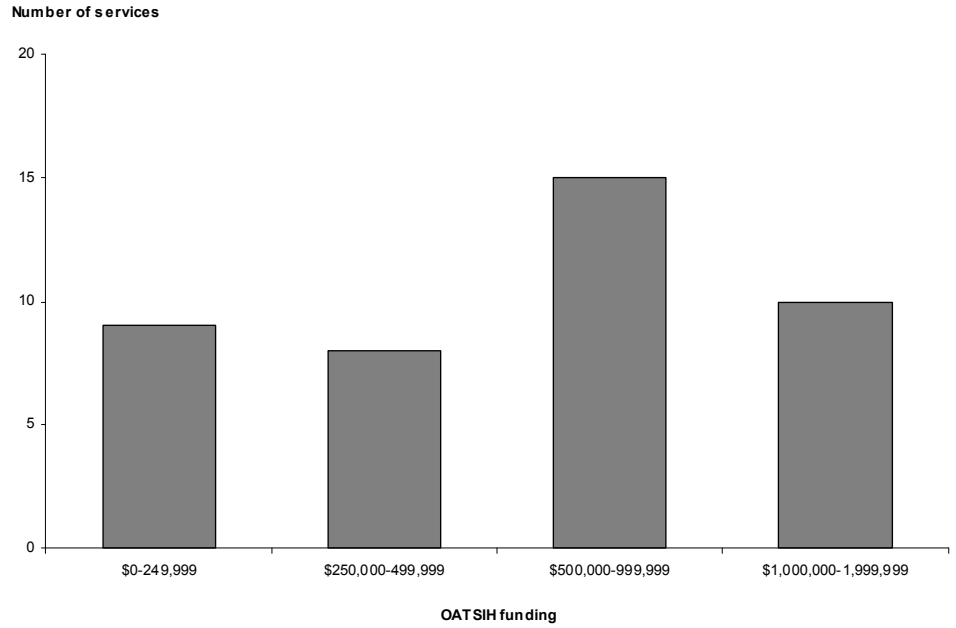
Figure 4.15: Proportion of Bringing Them Home and Link Up counselling services providing group activities, by selected activities, 2008–09

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



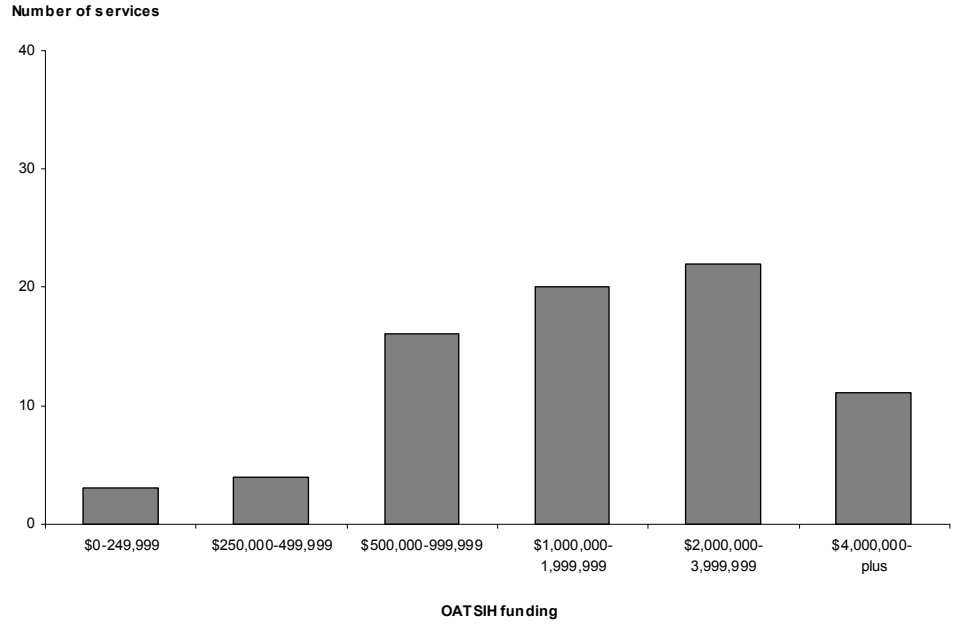
Note: Financial information was available for 141 OATSIH-funded services.

Figure A.1: Aboriginal and Torres Strait Islander primary health-care services, by level of OATSIH funding, 2008–09



Note: Financial information was available for 42 OATSIH-funded services.

Figure A.2: Aboriginal and Torres Strait Islander substance use services, by level of OATSIH funding, 2008–09



Note: Financial information was available for 76 OATSIH-funded services.

Figure A.3: Bringing Them Home counselling services, by level of OATSIH funding, 2008–09

Appendix B: Data quality and limitations

The data were collected using the OSR questionnaire, combining previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services. The OSR questionnaire contained a small number of generic questions relevant to all services, and a specific set of questions relating to each type of service.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service, and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW received a small proportion of OSR questionnaires from the services by the due date (30 September 2009), with most questionnaires being received the following month. Table B.1 shows the timing of the receipt of 2008–09 OSR questionnaires.

For services where an OSR form was outstanding, the AIHW followed up with the services to identify the causes of any delays. The AIHW also provided a helpdesk function, through an 1800 number and email, for services wanting to obtain more information about the questionnaire or the data collection process.

Table B.1: Timing of receipt by AIHW of completed 2008–09 OSR questionnaires

	Primary health care		Substance use		Bringing Them Home/ Link Up counselling	
Month received	**Number**	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**
September 2009	36	17.6	6	13.3	11	13.6
October 2009	124	60.5	26	57.8	48	59.3
November 2009	18	8.8	4	8.9	11	13.6
December 2009	16	7.8	6	13.3	7	8.6
January 2010	11	5.4	3	6.7	4	4.9
Total respondent services	**205**	**100.0**	**45**	**100.0**	**81**	**100.0**

Note: The totals for January may include a small number of completed OSR questionnaires received in early February 2010.

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

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question and divergence of data among two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

There were different numbers of services that provided data for different questions in the 2008–09 OSR. Tables B.2, B.3 and B.4 show the number of services that provided appropriate data for each question. 'Appropriate data' includes data corrected or edited after the AIHW followed up data quality problems with the individual service. This report also indicates the number of services that provided appropriate data for each question in the relevant commentary and under each graph or figure.

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

There were a number of questions for which some services that were required to answer the question were unable to provide appropriate data. Two major reasons for missing data or data with quality problems were the lack of the complete records of data held by the service or insufficient data management resources in the service to support the data collection. In these cases, some services provided estimates.

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

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

Another issue relates to misinterpretation of some questions. Some services provided inaccurate or no data at all 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 or particular questions. In some cases, where it was not possible for the service to provide correct data, AIHW staff edited the data based on further information provided by the service, or other information provided by the service in the OSR questionnaire. Data with significant and non-rectifiable quality issues have not been included in this report.

Data presented in this report, particularly for items such as client numbers, episodes of care and client contacts, are estimates of the 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: Number and proportion of Aboriginal and Torres Strait Islander primary health-care services that provided appropriate data for each 2008–09 OSR question

OSR question	Number of services	Per cent
2a. Whether service accredited	203	99.0
2b. Type of accreditation	103	50.2
3a. Use of computers	204	99.5
3b. Type of computer use	203	99.0
4a. Governing committee or board met regularly	202	98.5
4b. Income and expenditure statements presented to committee or board	178	86.8
4c. Proportion of committee or board were Aboriginal or Torres Strait Islander people	177	86.3
4d. Committee or board received training to assist in role as board member	177	86.3
5. Whether service authorised to the National Aboriginal Community Controlled Health Organisation	204	99.5
6. Episodes of health care provided	191	93.2
7. Client contacts made by each type of worker	190	92.7
8. Individual clients seen by health service	185	90.2
9a. Whether service provided care outside usual opening hours	201	98.0
9b. Type of care provided outside usual opening hours	120	58.5
10. Number and type of FTE positions for which wages/salaries paid by service	200	97.6
11a. Whether services had vacant positions	205	100.0
11b. Description of vacant positions	117	57.1
12. Number and type of FTE positions where wages/salaries were paid by another organisation	176	85.9
13a. Whether one or more clients experienced social and emotional health issues	197	96.1
13b. Type of social and emotional issues experienced by clients	192	93.7
14. Type of mental health or social and emotional wellbeing activities	199	97.1
15. Type of clinical health-related activities/population health programs/ facilitation of access to specialist support services/ screening programs/ health-related and community and hospital services provided by service	201	98.0
16. Treatment/assistance provided by service for substance use issues	183	89.3
17. Substance use services provided by service	190	92.7
18a. Groups run by service	200	97.6
18b. Types of groups run by service	180	87.8

FTE full-time equivalent

Notes

1. There were 205 respondent Aboriginal and Torres Strait Islander primary health-care services.
2. Appropriate data includes data that were corrected or edited, after follow-up with an individual service.

Table B.3: Number and proportion of Aboriginal and Torres Strait Islander substance use services that provided appropriate data for each 2008–09 OSR question

OSR question	Number of services	Per cent
2a. Whether service accredited	45	100.0
2b. Type of accreditation	8	17.8
3a. Use of computers	45	100.0
3b. Type of computer use	45	100.0
4a. Governing committee or board met regularly	45	100.0
4b. Income and expenditure statements presented to committee or board	45	100.0
4c. Proportion of committee or board were Aboriginal or Torres Strait Islander people	44	97.8
4d. Committee or board received training to assist in role as board member	45	100.0
19. Type of substance use programs provided by service	45	100.0
20a. Whether service provided care outside usual opening hours	45	100.0
20b. Types of care provided outside usual opening hours	35	77.8
21a. Clients referral sources	45	100.0
21b. Clients referred as a result of legal proceedings	41	91.1
22. Number of individual clients assistance/treatment provided to	45	100.0
23a. Number of individual clients that received residential treatment/ rehabilitation	30	66.7
23b. Clients by length of stay for residential treatment/rehabilitation	30	66.7
23c. Episodes of care for residential treatment/rehabilitation	30	66.7
23d. Residential facilities for families	30	66.7
23e. Percentage of residential clients had family members staying	12	26.7
23f. Whether waiting list for residential treatment/rehabilitation maintained	30	66.7
23g. Number of people on waiting list	20	44.4
24a. Number of individual clients that attended sobering-up and/or residential respite/short-term care programs	14	31.1
24b. Episodes of care: sobering-up/residential respite/short-term care	13	28.9
25. Number of beds/residential places	30	66.7
26a. Number of individual clients receiving non-residential/follow-up/after-care	35	77.8
26b. Episodes of care for non-residential/follow-up	29	64.4
27a. Whether the service ran any groups	45	100.0
27b. Types of groups run by service	44	97.8
28. Number and type of FTE positions for which service paid wages/ salaries	45	100.0
29a. Whether had vacant staff positions	49	100.0
29b. Description of vacant positions	14	31.1
30. Number and type of FTE positions for which wages/salaries paid by another organisation	26	57.8
31. Types of substances treatment/assistance provided for (on an individual client basis/as a targeted program)	45	100.0
32. Services to address substance use issues provided	45	100.0
33. Type of approaches used to treat substance use issues	45	100.0

(continued)

Table B.3 (continued): Number and proportion of Aboriginal and Torres Strait Islander substance use services that provided appropriate data for each 2008–09 OSR question

34a. Whether one or more clients experienced social and emotional wellbeing health issues	45	100.0
34b. Type of social and emotional wellbeing issues experienced	45	100.0
35. Type of mental health and social and emotional wellbeing activities provided by service	45	100.0

FTE full-time equivalent

Notes

1. There were 45 respondent Aboriginal and Torres Strait Islander substance use services.
2. Appropriate data includes data that were corrected or edited, after follow-up with an individual service.

Table B.4: Number and proportion of Bringing Them Home or Link Up services that provided appropriate data for each 2008–09 OSR question

Question	Number of services	Per cent
2a. Whether service accredited	81	100.0
2b. Type of accreditation	53	65.4
3a. Use of computers	81	100.0
3b. Type of computer use	81	100.0
4a. Governing committee or board met regularly	81	100.0
4b. Income and expenditure statements presented to committee or board	81	100.0
4c. Proportion of committee or board were Aboriginal or Torres Strait Islander people	80	98.8
4d. Committee or board received training to assist in role as board member	81	100.0
36. Whether service has a memorandum of understanding negotiated	78	96.3
37. Number, Indigenous status, gender, qualifications and FTE of BTH and Link Up counsellors	77	95.1
38a.Whether BTH or Link Up counsellors attended any training	78	96.3
38b. Course details of training undertaken	45	55.6
39a. Whether vacant BTH or Link Up Counsellor positions	80	25.9
39b. Description of vacant positions	21	25.9
40. Number of clients seen by BTH or Link Up Counsellors	71	87.7
41. Number of individual client contacts	72	88.9
42. Proportion of time spent on different activities	75	92.6
43a. Whether counsellors received professional supervision	77	95.1
43b. Who provided supervision	51	63.0
44. Support available to counsellors	75	92.6
45a. Whether counsellors ran any groups	78	96.3
45b. Types of groups run by counsellors	62	76.5

BTH Bringing Them Home

FTE full-time equivalent

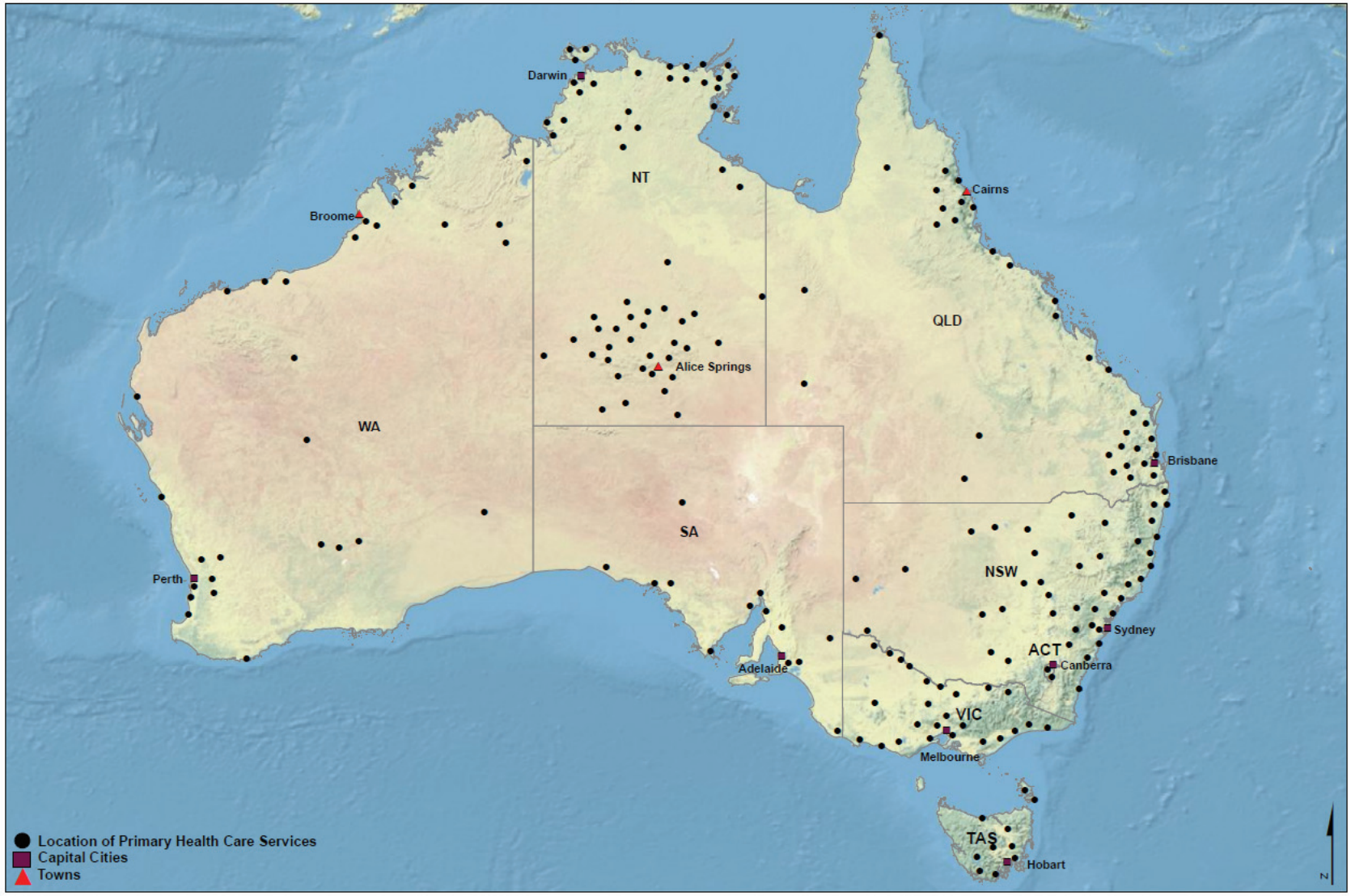
Notes

1. There were 81 respondent Bringing Them Home and Link Up counselling services.
2. Appropriate data includes data that were corrected or edited, after follow-up with an individual service.

Appendix C: Location maps

Australian Government
Department of Health and Ageing

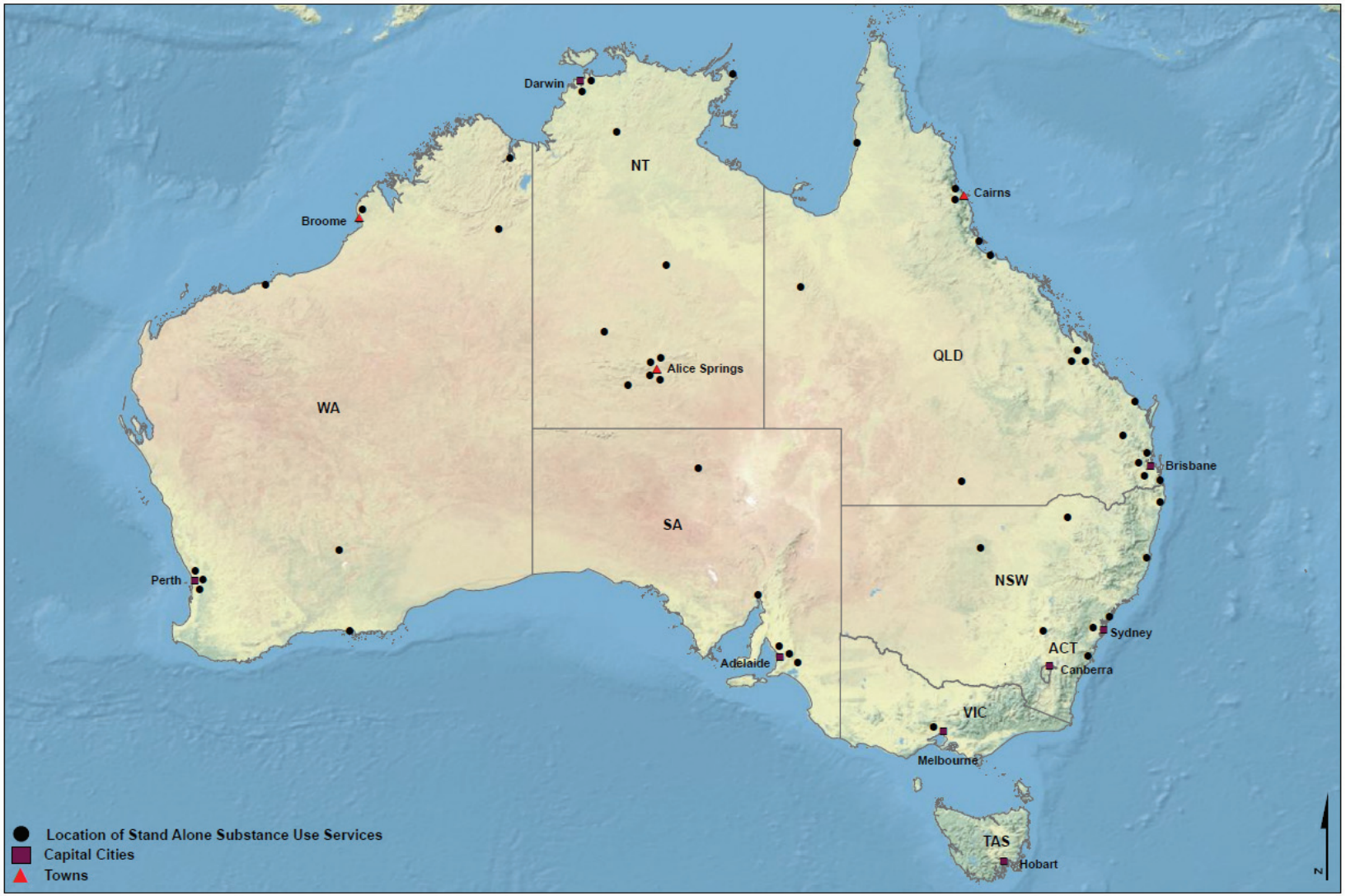
OATSIH Funded Primary Health Care Services 2008-09



Map produced by Planning & Services Reporting Section 26 March 2010

Australian Government
Department of Health and Ageing

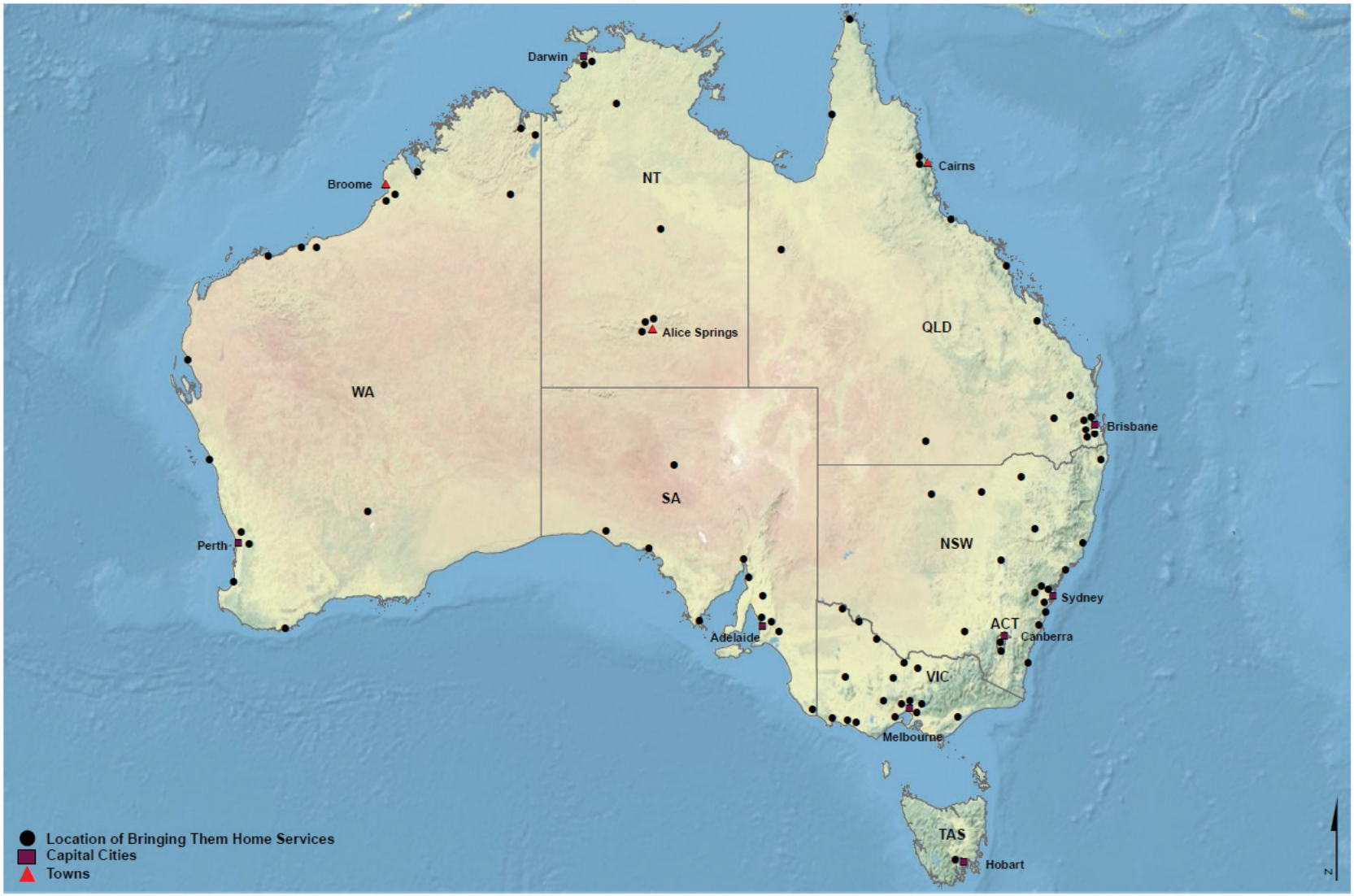
OATSIH Funded Stand Alone Substance Use Services 2008-09



Map produced by Planning & Services Reporting Section 26 March 2010

Australian Government
Department of Health and Ageing

OATSIH Funded 'Bringing Them Home' Services 2008-09



Map produced by Planning & Services Reporting Section 26 March 2010

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

Table D.1: Clinical health-care activities provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Clinical health care	Number	Per cent
Management of diabetes	178	88.6
Management of other chronic illness	173	86.1
Diagnosis and treatment of illness/disease	170	84.6
Management of cardiovascular disease	168	83.6
Immunisation and vaccination registers	160	79.6
Shared care arrangements for management of people with chronic conditions (e.g. between your service and hospitals, specialists)	156	77.6
Clinical practice guidelines utilised (e.g. Central Australian Rural Practitioners Association, diabetes guidelines)	149	74.1
Computerised medical record system	146	72.6
Service maintains health registers (e.g. chronic disease register)	146	72.6
Antenatal shared care arrangements between your service and hospital(s)	146	72.6
Keep track of clients needing follow-up (e.g. through monitoring sheets/follow-up files)	142	70.6
Discharge planning between your service and hospital(s) (e.g. provision of medicines, transport, liaison with general practitioner and family)	134	66.7
A system for formal client feed back	127	63.2
Outreach clinic services (e.g. health care at outstation visits, park clinics, satellite clinics)	111	55.2
Collection of additional data for clinical population analysis	108	53.7
Dental care (e.g. dentist/dental therapist, education)	104	51.7
Hospital inpatient visits and support	93	46.3
24-hour emergency care	62	30.8
Card system patient files	42	20.9
Interpreting services	40	19.9
Clinical services to men in custody	38	18.9
Traditional healing	36	17.9
Clinical services to women in custody	30	14.9
Bush tucker nutrition programs	30	14.9
Clinical services to youth in custody/remand	21	10.4
Bush medicine	20	10.0
Dialysis services on site	8	4.0
Other traditional health care	8	4.0

Note: N = 201

Source: OSR 2008–09 data collection.

Table D.2: Population health programs and activities provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Population health program	Number	Per cent
Health/promotion education	188	93.5
Routinely organise influenza immunisation	164	81.6
Child immunisation	162	80.6
Women's health programs	154	76.6
Routinely organise pneumococcal immunisation	152	75.6
Dietary and nutrition programs	141	70.1
Antenatal/maternal programs	140	69.7
Infectious diseases programs/education	132	65.7
Men's health programs	131	65.2
Child growth monitoring	129	64.2
Sexually transmissible infection contact tracing	123	61.2
Physical activity programs	118	58.7
Outreach health promotion	116	57.7
Healthy weight programs	106	52.7
Tobacco control programs	100	49.8
Mental health programs—adults (18+)	97	48.3
Drug and alcohol programs	95	47.3
Injury/accident prevention (e.g. domestic violence, road safety, safety in the home)	91	45.3
Advice and advocacy in relation to environmental health issues (e.g. safe water, sanitation, dog health)	84	41.8
Mental health programs—children (17 and under)	59	29.4
Work with food stores in the community to encourage healthy eating	59	29.4

Note: N = 201

Source: OSR 2008–09 data collection.

Table D.3: Screening programs provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Screening program	Number	Per cent
Pap smears/cervical screening	161	80.1
Regular age/sex appropriate well person's checks	160	79.6
Diabetic screening	156	77.6
Sexually transmissible infection screening	147	73.1
Hearing screening	144	71.6
Eye screening	138	68.7
Cardiovascular screening	133	66.2
Renal screening	109	54.2

Note: N = 201

Source: OSR 2008–09 data collection.

Table D.4: Access to specialist support services facilitated by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Facilitation of access to specialist support service	Number	Per cent
Referral to hospital and/or other specialist services	170	84.6
Arrange for free provision of medical supplies/pharmaceuticals	153	76.1
Audiologist specialist hearing services	147	73.1
Podiatrist specialist feet services	146	72.6
Optometrist specialist eye testing	146	72.6
Write scripts for pharmaceuticals	143	71.1
Ear, nose and throat specialist services	122	60.7
Ophthalmologist specialist eye services	121	60.2
Audiometrist specialist hearing services	111	55.2
Physiotherapy	105	52.2
Links with Royal Flying Doctor Service	68	33.8
Dental radiology provided by your service	45	22.4
Clinical radiology provided by your service	21	10.4

Note: N = 201

Source: OSR 2008–09 data collection.

Table D.5: Health-related and community services provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Health-related or community service	Number	Per cent
Transport (e.g. to medical appointments)	173	86.1
Involvement in committees on health (e.g. steering groups)	154	76.6
Attending medical appointments with patients to provide support	139	69.2
School-based activities	137	68.2
Centrelink advocacy and liaison	132	65.7
Cultural promotion activities	125	62.2
Community development work (e.g. assisting with formation of other Aboriginal organisations, capacity building)	121	60.2
Support for public housing issues	116	57.7
Participation in regional planning forums (e.g. under the Framework Agreements)	115	57.2
Services for people with a disability	114	56.7
Aged care	114	56.7
Funeral assistance and arrangements	104	51.7
Parenting programs	97	48.3
Palliative care (looking after people with a life-limiting illness)	93	46.3
Legal/police/prison advocacy services	85	42.3
Representation on external boards (e.g. hospital)	81	40.3
Medical evacuation services (e.g. ambulance, Royal Flying Doctor Service)	75	37.3
Homelessness support	73	36.3
Welfare services and food provision	68	33.8
Youth camps	47	23.4
Deceased transportation	42	20.9
Breakfast programs	26	12.9

Note: N = 201

Source: OSR 2008–09 data collection.

Table D.6: Client contacts provided by health staff at Aboriginal and Torres Strait Islander primary health-care services, by type of health staff, 2008–09

Professional title	Total contacts	Per cent
Nurse	832,197	31.3
Doctor	734,846	27.6
Aboriginal and Torres Strait Islander health worker	593,031	22.3
Allied health professional	126,419	4.8
Social and emotional wellbeing staff	106,212	4.0
Dentist/dental therapist	55,538	2.1
Other	51,009	1.9
Administrative support	46,678	1.8
Substance misuse worker	40,033	1.5
Dental support	39,806	1.5
Medical specialist	24,531	0.9
Sexual health worker	9,467	0.4
Traditional healer	714	0.0
Emergency	165	0.0
Total	**2,660,646**	**100.0**

Note:

1. Transport contacts are excluded from primary health client contacts.
2. 190 of the 205 respondent Aboriginal and Torres Strait Islander primary health-care services provided valid data for client contacts.

Source: OSR 2008–09 data collection.

Table D.7: Type of care provided outside usual opening hours by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Type of care outside usual opening hours	Number	Per cent
Transport	94	78.3
Transfer/admission to hospital	91	75.8
Social and emotional wellbeing/mental health	87	72.5
Diagnosis and treatment of illness/disease	73	60.8
Treatment of injury	69	57.5
Antenatal/maternal care	67	55.8
Hospital inpatient/outpatient care	37	30.8
Care in police station/lock-up prison	30	25.0
Other	29	24.2

Note: N = 120

Source: OSR 2008–09 data collection.

Table D.8: Types of groups run by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Type of group run by service	Number	Per cent
Community-based education and prevention groups	123	68.3
Women's groups	119	66.1
Living skills groups (e.g. cooking, nutrition groups)	107	59.4
Mothers' and babies' groups	105	58.3
Men's groups	102	56.7
Sport/recreation/physical exercise groups	94	52.2
Cultural groups (e.g. art, hunting, bush outings)	88	48.9
Chronic disease management groups	87	48.3
Youth groups	80	44.4
Support groups (where clients offer each other support)	68	37.8
Antenatal groups	61	33.9
Tobacco use treatment/prevention groups	51	28.3
Counselling groups (where counsellors provide treatment or guidance)	48	26.7
Alcohol use treatment or prevention groups	41	22.8
Other	23	12.8
Other substance use treatment/prevention groups	22	12.2

Note: N = 180

Source: OSR 2008–09 data collection.

Table D.9: Substance use issues treated and assisted by Aboriginal and Torres Strait Islander primary health-care services on an individual client basis, 2008–09

Issue for which treatment or assistance was provided	Number	Per cent
Alcohol	170	92.9
Tobacco/nicotine	163	89.1
Cannabis/marijuana	154	84.2
Multiple drug use (two or more drugs/substances)	88	48.1
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	74	40.4
Amphetamines (ice, speed)	63	34.4
Methadone	61	33.3
Heroin	56	30.6
Petrol	48	26.2
Morphine	46	25.1
Ecstasy/MDMA	46	25.1
Barbiturates (downers, phenobarbital, Amytal)	44	24.0
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	43	23.5
Cocaine (coke, crack)	35	19.1
LSD (acid, trips)	20	10.9
Steroids/anabolic agents	15	8.2
Kava	13	7.1
Other drugs	11	6.0

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: N = 183

Source: OSR 2008–09 data collection.

Table D.10: Substance use issues treated and assisted by Aboriginal and Torres Strait Islander primary health-care services as a specifically targeted program, 2008–09

Issue for which treatment or assistance was provided	Number	Per cent
Tobacco/nicotine	66	36.1
Alcohol	50	27.3
Cannabis/marijuana	36	19.7
Multiple drug use (two or more drugs/substances)	19	10.4
Petrol	14	7.7
Amphetamines (ice, speed)	12	6.6
Heroin	8	4.4
Methadone	7	3.8
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	7	3.8
Morphine	5	2.7
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	5	2.7
Ecstasy/MDMA	4	2.2
Barbiturates (downers, phenobarbital, Amytal)	4	2.2
Cocaine (coke, crack)	3	1.6
LSD (acid, trips)	3	1.6
Kava	3	1.6
Steroids/anabolic agents	2	1.1
Other drugs	1	0.5

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: N = 183

Source: OSR 2008–09 data collection.

Table D.11: Substance use services provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Substance use service provided	Number	Per cent
Information/education about substance use	148	77.9
Individual counselling	147	77.4
Support for clients accessing mainstream services	129	67.9
Case management of clients with substance use issues	117	61.6
Community education/activities	113	59.5
Crisis intervention	108	56.8
Tobacco control program	94	49.5
General living skills	92	48.4
Referral	88	46.3
Detoxification support and referral	82	43.2
Management of hepatitis C	80	42.1
School education and visits	79	41.6
Cultural activities	79	41.6
Telephone counselling	75	39.5
Relationship/social skills training	72	37.9
Welfare/emergency relief	65	34.2
Support groups	44	23.2
Group counselling	43	22.6
Medicated detoxification	36	18.9
Non-medicated detoxification	29	15.3
Methadone management	28	14.7
Needle exchange	24	12.6
Other	16	8.4
Mobile assistance program/night patrol	11	5.8

Note: N = 190

Source: OSR 2008–09 data collection.

Table D.12: Social and emotional wellbeing health issues experienced by clients accessing Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Social and emotional wellbeing health issue	Frequency	Per cent
Anxiety/stress	181	94.3
Depression/hopelessness/despair	173	90.1
Grief and loss issues	173	90.1
Family/relationship issues	166	86.5
Family and community violence	159	82.8
Schizophrenia or other psychotic disorder	145	75.5
Self-harm/suicide	144	75.0
Survivor of childhood sexual assault	108	56.3
Sexual assault	107	55.7
Stolen generation issues	99	51.6
Loss of cultural identity	94	49.0
Removal from homelands/traditional country	79	41.1
Issues with sexuality	73	38.0
Other	23	12.0

Note: N = 192

Source: OSR 2008–09 data collection.

Table D.13: Mental health and social and emotional wellbeing activities provided by Aboriginal and Torres Strait Islander primary health-care services, 2008–09

Mental health/social and emotional wellbeing activity	Number	Per cent
Short-term counselling	162	81.4
Family support and education	152	76.4
Workers visit clients at home for social and emotional wellbeing	141	70.9
This service regularly participates in case management with other agencies in the care of patients with mental illness	135	67.8
Visiting psychologist, psychiatrist, and/or social worker (not paid by the service) provides care at the service	121	60.8
Referral	116	58.3
Ongoing counselling programs	112	56.3
Clients with mental health problems are referred to the service from other services	106	53.3
Harm reduction and suicide prevention	90	45.2
Mental health promotion activities (e.g. youth camps, drop-in centres)	82	41.2
Outreach services to public/private psychiatric institutions	54	27.1
Other	36	18.1
None	11	5.5

Note: N = 199

Source: OSR 2008–09 data collection.

Appendix E: Statistical tables for Aboriginal and Torres Strait Islander substance use services

Table E.1: Substance use programs provided by Aboriginal and Torres Strait Islander substance use services, 2008–09

Substance use programs provided	Number	Per cent
Advocacy (contact with other agencies on behalf of clients)	35	77.8
Program for clients diverted from the legal system (e.g. courts can suspend sentence and/or release people on condition that they attend substance use treatment)	34	75.6
Community-based education and prevention	33	73.3
Non-residential counselling/rehabilitation	32	71.1
Residential treatment/rehabilitation (residential clients receive formal rehabilitation for substance use)	30	66.7
Detoxification (managed withdrawal from alcohol and/or other drugs)	13	28.9
Other	12	26.7
Mobile assistance patrol/night patrol	10	22.2
Sobering-up centre/program (clients are in residential care overnight to sober up and do not receive formal rehabilitation)	9	20.0
Residential respite (clients spend 1–7 days in residential care for respite and do not receive formal rehabilitation)	4	8.9

Note: N = 45

Source: OSR 2008–09 data collection.

Table E.2: Substance use services provided by Aboriginal and Torres Strait Islander substance use services, 2008–09

Substance use services provided	Number	Per cent
Information/education about substance use	45	100.0
Case management of clients with substance use issues	41	91.1
Individual counselling	41	91.1
General living skills	41	91.1
Cultural activities	40	88.9
Support for clients accessing mainstream services	38	84.4
Crisis intervention	36	80.0
Community education/activities	35	77.8
Group counselling	35	77.8
Relationship/social skills training	33	73.3
Support groups	33	73.3
Detoxification support and referral	29	64.4
Referral	29	64.4
Telephone counselling	28	62.2
School education and visits	26	57.8
Welfare/emergency relief	25	55.6
Management of hepatitis C	16	35.6
Medicated detoxification	15	33.3
Non-medicated detoxification	15	33.3
Tobacco control program	14	31.1
Mobile assistance program/night patrol	9	20.0
Other	8	17.8
Needle exchange	4	8.9
Methadone management	4	8.9

Note: N = 45

Sources: OSR 2008–09 data collection.

Table E.3: Substance use issues treated and assisted by Aboriginal and Torres Strait Islander substance use services on an individual client basis, 2008–09

Issues provided treatment/assistance for	Number	Per cent
Alcohol	40	88.89
Cannabis/marijuana	39	86.67
Tobacco/nicotine	34	75.56
Mutliple drug use (two or more drugs/substances)	34	75.56
Amphetamines (ice, speed)	27	60.00
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	26	57.78
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	25	55.56
Petrol	24	53.33
Heroin	21	46.67
Morphine	19	42.22
Barbiturates (downers, phenobarbital, Amytal)	19	42.22
Methadone	18	40.00
Ecstasy/MDMA	18	40.00
Cocaine (coke, crack)	15	33.33
LSD (acid, trips)	8	17.78
Steroids/anabolic agents	6	13.33
Kava	5	11.11
Other drugs	3	6.67

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: N = 45

Sources: OSR 2008–09 data collection.

Table E.4: Substance use issues treated and assisted by Aboriginal and Torres Strait Islander substance use services, as a specifically targeted program, 2008–09

Issues provided treatment/assistance for	Number	Per cent
Alcohol	41	91.1
Cannabis/marijuana	36	80.0
Multiple drug use (two or more drugs/substances)	26	57.8
Tobacco/nicotine	22	48.9
Amphetamines (ice, speed)	16	35.6
Petrol	15	33.3
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	14	31.1
Benzodiazepines (sleeping pills, Valium, Serepax, Mogadon, Rohypnol, Temazepam)	13	28.9
Heroin	12	26.7
Ecstasy/MDMA	10	22.2
Morphine	9	20.0
Cocaine (coke, crack)	9	20.0
Methadone	8	17.8
Barbiturates (downers, phenobarbital, Amytal)	8	17.8
LSD (acid, trips)	7	15.6
Other drugs	4	8.9
Kava	1	2.2
Steroids/anabolic agents	1	2.2

LSD lysergic acid diethylamide

MDMA methylenedioxymethamphetamine

Note: N = 45

Sources: OSR 2008–09 data collection.

Table E.5: Treatment approaches implemented by Aboriginal and Torres Strait Islander substance use services, 2008–09

Treatment approaches	Number	Per cent
Cultural support/involvement (e.g. bush camps, traditional healing/arts/crafts, mentor programs involving elders)	39	86.7
Abstinence (aims to help the individual to completely stop using drugs/alcohol)	38	84.4
Family/community support/involvement	37	82.2
Harm reduction (aims to reduce harm to the individual rather than reducing their substance use–includes education about safe substance use practices)	35	77.8
Religious/spiritual support	27	60.0
Controlled drinking (aims to help the individual monitor their drinking and keep their alcohol consumption within safe levels)	26	57.8
Controlled use of other substances (aims to help the individual monitor their substance use and keep their consumption within safe levels)	22	48.9
Other	10	22.2

Note: N = 45

Source: OSR 2008–09 data collection.

Table E.6: Types of care provided outside usual opening hours by Aboriginal and Torres Strait Islander substance use services, 2008–09

Type of care outside usual opening hours	Number	Per cent
Residential counselling	23	65.7
Residential group work	23	65.7
Receive referrals (admissions, assessments, referrals, etc.)	18	51.4
Non-residential counselling	15	42.9
Other	13	37.1
Group work with clients not in residential care	12	34.3
Mobile assistance patrol/night patrol	10	28.6

Note: N = 35

Source: OSR 2008–09 data collection.

Table E.7: Client referral source for Aboriginal and Torres Strait Islander substance use services, 2008–09

Referral sources	Number	Per cent
Self-referred/walk in off the street	44	97.8
Justice system/police/court	43	95.6
Family member/elder/friend	40	88.9
Hospital	36	80.0
Aboriginal Medical Service	35	77.8
Mental health service	35	77.8
Mainstream drug and alcohol service	35	77.8
Doctor	34	75.6
Mainstream community health service	33	73.3
Other	18	40.0

Note: N = 45

Source: OSR 2008–09 data collection.

Table E.8: Types of groups run by Aboriginal and Torres Strait Islander substance use services, 2008–09

Types of groups run by service	Number	Per cent
Cultural groups (e.g. art, hunting, bush outings)	40	90.9
Community-based education and prevention groups	37	84.1
Counselling groups (where counsellors provide treatment/guidance)	36	81.8
Support groups (where clients offer each other support)	36	81.8
Alcohol use treatment/prevention groups	36	81.8
Sport/recreation/physical exercise groups	35	79.5
Other substance use treatment/prevention groups	34	77.3
Men's groups	34	77.3
Living skills groups (e.g. cooking, nutrition groups)	33	75.0
Women's groups	26	59.1
Tobacco use treatment/prevention groups	20	45.5
Other	15	34.1
Youth groups	14	31.8
Chronic disease management groups	11	25.0
Mothers' and babies' groups	7	15.9
Antenatal groups	3	6.8

Note: N = 44

Source: OSR 2008–09 data collection.

Table E.9: Social and emotional wellbeing health issues experienced by clients of Aboriginal and Torres Strait Islander substance use services, 2008–09

Social and emotional wellbeing health issues	Number	Per cent
Family/relationship issues	44	97.8
Family and community violence	44	97.8
Anxiety/stress	43	95.6
Depression/hopelessness/despair	43	95.6
Grief and loss issues	43	95.6
Self-harm harm/suicide	37	82.2
Schizophrenia or other psychotic disorder	34	75.6
Survivor of childhood sexual assault	32	71.1
Loss of cultural identity	32	71.1
Sexual assault	29	64.4
Removal from homelands/traditional country	26	57.8
Stolen generation issues	25	55.6
Issues with sexuality	22	48.9
Other	4	8.9

Note: N = 45

Source: OSR 2008–09 data collection.

Table E.10: Mental health and social and emotional wellbeing activities provided by Aboriginal and Torres Strait Islander substance use services, 2008–09

Mental health or social and emotional wellbeing activities	Number	Per cent
Short-term counselling	36	80.0
Service regularly participates in case management in the care of patients with mental illness	36	80.0
Ongoing counselling programs	31	68.9
Clients with mental health problems are referred to your service from other services	31	68.9
Family support and education	29	64.4
Harm reduction and suicide prevention	27	60.0
Referral	26	57.8
Workers visit clients at home for social and emotional wellbeing	24	53.3
Visiting psychologist, psychiatrist and/or social worker (not paid by your service) provides care at your service	22	48.9
Mental health promotion activities (e.g. youth camps, drop-in centres)	19	42.2
Outreach services to public/private psychiatric institutions	12	26.7
Other	5	11.1
None	4	8.9

Note: N = 45

Source: OSR 2008–09 data collection.

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

Table F.1: Support available to Bringing Them Home and Link Up counsellors by Aboriginal and Torres Strait Islander Bringing Them Home and Link Up services, 2008–09

Support available	Number	Per cent
Peer support (work colleagues)	70	93.3
Case consulting (liaison with other workers in relation to care for the client)	67	89.3
Debriefing (counsellor receives personal support in working through difficult cases)	62	82.7
Counsellor network meetings	55	73.3
Regular meeting with clinical supervisor mentor—senior counsellor from the service	44	58.7
Telephone support available through counsellors/supervisor/mentor	43	57.3
Regular meeting with clinical supervisor mentor—senior counsellor who is based at another service	33	44.0
Regular meeting with clinical supervisor mentor—psychiatrist	15	20.0
Regular meeting with clinical supervisor mentor—general practitioner	13	17.3
Other	12	16.0

Note: N = 75

Source: OSR 2008–09 data collection.

Table F.2: Types of groups run by Bringing Them Home and Link Up counsellors at Aboriginal and Torres Strait Islander Bringing Them Home and Link Up services, 2008–09

Type of group	Number	Per cent
Support groups (where clients offer each other support)	40	64.5
Community-based education and prevention groups	37	59.7
Women's groups	31	50.0
Cultural groups(e.g. art, hunting, bush outings)	27	43.5
Counselling groups (where counsellors provide treatment/guidance)	26	41.9
Men's groups	26	41.9
Other	23	37.1
Sport/recreation/physical exercise groups	17	27.4
Living skills groups (e.g. cooking, nutrition groups)	16	25.8
Alcohol use treatment/prevention groups	16	25.8
Youth groups	14	22.6
Chronic disease management groups	12	19.4
Tobacco use treatment/prevention groups	12	19.4
Other substance use treatment/prevention groups	8	12.9
Mothers' and babies' groups	7	11.3
Antenatal groups	2	3.2

Note: N = 62

Source: OSR 2008–09 data collection.

Glossary

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

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

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

For more information, see ABS 2006.

Primary health care

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

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

Outside opening hours: 8 pm–8 am weekdays, and after 1 pm on Saturdays, 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

Substance use

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

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

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

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

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

Non-residential service: Substance use services that offer substance use treatment/

rehabilitation/education for clients predominately without the option of residing in-house

Non-residential/follow-up/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

Program: A planned, regular activity organised by the service

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

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

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

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

Bringing Them Home or Link Up

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

Client contact: Where a client has contact with a BTH or Link Up counsellor to receive care or information

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

First-generation clients: Clients that were moved from their families and communities

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

Memorandums of understanding: Agreements between services that outline agreed protocols and arrangements for referral, support and other relevant interagency issues between service for Bringing Them Home and/or Link Up clients and staff

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

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

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, <http://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, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/BD1B52D132D130E7CA2573630012F67B?opendocument>.

NSW 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, <http://www.ircst.health.nsw.gov.au/__data/assets/pdf_file/0004/67936/Rural_NSW_Allied_Health_Clinical_Supervision_Paper_Final.pdf>.

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

WHO (World Health Organization) 1986. Ottawa Charter for Health Promotion. Geneva: WHO. Viewed 17 May 2010, <http://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, <http://www.who.int/mediacentre/factsheets/fs288/en/index.html>.

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