

POSTER ABSTRACT

The use and satisfaction with healthcare services of Aboriginal and Torres Strait Islander students at boarding schools: Baseline results

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Introduction: In adolescence (10-19 years), many health risks and protective factors that influence later life emerge. Remote-dwelling Indigenous adolescents have the poorest adolescent health outcomes in Australia, yet there is little documentation of their healthcare service use or satisfaction. This exploratory study investigates the perceptions of Cape York and Palm Island Indigenous students, pre-transition to and at Queensland boarding schools, of their own health status, health services use and satisfaction.

Methods: A resilience survey instrument was administered to a purposive sample of 32 Indigenous primary school students from two remote communities and 188 Indigenous secondary boarding school students supported by Education Queensland's Transition Support Service. Measures included psychological distress and risk, perceived health status and health service usage and satisfaction. Analyses were conducted in SPSS version 24.

Results: Primary and secondary boarding school students reported very high levels of risk; 27% secondary students reported high psychological distress. Yet no primary and only 0.5% secondary students self-reported their own health as poor. 75% primary and 68% secondary students had visited their home community healthcare service in the last 12 months; all primary and 94% secondary students were very satisfied or satisfied. 68% secondary students attended school-based health services; with slightly lower levels of satisfaction. Overall, 81% of the secondary cohort had seen a doctor at home or school. 12% had attended a service for mental health, alcohol, drugs, violence or other wellbeing issues, but there was no association with psychological distress.

Discussion and conclusion: The tandem finding of students' high risk and distress levels but perceptions of good health raises concerns about the normalisation of stressors in this population, and the potential that boarding schools may fail to identify need and refer appropriately. Quite high levels of healthcare access and satisfaction were reported, but mental health and wellbeing services may not be supporting those most in need. The complexity of health service provision by schools and home healthcare services suggests the need for a coordinated approach with identified referral pathways in response to the healthcare needs of Indigenous boarding school students.

Keywords: health service use; school health services; coordination; remote-dwelling Indigenous students; satisfaction

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