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Integrating Social Work in an Aboriginal Community Controlled Health Service Primary Health Care Setting: The First Three Months of Data

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Abstract

Background

Social work within General Practice is an emerging contributor to primary healthcare aiming to address social determinants of health. Aboriginal and Torres Strait Islander people experience higher rates of health inequity and racism than non-Indigenous Australians. The Townsville Aboriginal and Islander Health Service [TAIHS] is an Aboriginal and Torres Strait Islander Community Controlled Health Service [ATSICCHS] whose mission is to deliver culturally appropriate services to achieve better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

Objective

This article reports on the first three months of data collection of a social worker employed at TAIHS as part of the North Queensland Social Work Placement in General Practice Expansion Project Research. The study co-funded the employment of social workers in GP clinics to evidence and evaluate the value of social workers in the GP setting.

Discussion

The findings highlight the broad nature of social work practice, using a range of interventions across mental, physical and social aspects of health. Social work can value add to general practice, alleviate workload pressure and address areas of concern to both patients and GPs, with social workers providing a link between primary care and community services.

Acknowledgements

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Ethics Approval Statement

Approved by the James Cook University Human Ethics Committee, (approval H9220),

Keywords

Social Work; Primary Health Care; Aboriginal Controlled Health Care Service; General Practice;

The World Health Organization [WHO] (2023) highlights that the social determinants of health, such as homelessness, violence, poverty and access to resources or employment account for 30- 55% of health outcomes. Primary health care is most successful if it is delivered in a coordinated multidisciplinary approach (WHO, 2018). Healthcare reforms in various countries have led to the inclusion of social workers in primary health care settings resulting in improved patient care and outcomes (authors' own, 2023a). Social workers in GP settings undertake care planning, case management, psycho-social assessments, system navigation, psycho-education, counselling, patient advocacy, health promotion and deliver other interventions including cognitive behavioural and problem-solving therapies (Löwe et al., 2022; Milano et al. 2022; Tadic et al., 2020). While the integration of social work within General Practices has the potential to improve primary health care delivery, the inclusion in Australia is challenged by lack of funding and organisational barriers (Zuchowski & Mclennan, 2023).

In Townsville, there are 21 180 Aboriginal and/ or Torres Strait Islander people, 9.0% of the population (ABS, 2021a), almost three times the Australian percentage of 3.2% of the population (ABS, 2021b). Australian Aboriginal and Torres Strait Islander people experience a mortality gap of 10 years, which is a greater health equity gaps than Indigenous people in other colonised countries (ABS, 2023; Freeman et al., 2016). Fifty percent of Aboriginal and Torres Strait Islander men die before age 45 (Korff, 2023). Forty-nine percent of Aboriginal and Torres Strait Islander people reported chronic health conditions with mental and behavioural conditions being the most common chronic condition and 37% that they had a disability (ABS, 2024). Aboriginal and Torres Strait Islander people have lower income, employment and higher incarceration and children in out-of-home care rates than non-Indigenous Australians (Australian Government, 2024; Freeman et al., 2016). There is a high burden of mental health conditions with 30% of Aboriginal and Torres Strait Islander people aged 18 years and over reporting psychological distress levels as high or very high (ABS, 2024) and a concerning suicide rate double that of non-Indigenous people (ABS, 2021c).

Systemic and individual racism in health services continue to be a public health issue (Freeman, 2016; Gatwiri et al., 2021; Socha, 2021; Willis et al., 2024). The Willis et al. 2024 study identified that Aboriginal and Torres Strait Islander health care practitioners saw the needs for Aboriginal and Torres Strait people to draw on strength to navigate constant challenges, adversities, ongoing trauma of colonisations and bureaucratic structures impacting health care systems. Their participants 'described Western healthcare structures as impediments to seeking and receiving care' (Willis et al., 2024, p.17). Studies also show that the health gap can be partially reduced by addressing social and economic disadvantage and through prevention but the higher mortality rate when Aboriginal and Torres Strait Islander Australians become unwell also needs to be considered (Vos et al., 2009). Contributing factors to higher mortality rates include a lack of cultural safe services contributing to late presentation when unwell, as well as shortcomings in medical management and inadequate follow-up (Vos, 2009; Gatwiri, et al., 2021; Socha, 2021).

In Australia, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHO) were first established in the 1970s as a response to "…the inherent failings of existing non-Indigenous health services to meet the needs of Aboriginal people" (Rosewarne et al., 2017, p.127). The establishment of ATSICCHOs resulted from advocacy and lobbying by Aboriginal people for Aboriginal community-controlled primary health care services (Freeman et al., 2016). Research examined current ATSICCHO report that they "provide primary health care across the lifespan and frequently incorporate activities that address the social determinants of health and health inequity" and "…addressed the structural determinants of health inequity" (Pearson et al., 2020, p. 9). Pearson et al. (2020, p.9) suggested that ATSICCHOs' wholistic model of primary health care governed by Aboriginal and Torres Strait Islander community members was culturally appropriate, comprehensive and "less constrained by the dominance of the medical paradigm". Ongoing and active involvement and leadership of Aboriginal and Torres Strait Islander community members in health programs, building internal and external

partnerships, working in ways that align with Aboriginal and Torres Strait Islander ways of being and doing, and community engagement are key strategies applied by ATSICCHS to reaching health equity (Pearson et al., 2020; Socha, 2021).

In 1974, after the establishment of three Aboriginal community-controlled organisations, TAIHS was founded as an Aboriginal and Torres Strait Islander Community Controlled Health Organisation in Australia. This followed community meetings, advocacy, and political lobbying, which resulted in the donation of premises and medical supplies (TAIHS, 2024). Today TAIHS employs more than 200 staff across medical and community services, with 62% of TAIHS staff identifying as Aboriginal and/ or Torres Strait Islander. In 2022/23 TAIHS GP clinic saw 25,497 patients in 2022/23 with 7737 active patients as of June 2024, 97% of which identified as First Nations people (TAIHS, 2023, 2024). Larkins et al. (2006) research identified that TAIHS serviced younger patients presenting with more problems per consultation than other GP clinics. Type two diabetes, cardiovascular disease, Chronic Kidney disease and Chronic Obstructive Pulmonary disease continue to be the most common presentations (TAIHS, 2022; 2019; 2018; Larkins et al., 2006). Larkins et al. (2006) highlighted the important role TAIHS plays in primary health care for Indigenous patients with complex health needs.

Methods

This study builds on an Australian pilot study conducted with social work students completing field education in general practice which recommended the on-site presence of social workers (Zuchowski et al., 2023). Through this extension research, approved by the James Cook University University Human Ethics Committee, (approval H9220), GP clinics receive co-funding to employ a qualified social worker for a one-year period. General practices were recruited by advertising through the local Primary Health Network and GP networks. Participating GP clinics agreed to collect deidentified patient data to inform the research and provide to the funder of the project, as well as offering patients the opportunity

to provide anonymous feedback. This article reports on the first three months' data from the social work intervention in the GP setting at TAIHS.

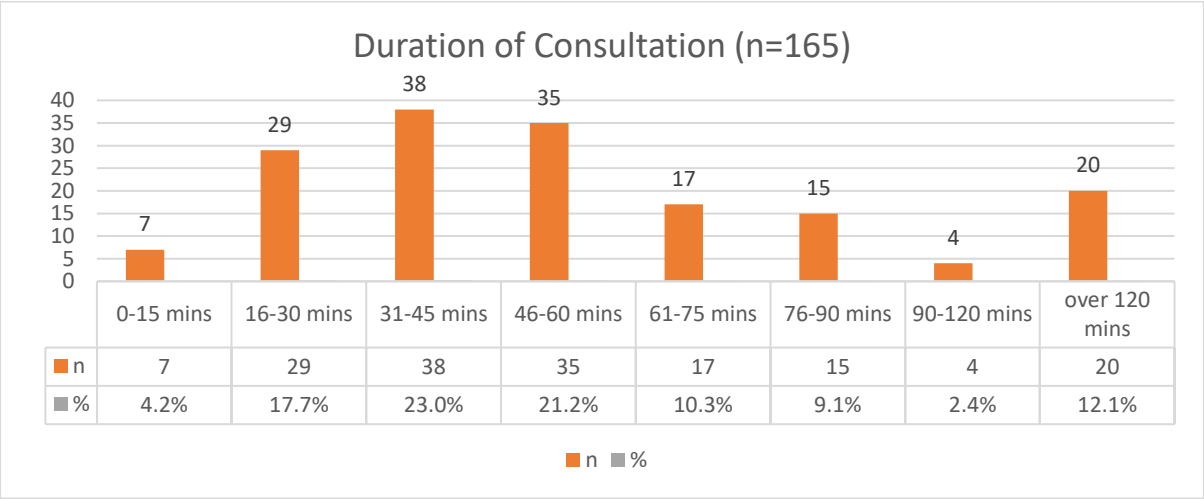
The reporting data was collected via a Qualtrics survey link. Data was extracted and analysed using the SPSS software. The research team explored the data collectively and discussed implications for practice jointly.

Insights and Discussion

The findings are based on three months of data collected from February to April 2024, after a male Aboriginal social worker was employed full-time in the TAIHS GP clinic. In total, 188 reported social-work interventions were delivered, including engagement with patients, meetings, peer activities and community events. The duration of reported consultations with patients (*n*=165) (Figure 1) varied, with 4.2% of patient engagement taking less than 15 minutes and 14% over 90 minutes and most patient engagement taking 16- 30 minutes (17.7%), 31-45 minutes (23%) or 46-60 minutes (21.2%).

Figure 1

Duration of Consultations



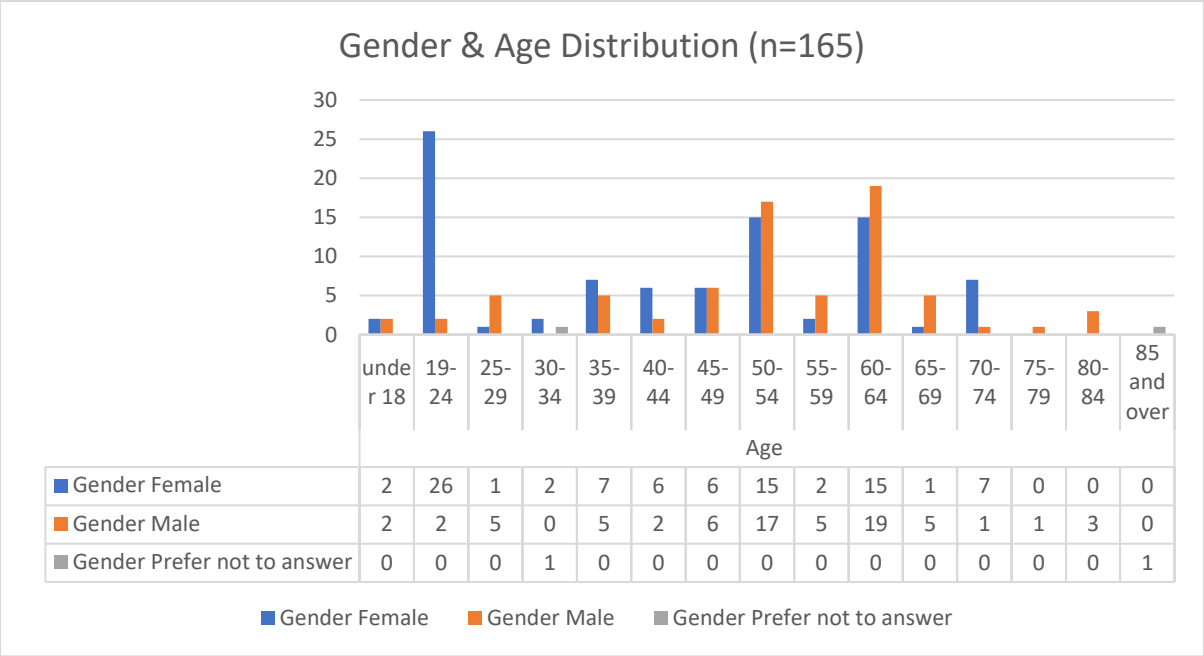
	0-15 mins	16-30 mins	31-45 mins	46-60 mins	61-75 mins	76-90 mins	90-120 mins	over 120 mins
n	7	29	38	35	17	15	4	20
%	4.2%	17.7%	23.0%	21.2%	10.3%	9.1%	2.4%	12.1%

Out of the 165 patients, 97 % identified as Aboriginal and/ or Torres Strait Islander, 54.5 % were female, 44.2% as male and 1.2 % preferred not to answer. The majority

(71.2%) of male patients were in the 45-69 age range, whereas the female distribution as more varied with 28.9 % in the 19-24 and 43.3% in the 45-69 age range; see Figure 2 .

Figure 2

Gender and Age Distribution



	under 18	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 and over
	Age														
Gender Female	2	26	1	2	7	6	6	15	2	15	1	7	0	0	0
Gender Male	2	2	5	0	5	2	6	17	5	19	5	1	1	3	0
Gender Prefer not to answer	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

Patients (*n*=165) presented with multiple issues. The most common areas of health were Mental Health (38.6%), Families (35.5%), Disability (34.9%), Chronic Health (27.1%,), Housing (24.7%), Aging (20.5%), Grief and Loss (19.9 %), Domestic and Family Violence (18.7%) and Indigenous Wellbeing (16.3%) and Finances (15.1%), see Figure 3.[1]

[1] The total of figure 3 exceeds 100% because of the multiple response option.

Figure 3

Areas of Health

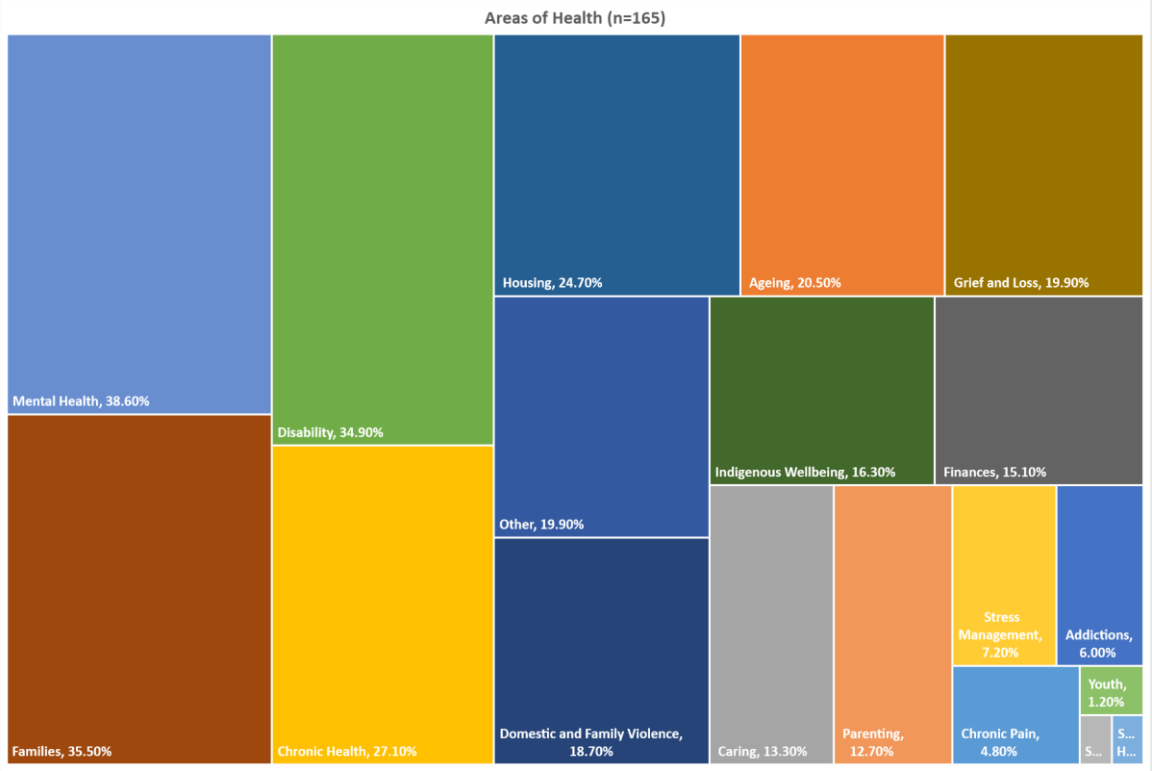
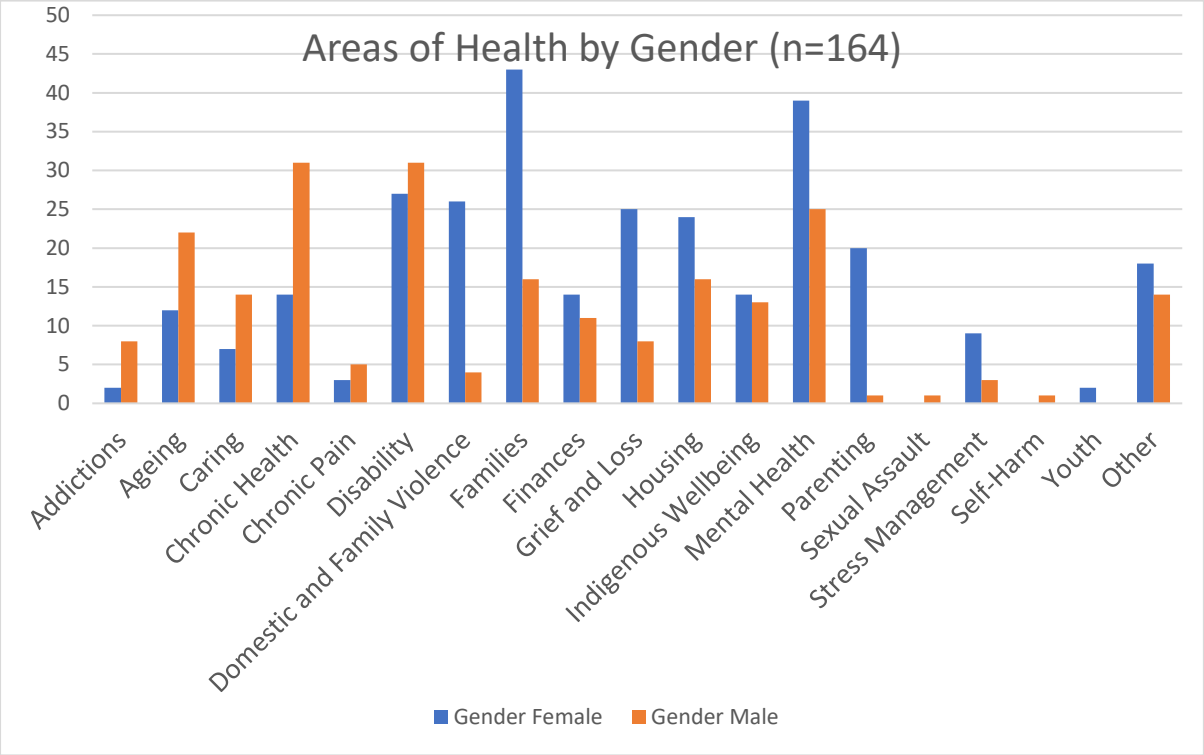


Figure 4[2] highlights that the top areas of health for female patients were Families *(n*=43), Mental Health (*n*=39), Disability (*n*=27), Domestic Violence (*n*=26), Housing (*n*=24) and Parenting (*n*=20). For male patients, the areas of health were Chronic Health (*n*=3), Disability (*n*=31), Mental Health (*n*=25), Aging (*n*=22), Families (*n*=16) and Housing (*n*=16).

[2] The total of figure 4 exceeds 100% because of the multiple response option.

Figure 4

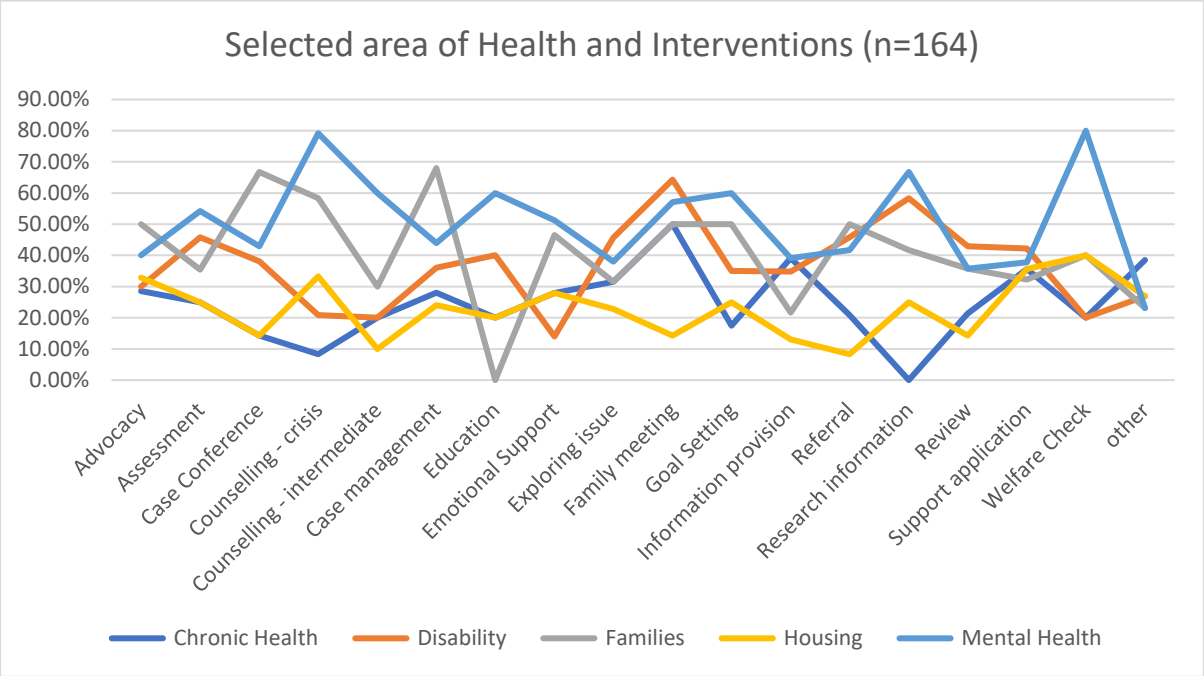
Areas of Health by Gender



Social work interventions included Exploring Issues (*n*=92), Supporting Applications (*n*=90), Advocacy (*n*=70), Assessment (*n*=48), Emotional Support (*n*=43) and Goal Setting (*n*=40). However, as evidenced by Figure 5, where the five most prominent areas of Health (Mental Health, Families, Chronic Health, Disability and Housing) were statistically correlated with the intervention type, the social worker used a wide breath of interventions to work with patients across various areas of health.

Figure 5

Selected Area of Health and Interventions



Discussion

The General Practice Health of the Nation Survey reports that 38% of GP consultations include a mental health component (The Royal Australian College of General Practitioners [RACGP], 2023). Similarly, data from this study indicate that mental health is the most common area of health concern identified in the patient engagement for social work (38.9%). The latest national Aboriginal and Torres Strait Islander Health Survey (ABS,2024) reports that 14% of one in four people aged 15 years and over who sought mental health support in 2022-2023 accessed it from GPs. GP workload, stress and time pressure were the top issues (27%) of most concern for GPs in the GP survey (RACGP, 2023). The presence of a social worker in a GP setting can help alleviate the workload pressure and

emotional load experienced by GPs as social workers are able to employ a wide range of interventions to address the complex social context and consequences of mental health issues. Evidence from this study suggests that social workers can offer significant value within the GP setting.

The findings highlight the breadth of interventions undertaken by the social worker indicating that working with patients to address mental, physical and social health requires a multi-pronged response. Social work within TAIHS aligns with the leadership, collaboration and advocacy model of ATSICCHOs to "address the social and structural determinants of health" (Pearson et al., 2020, p.11). It is crucial to work holistically, and collaboratively, build partnerships, delivery culturally safe services and use advocacy to change policy and health delivery to alleviate the health inequities for Aboriginal and Torres Strait Islanders (Pearson et al., 2020, Socha, 2021).

The findings point to different patterns of utilising social work services by age and gender. While female patients accessed the services at all ages, there was a larger group of younger women in the cohort, whereas male patients were older and in line with other findings men utilise primary health services less often (Mursa et al., 2022). Mursa et al.'s study pointed to structural (i.e. practice set-up and availabilities) and internal barriers (i.e. sense of self and masculinity) preventing men from engaging with health services. Similarly, the health issues explored in the social work intervention was focused differently for men and women. Women's issues were more focused on family, domestic violence and parenting while men were more focused on chronic health, disability and aging. Social work can thus be a valuable support for GPs in encouraging preventative health strategies and promoting patients' understanding of wholistic healthcare (Mursa et al., 2022).

Conclusion/ Key points

- Social workers can alleviate workload pressure for GPs
- Social work uses a multipronged approach to addressing areas of health.

- Social work integrates well into the ACCHS model of wholistic care and focuses on addressing social determinants of health.
- Social work can encourage preventative health to patients.
- Social workers can provide a link between primary care and community services.

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