

Part VI: Population groups

Chapter 23. Aboriginal and Torres Strait Islander young people

Chapter 24. Rural and remote residents

23. Aboriginal and Torres Strait Islander young people

The poor health of Aboriginal and Torres Strait Islander peoples is well documented. Not only do they experience poorer health outcomes than the rest of the population, but the health of Indigenous people in Australia has not improved to the same extent as that of indigenous people in other industrialised countries. For example, Indigenous Australians have significantly lower life expectancy and higher infant mortality than Maoris or Native Americans (ABS 2002a). Poor population estimates, the under-identification of Indigenous people in most routine data collections, changes in the extent to which Indigenous people self-identify and changes in coverage hamper efforts to accurately capture the health status of Indigenous Australians over time, or to compare them with other populations. Nevertheless, data from a number of different sources indicate that health and wellbeing outcomes and the burden of illness are worse for Indigenous people than for other Australians.

If significant improvements can be achieved in the health status of indigenous populations in other countries, similar outcomes should be achievable in Australia (Ring & Brown 2002). Race and ethnicity alone have little effect on health and wellbeing outcomes. However, when race and ethnicity are closely associated with socioeconomic disadvantage, they become significant influences on health and wellbeing.

The relationship between socioeconomic status and health is well established in many populations, with people in the lowest socioeconomic groups experiencing higher rates of illness and mortality. Compared with other Australians, Aboriginal and Torres Strait Islander peoples are disadvantaged on a number of socioeconomic indicators including education, employment and income. However, low socioeconomic status alone cannot explain the difference between the health of different groups in a society. A number of additional factors are thought to be important determinants of health. These include the social environment in which people live (which encompasses social connections with family members, friends and the community), the degree of inclusion or exclusion from the society, and the sense of control that people feel they have over their lives. Loss of control and feelings of hopelessness and the marginalisation and exclusion of Indigenous Australians from wider society are thought to explain, in part, the higher rates of morbidity and mortality and the higher prevalence of risk-taking behaviours among Indigenous Australians (Ring & Brown 2002).

Aboriginal and Torres Strait Islander Australians are also disadvantaged in relation to access to health and welfare services. Nearly 20% of Indigenous people live in areas classified as very remote, compared with only 1% of other Australians, and consequently they experience difficulties in physically accessing health services. In addition to these problems, a lack of trained Indigenous staff among health professionals and other workers and a lack of understanding about the knowledge and values of Indigenous people can discourage Indigenous people even in non-remote areas from accessing services that are available. For example, Indigenous people access services funded by the Medical and Pharmaceutical Benefits Schemes at much lower rates than the other Australian population, despite their much poorer health status (AIHW 2001). Further, more needs to be done to disseminate culturally appropriate material about health and healthy lifestyles to Indigenous Australians.

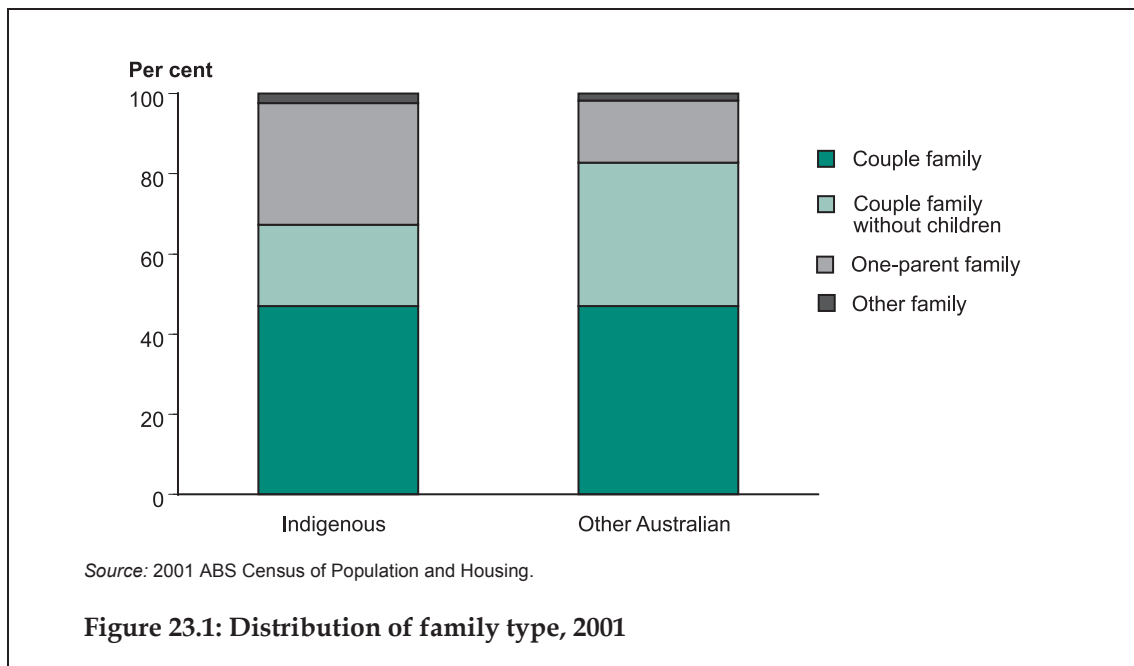
Aboriginal and Torres Strait Islander peoples suffer disadvantage at a young age and continue to be disadvantaged throughout their lives. Although children and young people also suffer from the disadvantages that affect the whole Indigenous community, problems and issues that are particularly pertinent to young people tend to affect Indigenous young people disproportionately. This chapter presents some information on the demography of Indigenous young people, and on their educational attainment and employment. Measures of health status including mortality, hospitalisations, risk factors and information about the provision of community and health services are also

presented. Data sources for this chapter come from a variety of sources including the 2001 ABS Census of Population and Housing, the reports on schooling prepared by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA), the 2001 ABS National Health Survey (NHS), other ABS publications, the AIHW National Hospital Morbidity Database, the AIHW Mortality Database and a number of community services data collections held at AIHW.

Population— an overview

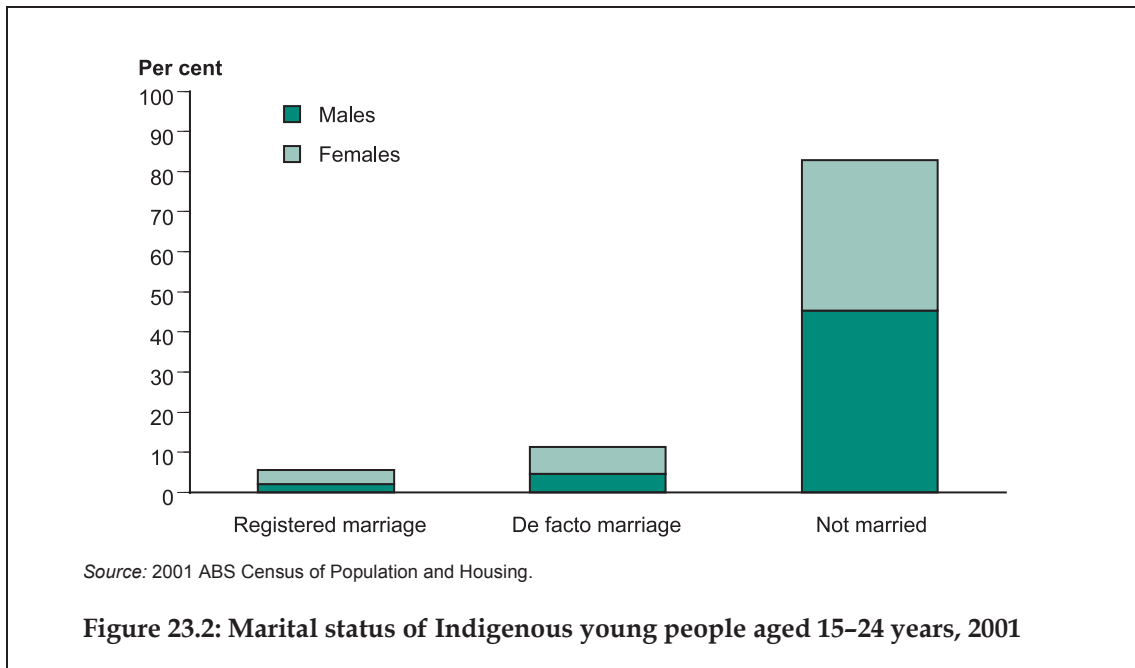
A summary of the population characteristics of Indigenous young people is presented in Chapter 2. As noted, in 2001 the Aboriginal and Torres Strait Islander population numbered 458,520, representing 2.4% of the total Australian population. Of these, 116,698 or 26% were young people aged 12–24 years. Australian Indigenous young people represent 4% of the total population of young people in Australia.

Family type



- In 2001, about the same proportion of Aboriginal and Torres Strait Islander and other Australian families were couple families with children (see Table 18.2) for the different types of couple families). However, the Indigenous population had significantly more one-parent families and significantly fewer couple families without children than other Australians.

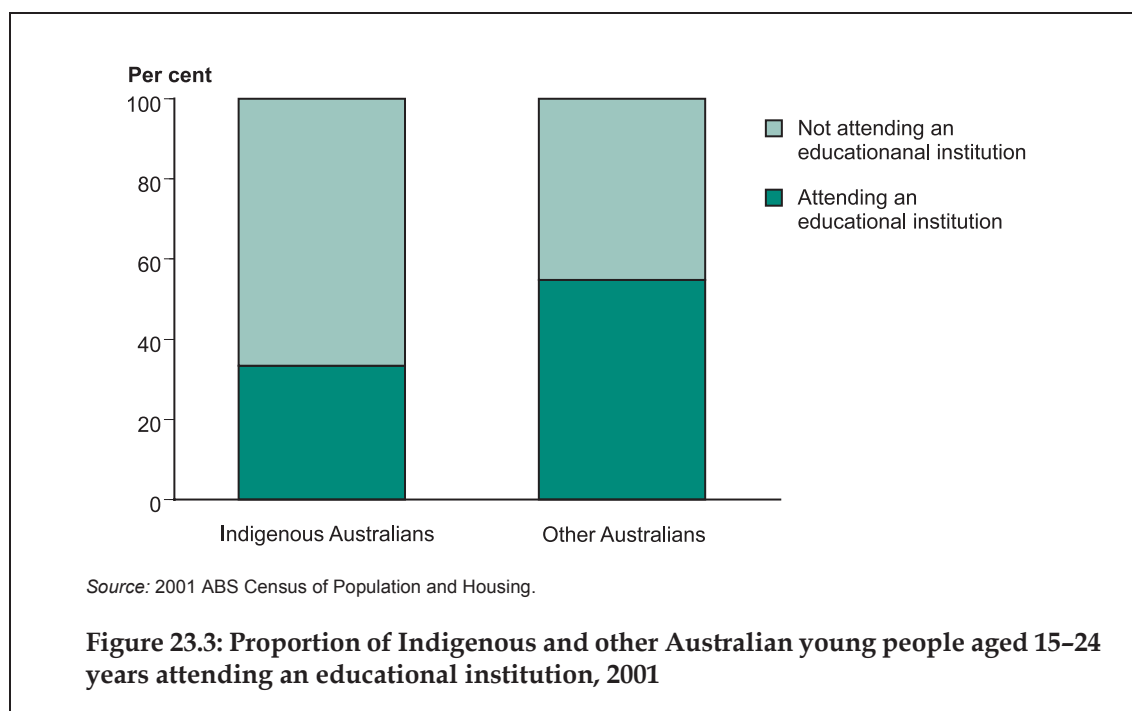
Marital status



- The majority (83%) of Aboriginal and Torres Strait Islander young people aged 15-24 years were not married – 45% were males and 38% were females.
- Around 1 in 10 young people (11%) were in a de facto relationship, and 6% were in a registered marriage. A higher proportion of females than males were in a registered marriage or a de facto relationship.

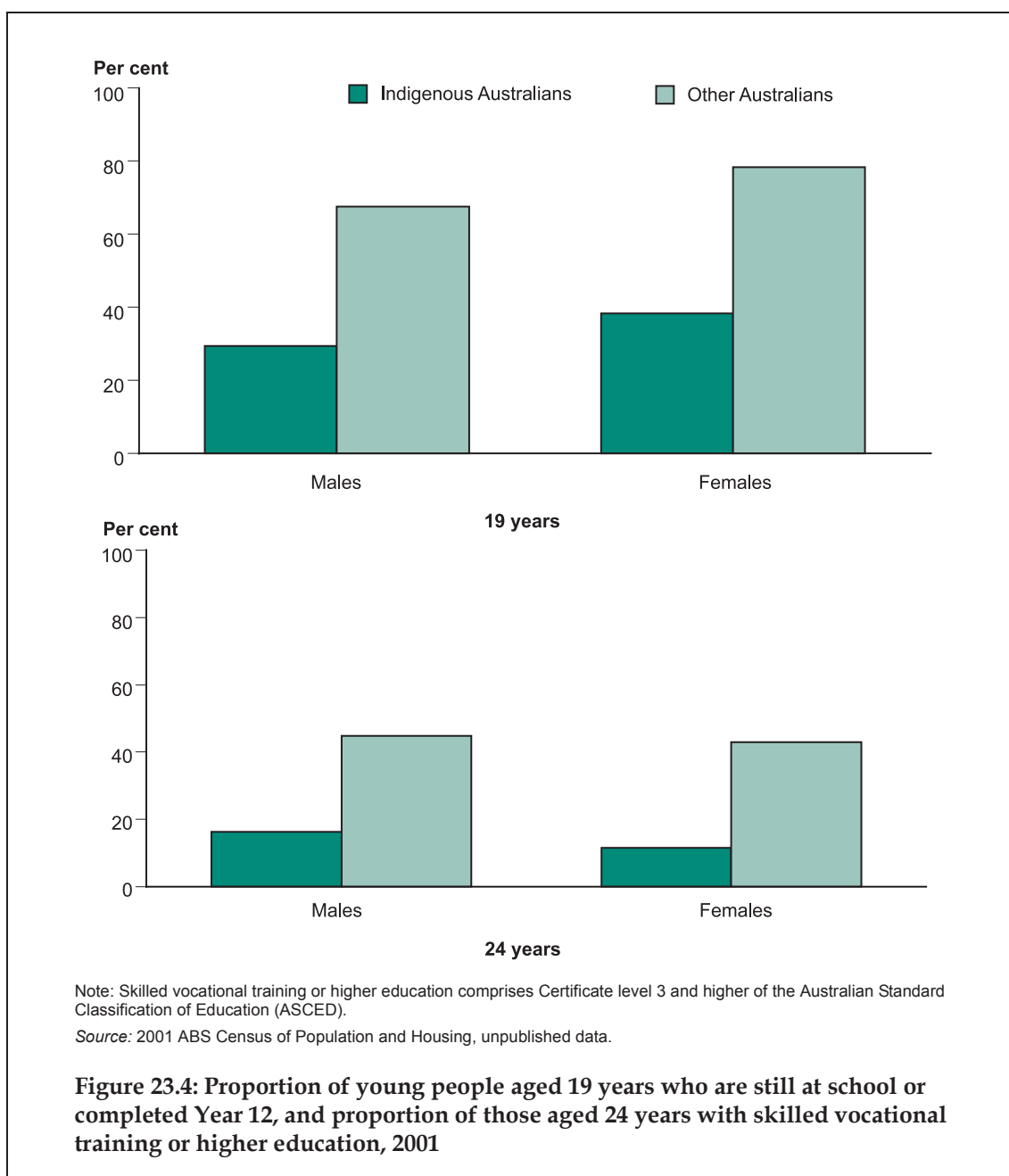
Education, income and employment

Education participation, educational attainment and mean literacy and numeracy scores are lower for Indigenous than other Australian young people.



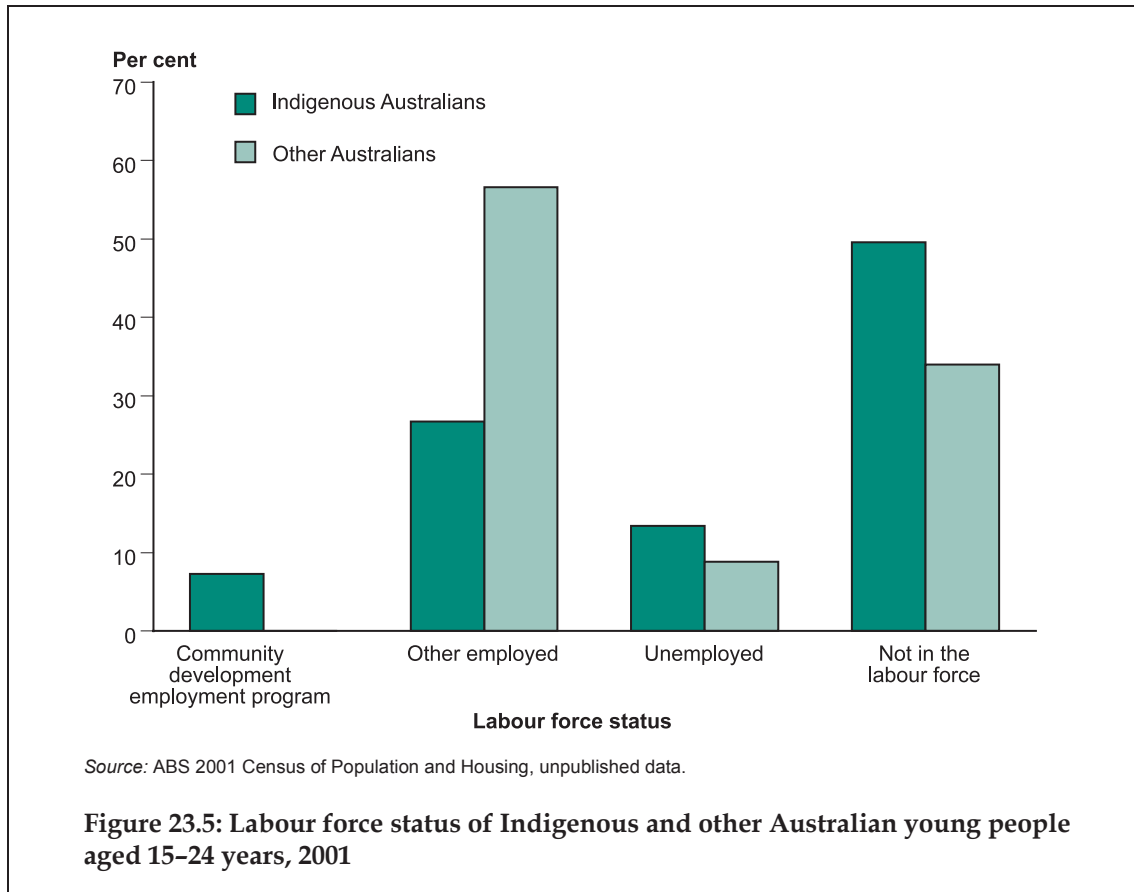
- In 2001, the proportion of young people aged 15–24 years attending an educational institution was higher among other Australian than among Aboriginal and Torres Strait Islander young people – 37% for other Australian males, compared with 20% for Indigenous males, and 39% for other Australian females, compared with 27% for Indigenous females.

Educational attainment is measured at ages 19 and 24 years by examining, in the first case, the proportion of young people aged 19 who are still at school, or who remained at school until they were aged more than 17 years, and in the second case, the proportion of young people aged 24 years who have skilled vocational training. Educational attainment levels of Aboriginal and Torres Strait Islander young people are substantially lower than those of other Australian young people on both measures (Figure 23.4).



- At age 19, the proportion of Aboriginal and Torres Strait Islander males who were still at school or who had completed Year 12 is 29% (compared with 68% of other Australian males), and for Aboriginal and Torres Strait Islander females, 38% were still at school or had completed Year 12, compared with 78% of other Australian females.
- The disparity between Aboriginal and Torres Strait Islander and other Australian young people among those aged 24 years with skills training is even greater; 45% of other Australian males, compared with 16% of Indigenous males, and 43% of other Australian females, compared with only 12% of Indigenous females.

The labour force status of Indigenous young people is shown in Figure 23.5 (definitions of participation in the labour force can be found in the glossary).



- In August 2001, Aboriginal and Torres Strait Islander young people aged 15-24 years were more likely to be unemployed than other Australian young people – 13% compared with 9%.
- Around half of Indigenous young people (50%) are not in the labour force, compared with one-third of other Australian young people (34%).
- Only about a third of Indigenous young people are employed (34%), compared with more than half of other Australian young people (57%). Of the 34% employed Indigenous young people around one fifth were in community development employment programs (CDEP) and 27% were in other employment. The CDEP programs are quite restricted in terms of training opportunities for Indigenous people.

Marked differences exist in the income earned from employment between Indigenous and other Australians aged 15-24 years (Table 23.1).

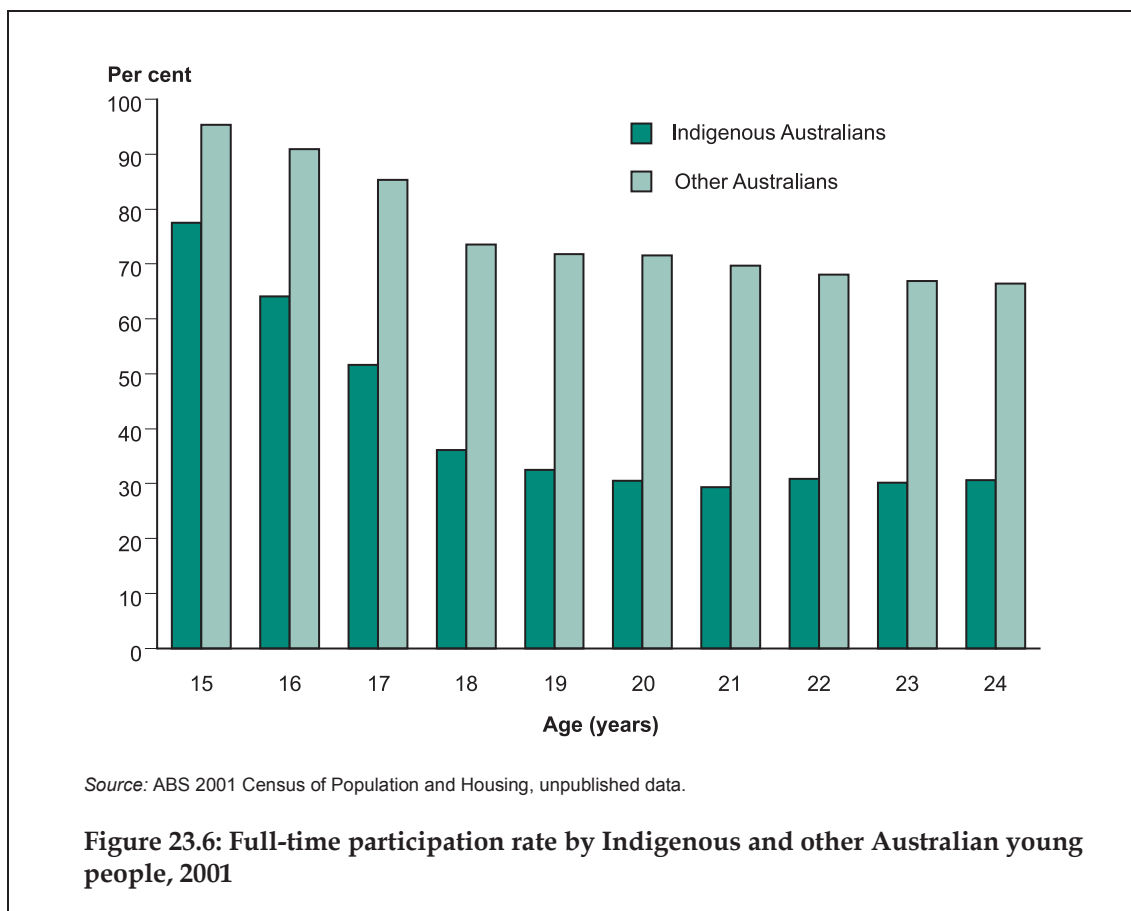
Table 23.1: Gross weekly income of Indigenous and other Australian young people aged 15–24 years, 2001

Gross weekly income	Indigenous Australians		Other Australians	
	Number	Per cent	Number	Per cent
Negative/nil income	11,578	17.4	434,462	19.3
With income	55,102	82.6	1,817,511	80.7
Total	66,680	100.0	2,251,973	100.0
Income distribution				
\$1–\$119	11,524	20.9	465,587	25.6
\$120–\$199	19,555	35.5	297,139	16.3
\$200–\$399	14,915	27.1	455,037	25.0
\$400–\$599	6,007	10.9	356,171	19.6
\$600–\$799	2,016	3.7	165,970	9.1
\$800–\$999	494	0.9	48,344	2.7
\$1,000 or more	591	1.1	29,263	1.6
Total	55,102	100.0	1,817,511	100.0

Source: ABS 2001 Census of Population and Housing, unpublished data.

- In 2001, although the proportion of young people aged 15–24 years with personal income was similar between Aboriginal and Torres Strait Islander and other Australian young people, the income distribution was different.
- Among those young people with personal incomes, other Australian young people had higher weekly incomes than Indigenous Australians – 56% of Indigenous young people had incomes of less than \$200 per week, compared with 42% of other Australian young people. The proportion of Indigenous young people who had incomes of \$400 or more per week was 17%, compared with 33% of other Australian young people.

Full-time participation rates for 2001 are shown in Figure 23.6. The full-time participation rate is the proportion of the population, at specific ages, that is in full-time education or training, or in full-time work, or in both part-time education or training and part-time work.

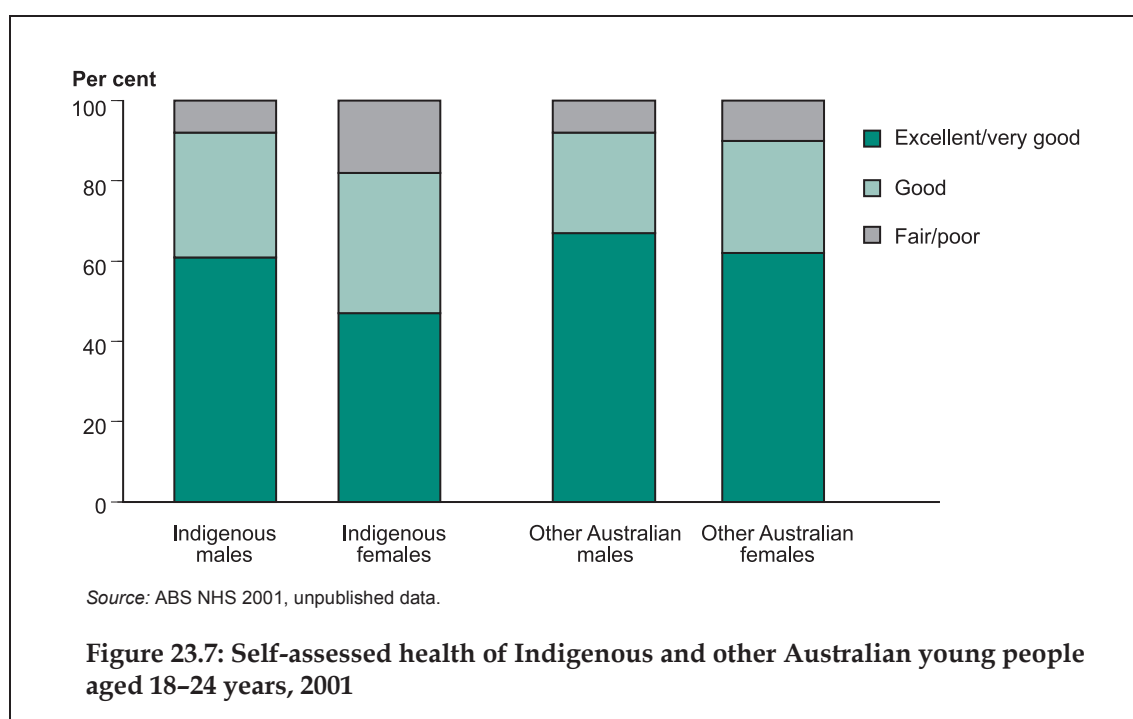


- Among Aboriginal and Torres Strait Islander and other Australian young people, the full-time participation rates are lower for those aged 20–24 than for those aged 15–19 years. However, for every age, the full time participation rate was lower for Indigenous than for other Australian young people.
- For young people aged 24 years, the full-time participation rate of other Australian young people was more than twice that of Indigenous Australians (66% compared with 31%).

Health and wellbeing

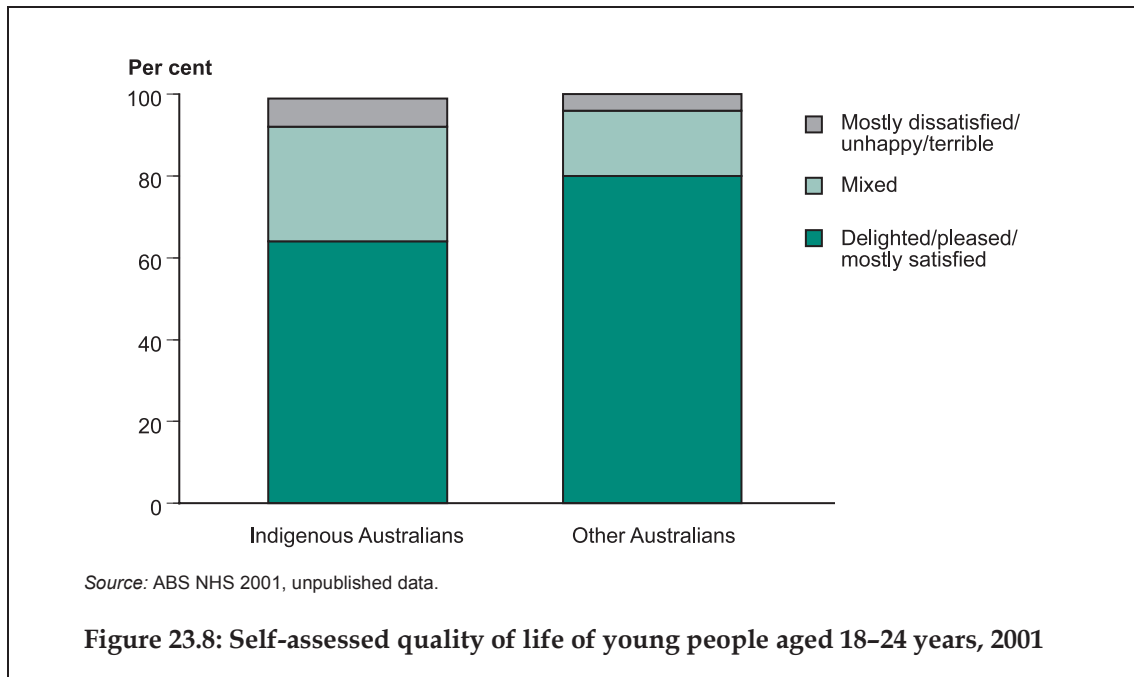
Self-assessed health status

A greater proportion of Indigenous Australians rate their health status as 'fair' or 'poor' than other Australians, and this pattern is more marked among females than males. The proportion of young people assessing their own health as 'excellent' or 'very good' is higher among other Australian young people than among Indigenous young people. It is possible that Indigenous people rate their health differently from the way other Australians do, and might be more tolerant of being sick than other Australian people. However, analysis of self-assessed health status from the 1994 National Aboriginal and Torres Strait Islander Survey (NATSI) by Cunningham and others (ABS 1997) shows that this global measure is useful in Indigenous people.



- Nearly two-thirds of other Australian young people rated their health status as 'excellent' or 'very good', compared with 54% of Aboriginal and Torres Strait Islander young people.
- A higher proportion of Indigenous young people (13%) than other Australian young people (9%) rated their health as 'fair' or 'poor'.
- A higher proportion of Indigenous females (18%) rated their health status as 'fair' or 'poor' than Indigenous males (9%), other Australian males (8%) or other Australian females (10%).

Quality of life

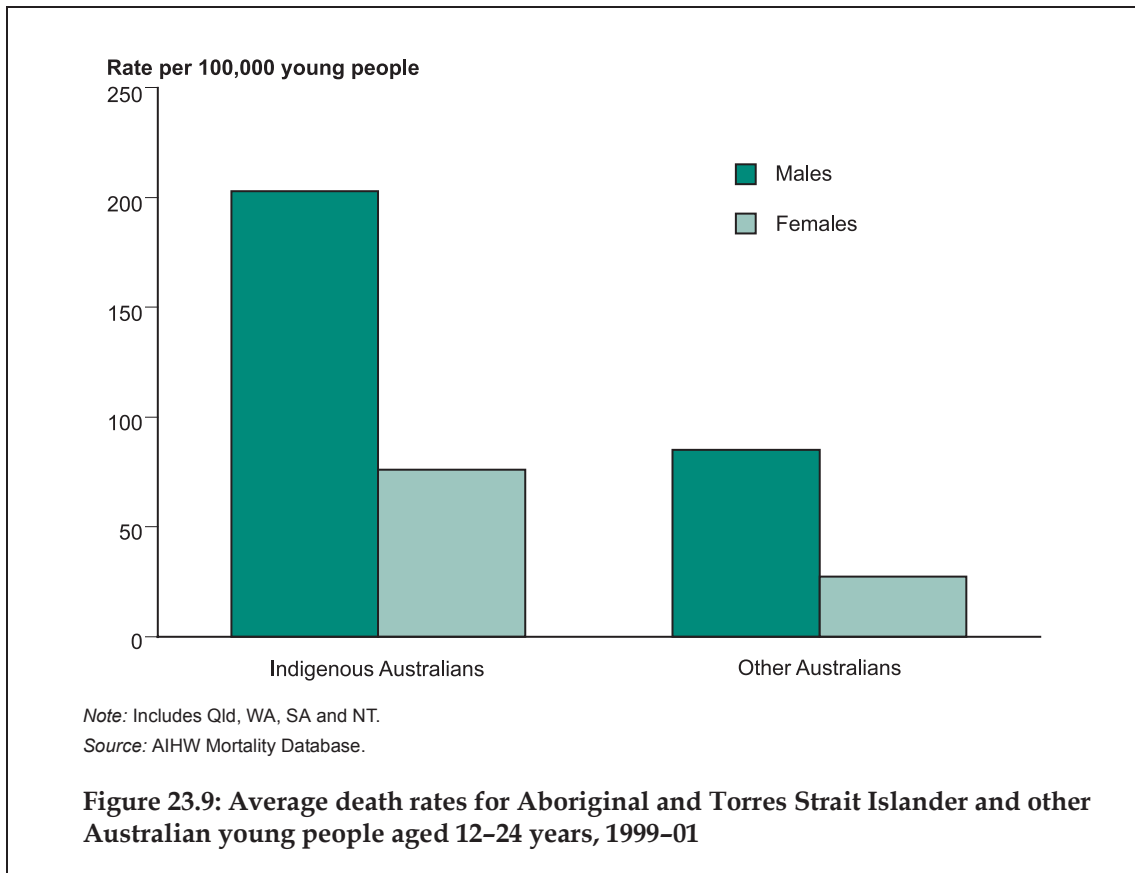


- About 80% of other Australian young people reported that they were 'delighted, pleased or mostly satisfied' with their lives, compared with 64% of Indigenous young people. A higher proportion of Indigenous young people (28%) than other Australian young people (16%) reported that they felt 'mixed' about their lives.
- A higher proportion of Indigenous young people (9%) stated that they felt 'mostly dissatisfied, unhappy or terrible' than other Australian young people (7%),

Mortality

This section provides an overview of mortality in Aboriginal and Torres Strait Islander young people. It presents information on the age distribution of deaths and the underlying causes of death by age group using the 10th Revision of the International Classification of Diseases and Related Health Problems for Mortality (ICD-10). Selected specific causes of death are also presented. Only data from Queensland, Western Australia, South Australia and the Northern Territory are presented.

Age-specific death rates



- Death rates of Aboriginal and Torres Strait Islander young people for 1999–01 were almost three times those for other Australian young people, and were heavily skewed towards males. Between 1999 and 2001 in Queensland, Western Australia, South Australia and the Northern Territory, 289 Aboriginal and Torres Strait Islander young people aged 12–24 years died. The overall death rate for Indigenous young people was 144 per 100,000, compared with 52 per 100,000 other Australian young people.
- Of the 289 Indigenous deaths among young people, 203 (70%) were of males. The death rate for Indigenous males was 2.4 the rate for other Australian males. For Indigenous females, the rate was 2.8 times that for other Australian females.

Table 23.2: Average death rates for Aboriginal and Torres Strait Islander and other Australian young people aged 12–24 years, 1999–2001

Sex	Age group	Number		Rate per 100,000 young people		Rate ratio
		Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
Males	12–14	14	82	46.9	18.5	2.5
	15–17	46	259	173.6	57.8	3.0
	18–24	143	1,096	285.5	109.2	2.6
	12–24	203	1,437	202.9	85.1	2.4
Females	12–14	11	59	38.9	14.1	2.8
	15–17	26	94	100.3	22.0	4.6
	18–24	49	343	95.1	35.5	2.7
	12–24	86	496	76.0	27.3	2.8
Total	12–24	289	1,933	143.7	52.1	2.8

Source: AIHW Mortality Database.

- The death rate increased with age for both males and females, with the highest rates for young people aged 18–24 years. However, the highest difference in mortality between Aboriginal and Torres Strait Islander and other Australian young people occurred among those aged 15–17 years, where Indigenous males died at rates 3 times those of other Australian males and Indigenous females at rates almost 5 times those of other Australian females.

Causes of death

The causes of death of Aboriginal and Torres Strait Islander young people, according to ICD-10 chapter, are presented in Table 23.3.

Table 23.3: Causes of deaths of Aboriginal and Torres Strait Islander and other Australian young people aged 12–24 years, 1999–01

Cause of death	Total number		Rate per 100,000 young people		Rate ratio
	Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
External causes of injury and poisoning	203	1,392	101.7	37.6	2.7
Diseases of the circulatory system	16	54	8.0	1.5	5.3
Diseases of the nervous system	12	77	5.8	2.1	2.8
Diseases of the respiratory system	11	20	5.4	0.5	10.8
Mental, behavioural disorders	10	65	5.1	1.8	2.8
Other conditions ^(a)	37	325	17.8	8.8	2.0
Total	289	1,933	143.7	52.1	2.8

(a) 'Other conditions' includes malignant neoplasms; symptom, signs and abnormal findings not elsewhere classified; congenital malformations, deformations and chromosomal abnormalities; certain infectious and parasitic diseases; digestive system; endocrine, nutritional and metabolic diseases; musculoskeletal system and connective tissue; genitourinary system; conditions of the eye and adnexa; ear and mastoid process; skin and subcutaneous tissue; pregnancy, childbirth and puerperium; diseases of blood and blood-forming organs and certain disorders involving the immune mechanisms; benign neoplasms and conditions originating in the perinatal period.

Note: Includes Qld, WA, SA and NT only.

Source: AIHW Mortality Database.

- For Indigenous young people, the conditions responsible for the greatest numbers of deaths were external causes of injury (203 deaths, or 101.7 per 100,000), conditions of the circulatory system (16, or 8.0 per 100,000), diseases of the nervous system (12, or 5.8 per 100,000) and respiratory system (11, or 5.4 per 100,000). These conditions were responsible for 84% of all deaths of Indigenous young people, with injury accounting for the highest proportion – 70%. Of Indigenous young people dying of injury, more than three-quarters (77%) were male.

Specific causes of death among young people aged 12–24 years are presented in Table 23.4.

Table 23.4: Most common causes of death of young people aged 12–24 years, 1999–01

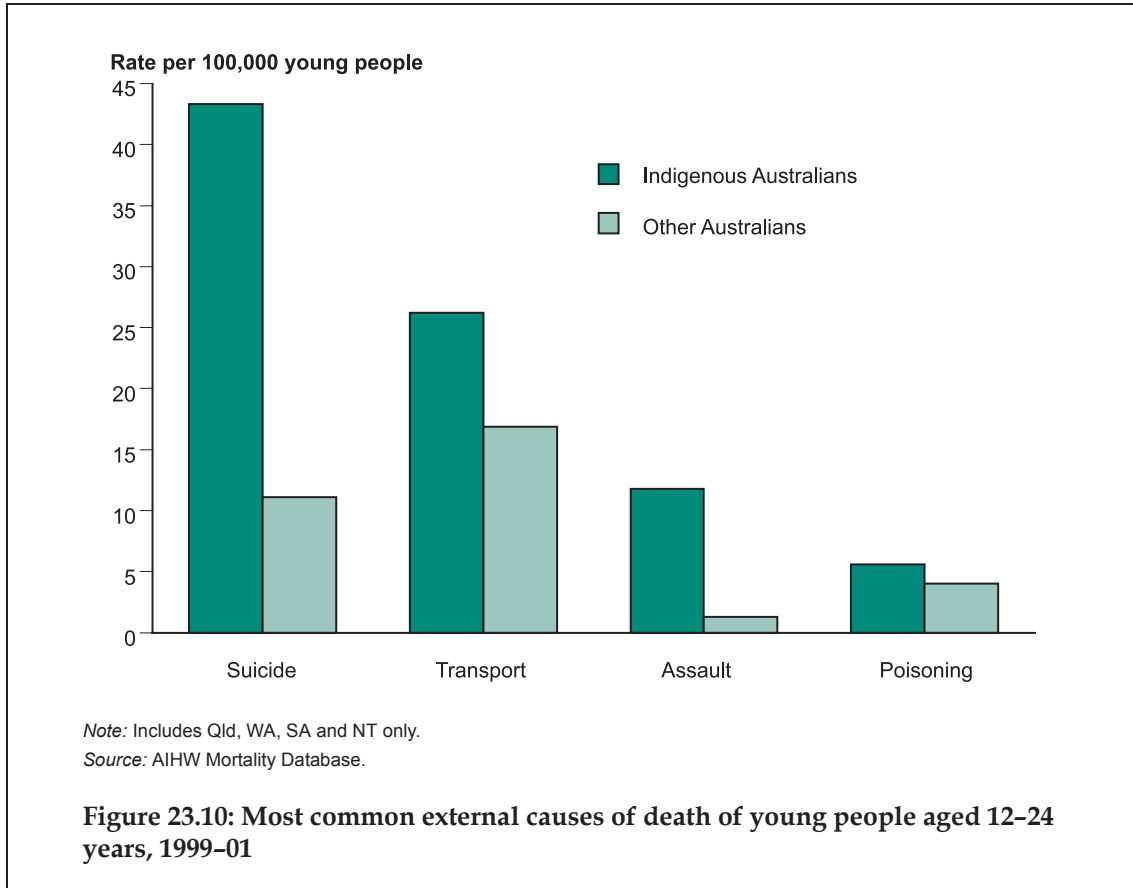
Specific cause of death	Number		Rate per 100,000 young people		Rate ratio
	Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
Intentional self-harm by hanging, strangulation and suffocation	75	236	38.1	6.4	6.0
Other accidental hanging and strangulation	11	27	5.5	0.7	7.5
Assault by sharp object	11	8	5.8	0.2	26.7
Other ill-defined and unspecified causes of mortality	7	16	3.6	0.4	8.2
Pedestrian injured in collision with car, pick-up truck or van (traffic accident)	7	41	3.4	1.1	3.1
Car occupant injured in collision with fixed or stationary object (driver in traffic accident)	7	101	3.5	2.7	1.3
Car occupant injured in collision with fixed or stationary object (passenger in traffic accident)	7	70	3.4	1.9	1.8
Car occupant injured in non-collision transport accident (passenger in traffic accident)	6	32	2.9	0.9	3.4
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	5	75	2.6	2.0	1.3
Assault by blunt object	5	4	2.6	0.1	24.2

Note: Includes Qld, WA, SA and NT only. ICD-10 codes used in order of presentation: X70, W76, X99, R99, V031, V475, V476, V486, X44 and Y00.

Source: AIHW Mortality Database.

- Between 1999 and 2001, Aboriginal and Torres Strait Islander young people aged 12–24 years were at least 6 times more likely to die from intentional self-harm (suicide) by hanging, strangulation and suffocation than from any of the other most common causes of death. The death rate for males from intentional self-harm was 4 times higher than for females (61.6 and 15.1 per 100,000, respectively).
- Young Indigenous people died from assault by sharp object at nearly 27 times the other Australian rate, and from assault by blunt object at 24 times the rate for other Australian young people.
- Transport accidents were a common cause of death for both Aboriginal and Torres Strait Islander young people and other Australian young people.

The rates for injury mortality among Aboriginal and Torres Strait Islander and other Australian young people are shown in Figure 23.10.



- Between 1999 and 2001, there were 203 deaths due to external causes of injury among Aboriginal and Torres Strait Islander young people, compared with 1,392 among other Australian young people. Deaths due to suicide, transport accidents, assault and poisoning represented 85% of all deaths due to injury among Indigenous young people and 89% among other Australian young people.
- The death rates for Indigenous young people for the period 1999–01 were 43.3 per 100,000 for suicide, 23.8 per 100,000 for transport accidents and 5.6 per 100,000 for assault. The corresponding rates among other Australian young people were 11.1, 15.1 and 1.3 per 100,000.
- Death rates for assault among Indigenous young people were 9 times higher than among other Australian young people. Suicide rates were 4 times as high, transport accident death rates 1.5 times higher, and poisoning death rates 1.4 times higher.

Illness

It is difficult to have an accurate estimate of the extent of illness among Indigenous peoples as there is no uniform approach to the way in which they interact with health services. For example, people living in rural and remote communities may have only a single health clinic or service that provides all basic clinical needs. Such a service could be a state-run clinic, regional hospital, an Aboriginal community-controlled health or substance misuse service or an Aboriginal Medical Service. Indigenous people living in urban areas may choose to use mainstream services in addition to, or instead of, Aboriginal Medical Services. Young people's choice of health services depends not only on the status of their health, but also on factors such as availability and affordability of services, distance (especially for remote communities), availability of transport, the proximity of culturally appropriate services, and the proportion of Indigenous workers in health services.

Information on the extent of illness in Indigenous young people is derived from a number of sources. These include surveys such as the Bettering the Evaluation and Care of Health (BEACH) survey of general practice, the 2001 ABS Indigenous National Health Survey, service activity reporting from Aboriginal community-controlled health services, and state and territory hospitalisation data. However, Indigenous Australians are underidentified in the mainstream sources of data, including general practice consultations and hospitalisation data. The low representation of Indigenous people in the BEACH survey may be due to lower attendance at general practice where other services exist such as Aboriginal community-controlled health services (ACCHS), the geographic distribution of general practitioners (GPs) not reflecting that of the Indigenous population. Other reasons for the lower presentation in GP attendance may be that Indigenous people are accessing hospital emergency departments instead of GPs or using other advice when needed. The service activity reporting based on the Aboriginal community-controlled health services are at a level of aggregation that makes establishing rates for particular illnesses impossible. The information presented in this section, therefore, is based only on the 2001 ABS Indigenous NHS and hospitalisation statistics.

The prevalence of long-term conditions in young people aged 15–24 years from the ABS NHS is shown in Table 23.5.

Table 23.5: Proportion of Indigenous and other Australian young people aged 15–24 years with selected long-term conditions, 2001 (per cent)

Long-term conditions	Indigenous Australians	Other Australians
Diseases of the respiratory system	31.0	33.0
Diseases of the eye and adnexa	22.0	30.0
Diseases of the musculoskeletal system and connective tissue	19.0	19.0
Symptoms, signs and conditions not elsewhere classified	9.0	11.0
Diseases of the ear and mastoid	13.0	5.0
Diseases of the nervous system	10.0	8.0
Other diseases and conditions ^(a)	13.0	13.0
Total persons who reported a long-term condition ^(b)	65.0	71.0
Total persons who did not report a long-term condition	35.0	29.0
Total	100	100
Total persons who reported a long-term condition ('000)	52	1,783

(a) Includes diseases of the circulatory, digestive and genitourinary systems and diseases of the skin and subcutaneous tissue, endocrine, nutritional and metabolic diseases; congenital malformations, deformations and chromosomal abnormalities; and infectious and parasitic diseases.

(b) Components may not add to total as persons may have reported more than one type of condition.

Source: ABS 2001.

- Just under two-thirds of Indigenous young people aged 15–24 years were reported to have a long-term medical condition.
- Diseases of the respiratory system (including asthma) were the most frequently reported long-term condition (31%), followed by diseases of the eye (22%) and musculoskeletal system and connective tissue (19%).
- Diseases of the ear and nervous system were also common and accounted for 13% and 10% of all long-term conditions, respectively.

Hospitalisations

Hospitalisation rates can be used as an indicator of the level of serious illness in the community, although they can be affected by access and admission practices. However, Aboriginal and Torres Strait Islands peoples are underidentified in these data. True hospitalisation rates for Indigenous young people are likely to be greater than those presented in this section.

Hospitalisation rates for Indigenous young people aged 12–24 years are presented in Table 23.6.

Table 23.6: Hospitalisation rates for Aboriginal and Torres Strait Islander and other Australian young people, 2000–01

	Age (years)	Number		Rate per 100,000 young people		Rate ratio
		Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
Males	12–14	1,262	34,320	7,514.6	8,689.6	1.0
	15–17	1,464	43,768	9,801.2	10,955.6	1.0
	18–24	4,214	123,843	15,380.1	13,615.0	1.1
Females	12–24	6,940	201,931	12,242.9	11,846.0	1.0
	12–14	1,242	26,207	7,767.4	6,951.1	1.2
	15–17	3,360	49,261	23,174.0	12,893.6	1.9
	18–24	12,022	216,292	43,708.4	24,588.4	1.8
Persons	12–24	23,564	493,691	21,379.7	14,746.1	1.4

Source: AIHW National Hospital Morbidity Database.

- In 2000–01, there were 23,564 hospitalisations of Aboriginal and Torres Strait Islander young people aged 12–24 years. Of these, 65% were of females. The reason for the high proportion of hospitalisations for females is the large number of hospitalisations for pregnancy, childbirth and the puerperium (the period between childbirth and the return of the uterus to its normal size). Hospitalisation for pregnancy and child birth accounted for over half of all Indigenous female hospitalisations, compared with 31% of other Australian female hospitalisations.
- While the hospitalisation rate for young Indigenous males was similar to young other Australian males, hospitalisations rates for young Indigenous females were 1.7 times those for young other Australian females.

Causes of hospitalisations

Hospitalisation rates for Aboriginal and Torres Strait Islander young people are presented by diagnosis according to ICD-10-AM chapter (Table 23.7).

Table 23.7: Reasons for hospitalisations of young people aged 12–24 years, 2000–01

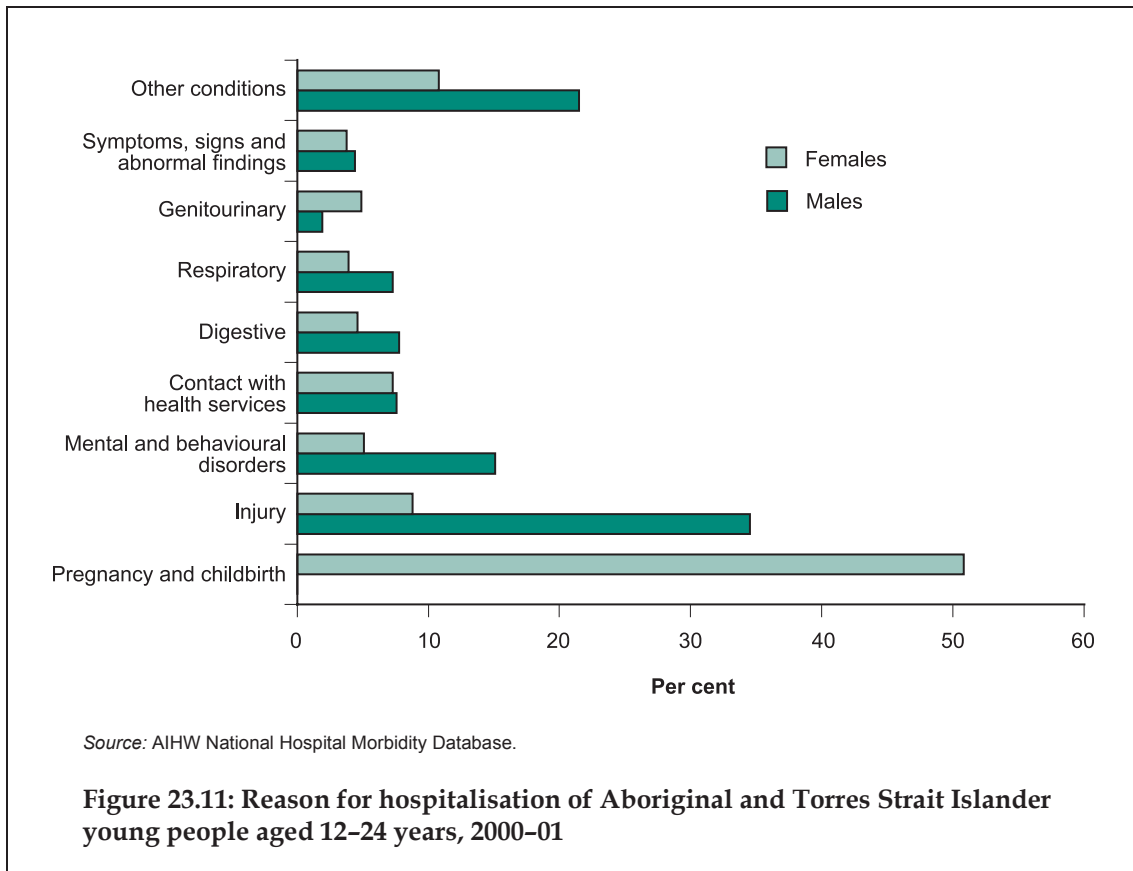
Principal diagnosis	Number		Rate per 100,000 young people		Rate ratio
	Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
Pregnancy and childbirth	8,445	93,173	7,880.7	2,777.2	2.8
Injury and poisoning	3,854	75,463	3,447.2	2,256.2	1.5
Mental and behavioural disorders	1,892	40,809	1,757.2	1,218.6	1.4
Contact with health services	1,742	35,860	1,600.5	1,070.8	1.5
Digestive system	1,301	73,854	1,177.6	2,206.1	0.5
Respiratory system	1,152	28,998	979.0	867.4	1.1
Genitourinary system	947	25,485	860.9	760.6	1.1
Symptoms signs and abnormal findings	942	25,461	823.9	760.8	1.1
Skin diseases	888	15,020	763.9	449.2	1.7
Musculoskeletal system	543	25,164	471.2	751.8	0.6
Infectious and parasitic diseases	413	9,482	352.3	283.5	1.2
Nervous system	259	6,729	231.3	201.2	1.1
Circulatory system	257	4,640	227.5	138.6	1.6
Ear diseases	236	3,085	184.8	92.5	2.0
Endocrine, nutritional and metabolic diseases	209	6,422	180.4	192.1	0.9
Neoplasms	204	11,842	178.8	354.1	0.5
Other conditions	280	12,204	242.1	365.3	0.7
Total	23,564	493,691	21,379.7	14,746.1	1.4

Note: 'Other conditions' include diseases of the blood and blood-forming organs, congenital malformations, diseases of the eye and perinatal conditions.

Source: AIHW National Hospital Morbidity Database.

- Aboriginal and Torres Strait Islander young people were hospitalised most often for pregnancy and related conditions, at a rate of 2.8 times that of other Australian young people.
- Other conditions for which Indigenous young people were hospitalised at a higher rate than other young Australians include diseases of the ear (2 times as high), circulatory system (1.6 times as high), skin diseases (1.7 times as high), injury and poisoning (1.5 times as high) mental illness (1.4 times as high) and infections (1.2 times as high).

The reasons for hospitalisations differed by sex (Figure 23.11).



- Hospitalisations for pregnancy and childbirth, injury, mental health problems and digestive and respiratory system diseases accounted for 70% all hospitalisations of Indigenous young people.
- Pregnancy-related complications accounted for 51% of all hospitalisations among females. The main conditions leading to pregnancy-related hospitalisations were maternal care related to foetus and possible delivery problems (26%), complications of labour and delivery (25%), pregnancy with an abortive outcome (12%) and other maternal disorders related to the pregnancy (7%).
- Injury accounted for 16% of all hospitalisations. The main reasons for hospitalisation for injury were assault (29%), falls (13%), exposure to inanimate mechanical forces (13%), transport accidents (13%), complications of medical and surgical care (7%) and intentional self-harm (7%). Most of the injuries were head (31%), wrist and hand (13%), elbow and forearm (10%) and knee and leg (7%) injuries.
- The self-inflicted injury hospitalisation rate was 1.2 to 2.5 times as high among Indigenous females than males depending on age group. The rates were also between 1.2 to 1.7 times as high among Indigenous than other Australian males and females.
- Mental health problems accounted for 8% of all hospitalisations. The main causes (accounting for 93% of mental and behavioural disorder hospitalisations) were mental and behavioural disorder due to psychoactive substance use (33%), schizophrenia (33%), mood (affective) disorders (14%) and neurotic stress-related disorders (13%).

Table 23.8: Hospitalisation rates for Aboriginal and Torres Strait Islander and other Australian young people aged 12–24 years, by most frequent specific diagnoses, 2000–01

	Diagnosis	Number		Rate per 100,000 young people		Rate ratio
		Indigenous Australians	Other Australians	Indigenous Australians	Other Australians	
Males	Pneumonia, unspecified	122	727	206.3	42.7	4.8
	Cutaneous abscess, furuncle and carbuncle of limb	118	544	199.6	31.9	6.3
	Paranoid schizophrenia	112	1,041	189.4	61.1	3.1
	Schizophrenia, unspecified	95	1,480	160.7	86.9	1.8
	Acute appendicitis, unspecified	91	3,298	153.9	193.5	0.8
Females	Medical abortion, complete or unspecified, without complication	469	14,101	808.7	860.5	0.9
	Second degree perineal laceration during delivery	369	5,220	636.3	318.5	2.0
	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium	327	3,171	563.9	193.5	2.9
	Preterm delivery	275	1,351	474.2	82.4	5.8
	First degree perineal laceration during delivery	263	3,667	453.5	223.8	2.0

Note: ICD-10-AM codes in order of presentation: J18.9, L02.4, F20.0, F20.9, K35.9, O04.9, O70.1, O99.8, O60, O70.0. ICD-10-AM codes excluded from the analysis were: Z49.1 extracorporeal dialysis (7,186 hospitalisations) and O80 single spontaneous vaginal deliveries (9,376 hospitalisations)

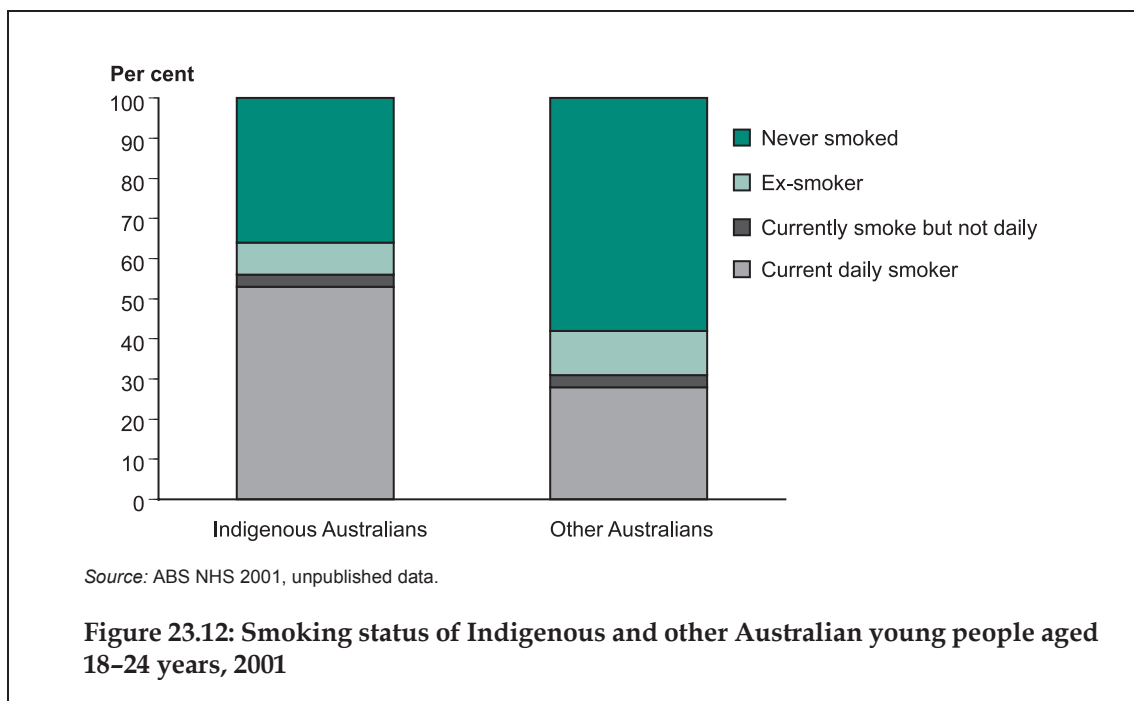
Source: AIHW National Hospital Morbidity Database.

- In 2000–01, the most common diagnoses for hospitalisation of young Aboriginal and Torres Strait Islander males aged 12–24 years were pneumonia, cutaneous abscess and paranoid schizophrenia.
- Medical abortion was the most common specific diagnosis for Aboriginal and Torres Strait Islander females, followed by perineal laceration and other pregnancy-related complications including preterm delivery. Hospitalisations for preterm delivery were 6 times higher among Indigenous than other Australian young females.

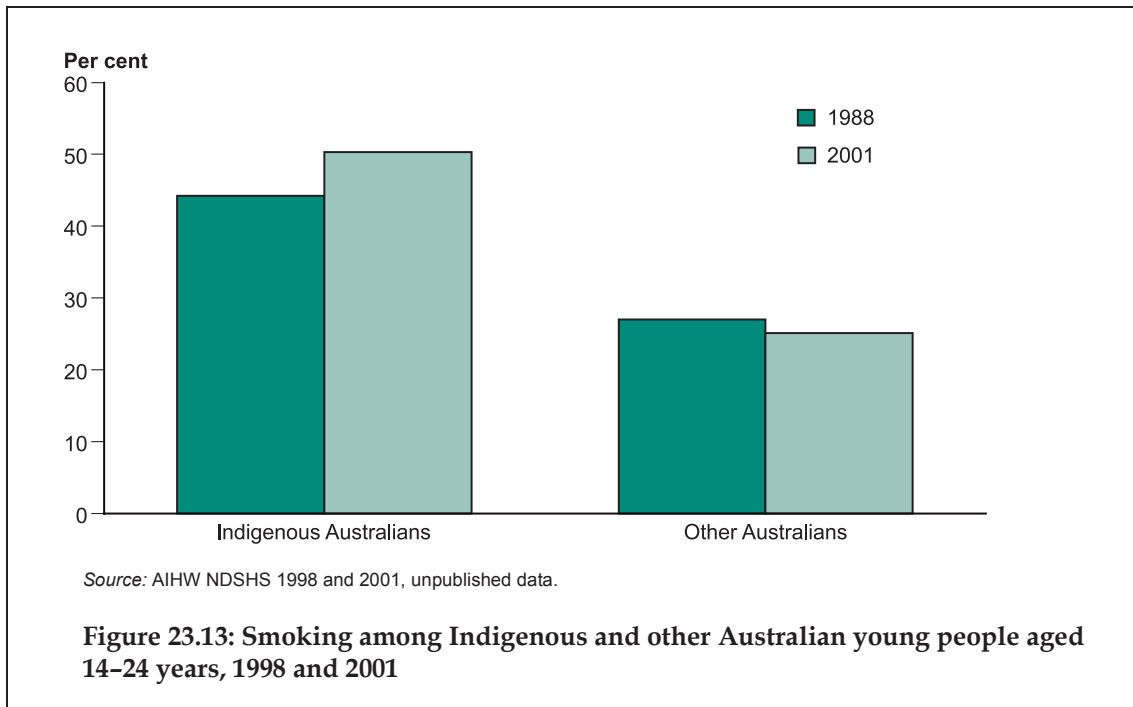
Behavioural risk factors

This section covers a number of selected risk factors such as smoking, alcohol and drug consumption, dietary behaviour and the level of obesity. Most of these data are derived from the 2001 ABS NHS or the National Drug Strategy Household Survey (NDSHS). There are data limitations associated with comparing Indigenous and other Australian people from the 2001 NHS and the NHS Indigenous component (NHS(I)). Because the NHS was conducted over a 10 month period and the NHS(I) was conducted over a 6 month period, seasonal effects may be exaggerated for the NHS(I) sample. Therefore, reported differences between the two populations should be interpreted with caution.

Smoking

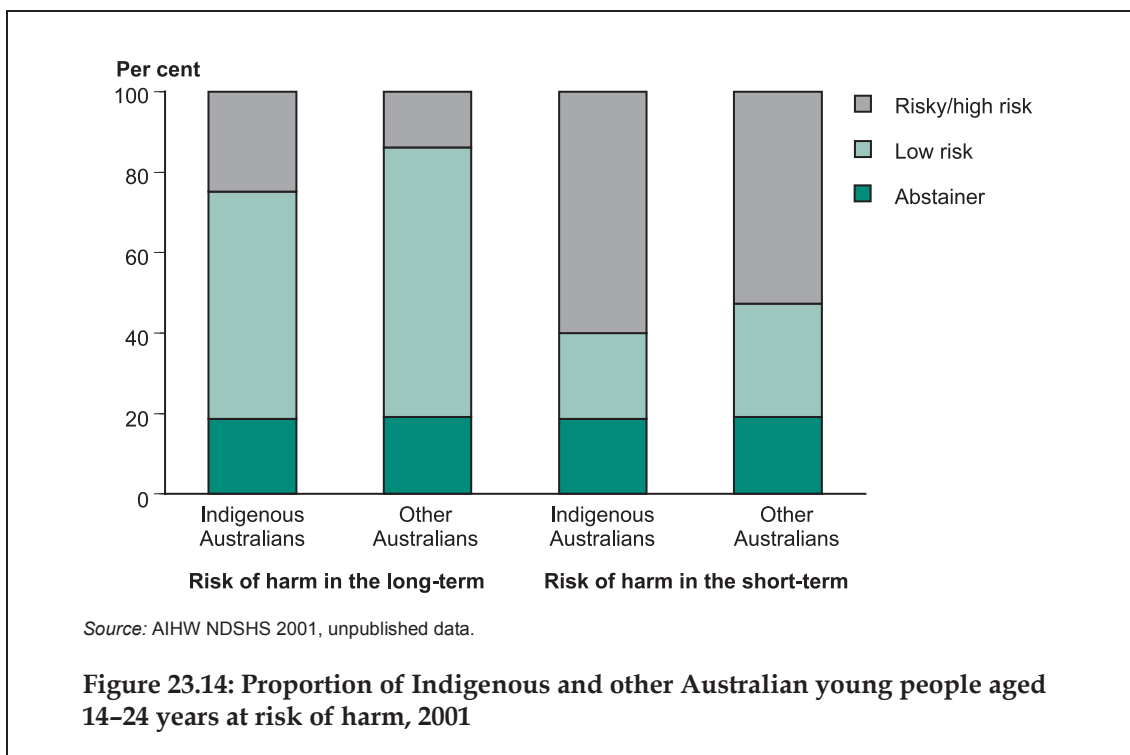


- More than half of Indigenous young people aged 18-24 years are current daily smokers – 53%, compared with 28% of other Australian young people. Only 35% of Indigenous young people have never smoked, compared with 60% of other Australian young people.



- In 2001, the proportion of Indigenous young people aged 14-24 years who were current smokers increased to 50% from 44% in 1998, whereas the proportion among other Australians of the same age group decreased slightly.

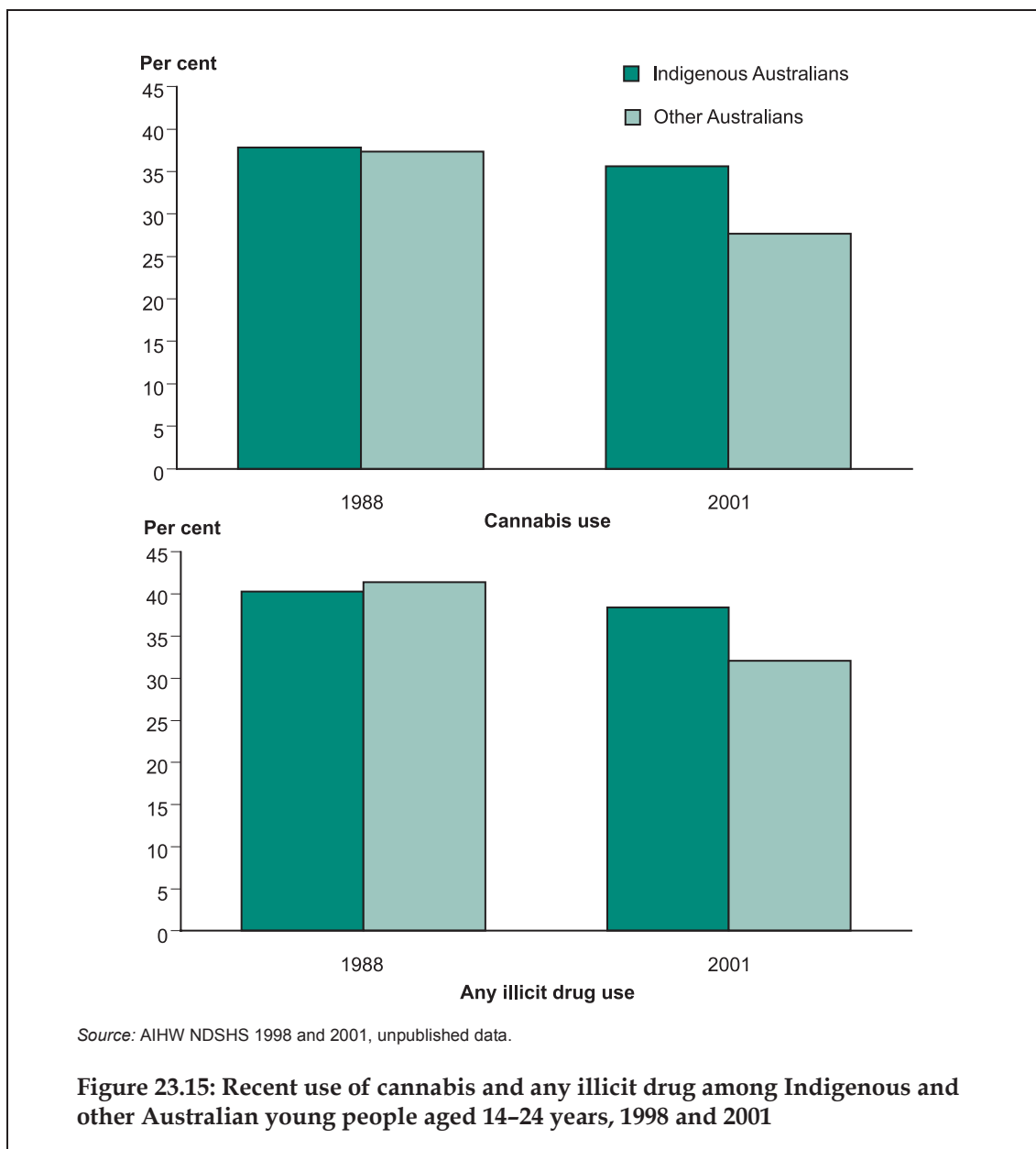
Alcohol consumption



- In 2001, one-quarter of Indigenous young people drank at levels considered to be at high risk over the long term, compared with 14% of other Australian young people.
- A slightly higher proportion of Indigenous than other Australian young people drank alcohol at levels considered to be high risk in the short term (60% compared with 53%).

Use of illicit drugs

The use of illicit drugs by Indigenous young people is shown in Figure 23.15.

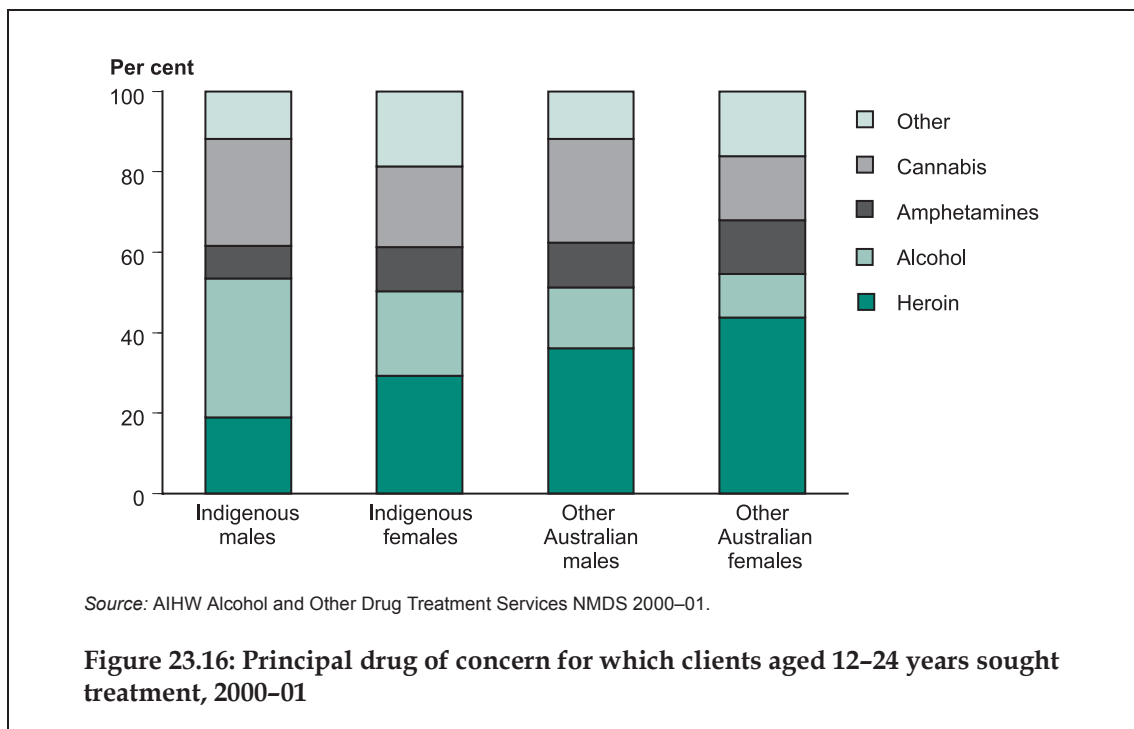


- In 1998, similar proportions of Indigenous (38%) and other Australian (37%) young people reported that they used cannabis recently (in the last 12 months). However, although the proportion of other Australian young people using cannabis declined to 28% in 2001, there was no decline in recent cannabis use among Indigenous young people (39% in 1998, compared with 38% in 2001).
- Similarly, between 1998 and 2001, recent use of any illicit drug declined from 41% to 32% among other Australian young people, whereas the decline in the reported recent use of any illicit drug among Indigenous young people was very small – 40% in 1998 to 38.4% in 2001.

Drug and alcohol services

In 2000–01, a total of 16,232 young people aged 12–24 years used drug and alcohol services. Of these, 2,257 or 9% were Aboriginal or Torres Strait Islander young people. More Indigenous males (1,463 or 65%) than females used the services. Of Indigenous young people using the services, 66% were aged 18–24 years. These numbers are likely to be an underestimate of the total number of Indigenous people using the services, as these data do not cover Aboriginal community-controlled health services, many of which offer drug and alcohol treatment facilities.

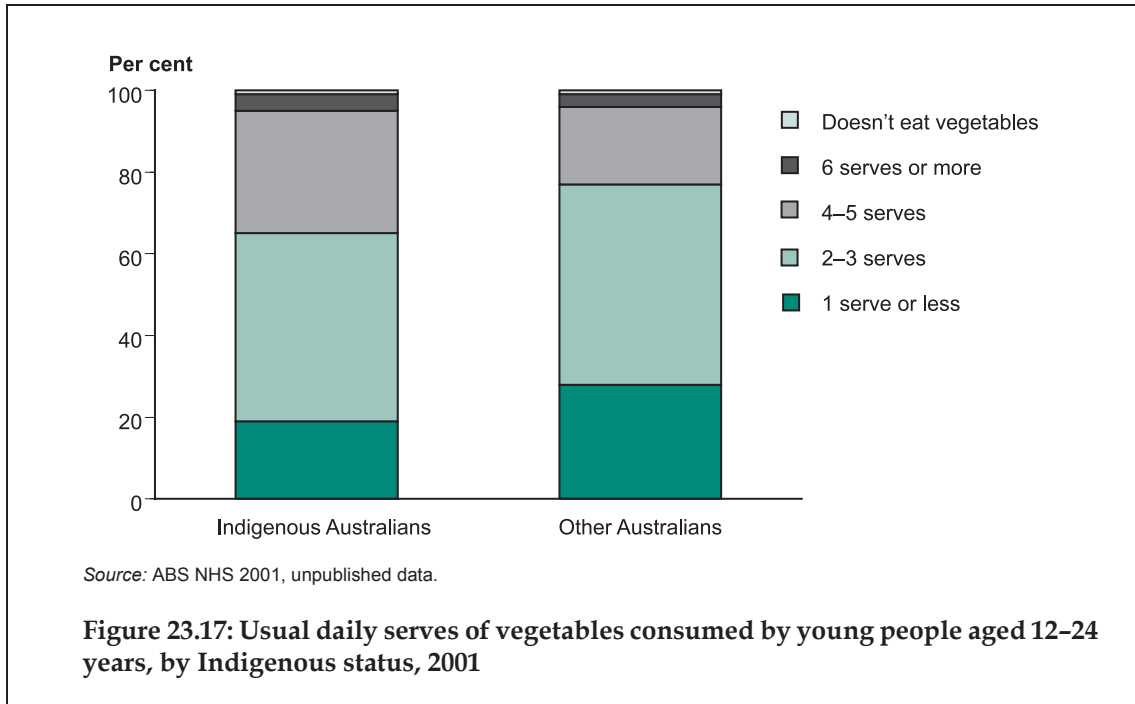
The principal drugs of concern for young people using these services are shown in Figure 23.16.



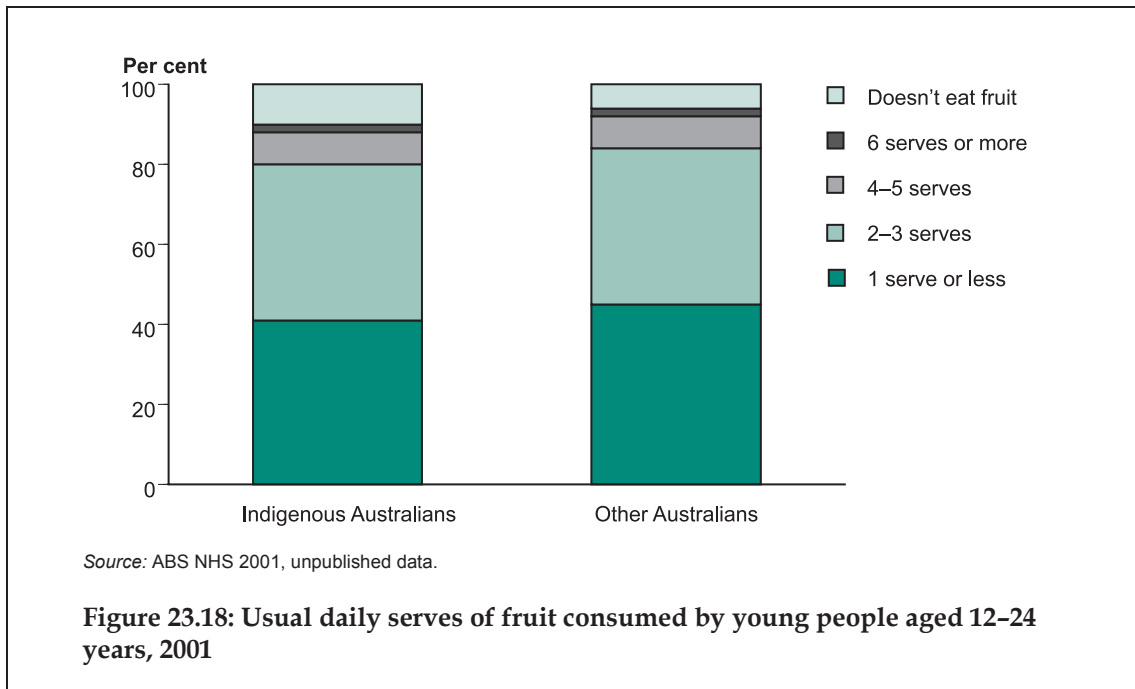
- Among those using drug and alcohol services, there were differences in the drugs of addiction used by males and females for both Indigenous and other Australian young people. Among Indigenous females, the main drugs of concern were heroin, alcohol, cannabis and amphetamines in that order, whereas for males the order was alcohol (34%), cannabis (27%) and heroin (19%).

Diet and nutrition

Consumption of daily serves of vegetables and fruit by Indigenous and other Australian young people is shown in Figures 23.17 and 23.18.

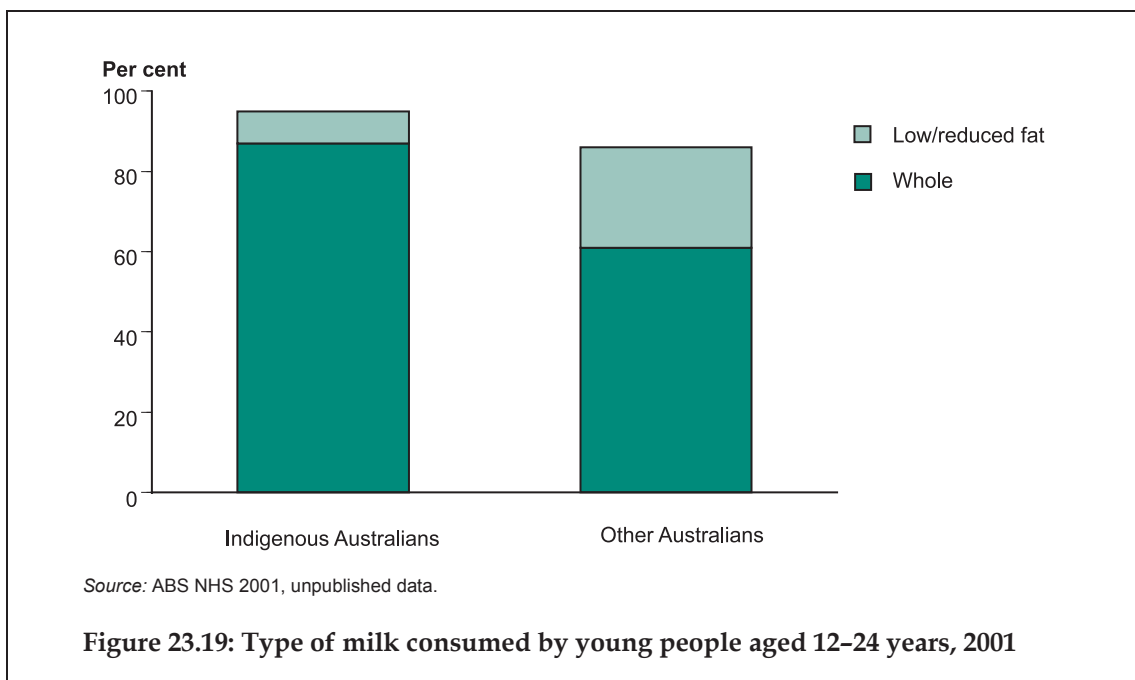


- A higher proportion of Indigenous than other Australian young people aged 12-24 years reported that they consumed the recommended daily amounts of vegetables: 34%, compared with 21%.
- A greater proportion of both Indigenous and other Australian young people ate less than the daily recommended proportion of vegetables: 19% of Indigenous young people ate 1 serve or less and an additional 46% ate 2-3 serves per day, compared with 28% and 49% of other Australian young people, respectively.

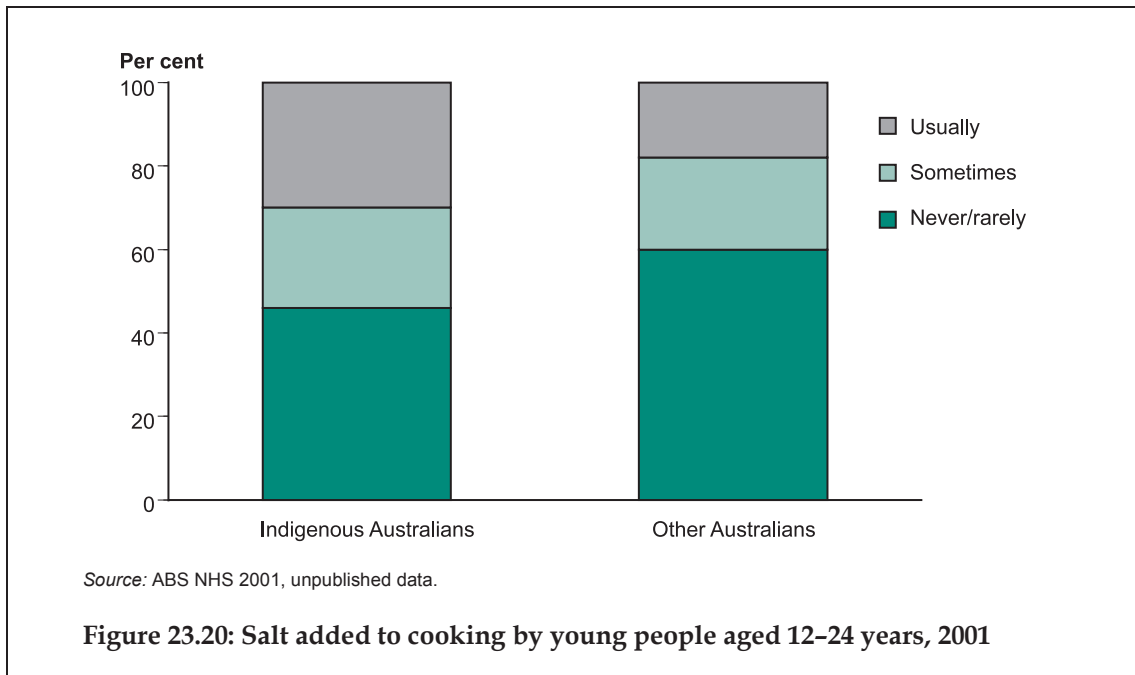


- A similar proportion of Indigenous and other Australian young people aged 12-24 years reported that they consumed the recommended daily amounts of fruit: 49%.
- A higher proportion of Indigenous than other Australian young people did not eat any fruit: 10%, compared with 7%.

A higher proportion of Indigenous young people drink whole milk and add salt to their food (Figures 23.19 and 23.20).

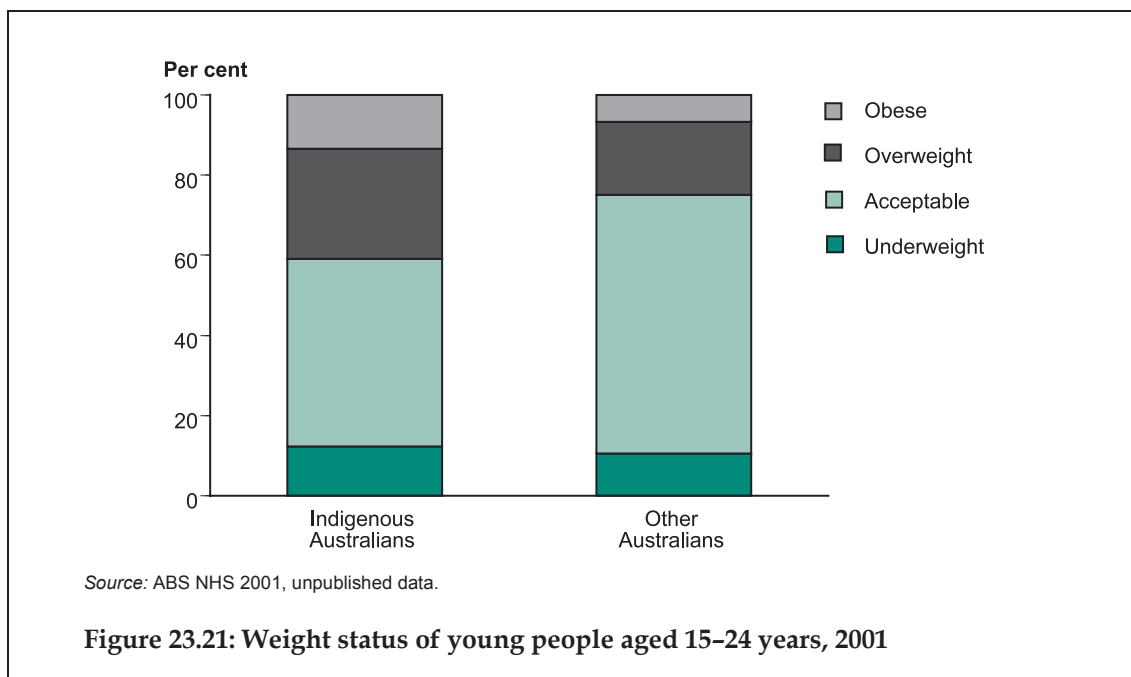


- A higher proportion of Indigenous than other Australian young people consumed whole milk than low-or reduced-fat milk – 87% compared with 61%.



- The National Health and Medical Research Council (NHMRC) recommends a low intake of salt. However, a higher proportion of Indigenous than other Australian young people add salt to their diet either usually or sometimes – 54%, compared with 40%.

Weight status



- Based on self-reported height and weight, less than half (47%) of Aboriginal and Torres Strait Islander young people aged 15–24 years were of acceptable weight, compared with 64% of other Australian young people.
- A higher proportion of Indigenous people aged 15–24 years were estimated to be overweight or obese than other Australian young people. The proportion of overweight and obese Indigenous young people was estimated to be 41%, compared with 25% of other Australian young people.
- The estimated proportion of Indigenous young people classified as underweight was similar to other Australian young people – 12% compared with 11%.

Community services

This section presents information on Indigenous young people in child protection, juvenile justice and imprisonment, and the Supported Accommodation Assistance Program (SAAP) services.

Child protection

The three areas of child protection services for which national data are collected are: child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care. Description of these services has been covered in Chapter 18.

Table 23.9: Young people who were the subject of a child protection substantiation, on care and protection orders or in out-of-home care, 2001–02 and June 2002

	Indigenous Australians						Other Australians					
	Number			Rate per 1,000 young people			Number			Rate per 1,000 young people		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Child protection substantiations 2001–02												
12–16 years	234	429	664	8.6	16.6	12.5	2,181	3,564	5,755	3.3	5.6	4.4
Children on orders^(a)												
12–14 years	391	377	768	23.3	23.6	23.4	1,574	1,504	3,079	4.0	4.0	4.0
15–17 years	254	289	544	17.0	19.9	18.5	1,478	1,437	2,914	3.7	3.8	3.7
Out of home care^(a)												
12–14 years	397	386	783	23.6	24.1	23.9	1,461	1,354	2,817	3.7	3.6	3.6
15–17 years	190	221	412	12.7	15.2	14.0	1,279	1,138	2,416	3.2	3.0	3.1

(a) At 30 June 2002.

Note: Rates per 1,000 children aged 12–16 years. The Indigenous rates were calculated using 2001 Census data and should not be compared with the Indigenous rates published for previous years.

Source: AIHW Child Protection Data Collection.

- In 2001–02, there were 664 Indigenous young people who were the subject of a child protection substantiation. On 30 June 2002, 1,312 Indigenous young people were on care and protection orders and 1,195 were in out-of-home care.
- The rates for young people in out-of-home care and on care and protection orders were higher among those aged 12–14 years – 66% of those on care and protection orders and 59% of those in out-of-home care.
- The rates of Indigenous young females who were the subject of a child protection substantiation, in out-of-home care or on care and protection orders were considerably higher than those for males.
- The rates of Indigenous young people who were the subject of a child protection substantiation, in out-of-home care or on care and protection orders were considerably higher than those of other Australian young people. For example, the rate for Indigenous young people aged 12–16 years who were the subject of protection substantiation was 12.5, compared with 4.4 for other Australians.

One of the most significant changes in child welfare policy in relation to Indigenous children was the introduction of the Aboriginal Child Placement Principle. The principle is based on the premise that Aboriginal children are better off cared for in

Aboriginal families and communities. All jurisdictions have adopted the Aboriginal Child Placement Principle either in legislation or in policy. At 30 June 2002, the majority of Indigenous young people in out-of-home care in Australia (79%) were placed in accordance with the principle. These include placements with Indigenous relative/kin (43%), other Indigenous caregiver (21%), other Australian relative/kin (12%) and Indigenous residential care (2%). The remaining Indigenous young people (21%) were placed with other Australian caregiver (19%) and other Australian residential care (3%).

Juvenile justice

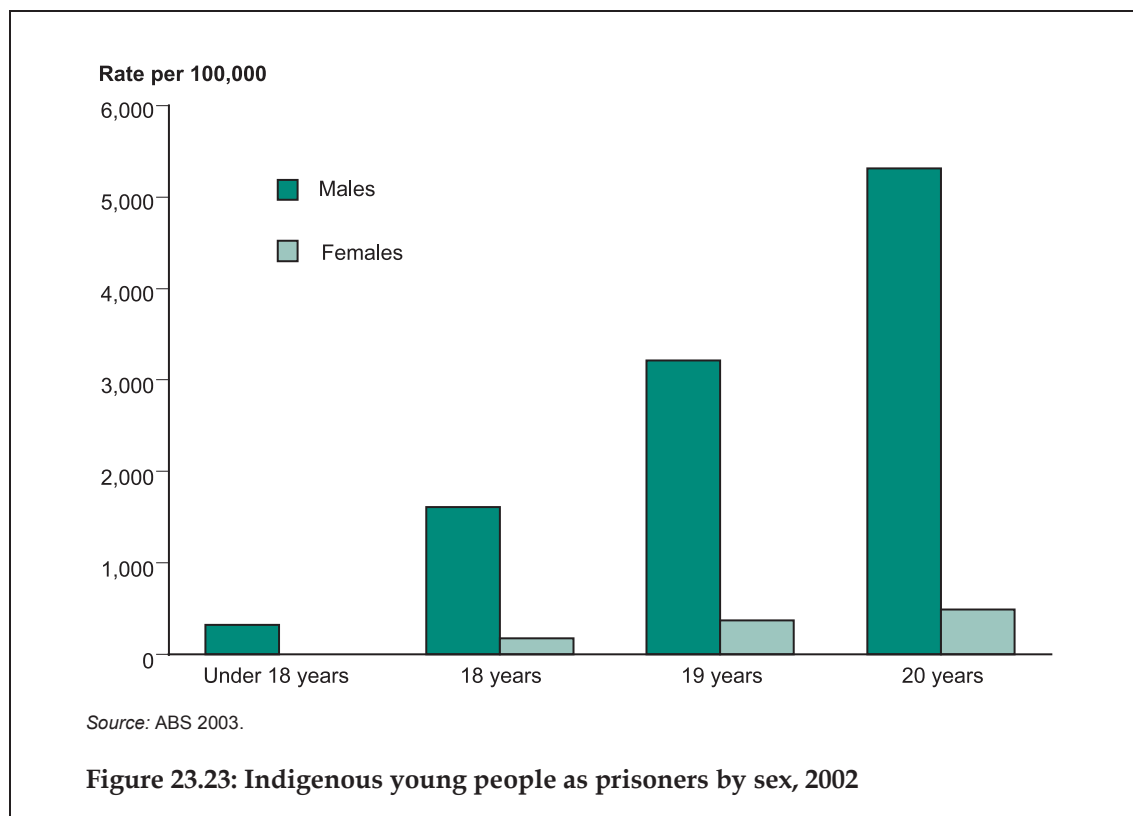
At present, national data are not available for all components of the juvenile justice system. However, state and territory information indicates that Indigenous young people are not only over-represented in juvenile detention centres as presented below, but are also over-represented among those charged by the police, those facing court, and those placed on community-based orders (AIHW: Broadbent 2001).

The over-representation of Indigenous people in the justice system is not confined to young people, with Indigenous adults also heavily over-represented in the prison population. At 30 June 2001, almost 20% of prisoners in Australian prisons were Indigenous, although Aboriginal and Torres Strait Islanders peoples make up only 2% of the total population (ABS 2002b).



- Over the period 1993 to 2000, the rate of juvenile detention for Indigenous young people was between 16 and 19 times higher than that for other Australian young people.

Indigenous young people are also overrepresented in the prison system, and a higher proportion of young males than females end up in prison (Figure 23.23).



- In 2002, there were total of 1,401 Indigenous young people aged 24 years or less in prison, with the great majority (92%) males. The rate of imprisonment increased with age from 165 per 100,000 for young people aged under 18 years to 2,923 per 100,000 for those aged 20–24 years – an 18 times increase in the rate.

Indigenous young people are over-represented in the prison system. Young Indigenous males are up to 20 times more likely to be in juvenile detention than young other Australian males. In 2002, Indigenous young people aged 24 years or less represented 25% of the total prison population for that age group. Their corresponding representation in the Australian population for that age group was 3%.

Programs for homeless young people

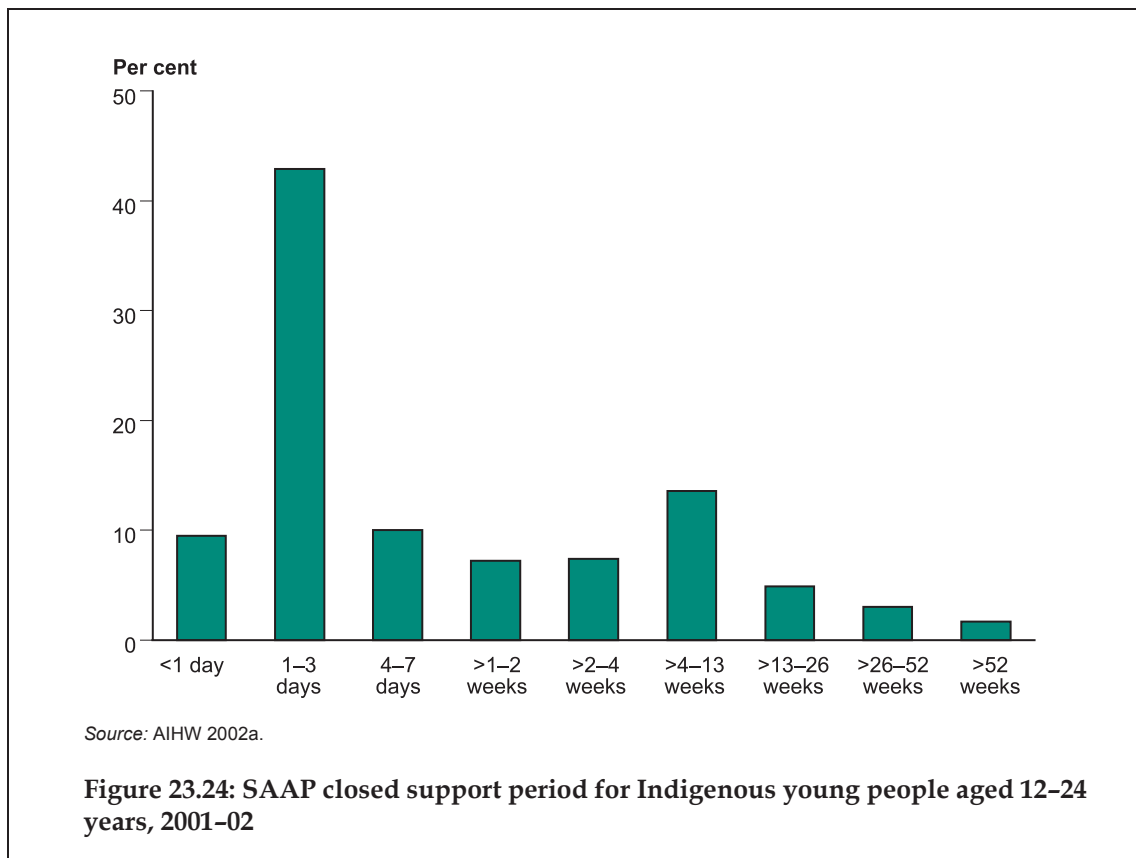
The Supported Accommodation Assistance Program (SAAP) provides temporary accommodation and support services, such as domestic violence counselling, employment assistance and living skills development, to homeless people, and aims to help them achieve self-reliance and independence. Families, single people, young people, and women and children who are escaping domestic violence are assisted under the program.

In 2001–02, 33% of support periods for Indigenous clients who accessed services under the SAAP program were for those escaping domestic violence, compared with 19% of support periods for other Australian people. The proportions for all other main reasons for seeking assistance among Indigenous and other Australian populations were

relatively similar, with the exception of accommodation difficulties, which was a more common reason for seeking assistance among other Australian clients.

In 2001-02, there were 34,100 young people aged 12-24 years who were SAAP clients, of whom 5,200 were Indigenous. Of these 5,200 Indigenous young people, the majority (71%) were females. During the same period 59% of all SAAP young clients were female. Indigenous young people were over-represented in the SAAP system at 16% compared with a 3% representation in the general population of young people.

The length of support periods for young Indigenous clients is shown in Figure 23.24.



- In 2001-02, Indigenous young people had a total of 900 closed support periods. A high proportion of these support periods were for 1 to 3 days which was higher than other cultural groups. The mean number of support periods per client was highest for Indigenous young people at 1.94. The median length of support and accommodation was 3 days and 2 days, respectively.

24. Rural and remote residents

Young people living in rural and remote areas tend to have poorer health than young people living in metropolitan areas. This is true in relation to illnesses but is especially so for injury and suicide (e.g. Mitchell et al. 2002; Page & Fragar 2002).

For some risk factors, people from rural and remote areas are worse off than those from metropolitan areas or major cities. For example, in 1995, the rate of physical inactivity during leisure time was higher among people living in remote areas of Australia (37%) than for people living in metropolitan (34%) and rural (32%) areas. National Health Survey data have also shown higher rates of overweight for people in rural areas compared with those from metropolitan areas. People from rural and remote areas also have high rates of regular smoking, drinking at hazardous levels and using illicit substances – often higher than young people in metropolitan areas (AIHW 2002b; Richardson et al. 2001; Hancock et al. 2001; Williams 2001).

As well as these biological and behavioural risk factors, there are a number of social and environmental factors that make it more likely for young people in rural and remote regions of Australia to have worse health than young people living in other parts of Australia. Firstly, young people living outside major cities are often disadvantaged by a lack of educational and employment opportunities, which results in lower incomes and possible unemployment (Garnaut et al. 2001). This disadvantage is often further compounded by the price of commodities such as food and petrol being higher in rural and remote communities than in metropolitan and regional centres (AIHW 2002b). Rural young people also have limited choices for recreational and leisure activities. As a result of boredom or frustration, young people sometimes engage in reckless or dangerous behaviour leading to injury or even accidental death (Patterson & Pegg 1999).

People living outside major cities can have poorer access to services. Access to health services for people living in regional Australia is influenced by a lower number of general practitioners, lower rates of bulk billing (AMWAC 2000), and lower levels of access to specialists and major hospitals as a consequence of longer travelling distances (AIHW: Al-Yaman et al. 2002).

Finally, the substantially higher proportion of Aboriginal and Torres Strait Islander people living in remote areas means that the overall health status in some of the areas is partly determined by the health status of the Indigenous population (AIHW: Strong et al. 1998).

This chapter presents information on health status, quality of life and morbidity of young people by area of residence, using the new remoteness classification under the Australian Standard Geographical Classification (ASGC) Remoteness Structure. Mortality data by area of residence are presented using the rural, remote and metropolitan areas (RMMA) classification, as deaths could not be classified using the new ASGC remoteness classification at the time of writing. Detailed data on the health of people living in rural and remote areas will become available in the AIHW publication: *Rural, Regional and Remote Health: a Study on Mortality* (2003). The main data sources are the 2001 ABS NHS, the AIHW National Hospital Morbidity Database and the AIHW Mortality Database.

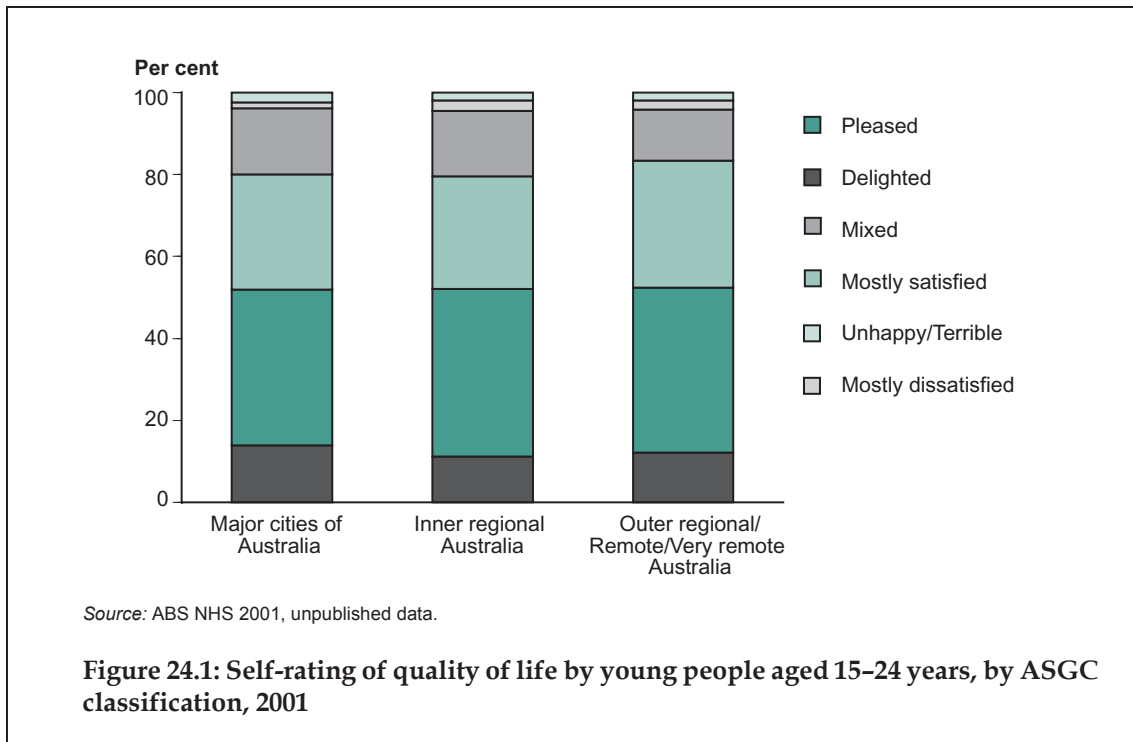
Table 24.1: Self-assessed health status of Australian young people aged 15–24 years, by remoteness of area of usual residence, 1995 and 2001

	Number		Per cent	
	1995	2001	1995	2001
Major cities				
Excellent/very good	1,213,315	1,170,566	64.9	64.1
Good	486,953	492,625	26.1	26.9
Fair/poor	167,951	165,312	9	9
Total	1,868,219	1,828,502	100	100
Inner regional				
Excellent/very good	360,061	315,891	67.0	64.5
Good	128,004	125,929	23.8	25.7
Fair/poor	49,363	47,798	9.2	9.8
Total	537,428	489,618	100	100
Outer regional/remote/very remote				
Excellent/very good	182,257	169,769	59.8	67.8
Good	99,011	56,771	32.5	22.7
Fair/poor	23,345	23,835	7.7	9.5
Total	304,613	250,374	100	100

Source: ABS NHS 1995 & 2001, unpublished data.

- Little change occurred in the way young people rated their health between 1995 and 2001. The largest changes were in reported self-assessed health of young people living in outer regional and remote areas of Australia.
- In 2001, more outer regional and remote young people rated their health as 'fair/poor' than in 1995 (10% compared with 8%). The proportion of young people from outer regional and remote areas rating their health as 'excellent/very good' also increased over time (60% in 1995 compared with 68% in 2001). The proportion rating their health as 'good' decreased from 33% in 1995 to 23% in 2001.
- In 2001, most young people living in major cities (64%) and inner regional areas (65%) rate their personal health as either very good or excellent. However, in outer regional/remote/very remote communities, the proportion was slightly higher (68%).

Quality of life



- Young people from major cities were more likely to say they were 'delighted' with their life (14%) than young people from regional or remote areas (11% and 12%, respectively).
- Around 70% of young people in regional or remote areas rated that they were pleased or mostly satisfied with their quality of life.

Hospitalisations

Table 24.2: Reasons for hospitalisation of young people aged 15–24 years by ICD chapter and remoteness area of usual residence, 2000–01

	Major cities			Inner regional			Outer regional, remote, very remote		
	Number	Rate per 100,000 young people	Per cent	Number	Rate per 100,000 young people	Per cent	Number	Rate per 100,000 young people	Per cent
Pregnancy and childbirth	58,735	6,466	19.9	23,267	9,363	24.5	20,809	14,174	27.0
Digestive system	47,004	5,174	15.9	13,784	5,547	14.5	8,760	5,967	13.1
Injury and poisoning	38,133	4,198	12.9	14,205	5,716	15.0	12,891	8,780	16.3
Mental and behavioural disorders	29,047	3,198	9.9	5,749	2,313	6.1	4,226	2,879	6.0
Contact with health services	23,845	2,625	8.1	5,976	2,405	6.3	4,874	3,320	6.6
Genitourinary system	16,315	1,796	5.5	5,301	2,133	5.6	3,518	2,396	4.8
Respiratory system	14,903	1,641	5.1	5,398	2,172	5.7	4,002	2,726	5.5
Other conditions	21,180	2,332	22.7	66,908	26,925	22.3	15,238	10,379	20.9
Total	333,495	36,712	100	110,020	44,274	100	67,211	45,779	100

Note: 'Other conditions' include symptoms, signs and abnormal findings not elsewhere classified; diseases of the musculoskeletal system; diseases of the skin and subcutaneous tissue; neoplasms; certain infectious and parasitic diseases; diseases of the nervous system; endocrine, nutritional and metabolic diseases, diseases of the blood and blood-forming organs; diseases of the circulatory system; congenital malformations; diseases of the ear; diseases of the eye; and perinatal conditions

Source: AIHW National Hospital Morbidity Database.

- The rate of hospitalisations for pregnancy and childbirth among young women living in inner regional and in outer regional and remote areas was higher than for those living in major cities (9,363 and 14,173 per 100,000 compared with 6,466 per 100,000).
- The rate of hospitalisations for external causes of injury was also higher among young people living in inner regional and in outer regional and remote areas (5,716 and 8,780 per 100,000 compared with 4,198 per 100,000).
- The most frequent reasons for hospitalisation of young people aged 15–24 years did not vary greatly by area of residence in 2001. The top five specific diagnoses for major cities, inner regional and more remote areas alike were impacted teeth, medical abortion, extracorporeal dialysis, single spontaneous delivery and chronic tonsillitis.

Mortality

Table 24.3: Causes of death for young people aged 12–24 years, by ICD chapter and area of residence, 1999–01

Cause of death	Number			Rate per 100,000 young people		
	Metropolitan	Rural	Remote	Metropolitan	Rural	Remote
External causes of injury and poisoning	2,202	1,036	223	37.6	57.4	99.4
Malignant neoplasms	262	92	17	4.5	5.1	7.6
Mental, behavioural disorders	203	34	7	3.5	1.9	3.1
Diseases of the nervous system	143	61	9	2.4	3.4	4.0
Circulatory system	95	42	15	1.6	2.3	6.7
Endocrine, nutritional and metabolic diseases	77	24	4	1.3	1.3	1.8
Congenital malformations, deformations and chromosomal abnormalities	57	27	5	1.0	1.5	2.2
Respiratory system	49	20	9	0.8	1.1	4.0
Symptoms, signs and abnormal findings not elsewhere classified	34	23	8	0.6	1.3	3.6
Certain infectious and parasitic diseases	46	13	2	0.8	0.7	0.9
Other causes of death	53	16	11	0.9	0.9	4.9
Total deaths	3,221	1,388	310	55.0	76.9	138.1

Note: 'Other conditions' include: diseases of the blood and blood-forming organs, diseases of the digestive system, benign neoplasms, diseases of the genitourinary system, diseases of the musculoskeletal system, pregnancy, childbirth and puerperium, diseases of the skin and subcutaneous tissue, diseases of the eye, adnexa, ear and mastoid process.

Source: AIHW Mortality Database.

- Death rates due to external causes of injury and poisoning were higher among young people in rural and remote areas than those living in metropolitan areas (57.4, 99.4 and 37.6 deaths per 100,000 young people, respectively). In 1999–01, around 72% of deaths of young people living in rural and remote areas were due to external causes compared with 68% of deaths of young people living in metropolitan areas.

Between 1999 and 2001 the most common causes of death for young people aged 12–24 years varied by area of residence (Table 24.4).

Table 24.4: Most frequent causes of death for young people aged 15–24 years, by area of residence, 1999–01

Cause of death	Number			Rate per 100,000 young people		
	Males	Females	Persons	Males	Females	Persons
Metropolitan						
Intentional self-harm by hanging, strangulation and suffocation	303	73	376	10.3	2.5	6.4
Accidental poisoning by and exposure to narcotics and hallucinogens, not elsewhere classified	136	40	176	4.6	1.4	3.0
Driver injured in collision with fixed or stationary object	137	29	166	4.6	1.0	2.8
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	96	50	146	3.2	1.7	2.5
Rural						
Intentional self-harm by hanging, strangulation and suffocation	128	30	158	13.7	3.4	8.8
Driver injured in collision with fixed or stationary object	92	20	112	9.8	2.3	6.2
Passenger injured in collision with fixed or stationary object	47	19	66	5.0	2.2	3.7
Driver injured in collision with car, pick-up truck or van	30	19	49	3.2	2.2	2.7
Remote						
Intentional self-harm by hanging, strangulation and suffocation	48	6	54	39.9	5.8	24.1
Driver injured in collision with fixed or stationary object	11	5	16	9.1	4.8	7.1
Assault by sharp object	5	5	10	4.2	4.8	4.5
Passenger injured in non-collision transport accident	8	2	10	6.7	1.9	4.5

Source: AIHW Mortality Database.

- Among young people living in all areas, intentional self-harm by hanging, strangulation and suffocation was the most common cause of death. Drivers killed in collisions also featured among the top causes of death in all areas.
- Among young people living in metropolitan areas, the second and fourth most common causes of death were accidental poisoning by narcotics and hallucinogens or other unspecified substances. However, for young people from rural and remote areas, accidental poisoning did not feature in the top four causes of death.
- Other transport accidents, as well as assault, featured in the top four causes of death among young people living in rural and remote areas.

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