Fact Sheet 2 – What this means for Aboriginal and Torres Strait Islander people

Key issues

- Around three per cent of the Australian population (approximately 670,000 people) identify as being of Aboriginal or Torres Strait Islander origin (2011 Census) and they experience lower life expectancy, higher rates of mortality, poorer educational attainment and fare badly on other measures of wellbeing.

- There is a significant mental health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous people, with Aboriginal people more likely to experience psychological distress, hospitalisation for mental illnesses and death from intentional self-harm.

- Despite having greater need, Aboriginal and Torres Strait Islander people experience lower access to mental health services than the rest of the population.

- This is in part because services and programmes designed for the general population are not culturally appropriate within a broader context of social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander peoples.

- Furthermore, such services do not ensure a connected transition through the mental health system for Aboriginal and Torres Strait Islander peoples.

Key responses

The Review recommends five areas to improve the mental health outcomes for Aboriginal and Torres Strait Islander peoples:

- **Make Aboriginal and Torres Strait Islander mental health a national priority** supported by an additional specific CoAG Closing the Gap target for mental health. This work would support a dedicated national Aboriginal and Torres Strait Islander mental health plan which would assist in developing culturally appropriate policy, services and programmes.

- **Integrated ‘Mental Health and Social and Emotional Wellbeing (SEWB) Teams’**. Establish Mental Health and SEWB teams in all government-funded Indigenous Primary Health Care Organisations (IPHCOS) including Aboriginal Community Controlled Health Services (ACCHS), as part of renewed service agreements.

- **Invigorate culturally responsive and accountable mainstream mental health services.** Provide incentives and place accountability on services to improve their contribution to delivering better mental health outcomes for Aboriginal and Torres Strait Islander people.

- **Sharpen the role of dedicated Aboriginal and Torres Strait Islander services.** Additional effort is needed to facilitate the journey of Aboriginal and Torres Strait Islander people into and through the specialist mental health service system, and in particular from primary mental health care into specialist mental health services and programmes.
Aboriginal and Torres Strait Islander mental health workforce development. Develop a National Aboriginal and Torres Strait Islander mental health workforce strategy to support the changes in service delivery proposed and enable all services (specialist and mainstream) to be more culturally responsive and better able to work with Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander Health and Wellbeing

- The **LIFE EXPECTANCY** for Aboriginal and Torres Strait Islander people is still around **10 YEARS LOWER** than for other Australians.

- Aboriginal and Torres Strait Islander adults are **2.7 TIMES MORE LIKELY TO HAVE HIGH/VERY HIGH DISTRESS LEVELS**, compared with their non-Indigenous counterparts.

- Of all Aboriginal and Torres Strait Islander people aged 15 years and over, **38.1% HAD EXPERIENCED AT LEAST THREE "LIFE STRESSORS"** in the previous 12 months. For example, death of a family member, serious illness, or inability to get to work.

- In 2012, **27 PER CENT OF THE ADULT PRISON POPULATION** were Indigenous.

- From 2001–2010, **SUICIDE RATES amongst the Aboriginal and Torres Strait Islander population were around TWICE AS HIGH** as they were amongst the non-Indigenous population.

In 2012–13 Aboriginal and Torres Strait Islander people reported that they did not go to a counsellor despite reporting the need to see one because...

- Too busy (for reasons such as work or family responsibilities) **34.0%**
- Too long to wait—or the service was not available at the time **12.2%**
- Decided not to seek care **31.7%**
- Does not trust the counsellor **11.8%**
- Dislikes the service or professional (or feeling afraid or embarrassed) **26.6%**
- Problems with transport or distance **19.0%**
- Felt it would be inadequate **18.0%**
- Other **17.2%**