



**Gayaa Dhuwi (Proud Spirit) Australia**

Aboriginal and Torres Strait Islander Leadership in Social and  
Emotional Wellbeing, Mental Health and Suicide Prevention

Submission to the Australian  
Department of Health and Aged  
Care:

**Review of after-hours  
primary care policies  
and programs.**

April 2024

**Gayaa Dhuwi (Proud Spirit) Australia would like to acknowledge the traditional custodians of country throughout Australia, and pay respects to all Elders, past, present, and emerging.**

## **Summary**

The Department of Health and Aged Care is conducting an inquiry to review after-hours primary care policies and programs. The review will consider, the need for primary care after-hours services, the strengths and weaknesses of current after-hours service delivery, and successful models of primary care after-hours service provision.

Gayaa Dhuwi proposes that the department should prioritise expanding Aboriginal and Torres Strait Islander led, culturally responsive after-hours primary health care options that are better integrated with Primary Health Networks, Local Health Districts, and Local Hospital Networks. Additionally, increasing the Aboriginal and Torres Strait Islander health workforce, supporting Aboriginal and Torres Strait Islander data governance, promoting outreach in remote areas, and providing adequate resourcing for Aboriginal Community Controlled Health Organisations (ACCHOs) to extend service hours are crucial steps needed to increase culturally safe after-hours primary care options for Aboriginal and Torres Strait Islander peoples. Significant investments are needed to address the unacceptable inequities in after-hours care access and outcomes for Aboriginal and Torres Strait Islander peoples across Australia.

The Gayaa Dhuwi (Proud Spirit) Declaration highlights the areas of need to deliver Aboriginal and Torres Strait Islander leadership in designing holistic, culturally safe models of social and emotional wellbeing, mental health and suicide prevention programs, services and professionals without direct or indirect discrimination. The declaration provides a framework for improving the cultural responsiveness of after-hours service provision and care and we strongly recommend its consideration in addressing the outcomes of this review.

## **About Gayaa Dhuwi (Proud Spirit) Australia**

Gayaa Dhuwi (Proud Spirit) Australia is the national peak body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. As a community-controlled organisation, it is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies, working in these areas to promote collective excellence in mental health care.

## **Background**

The after-hours primary care system exists to assist consumers with non-emergency health issues outside of normal general practice opening hours, and to avoid consumers attending hospital emergency departments. It is delivered in multiple physical and virtual settings, including by private general practices, state and territory primary care clinics, hospital services, Medicare Urgent Care Clinics, Healthdirect, aged care facilities and Aboriginal and Torres Strait Islander health services. There are a range of diverse funding streams for after-hours services including Medicare, practice incentive payments, and patient co-contributions.

The complete after-hours period covers:

- outside 8 am to 6 pm on weekdays
- outside 8 am to 12 pm on Saturdays
- all day on Sundays and public holidays

It is further broken down into the sociable after-hours period (6 pm to 11 pm on weeknights), and the unsociable after-hours period:

- 11 pm to 8 am on weekdays
- outside 8 am to 12 pm on Saturdays
- all day Sunday and public holidays.

In May 2023, the Australian Government announced improvements to after-hours primary care access, primarily through the Primary Health Networks After Hours program and Healthdirect's after-hours GP helpline (Department of Health and Aged Care, 2023a). Improving access to after-hours primary care services is also a recommendation of the Strengthening Medicare Taskforce's Final Report (Department of Health and Aged Care, 2022a), and Australia's Primary Health Care 10-Year Plan 2022-2032 (Department of Health and Aged Care, 2022b).

Achieving equitable access to high-quality, culturally responsive after-hours primary care is critically important for addressing the significant health inequities experienced by Aboriginal and Torres Strait Islander peoples. Lack of access to timely, culturally safe services contributes to delays in preventive care, late diagnosis, poorer treatment adherence, and over-reliance on emergency departments. Providing after-hours care that aligns with local concepts of social and emotional wellbeing is essential to overcome fear, distrust, and culturally unsafe mainstream environments. Expanding service availability, accessibility, and outreach models is needed to bridge the gap in after-hours access for regional, remote, and very remote communities. Ultimately, access to equitable after-hours primary care can help prevent health crises, reduce preventable hospitalisations, and improve health outcomes for Aboriginal and Torres Strait Islander communities across Australia.

## Responses

There is limited publicly available data on the strengths of the current after-hours primary health care system for Aboriginal and Torres Strait Islander peoples. However, some strengths that have been identified include:

### **Aboriginal Community Controlled Health Organisations (ACCHOs)**

ACCHOs are identified as part of the after-hours service system in Australia. ACCHOs provide a comprehensive, holistic model of culturally safe and appropriate primary health care that extends well beyond just the biomedical approach. Services are operated by the local Aboriginal community to ensure true community governance over service delivery. They have a deep understanding of Aboriginal and Torres Strait Islander cultural concepts of health and provide services tailored to the specific needs of their communities, such as extended operating hours, transport assistance, and home visits. ACCHOs recognise the importance of addressing social determinants that impact wellbeing, like housing, employment, and racism. Their programs build protective factors like social cohesion, cultural identity and connection across the lifespan. This community-led, culturally grounded approach positions ACCHOs as central for increasing accessibility and delivering culturally responsive, high-quality after-hours primary health care services for Aboriginal and Torres Strait Islander peoples (Health Policy Analysis 2020; Davey et al. 2016).

## **13YARN**

The 13YARN crisis support line serves as a vital strength in after-hours primary health care for Aboriginal and Torres Strait Islander peoples across Australia. 13YARN is operated 24/7 by Aboriginal and Torres Strait Islander crisis supporters and provides a culturally safe, confidential, and accessible point of contact for individuals experiencing mental health crises. Its national reach via any telephone allows it to serve even the most remote communities. As a first point of contact, 13YARN compliments other mental health services by providing culturally appropriate crisis intervention and referrals when needed outside of normal business hours. This Aboriginal and Torres Strait Islander-led crisis line fills a crucial gap in delivering accessible, culturally safe after hours primary mental health care nationwide (13YARN 2024; CBPATSISP 2024).

As previously discussed, there are significant gaps in research and available data concerning after-hours primary care policies and programs for Aboriginal and Torres Strait Islander peoples. Key weaknesses of the current after-hours primary health care system for Aboriginal and Torres Strait Islander peoples include:

### **Lack of culturally safe and responsive services**

A significant weakness in the current after-hours primary health care system is the lack of culturally safe and responsive services for Aboriginal and Torres Strait Islander peoples. Many non-Indigenous health practitioners demonstrate minimal understanding of Aboriginal and Torres Strait Islander cultures, leading to culturally unsafe care environments. This is especially problematic with new staff who have limited prior experience working with Aboriginal and Torres Strait Islander peoples. Racism, stereotyping and the devaluing of Aboriginal and Torres Strait Islander health practices by some clinical staff further contributes to culturally unsafe spaces that deter Aboriginal and Torres Strait Islander peoples from accessing after-hours care. The inability to provide culturally appropriate services perpetuates fear and distrust in the Western health system stemming from negative past experiences. Addressing the lack of culturally safe after-hours primary care options will require workforce training, increasing Aboriginal and Torres Strait Islander staffing, and systematically embedding cultural safety principles into all aspects of service design and delivery, such as, the Gayaa Dhuwi (Proud Spirit) Declaration, Aboriginal and Torres Strait Islander social and emotional wellbeing framework and local initiatives that promote community assets, knowledges, and practices.

### **Accessibility**

Aboriginal and Torres Strait Islander peoples experience significant barriers to accessing quality after-hours primary health care. Data shows that Aboriginal and Torres Strait Islander peoples have significantly lower rates of Medicare Benefits Schedule (MBS) funded after-hours services claimed compared to non-Indigenous Australians, with the gap being most pronounced in remote and very remote areas. This indicates Aboriginal and Torres Strait Islander peoples in these regions face even greater challenges obtaining timely after-hours care. For patients attempting to access an Aboriginal and Torres Strait Islander model of care after hours there are limitations in identifying what services exist locally. The high proportion (7%) of after-hours emergency department presentations by Aboriginal and Torres Strait Islander peoples suggests that too often Aboriginal and Torres Strait Islander peoples have no choice but to seek care at hospitals due to the lack of accessible alternatives. Cultural and

communication barriers, workforce shortages, fragmented care coordination, and limited transport options in many communities impede access to appropriate after-hours care. Overcoming these multifaceted accessibility issues is crucial to ensuring Aboriginal and Torres Strait Islander peoples can receive the right care, at the right time, in a culturally safe setting (AIHW 2023; Nolan-Isles et al. 2021).

### **Service gaps**

Significant service gaps exist in providing culturally responsive after-hours primary health care for Aboriginal and Torres Strait Islander communities. There is limited public knowledge and understanding of Aboriginal and Torres Strait Islander models of care that could improve experiences in emergency departments during after-hours presentations (Preisz et al. 2022). Lack of collaboration and information sharing between the primary health care sector and hospitals hinders coordinated, culturally safe pathways for after-hours care. Perhaps most critically, there is a need of options beyond acute emergency services for non-urgent after-hours primary care needs. Less than half of ACCHOs provide comprehensive services outside business hours like transport, medical treatment, mental health support, and management of chronic illnesses. This lack of accessible, culturally appropriate after-hours primary care often forces Aboriginal and Torres Strait Islander peoples to either go without timely care or turn to already overstretched emergency departments. Addressing these service gaps will require funding to expand ACCHOs after-hours service availability, improving cultural responsiveness in mainstream services, and facilitating stronger integration between the primary health care sector and hospital systems.

The single change that would most improve the after-hours care systems for practices, practitioners, and consumers to directly impact Aboriginal and Torres Strait Islander peoples **is improving the cultural competency and safety of after-hours service providers**. Recent observations highlight several key challenges that point to this as a critical area for improvement:

- Cultural and communication barriers were identified as a significant barrier preventing Aboriginal and Torres Strait Islander people from accessing appropriate and acceptable after-hours care.
- The search results emphasise the importance of cultural safety and competency of service providers, especially when they are not the usual care givers, in ensuring accessible after-hours care for Aboriginal and Torres Strait Islander communities.
- Improving the cultural competency of after-hours providers, through training, community engagement, and employing local Indigenous staff, could help overcome the mistrust and discomfort that can prevent Aboriginal and Torres Strait Islander peoples from seeking care.
- Ensuring after-hours services are delivered in a culturally safe manner, aligned with local values and norms, would make them more welcoming and responsive to the needs of Aboriginal and Torres Strait Islander peoples.
- The multidisciplinary workforce involved in after-hours care, including Aboriginal and Torres Strait Islander health workers, could potentially support culturally safe service delivery for Aboriginal and Torres Strait Islander peoples (Davey et al. 2016).
- The integration and implementation of the Gayaa Dhuwi Declaration into service models, service delivery and practice would provide a strong foundation for practices,

practitioners, and consumers to experience cultural safety and promote cultural leadership and governance, social and emotional wellbeing, mental health and suicide prevention in after-hours primary care settings.

By prioritising this single change to enhance the cultural competency and safety of after-hours services, practices and practitioners would be better equipped to provide accessible, appropriate and acceptable care that is responsive to the needs of Aboriginal and Torres Strait Islander peoples.

## Recommendations

**The implementation of the Gayaa Dhuwi (Proud Spirit) Declaration is critical to guide the redesign of afterhours primary health care services to meet the needs of Aboriginal and Torres Strait Islander people.**

### Gayaa Dhuwi (Proud Spirit) Declaration

The Gayaa Dhuwi (Proud Spirit) Declaration (the Declaration) provides a framework to improve the cultural responsiveness of after-hours primary health care for Aboriginal and Torres Strait Islander peoples. It calls for a holistic, 'best of both worlds' approach that combines Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing with mainstream clinical mental health models. The Declaration advocates for Aboriginal and Torres Strait Islander leadership and governance over the design and delivery of mental health services for Aboriginal and Torres Strait Islander peoples.

Implementation of the Gayaa Dhuwi Declaration would contribute to services like after-hours care being developed and implemented in a culturally safe way. The declaration guides Primary Health Networks, Local Health Districts, and Local Hospital Networks to embed these principles into regionally tailored models of care. It also supports expanding the evidence base on effective Aboriginal and Torres Strait Islander suicide prevention practices and data governance to better inform local service planning and decision-making around mental health needs, including after-hours care. By providing this overarching cultural framework, the Gayaa Dhuwi Declaration can strengthen the cultural responsiveness of after-hours primary mental health care nationwide.

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