

WHY IS THIS A HEALTH PRIORITY?

Overall, Indigenous Australians experience widespread socioeconomic disadvantage and poorer health outcomes than non-Indigenous people

(Australian Institute of Health and Welfare, 2018).

Over 7,500 Canberrans identify as Aboriginal and Torres Strait Islander

(Australian Bureau of Statistics, 2016). As part of efforts to close the gap between Indigenous and non-Indigenous people, ACT PHN is committed to ensuring Canberra's health services are accessible, culturally safe and appropriate and responsive for all Aboriginal and Torres Strait Islander people in our community. We all have a role to play in targeting risk factors at key life stages to improve health outcomes for Indigenous people in the ACT.

WHAT ISSUES HAVE WE IDENTIFIED?



High rates of mental ill health among Aboriginal and Torres Strait Islander people in the ACT.



Indigenous Canberrans experience barriers to accessing mainstream primary care services, resulting in higher risk of poorer health outcomes.



Access to culturally appropriate AOD services and resources for the Aboriginal and Torres Strait Islander community.

TARGET OUTCOMES



In striving to achieve equality of health status for Indigenous people in the ACT, improved social emotional wellbeing and **access to culturally appropriate care in the community** needs to be considered.



Improvement in primary health service provision to help break down barriers in access.



Increased support for primary health care professionals in identifying, managing and referring patients with AOD concerns.

WHAT HAS THE DATA TOLD US?



In the ACT almost one third of Aboriginal and Torres Strait Islander people reported having a high level of psychological distress which is 3.4 times higher than the non-Indigenous population (Australian Bureau of Statistics, 2013).



The ACT rate of hospitalisation for principal diagnosis of mental health related conditions is 1.9 times higher than the non-Indigenous population (ACT PHN, 2018).



Aboriginal and Torres Strait Islander people in the ACT accessed the community mental health services at a rate of 2.6 times higher than the non-Indigenous population (Australian Institute of Health and Welfare, 2014).



In the ACT, the age-standardised rate of disability or restrictive long-term health condition was almost twice as high for Indigenous Australians as for non-Indigenous Australians, 48% compared with 26% in 2014-15 (ACT PHN, 2018).



In the ACT, the age-standardised rate of hospitalisation for a principal diagnosis related to alcohol use for Aboriginal and Torres Strait Islander people was 3.5 times the rate for non-Indigenous Australians (ACT PHN, 2018).



25% of the current ACT AOD treatment population identify as Aboriginal and Torres Strait Islander (Alcohol Tobacco & Other Drug Association ACT, 2015).

WHAT HAVE STAKEHOLDERS TOLD US?



There are **difficulties around access to services when a client does not meet the eligibility requirements** and a lack of services available to those experiencing mild to moderate mental ill health.



Some Aboriginal and Torres Strait Islander patients and families experience barriers when trying to access mainstream primary health care services.



There has been a significant increase in the use of methamphetamines by Aboriginal and Torres Strait Islander people in the ACT, particularly youth.



There is a lack of culturally appropriate methamphetamine and broader AOD related resources to provide to clients.

References

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