

## 3.08 Access to mental health services

*Access to mental health care services such as hospitals, community mental health care, doctors and Aboriginal and Torres Strait Islander Primary Health Care Services by Aboriginal and Torres Strait Islander peoples*

### Data sources

Data for this indicator come from:

- National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)
- Bettering the Evaluation and Care of Health (BEACH) survey
- AIHW National Hospital Morbidity Database
- AIHW National Community Mental health Care Database
- Service Activity Reporting data for Australian Government funded Aboriginal and Torres Strait Islander primary health care organisations.

#### **National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians about health-related issues including health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. It is planned to repeat the NATSIHS at six-yearly intervals, with the next NATSIHS to be conducted in 2010–11. Selected non-Indigenous comparisons are available through the 2004–05 National Health Survey (NHS).

#### **Bettering the Evaluation and Care of Health (BEACH) survey**

Information about encounters in general practice is available from the BEACH survey which is conducted by the AIHW and the University of Sydney. Information is collected from a random sample of approximately 1,000 general practitioners (GPs) from across Australia each year. A sample of 100 consecutive encounters is collected from each GP.

The number of Indigenous patients identified in the BEACH survey is likely to be underestimated. This is because some GPs might not ask about Indigenous status, or the patient may choose not to identify (AIHW 2002). The estimates presented here are also derived from a relatively small sample of GP encounters involving Indigenous Australians.

Due to a late inclusion of a 'not stated' category of Indigenous status in 2001–02, (before which not stated responses were included with non-Indigenous encounters), GP encounters for which Indigenous status was not reported have been included with encounters for non-Indigenous people under the 'other' category.

Data are presented for the five-year period 2000–01 to 2004–05, during which there were 7,296 GP encounters with Aboriginal and Torres Strait Islander patients recorded in the survey, representing 1.6% of total GP encounters.

## **Hospitalisations**

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments.

Data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations in 2003–04 – Queensland, Western Australia, South Australia and the Northern Territory (AIHW 2005a). These four jurisdictions represent approximately 60% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions as public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the two-year period July 2002 to June 2004. An aggregate of two years of data has been used as the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation which is the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a change in a type of care (for example, from acute to rehabilitation).

Mental health services can be provided in ambulatory or non-ambulatory settings. Ambulatory mental health care ranges from care provided in the primary care setting to care in hospital based outpatient services, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental health care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care. Mental health services are provided by a range of health professionals such as psychiatrists, GPs, psychologists, counsellors and Aboriginal mental health workers.

## **Community mental health care**

Information on the use of community mental health services by Aboriginal and Torres Strait Islander people is available from the AIHW National Community Mental Health Care Database (NCMHCD). The information collected in the database is a nationally agreed set of common data elements collected by service providers based on the National Minimum Data Set for Community Mental Health Care.

The quality of Indigenous identification in this database varies by jurisdiction. In 2003–04, Western Australia, Tasmania and the Northern Territory reported that the quality of their data was suitable for analysis.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

### **Service Activity Reporting (SAR) database**

The SAR database collects data from approximately 140 Australian Government funded Aboriginal and Torres Strait Islander primary health care services and is held at DoHA. It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002–03 to 2004–05.

It should be noted that the SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

## **Analyses**

Age-standardised rates and ratios have been used for this indicator as a measure of the Indigenous population relative to other Australians. Ratios of this type illustrate differences between the rates among Indigenous people and those of other Australians, taking into account differences in age distributions.

### **Self-reported data**

Self-reported data from the 2004–05 National Aboriginal and Torres Strait Islander Health Survey on visiting a health professional for mental health related reasons are presented in Tables 3.08.1, 3.08.2a and 3.08.2b below.

- In 2004–05, approximately 12% of Indigenous Australians reported visiting a health professional about their feelings in the four weeks prior to survey (Table 3.08.1).
- The Northern Territory had the highest proportion of Indigenous Australians reporting they visited a health professional about their feelings (17%) followed by Victoria (16%); both New South Wales and Queensland had the lowest (both 10%).
- The highest proportion of Indigenous Australians who reported visiting a professional about their feelings were in very remote areas (14%) followed by inner regional areas (13%) (Table 3.08.2a).
- A higher proportion of Indigenous Australians (20%) reported visiting an 'other health professional' than non-Indigenous Australians (13%). This difference was greatest in remote areas, where 32% of Indigenous Australians reported visiting an 'other health professional' compared with 13% of non-Indigenous Australians (Table 3.08.2b).

**Table 3.08.1: Whether saw doctor or health professional about feelings in last four weeks, Indigenous Australians, by state/territory, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	<b>Per cent</b>								
Yes	10	16	10	11	13	13	13	17	12
No	89	83	90	88	86	87	87	82	88
Don't know/not stated/refusal	1 <sup>(a)</sup>	1 <sup>(a)</sup>	—	1 <sup>(a)</sup>	— <sup>(a)</sup>	— <sup>(a)</sup>	—	1 <sup>(a)</sup>	1 <sup>(b)</sup>
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Total number <sup>(c)</sup>	63,317	13,405	58,068	28,676	11,793	8,345	1,966	23,073	208,643

(a) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(b) Persons who were asked whether saw a doctor or other health professional about feelings.

(c) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

Source: ABS and AIHW analysis of 2004–05 NATSIHS.

**Table 3.08.2a: Whether saw doctor or health professional about feelings in last four weeks, Indigenous Australians,<sup>(a)</sup> by remoteness, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
	per cent					
Yes	11	13	10	12	14	12
No	88	86	90	87	86	88
Don't know/not stated/refused	— <sup>(b)</sup>	— <sup>(b)</sup>	n.p.	n.p.	n.p.	— <sup>(c)</sup>
<b>Total<sup>(d)</sup></b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Total number <sup>(d)</sup>	65,915	43,047	46,086	17,160	35,177	207,384

n.p. Not available for publication.

(a) Persons aged 18 years and over who scored greater than 1 on at least one of the K5 (Kessler Psychological Distress Scale) items.

(b) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(c) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

(d) Includes refusal.

Source: ABS and AIHW analysis of 2004–05 NATSIHS

**Table 3.08.2b: Type of other health professional consulted (selected), by Indigenous status and remoteness, 2004–05**

	Non-remote		Remote <sup>(a)</sup>		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous <sup>(b)</sup>	Indigenous	Non-Indigenous
	per cent					
Accredited counsellor <sup>(c)</sup>	1	—	— <sup>(d)</sup>	n.a.	1	—
Psychologist	1	—	— <sup>(d)</sup>	n.a.	1	—
None of above <sup>(e)</sup>	15	13	30 <sup>(d)</sup>	n.a.	18	13
<b>Total who saw other health professional<sup>(f)(g)</sup></b>	<b>16</b>	<b>13</b>	<b>32<sup>(d)</sup></b>	<b>n.a.</b>	<b>20</b>	<b>13</b>
Total number	348,315	19,061,481	125,995	n.a.	474,310	19,292,387

n.a. Not available.

(a) Respondents in non-remote areas were provided with a prompt card which contained 'other health professional' categories whereas the question in remote areas was open-ended. Subsequently there may have been some under-reporting by remote respondents.

(b) Non-Indigenous data were not collected in very remote areas of Australia in the 2004–05 National Health Survey.

(c) Persons in remote areas who saw a mental health worker were coded as having seen an accredited counsellor.

(d) Estimate has a relative standard error of between 25% and 50% and should be interpreted with caution.

(e) Persons who saw an 'other health professional' other than an accredited counsellor and/or psychologist.

(f) Includes not stated and not known if consulted other health professional.

(g) Sum of components may add up to more than total as persons may have reported seeing more than one type of other health professional.

Note: Data are age standardised.

Source: ABS and AIHW analysis of 2004–05 NATSIHS and 2004–05 National Health Survey.

## Hospitalisations

- For the two-year period July 2002 to June 2004, there were 210,420 hospitalisations from mental health related conditions in Queensland, Western Australia, South Australia and the Northern Territory combined, 11,264 (5.4%) of which were hospitalisations of Aboriginal and Torres Strait Islander peoples.
- Mental health related conditions were responsible for 3.6% of all hospitalisations of Aboriginal and Torres Strait Islander Australians.

### Hospitalisations by state/territory

Table 3.08.3 presents hospitalisations for a principal diagnosis of mental health related conditions in Queensland, Western Australia, South Australia and the Northern Territory, for the two-year period July 2002 to June 2004.

- In Western Australia and South Australia, Indigenous Australians were hospitalised for mental health related conditions at around three times the rate of other Australians in these states. In the Northern Territory, Indigenous Australians were hospitalised at around twice the rate of other Australians and in Queensland the rate ratio was 1.4.
- In the Northern Territory, both Indigenous and other Australians were hospitalised for mental health related conditions at low rates in comparison to hospitalisation rates in Queensland, Western Australia and South Australia.
- In Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males were hospitalised from mental health related conditions at around twice the rate of other Australians in these jurisdictions. Indigenous females were hospitalised at a slightly higher rate than that of other females.

**Table 3.08.3: Hospitalisations for principal diagnosis of mental health related conditions, by Indigenous status, sex and state/territory, Qld, WA, SA and NT, July 2002 to June 2004<sup>(a)(b)(c)(d)</sup>**

	Indigenous				Other <sup>(e)</sup>				Ratio <sup>(i)</sup>
	Number	Rate per 1,000 <sup>(f)</sup>	LCL 95% <sup>(g)</sup>	UCL 95% <sup>(h)</sup>	Number	Rate per 1,000 <sup>(f)</sup>	LCL 95% <sup>(g)</sup>	UCL 95% <sup>(h)</sup>	
<b>Qld</b>									
Males	2,422	23.0	22.0	24.1	48,912	13.3	13.2	13.4	1.7*
Females	1,941	17.3	16.4	18.2	59,752	16.1	16.0	16.2	1.1*
Persons	4,363	20.0	19.3	20.7	108,664	14.7	14.6	14.8	1.4*
<b>WA</b>									
Males	1,942	34.0	32.3	35.8	21,130	11.3	11.1	11.4	3.0*
Females	1,964	31.6	30.1	33.2	28,824	15.2	15.0	15.4	2.1*
Persons	3,906	32.7	31.6	33.9	49,954	13.2	13.1	13.3	2.5*
<b>SA</b>									
Males	834	36.9	33.9	39.9	17,799	12.0	11.8	12.2	3.1*
Females	1,135	45.2	42.3	48.1	21,361	13.6	13.5	13.8	3.3*
Persons	1,969	41.0	39.0	43.1	39,160	12.8	12.7	13.0	3.2*
<b>NT</b>									
Males	569	10.3	9.3	11.3	889	5.9	5.5	6.3	1.7*
Females	456	7.8	7.0	8.7	487	3.8	3.4	4.2	2.1*
Persons	1,026	9.0	8.4	9.7	1,378	5.0	4.7	5.3	1.8*
<b>Qld, WA, SA, NT</b>									
<b>Males</b>	<b>5,767</b>	<b>24.3</b>	<b>23.5</b>	<b>25.0</b>	<b>88,730</b>	<b>12.4</b>	<b>12.3</b>	<b>12.4</b>	<b>2.0*</b>
<b>Females</b>	<b>5,496</b>	<b>21.3</b>	<b>20.6</b>	<b>21.9</b>	<b>110,424</b>	<b>15.1</b>	<b>15.1</b>	<b>15.2</b>	<b>1.4*</b>
<b>Persons</b>	<b>11,264</b>	<b>22.7</b>	<b>22.2</b>	<b>23.2</b>	<b>199,156</b>	<b>13.8</b>	<b>13.7</b>	<b>13.8</b>	<b>1.6*</b>

\* Represents results with statistically significant differences in the Indigenous/other comparisons at the p<.05 level.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Categories are based on the ICD-10-AM (National Centre for Classification in Health 2004): ICD-10-AM codes F00-F99, G30, G47.0, G47.1, G47.2, G47.8, G47.9, 099.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for Queensland, Western Australia, South Australia and the Northern Territory only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (f) Directly age standardised using the Australian 2001 Standard population.
- (g) LCL = lower confidence limit.
- (h) UCL = upper confidence limit.
- (i) Rate ratio Indigenous:other.

Note: Person numbers and rates include hospitalisations for which sex was not stated.

Source: AIHW analysis of AIHW National Hospital Morbidity Database.

## Hospitalisations by ambulatory and non-ambulatory equivalent

Mental health services can be provided in ambulatory or non-ambulatory settings.

Ambulatory mental health care settings range from care provided in the primary care setting through to ambulatory care in hospital-based outpatient services, community-based mental health care and same day admitted patient mental health care in specialised psychiatric and general hospitals. Non-ambulatory mental health care settings include admitted patient mental health care in specialised psychiatric and general hospitals and residential mental health care.

- Table 3.08.4 and Figure 3.08.1 present ambulatory equivalent and non-ambulatory equivalent mental health related hospitalisations for Indigenous and non-Indigenous Australians in Queensland, Western Australia, South Australia and the Northern Territory over the two-year period July 2002 to June 2004.
- Between July 2002 and June 2004, there were 1,291 ambulatory equivalent mental health related hospitalisations among Indigenous Australians (362 with specialised psychiatric care and 928 without specialised psychiatric care).
- Over the same period there were 9,969 non-ambulatory equivalent mental health related separations among Indigenous Australians (4,361 with specialised psychiatric care and 5,608 without specialised psychiatric care).
- Rates of ambulatory equivalent mental health related hospitalisation with specialised psychiatric care were lower for Indigenous Australians than other Australians (rate ratio 0.2).
- Rates of ambulatory-equivalent mental health related hospitalisations were lower for Indigenous Australians than other Australians (rate ratio of 0.6). This was particularly the case for ambulatory-equivalent separations with specialised psychiatric care. The rate of these hospitalisations per 1,000 Aboriginal and Torres Strait Islander peoples was around one-fifth the rate for other Australians (rate ratio of 0.2). In contrast, the rate of ambulatory-equivalent separations without specialised psychiatric care per 1,000 Indigenous population was double that for other Australians (rate ratio of 2.1).
- Rates of non-ambulatory-equivalent mental health related hospitalisations per 1,000 Aboriginal and Torres Strait Islander peoples were more than double that for other Australians (rate ratio of 2.1). The rate of such hospitalisations with specialised psychiatric care among Indigenous Australians was around 1.3 times that of other Australians. The rate of non-ambulatory-equivalent separations among Indigenous Australians without specialised psychiatric care was almost four times that of other Australians.

**Table 3.08.4: Ambulatory-equivalent and non-ambulatory-equivalent mental health related hospitalisations, by Indigenous status and sex, Qld, WA, SA and NT, July 2002 to June 2004<sup>(a)(b)(c)(d)</sup>**

	Males					Females					Persons				
	No.	Rate per 1,000 <sup>(e)</sup>	LCL 95% <sup>(f)</sup>	UCL 95% <sup>(g)</sup>	Ratio <sup>(h)</sup>	No.	Rate per 1,000 <sup>(e)</sup>	LCL 95% <sup>(f)</sup>	UCL 95% <sup>(g)</sup>	Ratio <sup>(h)</sup>	No.	Rate per 1,000 <sup>(e)</sup>	LCL 95% <sup>(f)</sup>	UCL 95% <sup>(g)</sup>	Ratio <sup>(h)</sup>
<b>Ambulatory equivalent</b>															
With specialised psychiatric care															
Indigenous	178	0.8	0.7	0.9	0.3*	185	0.7	0.6	0.8	0.2*	363	0.7	0.7	0.8	0.2*
Other <sup>(i)</sup>	19,423	2.6	2.6	2.7		30,890	4.3	4.2	4.3		50,313	3.4	3.4	3.5	
Without specialised psychiatric care															
Indigenous	457	1.9	1.7	2.1	2.4*	471	1.8	1.6	1.9	1.9*	928	1.8	1.7	2.0	2.1*
Other <sup>(i)</sup>	5,745	0.8	0.8	0.8		6,686	0.9	0.9	0.9		12,431	0.9	0.8	0.9	
<b>Total Indigenous</b>	<b>635</b>	<b>2.7</b>	<b>2.5</b>	<b>2.9</b>	<b>0.8*</b>	<b>656</b>	<b>2.4</b>	<b>2.2</b>	<b>2.6</b>	<b>0.5*</b>	<b>1,291</b>	<b>2.6</b>	<b>2.4</b>	<b>2.7</b>	<b>0.6*</b>
<b>Total Other<sup>(i)</sup></b>	<b>25,168</b>	<b>3.4</b>	<b>3.4</b>	<b>3.5</b>		<b>37,576</b>	<b>5.2</b>	<b>5.1</b>	<b>5.3</b>		<b>62,744</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>	
<b>Non-ambulatory equivalent</b>															
With specialised psychiatric care															
Indigenous	2,400	8.9	8.5	9.3	1.6*	1,960	7.2	6.9	7.6	1.1*	4,361	8.0	7.8	8.3	1.3*
Other <sup>(i)</sup>	40,832	5.7	5.6	5.7		46,487	6.4	6.3	6.4		87,321	6.1	6.0	6.1	
Without specialised psychiatric care															
Indigenous	2,731	12.7	12.1	13.3	3.9*	2,877	11.6	11.1	12.1	3.3*	5,608	12.1	11.7	12.5	3.6*
Other <sup>(i)</sup>	22,728	3.3	3.2	3.3		26,329	3.6	3.5	3.6		49,057	3.4	3.4	3.4	
<b>Total Indigenous</b>	<b>5,131</b>	<b>21.6</b>	<b>20.9</b>	<b>22.2</b>	<b>2.4*</b>	<b>4,837</b>	<b>18.8</b>	<b>18.2</b>	<b>19.4</b>	<b>1.9*</b>	<b>9,969</b>	<b>20.1</b>	<b>19.7</b>	<b>20.6</b>	<b>2.1*</b>
<b>Total Other<sup>(i)</sup></b>	<b>63,560</b>	<b>8.9</b>	<b>8.9</b>	<b>9.0</b>		<b>72,816</b>	<b>9.9</b>	<b>9.9</b>	<b>10.0</b>		<b>136,378</b>	<b>9.5</b>	<b>9.4</b>	<b>9.5</b>	

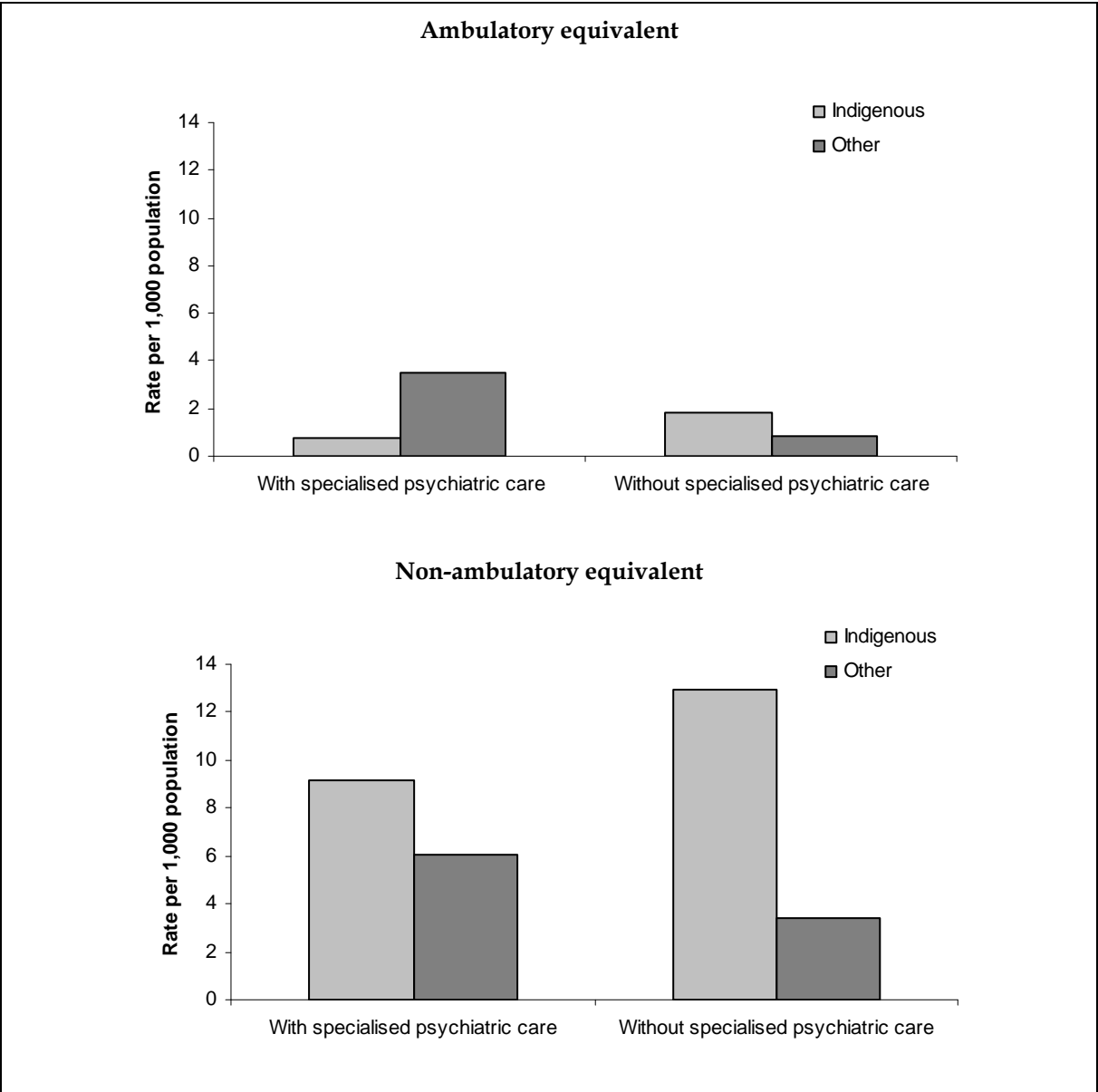
(continued)

**Table 3.08.4 (continued): Ambulatory-equivalent and non-ambulatory-equivalent mental health related hospitalisations, by Indigenous status and sex, Qld, WA, SA and NT, July 2002 to June 2004<sup>(a)(b)(c)(d)</sup>**

\* Represents results with statistically significant differences in the Indigenous/other comparisons at the  $p < .05$  level.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Categories are based on the ICD-10-AM (National Centre for Classification in Health 2004); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental health related conditions: ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for Queensland, Western Australia, South Australia, and the Northern Territory only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) Directly age standardised using the Australian 2001 Standard population.
- (f) LCL = lower confidence limit.
- (g) UCL = upper confidence limit.
- (h) Rate ratio Indigenous:other.
- (i) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of AIHW National Hospital Morbidity Database.



Source: AIHW analysis of AIHW National Hospital Morbidity Database.

**Figure 3.08.1: Ambulatory-equivalent and non-ambulatory-equivalent mental health related hospitalisation rates, by Indigenous status, Qld, WA, SA and NT, July 2002 to June 2004**

### **Average length of stay**

Table 3.08.5 presents the average length of stay and total number of bed days for non-ambulatory-equivalent mental health related hospitalisations for Indigenous and other Australians in Queensland, Western Australia, South Australia and the Northern Territory combined.

- In the period July 2002 to June 2004, the average length of stay in hospital for non-ambulatory-equivalent mental health related hospitalisations was similar for Indigenous Australians and other Australians (2.2 days compared to 2.1 days).
- The average length of stay for non-ambulatory-equivalent mental health related hospitalisations with specialised psychiatric care was 2.4 days for Indigenous Australians and 2.2 for other Australians, and without specialised psychiatric care was 1.8 days for both Indigenous and other Australians.
- For both Indigenous and other Australians, the total number of bed days was higher for ambulatory-equivalent separations with specialised psychiatric care than without specialised psychiatric care.

**Table 3.08.5: Average length of stay for non-ambulatory-equivalent mental health related hospitalisations, by Indigenous status and sex, Qld, WA, SA and NT, July 2002 to June 2004<sup>(a)(b)(c)(d)</sup>**

	Indigenous			Other <sup>(e)</sup>			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
<b>Patient days</b>									
With specialised psychiatric care	52,393	29,509	81,902	745,028	688,534	1,433,562	797,421	718,043	1,515,464
Without specialised psychiatric care	8,936	9,011	17,947	113,134	147,497	260,631	122,070	156,508	278,578
<b>Total</b>	<b>61,329</b>	<b>38,520</b>	<b>99,849</b>	<b>858,162</b>	<b>836,031</b>	<b>1,694,193</b>	<b>919,491</b>	<b>874,551</b>	<b>1,794,042</b>
<b>Average length of stay (overnight)</b>									
With specialised psychiatric care	2.3	2.5	2.4	2.3	2.1	2.2	2.3	2.1	2.2
Without specialised psychiatric care	2.1	1.7	1.8	1.8	1.8	1.8	1.8	1.8	1.8
<b>Total</b>	<b>2.2</b>	<b>2.3</b>	<b>2.2</b>	<b>2.2</b>	<b>2.0</b>	<b>2.1</b>	<b>2.2</b>	<b>2.0</b>	<b>2.1</b>

\* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM (National Centre for Classification in Health 2004); ICD-10-AM codes: Chapter IX Diseases of Mental, Behavioural Disorders (F00–F99) and other mental health related conditions; ICD-10-AM codes: G30, G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48, Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for Queensland, Western Australia, South Australia, and the Northern Territory only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Source: AIHW analysis of National Hospital Morbidity Database and AIHW Admitted Patient Mental Health Care Database.

## Time series analyses

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for mental health related conditions over the five-year period 1998–99 to 2003–04 are presented in Table 3.08.6 and Figure 3.08.2.

- In Queensland, Western Australia, South Australia and the Northern Territory combined, there were significant increases in hospitalisation rates for mental health related conditions among Indigenous females during the period 1998–99 to 2003–04. The fitted trend implies an average yearly increase in the rate of around 0.7 per 1,000.
- There were significant declines in hospitalisation rates for mental health related conditions among other Australians over the same period with an average yearly decline in the rate of around 0.1 per 1,000. The declines in hospitalisation rates were significant for males but not for females.
- There were significant increases in both the hospitalisation rate ratios and rate differences between Indigenous and other Australians during the period 1998–99 to 2003–04. This reflects both a relative and absolute increase in the gap between hospitalisation rates for Indigenous and other Australians for mental health related conditions over the period 1998–99 to 2003–04.

It should be noted that changes in the level of accuracy of Indigenous identification in hospital records over this period will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all impact on the level of hospitalisation over time. Caution should be used in interpreting changes over time as it is not possible to ascertain whether a change in reported hospitalisation is due to changes in the accuracy of Indigenous identification or real changes in the rates at which Indigenous people are hospitalised. An increase in hospitalisation rates may reflect better hospital access rather than a worsening of health.

**Table 3.08.6: Age-standardised hospitalisation rates, rate ratios and rate differences from mental health related conditions, Qld, WA, SA and NT, 1998–99 to 2003–04**

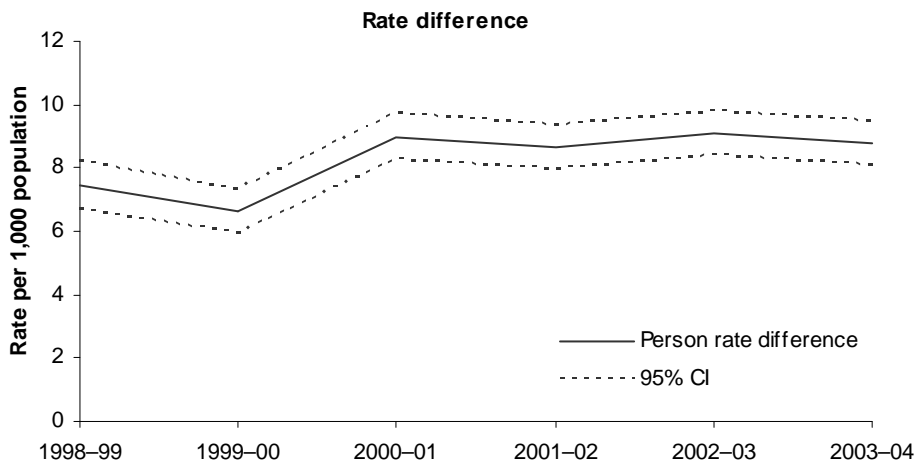
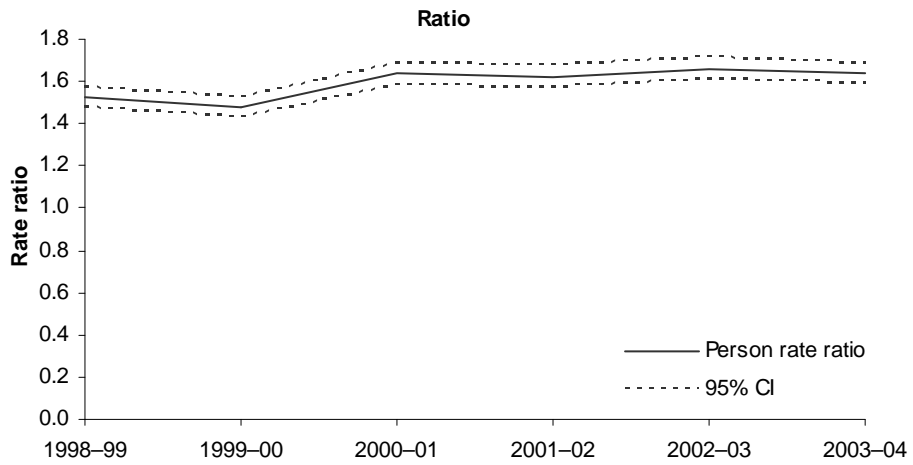
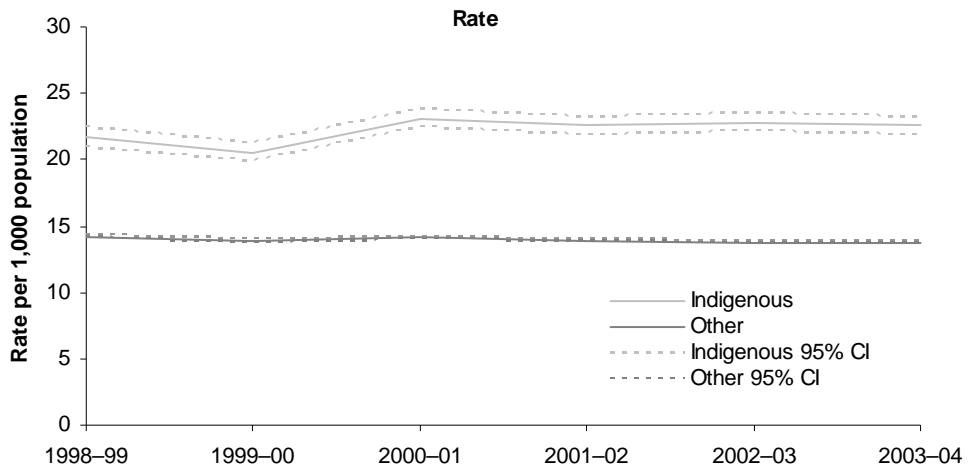
	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	Annual change <sup>(a)</sup>
<b>Indigenous rate per 1,000</b>							
Males	24.4	24.4	26.1	24.9	24.5	24.1	–0.1
Females	19.2	17.0	20.5	20.4	21.3	21.2	0.7*
Persons	21.7	20.5	23.1	22.5	22.8	22.6	0.3
<b>Other Australians rate per 1,000<sup>(b)</sup></b>							
Males	13.6	12.9	13.2	13.1	12.4	12.3	–0.2*
Females	14.9	14.8	15.0	14.7	15.1	15.2	0.1
Persons	14.2	13.9	14.1	13.9	13.8	13.8	–0.1*
<b>Rate ratio<sup>(c)</sup></b>							
Males	1.8	1.9	2.0	1.9	2.0	1.9	0.03*
Females	1.3	1.1	1.4	1.4	1.4	1.4	0.04*
Persons	1.5	1.5	1.6	1.6	1.7	1.6	0.03*
<b>Rate difference<sup>(d)</sup></b>							
Males	10.8	11.5	12.8	11.8	12.1	11.7	0.2
Females	4.3	2.1	5.5	5.7	6.2	6.0	0.6*
Persons	7.5	6.6	9.0	8.7	9.1	8.8	0.4*

\* Represents results with statistically significant increases or decreases at the p<.05 level over the period 1998–99 to 2003–04.

- (a) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.
- (b) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (c) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.
- (d) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for other Australians.

*Note:* Rates have been directly age standardised using the Australian 2001 Standard population.

*Source:* AIHW analysis of AIHW National Hospital Morbidity Database.



Source: AIHW analysis of AIHW National Hospital Morbidity Database.

**Figure 3.08.2: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians from mental health-related conditions, Qld, WA, SA and NT, 1998-99 to 2003-04**

## Community mental health care services

Community mental health care is defined as care that is provided by specialised public mental health services dedicated to the assessment, treatment, rehabilitation and care of non-admitted clients. This excludes specialised mental health care services for admitted patients, support services that are not provided by specialised mental health care organisations, services provided by non-government organisations, and residential care services.

- In 2003–04, there were 4,911,735 clients of community mental health care services, of which 181,706 service contacts (3.7%) were for Aboriginal and/or Torres Strait Islander peoples.

### Contacts by age and sex

- In 2003–04, Aboriginal and Torres Strait Islander people had higher proportions of mental health service contacts for the younger age groups than did other Australians, but lower proportions in the older age groups, reflecting the differences in age distribution in these populations (the mean age of Indigenous Australians is around 21 years compared to 36 years for non-Indigenous Australians). For example, 24% and 22% of service contacts for Indigenous Australian males and females were for clients aged between 15 and 24 years compared with 16% and 17% of service contacts for other Australian males and females (Table 3.08.7).
- In the older age groups, there were lower proportions of service contacts for Indigenous Australian males and females aged 65 years or more (1% and 3% respectively) than for other Australian males (7%) and females (15%). This may partly be a reflection of the younger age structure of the Indigenous population – life expectancy of Indigenous males and females is estimated at only 59 years and 65 years compared to 77 and 82 years for non-Indigenous males and females (ABS and AIHW 2005).
- In 2003–04, Indigenous males and females had higher rates of community mental health care service contacts across all age groups except those aged less than 15 years. Differences were most marked in the 25–34 and 35–44 year age groups where Indigenous males and females were twice as likely to be clients of community mental health care services as other Australians in these age groups.

**Table 3.08.7: Community mental health care service contacts, by Indigenous status, sex and age group, 2003–04<sup>(a)</sup>**

Sex and age group	Indigenous			Other <sup>(b)</sup>			Ratio <sup>(d)</sup>
	No.	%	Rate per 1,000 <sup>(c)</sup>	No.	%	Rate per 1,000 <sup>(c)</sup>	
<b>Males</b>							
Less than 15 yrs	11,285	11.1	121.0	237,474	9.7	121.9	1.0
15–24	24,583	24.2	525.2	398,591	16.4	292.2	1.8*
25–34	35,738	35.2	1,014.7	623,145	25.6	444.4	2.3*
35–44	20,771	20.4	733.7	507,752	20.8	347.1	2.1*
45–54	6,189	6.1	327.0	321,804	13.2	240.1	1.4*
55–64	1,837	1.8	188.5	156,889	6.4	151.8	1.2*
65 and over	1,079	1.1	185.7	178,763	7.3	156.2	1.2*
<b>Total<sup>(e)</sup></b>	<b>101,670</b>	<b>100.0</b>	<b>445.1<sup>(f)</sup></b>	<b>2,435,967</b>	<b>100.0</b>	<b>251.2</b>	<b>1.8<sup>(f)*</sup></b>
<b>Females</b>							
Less than 15 yrs	5,611	7.0	63.5	146,281	6.6	79.0	0.8
15–24	17,528	22.0	383.3	367,157	16.7	281.8	1.4*
25–34	23,588	29.6	623.3	414,740	18.8	295.5	2.1*
35–44	19,981	25.0	636.5	411,937	18.7	279.2	2.3*
45–54	8,671	10.9	429.0	331,956	15.1	245.2	1.7*
55–64	2,308	2.9	218.3	192,597	8.8	190.3	1.1*
65 and over	1,981	2.5	262.7	328,501	14.9	231.7	1.1*
<b>Total<sup>(e)</sup></b>	<b>79,801</b>	<b>100.0</b>	<b>367.5<sup>(f)</sup></b>	<b>2,200,588</b>	<b>100.0</b>	<b>224.2</b>	<b>1.5<sup>(f)*</sup></b>
<b>Total<sup>(e)</sup></b>	<b>181,706</b>		<b>406.0<sup>(f)</sup></b>	<b>4,730,029</b>		<b>236.9</b>	<b>1.7<sup>(f)*</sup></b>

\* Represents results with statistically significant differences in the Indigenous/other Australians comparisons at the p<.05 level.

(a) These data should be interpreted with caution due to likely under-identification of Indigenous Australians.

(b) Other includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(c) Rate per 1,000 population based on the average 2003 and 2004 December populations.

(d) Rate ratio Indigenous:other.

(e) Includes service contacts for clients for whom age or sex was not stated.

(f) Total rates have been directly age standardised using the Australian 2001 Standard population.

Source: 2003–04 National Community Mental Health Care Database, AIHW.

### Contacts by state/territory

- In 2003–04, the proportion of service contacts for clients of community mental health services who identified themselves as being of Aboriginal and/or Torres Strait Islander origin ranged from 1.3% for Victoria to 26.4% for the Northern Territory (Table 3.08.8).
- There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (413.9 per 1,000 and 243.6 per 1,000 respectively). This was true in all jurisdictions with the exception of the Northern Territory. These rates should be interpreted with caution as there is likely to be an under estimate of the actual number of service contacts for Indigenous clients.

The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients, varying coverage of service contacts for Aboriginal and Torres Strait Islander peoples or for the total population, or different patterns of service use by Indigenous and non-Indigenous persons.

**Table 3.08.8: Community mental health care service contacts per 1,000 population, by Indigenous status and state and territory, 2003–04**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous	67,850	20,336	50,699	23,156	8,313	1,164	3,314	6,874	181,706
Non-Indigenous	1,001,817	1,579,464	833,808	389,221	274,797	50,905	121,772	18,535	4,270,319
Not stated	362,062	—	4,504	6,107	28,425	15,512	42,455	645	459,710
<b>Total</b>	<b>1,431,729</b>	<b>1,599,800</b>	<b>889,011</b>	<b>418,484</b>	<b>311,535</b>	<b>67,581</b>	<b>167,541</b>	<b>26,054</b>	<b>4,911,735</b>
<b>Rate per 1,000 population<sup>(a)</sup></b>									
Indigenous	545.6	788.3	382.9	388.7	316.4	262.7	810.5	114.3	413.9
Other Australians <sup>(b)</sup>	209.1	320.8	228.8	209.7	203.1	142.1	502.1	128.7	243.6
Ratio <sup>(c)</sup>	2.6	2.5	1.7	1.9	1.6	1.8	1.6	0.9	1.7
<b>Total</b>	<b>215.3</b>	<b>323.3</b>	<b>234.3</b>	<b>215.0</b>	<b>205.2</b>	<b>140.2</b>	<b>506.0</b>	<b>122.6</b>	<b>247.3</b>

(a) Rates were directly age-standardised using the Australian 2001 Standard population.

(b) Other includes service contacts for non-Indigenous clients and those for whom Indigenous status was not stated.

(c) Rate ratio Indigenous:other.

*Note:* Shading indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) in these jurisdictions is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution due to likely under identification of Indigenous Australians.

Source: AIHW 2005b.

## General practitioner encounters

Information about general practitioner encounters is available from the Bettering the Evaluation and Care of Health (BEACH) survey. Data for the five-year period 2000–01 to 2004–05 are presented in Table 3.08.9.

Mental health-related problems are among the top five most common types of problems managed at GP encounters with Aboriginal and Torres Strait Islander patients. The other four most common types of problems managed at GP encounters with Indigenous patients are respiratory conditions, skin problems, musculoskeletal conditions and circulatory conditions.

- In the period 2000–01 to 2004–05 there were 7,296 GP encounters with Aboriginal and Torres Strait Islander patients recorded in the survey, at which 10,955 problems were managed. Of these, 8.8% (971) were mental health related problems.
- After adjusting for differences in age distribution, mental health related problems were managed at GP encounters with Indigenous patients at a similar rate to encounters among other patients.

**Table 3.08.9: Most frequently reported mental health related problems managed by general practitioners, by Indigenous status of the patient, 2001–01 to 2004–05<sup>(a)(b)(c)</sup>**

Problem managed	Number		% of total problems		Crude rate per 100 encounters					Age-standardised rate per 100 encounters <sup>(d)</sup>			
	Indigenous	Other <sup>(e)</sup>	Indigenous	Other <sup>(e)</sup>	Indigenous	95% LCL <sup>(f)</sup>	95% UCL <sup>(g)</sup>	Other <sup>(e)</sup>	95% LCL <sup>(f)</sup>	95% UCL <sup>(g)</sup>	Indigenous	Other <sup>(e)</sup>	Ratio <sup>(h)</sup>
Mental health related conditions <sup>(i)(j)</sup>	971	56,499	8.8	7.8	13.3	11.0	15.6	12.1	11.8	12.4	12.6	12.1	1.0

(k) These survey results are likely to undercount the number of Indigenous Australians visiting doctors.

(l) Combined financial year data for five years.

(m) Data for Indigenous and other Australians have not been weighted.

(n) Includes non-Indigenous patients and patients for whom Indigenous status was 'not stated'.

(o) LCL = lower confidence interval.

(p) UCL = upper confidence interval.

(q) Directly age-standardised rate per 100 encounters. Figures do not add to 100 as more than one problem can be managed at each encounter.

(r) Rate ratio Indigenous:other.

(s) Includes multiple ICPC–2 or ICPC – 2 PLUS codes.

(t) ICPC–2 codes: P02, P04–P05, P08–P13, P18–P20, P22–P25, P27–P29, P71, P75–P82, P85–P86, P98–P99.

Source: AIHW analysis of BEACH data.

## **Aboriginal and Torres Strait Islander Primary Health Care Services**

Information on client contacts with emotional and social well-being staff or psychiatrists in Aboriginal and Torres Strait Islander Primary Health Care Services is available from the Service Activity Reporting database.

- In 2003–04 there were 97,570 client contacts with emotional and social well-being staff or psychiatrists; this was 3.7% of the estimated total contacts made to Aboriginal and Torres Strait Islander Primary Health Care Services.

## **Data quality issues**

### **National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**

*The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcomes the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.*

*Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.*

*Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in major cities, regional and remote areas, but very remote areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 National Health Survey.*

*In remote communities there were some modifications to the NATSIHS content in order to address language and cultural appropriateness in traditional communities, as well as to assist respondents in understanding the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built in edit checks and sequencing.*

*Further information on NATSIHS data quality issues can be found in the national publication (ABS 2006).*

### **General practitioner data (BEACH)**

*Information about general practitioner encounters is available from the Bettering the Evaluation and Care of Health (BEACH) survey. The BEACH data on Indigenous Australians should be treated with care. First, the sample frame has not been designed to produce statistically significant results for population subgroups such as Indigenous Australians. Second, the identification of Indigenous Australians is not complete. In the BEACH survey 'not stated' responses to the Indigenous identification question are often higher than the 'yes' responses. It can be assumed, therefore, that the survey consistently undercounts the number of Indigenous Australians visiting general practitioners, but the extent of this undercount is not measurable.*

### **Hospital separation data**

#### **Separations**

*The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery. In terms of mental health service delivery, there are a number of different service delivery models ranging from ambulatory care in community mental health services and hospitals and non-ambulatory care in hospitals and residential services.*

*(continued)*

## **Data quality issues (continued)**

### ***Indigenous status question***

*Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The not stated category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).*

### ***Under-identification***

*The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations of Aboriginal and Torres Strait Islander people. While the identification of Indigenous people in hospitalisations is incomplete in all states and territories, four jurisdictions (Queensland, Western Australia, South Australia and the Northern Territory) have been assessed as having adequate identification in 2003–04 (AIHW 2005a).*

*It has therefore been recommended that reporting of Indigenous hospital separations be limited to aggregated data for Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these four jurisdictions is 60%. The following caveats have also been recommended:*

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a degree of Indigenous under-identification in Western Australia and relatively marked Indigenous under-identification in Queensland data).*
- *Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.*
- *Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in other jurisdictions (ABS & AIHW 2005).*

### ***Numerator and denominator***

*Rate and ratio calculations rely on good numerator and denominator data. The changes in the completeness of identification of Indigenous people in hospital records may take place at different rates than changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used here are sourced from the ABS's Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009 (ABS 2004).*

### **National Community Mental Health Care Database**

*The quality of the Indigenous identification in this database varies by jurisdiction.*

*The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients or different patterns of service use by Indigenous and non-Indigenous persons.*

*All states and territories use the standard ABS question of Indigenous status. For a number of jurisdictions, the NCMHCD data reported for the 'both Aboriginal and Torres Strait Islander' category are suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander peoples (for example, Maoris and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.*

*All state and territory health authorities provided information on the quality of the data for the NCMHCD 2003–04. Only Western Australia, Tasmania and the Northern Territory reported that the quality of their data was acceptable.*

*(continued)*

## Data quality issues (continued)

### Service Activity Reporting data

*Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002–03 to 2004–05. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. While this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:*

- *The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.*
- *The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.*
- *These data provide a rough guide to service activity in this area but do not attempt to measure quantity or quality.*
- *These data also do not differentiate between services provided by the service and those facilitated by the service.*

## References

ABS (Australian Bureau of Statistics) 2004. Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009. ABS cat. no. 3238.0. Canberra: ABS.

ABS 2006. National Aboriginal and Torres Strait Islander Health Survey 2004–05. ABS cat. no. 4715.0. Canberra: ABS.

ABS and AIHW (Australian Bureau of Statistics and Australian Institute of Health and Welfare) 2005. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2005. ABS cat. no. 4704.0; AIHW cat. no. IHW 14. Canberra: ABS & AIHW.

AIHW (Australian Institute of Health and Welfare) 2002. Australia's children: their health and wellbeing 2002. AIHW cat. no. PHE 36. Canberra: AIHW.

AIHW 2005a. Improving the quality of Indigenous identification in hospitals separations data. AIHW cat. no. HSE 101. Canberra: AIHW.

AIHW 2005b. Mental health services in Australia 2003–04. Mental Health Series no.7. AIHW cat. no. HSE 40. Canberra: AIHW.

National Centre for Classification in Health 2004. International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification. 4<sup>th</sup> Edition. National Centre for Classification in Health.

Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, et al. 2005. The Western Australian Aboriginal Child Health Survey: the social and emotional wellbeing of Aboriginal children and young people. Curtin University of Technology and Telethon Institute for Child Health Research, Perth.