'Mob want to see mob': Aboriginal and Torres Strait Islander young peoples' perspective on accessing primary health care services in urban southeast Queensland

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Abstract

Objective: This study examines the enablers and barriers to accessing primary health care services from the perspective of Aboriginal and Torres Strait Islander people aged 15–24 years in urban southeast Queensland.

Methods: Thirty-five Aboriginal and Torres Strait Islander people aged 15–24 years were recruited using multiple methods and participated in research yarns and yarning groups. Inductive thematic analysis was used.

Results: Enablers and barriers were identified across four strength-based themes that align with three levels of a modified social ecological model; individual: (i) health literacy is important for how young people access, understand and use primary health care services; family and community: (ii) family and friends play a key role in offering support and information related to healthcare, as well as assisting young people to access healthcare services; and systems and organisation: (iii) primary health care services that are accessible, equitable, holistic and culturally safe engage young people and (iv) health care providers can make all the difference in young people's healthcare experience.

Conclusion: Young people's perspectives on healthcare are distinct and multilayered; however, leveraging these perspectives will help improve both access and utilisation of primary health care for this population.

Implications for Public Health: Aboriginal and Torres Strait Islander young people's perspectives can assist healthcare planning, governance, and clinical care pathways.

Key words: Aboriginal and Torres Strait Islander, young people, adolescents, primary health care, enablers, barriers

Introduction

Access to primary health care (PHC) is essential for Aboriginal and Torres Strait Islander people aged 15–24 years. As with all young people, this stage of life is a significant physical, emotional and social development period,[1] and PHC plays a vital role in supporting overall health and wellbeing by preventing and managing disease, coordinating care with other sectors, and ensuring lifelong access to healthcare.[2,3] This stage of life is considered a period of peak health and wellbeing; however, it is also when young people are most likely to engage in behaviours that compromise their health and wellbeing.[1] Among Aboriginal and Torres Strait Islander people aged 15–24 years, mental health and substance use disorders are the leading causes of the burden of disease,[4,5] resulting in the need for acute care and hospitalisation. This age period is also when Aboriginal and Torres Strait Islander young people become particularly vulnerable to a greater risk of injury and sexually transmissible infections (STIs),[4,6,7] increasing the need for access to preventive strategies and appropriate PHC.

Despite the increased need for access to PHC services, Aboriginal and Torres Strait Islander young people are less likely to engage in PHC.[8] The *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* recommends that young people aged

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12–24 years should receive an annual Aboriginal and Torres Strait Islander Health Check, Medicare Benefits Schedule Item 715,[9] a health check designed to support health promotion and prevention, early identification of disease and illness and management of chronic diseases.[10] In 2023, 15.6% of health checks were among Aboriginal and Torres Strait Islander people aged 15–24 years.[11] This age group had the lowest health check rate, with only 22.9% of this population receiving one in 2023.[11] Guidelines recommended that health checks include screening for STIs in sexually active young people,[9] but evidence indicates that this may not be happening.[12] Even so, health checks may be the most effective tool for identifying risks and opportunities to intervene and maximise Aboriginal and Torres Strait Islander young people's current and future health gains.[13] Unfortunately, there is limited publicly available evidence and data regarding health checks and PHC access for Aboriginal and Torres Strait Islander young people.[4,7] This lack of information prevents opportunities to monitor their health, wellbeing and access to healthcare.

Access to timely, high-quality and appropriate PHC, including Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs) and mainstream general practitioners (GPs), reduces disease burden and improves health outcomes. However, healthcare access and health outcomes are influenced by numerous interrelated structural, environmental and contextual factors,[14] including the supply of PHC services and GPs,[15] and the enablers and barriers that affect healthcare access. A recent systematic review on the enablers and barriers to PHC access for Indigenous adolescents aged 10–24 years identified numerous enablers and barriers across different levels, including individual, family and community, and system and organisational levels.[16] Enablers and barriers included the availability and accessibility of services, the characteristics of healthcare facilities and providers, the cost of services, the health literacy of young people and their parents and cultural and social determinants of health.[16] The review also identified a paucity of evidence on the enablers and barriers to PHC access for Aboriginal and Torres Strait Islander young people in urban settings.[16]

Aboriginal and Torres Strait Islander people aged 15–24 years are important to engage in PHC. Representing 19 % of the Aboriginal and Torres Strait Islander population,[17] their interaction and experience with the PHC services provides a perspective that is unique to Aboriginal and Torres Strait Islander young people and is distinct and multilayered. Understanding these interactions and experiences from the perspective of Aboriginal and Torres Strait Islander young people can help improve both access and utilisation of PHC for this population. This study examines the enablers and barriers to accessing PHC services from the perspective of urban Aboriginal and Torres Strait Islander people aged 15–24 years. While there is existing literature on the enablers and barriers Aboriginal and Torres Strait Islander young people experience when accessing PHC services, it is limited to specific contexts. This study takes a strengths-based approach and privileges the insights of Aboriginal and Torres Strait Islander young people from urban southeast Queensland (SEQ).

Methods

Study design

The study was conducted in partnership with urban-based ATSICCHOs in SEQ, Australia, and was guided by a young peoples' advisory group comprising four Aboriginal young people, two males and two females aged 19–24 years. The young people's advisory group provided guidance on the design, participant recruitment, analysis, and interpretation of research. They also advised on the most appropriate term to describe this cohort of adolescents. Given that the study was focused on Aboriginal and Torres Strait Islander people aged 15–24 years, it was stated that young people would be the most appropriate term to use as it focuses on the older end of the adolescent spectrum and was a more culturally appropriate term, particularly for those who may have been through ceremonial initiation.

The study was grounded in Indigenist research methodologies that prioritise Indigenous knowledge and perspectives while incorporating Western research approaches. By focusing on Indigenous ways of knowing, being and doing, it privileges and empowers Indigenous people, especially Aboriginal and Torres Strait Islander young people, their knowledges and experiences.

Study participants and recruitment

Participants were Aboriginal and Torres Strait Islander young people aged between 15 and 24 years who resided in SEQ; there were no additional eligibility criteria beyond this, including whether they accessed ATSICCHOs and or mainstream general practice services. Several methods were used to recruit participants, including word of mouth and community networks, social media, an Aboriginal and Torres Strait Islander university student bulletin, an Aboriginal and Torres Strait Islander community online research forum, and through ATSICCHOs. Aboriginal and Torres Strait Islander young people were provided a copy of the participant information sheet and consent form. Once a young person agreed to participate and provided self-consent, participants were invited to join either an individual research yarn or a yarning group (focus group) at a time and location convenient for the young person/people.

Data collection

Yarning is an Indigenous qualitative research method often used in Aboriginal and Torres Strait Islander health research to privilege participants' views.[18] It is a process of knowledge exchange based on relationality and through shared experience and understanding, where participants share stories and information.[18,19] Research yarning is 'a conversation with a purpose'.[18 p. 40] It aims to gather information through participants' stories related to the research topic.[18] A yarning guide was developed to allow the interviewer (SH) to gather knowledge related to the research topic in a way that was flexible and responsive to the participant. The yarning guide included open-ended questions that asked participants to provide their perspectives and experiences on accessing PHC services and the enablers and barriers to seeking PHC services. Before each research yarn or yarning group, participants were asked to complete the consent form and participant demographic form, which collected information about the participant's demographic characteristics, including gender and age. Yarning groups were conducted in person between May and July 2023, and research yarns were conducted online using videoconferencing between November 2023 and June 2024. Recordings were transcribed verbatim and then anonymised before sending them to participants for review and approval.

Data analysis

Transcripts were managed and analysed using qualitative data analysis software NVivo (Lumivero. NVivo, (version 14, released 2023) [software]). SH led the data analysis. Following the method developed by Braun and Clarke, inductive thematic analysis was used to draw themes from the data.[20] Data were initially coded and sorted into themes before being reviewed and refined. Refinement led to the development of strength-based overarching themes and subthemes. This strength-based approach aligns with the principles of Aboriginal and Torres Strait Islander empowerment and self-determination,[21,22] and counters the deficit-based discourse often used to describe Aboriginal and Torres Strait Islander people and their health and wellbeing.[21]

A social ecological model was used to organise the presentation of the themes across three levels, which was modified to be more inclusive and representative of Aboriginal and Torres Strait Islander ways of knowing, being and doing, particularly the strong connection between family and community, by bringing together the family and community levels of the social ecological model into one single level. The three levels were as follows: systems and organisation, family and community, and individual.[23] A social ecological approach allowed for identifying opportunities where comprehensive and multileveled interventions could be implemented.[24–26] Modifying the social ecological model appropriately conceptualises the factors influencing Aboriginal and Torres Strait Islander young people's access to PHC services. Participants did not provide feedback on the results due to time and ethical constraints. However, the young people's advisory group was able to review the analysis and interpretation of the results.

Positionality statement

SH, a Narungga and Ngarrindjeri researcher from South Australia with over 10 years of experience conducting research with Aboriginal and Torres Strait Islander peoples, communities and health services, led this work as part of his doctoral studies. SH's role included community engagement, participant recruitment, data collection, analysis and interpretation. JAD is a non-Indigenous clinician and qualitative researcher with over 25 years of experience in sexual and reproductive health, including with Aboriginal and Torres Strait Islander populations. JAD assisted with the analysis and interpretation of the data. PA is a non-Indigenous researcher and clinician with 20 years of experience in adolescent health and wellbeing, including with Aboriginal and Torres Strait Islander populations. GDM is a non-Indigenous researcher with over 25 years of experience in life course epidemiology and women's health. JW is a Pitjantjatjara and Narungga researcher, infectious diseases epidemiologist and a national leader in Aboriginal and Torres Strait Islander health research. PA, GDM and JW provided doctoral supervision and oversaw the conduct of this study. As Western-trained researchers, we recognise that our disciplines and backgrounds significantly influence our approach and conduct of this study.

Results

In total, 35 Aboriginal and Torres Strait Islander young people from urban SEQ participated in a yarning group or individual research yarns. Three yarning groups were conducted with 29 participants, 6 girls/women and 23 boys/men aged 15–17 years, one yarning group was mixed gender and the other two were single gender groups, girls/women and boys/men, and 6 individual research yarns with 6 girls/women aged 18–24 years. Most Aboriginal and Torres Strait Islander young people (n=32) had accessed and utilised PHC services, including ATSICCHOs and or mainstream general practice services in the previous 12–24 months (Table 1).

The factors that facilitate Aboriginal and Torres Strait young people's access to PHC services have been summarised into four strength-based overarching themes that align with the following three levels of the modified social ecological framework (Table 2): Individual: (i) health literacy is important for how young people access, understand and use PHC services; family and community: (ii) family and friends play a critical role in offering support and information related to healthcare, as well as assisting young people to access healthcare services; and systems and organisation: (iii) PHC services that are accessible, equitable, holistic and culturally safe engage young people and (iv) healthcare providers (HCPs) can make a significant difference in young people's healthcare experience. These themes were often present as both enablers and barriers to Aboriginal and Torres Strait Islander young people accessing PHC services and across all levels of the social ecological model. These themes will be discussed in more depth in the following section.

Social ecological level—Individual

Overarching theme: Health literacy is important for how young people access, understand and use PHC services

Health literacy—the abilities and knowledge necessary to obtain, process and understand essential health information and services, enabling individuals to make informed health decisions,[27–29] was considered an enabler and a barrier to accessing PHC. Aboriginal and Torres Strait Islander young people discussed how they acquired knowledge and skills about health and wellbeing and applied them to understanding their health and wellbeing needs and when and which PHC services to access. They identified programs such as Deadly Choices, a preventative health program that incentivises the Aboriginal and Torres Strait Islander community to complete an annual health check,[30] and the Deadly Choices school program, an eight-week health promotion and prevention program delivered in high schools that covers a range of health and wellbeing topics[31,32]; or their previous experiences engaging with healthcare services as how they acquired health literacy. Importantly, this knowledge gave Aboriginal and Torres Strait Islander young people the confidence to seek out healthcare services.

> *I guess it's just my experience; I did Deadly Choices at school. So for me, I've always known when and where to get help. (RTY7, female, aged 18 years)*

Table 1: Participant demographics.

Demographic characteristics	Number (%)
Total	35
Gender	
Girls/women	12 (36.1%)
Boys/men	23 (63.9%)
Age	
15–17 years	29 (82.9%)
18–24 years	6 (17.1%)

Table 2: Factors that facilitate Aboriginal and Torres Strait young people's access to PHC services, overarching themes and sub-themes at the social ecological level.

Social ecological level	Overarching theme	Theme
Individual	Health literacy is important for how young people access, understand and use PHC services	
Family and community	Family and friends play a key role in offering support and information related to healthcare, as well as assisting young people to access healthcare services	
System and organisation	PHC services that are accessible, equitable, holistic and culturally safe engage young people	Location of health services and access to transport are important factors for young people
		Availability of appointments and service hours affects young people's access to health services
		Cost of healthcare services can determine whether young people access care
		Most young people prefer Aboriginal PHC services
	HCPs can make a significant difference in young people's healthcare experience	Mutual trust, respect and confidentiality between young people and HCPs facilitates health service access
		Previous healthcare experience can impact young people's engagement with providers and health services
		Gender and age of HCPs does not matter unless it's related to women's and men's business
		Aboriginal and Torres Strait Islander HCPs create a state of connectedness

HCPs = healthcare providers; PHC = primary health care.

However, not all Aboriginal and Torres Strait Islander young people had the necessary knowledge to understand when or where to seek healthcare. For those aged 15–17 years, parents were still their main source for this type of information.

> *Maybe it's the parents that know. So, your parents know, but maybe not necessarily you.* (YG1, male, aged 15 years)

Aboriginal and Torres Strait Islander young people noted that their low health literacy stemmed from not receiving health promotion and prevention education in school.

> *I feel like I understand purely from my experiences. And I didn't have a proper understanding of that before. And it goes back to the education system a little bit in the fact that they don't properly educate young people in school well enough to be able to prepare and manage when those things do happen to them in person.* (RTY3, female, aged 20 years)

Social ecological level—Family and community

Overarching theme: Family and friends play a key role in offering support and information related to healthcare, as well as assisting young people to access healthcare services

Aboriginal and Torres Strait Islander young people discussed how family and friends can act as both a barrier and an enabler, playing a key role in offering support and information related to healthcare and assisting young people to access healthcare services. Aboriginal and Torres Strait Islander young people discussed seeking advice, support or assistance with their health and wellbeing from friends and family members, including extended family, such as cousins, aunties and grandparents.

> *[They're] giving advice. Like, it's really good, not just there for the support, they're actually like helping you, [and] what you can do about that situation.* (YG2, female, aged 16 years)

Often, when there was a lack of parental support, Aboriginal and Torres Strait Islander young people would not seek assistance from parents due to fear that parents might perceive nothing was wrong with them. As a result, Aboriginal and Torres Strait Islander young people would not speak to their parents about issues or concerns they had with their health and wellbeing, such as injury or mental health, which often meant these Aboriginal and Torres Strait Islander young people did not access healthcare services.

> *Sometimes I'm scared to tell my parents because they might think in their head there's nothing wrong with me kind of thing. But then in me, it's like, there is. I never want to say anything.* (YG2, female, aged 16 years)

Additionally, Aboriginal and Torres Strait Islander young people, particularly those aged 15–17 years, spoke about their reliance on parents and other family members to access services, often foregoing care when no one was available to take them to an appointment or public transport was not feasible.

> *I rely on someone taking me. Sometimes I can't go if mum or dad is busy. One time, I couldn't go because the car was broken down.* (YG3, male aged 15 years)

Social ecological level—System and organisation

Overarching theme: PHC services that are accessible, equitable, holistic and culturally safe engage young people

Aboriginal and Torres Strait Islander young people discussed how they preferred PHC services that were accessible, equitable, holistic and culturally safe. Aboriginal and Torres Strait Islander young people accessed both Aboriginal and non-Indigenous mainstream PHC services and described the various factors for why they had accessed Aboriginal or mainstream PHC services. These factors included the location of health services and access to transport, availability of

appointments and service hours, the cost of healthcare services and preference for Aboriginal PHC services. These factors were also considered both enablers and or barriers to Aboriginal and Torres Strait Islander young people accessing PHC services.

Location of health services and access to transport are important factors for young people

Aboriginal and Torres Strait Islander young people discussed the location of both Aboriginal and mainstream PHC services and transport as important factors for accessing PHC services. For some Aboriginal and Torres Strait Islander young people, the location of services was not an issue as they either lived close to the PHC services they used or had access to private transport; however, for some Aboriginal and Torres Strait Islander young people, the location of health services was an issue, particularly for those reliant on public transport to access services.

> *Being too far away, and with parents working and stuff, always having to do stuff, they might not have that time to travel 40 minutes to go somewhere just to seek help… Sometimes you have to travel a little bit just to get to that one service.* (YG2, female, aged 16 years)

Aboriginal and Torres Strait Islander young people also spoke about being mindful about which service they went to as public transport needed to be factored into their decision.

> *I don't have my driver's license either. So, I'm purely dependent on public transport or Ubering. So, getting to and from [a service], I have to be very careful with where I choose*. (RTY3, female, aged 20 years)

Availability of appointments and service hours affects young people's access to health services

Most Aboriginal and Torres Strait Islander young people identified the lack of appointments and waiting several weeks before getting an appointment to see a PHC provider, like a general practitioner (GP) or another HCP, such as a dentist, as a significant barrier to accessing health services. The lack of available appointments was an issue at both Aboriginal and mainstream PHC services.

> *If I were to call up and ask if there is an appointment next week so I can get antibiotics. They're like, 'No, there's a three-four-week waitlist', which is a bit impractical.* (YG3, male, aged 15)

> *Like ringing up and being, 'Oh, hey, can I have a dentist appointment, or I need my eyes checked'. You have to wait so long; they'll be like, 'Oh, we'll have to put you on a waitlist, and we'll call you when such and such [we have an appointment]. But you might not get a call for months.* (YG1, male, aged 16 years)

Additionally, the lack of Aboriginal and mainstream PHC services that offer walk-in appointments made it difficult to access care, often delaying Aboriginal and Torres Strait Islander young people from receiving the care they needed. This was more of a challenge for Aboriginal and Torres Strait Islander young people who were not existing health service patients.

> *So, if it gets to the point where I've called up multiple clinics, and none of them are for walk-ins, or you have to be an existing patient, you can't just be a new patient. It's about that waiting game and just hoping that whatever the issue is, you can wait until you have your appointment. And hope it's not necessary enough that it needs to be addressed before then.* (RTY6, female, aged 23 years)

Some Aboriginal and Torres Strait Islander young people also discussed that the lack of appointments often meant that they forego care as they had to prioritise work and/or study over going to an appointment.

> *So, every time I tried to go there, I had to wait six weeks or four weeks for an appointment. And by the time it gets to it, like I can't get out of work, or something's come up, and I just can't commit that far out. Yeah, so I haven't been able to go there at all.* (RTY4, female, aged 24 years)

Health service opening hours affected Aboriginal and Torres Strait Islander young people's ability to access services. Aboriginal and Torres Strait Islander young people discussed how many services were impractical for them as service opening hours, particularly those only open from 9 am to 5 pm, Monday to Friday, did not align with when Aboriginal and Torres Strait Islander young people were available. For example, Aboriginal and Torres Strait Islander young people in secondary or tertiary education or who worked could not access services during these hours.

> *Like just when the appointment doesn't sit right with [the] school timetable, we might gotta leave school early to go to the doctor's or something but never like purposely miss school. Just like how the timetable goes and how you can fit it in*. (YG1, male, aged 16 years)

Additionally, the lack of both Aboriginal and mainstream PHC services that were open on the weekends or had limited availability on the weekends made it even more difficult for Aboriginal and Torres Strait Islander young people to access PHC.

> *And it's impossible for me to even go see the doctor throughout the week without having to interrupt my work schedule… So, then having those services available on the weekend is easier. But a lot of GPs aren't open on Sundays or have limited hours on Saturdays, and then they don't have the availability to accommodate everyone. So, opening their hours to seven days a week and after hours would be more accessible.* (RTY3, female, aged 20 years)

The cost of healthcare services can determine whether young people access care

The cost of accessing PHC services was considered a significant barrier for Aboriginal and Torres Strait Islander young people. Aboriginal PHC services were free to access as they bulk bill under Australia's universal health insurance scheme, Medicare, so no out-of-pocket cost was incurred by the individual. However, bulk billing was limited at mainstream services and individuals may incur out-of-pocket costs. Aboriginal and Torres Strait Islander young people stated that when they accessed mainstream PHC services, they had to pay anywhere from $60–$120 to see a GP, either as an out-of-pocket cost (gap payment) or the full amount before receiving a Medicare rebate. For many Aboriginal and Torres Strait Islander young people, this was a determining factor as to whether they sought care or forego care.

> *Bulk billing GPs are a thing of the past now. Financially, I can't afford $70 every time I need to go see a GP. Unless I'm really sick, it's just not feasible.* (RTY4, female, aged 24 years)

For some Aboriginal and Torres Strait Islander young people, the uncertainty around whether they would be bulk billed or not or how much of a gap they would be expected to pay was a concern and often caused anxiety.

Every appointment you;re waiting to find out, am I going to be expected to pay, like having to pay upfront; the miscommunication and lack of communication… So, that kind of grey area of not knowing if it;s gonna cost, like when it would cost money. So, that was quite, I guess, difficult. (RTY6, female, aged 23 years)

Aboriginal and Torres Strait Islander young people also discussed the annoyance of returning to the GP for test results and being expected to pay another gap payment.

I get even more crusty because I pay $80 to go get like a blood test or something, or a referral, pay $80 for a piece of paper, like, that's just frustrating to me. And then not get the results until two months later. Do you know what I mean? And it;s like, you got to pay another $80 for that. (RTY8, female, aged 18 years)

Aboriginal and Torres Strait Islander young people also spoke about the need to weigh up the cost of seeking care with their other expenses such as rent and bills. They often had to choose between their health and wellbeing and other needs and priorities as young people.

It just has to be balanced, in my mind, I guess, from being like a young person working and having to pay rent and bills, if paying that $60-80 is worth them telling me something I already know. (RTY3, female, aged 20 years)

Most young people prefer Aboriginal PHC services

Aboriginal and Torres Strait Islander young people discussed their preference for Aboriginal PHC services and the difference between Aboriginal and mainstream PHC services. At Aboriginal PHC services, most Aboriginal and Torres Strait Islander young people described this experience as having a different feeling and that they were able to be themselves.

It's like a different vibe, do you know what I mean? It's not mainstream health, like you can really yarn with the person who's doing your healthcare… you have the permission to share… They don't look at you as a number. They look at you as a person, whereas if you go to a different health place, like your just another number. (RTY8, female, aged 18 years)

The difference between Aboriginal and mainstream PHC services was also described as the way HCPs in ATSICCHOs communicated with young people.

It also just doesn't feel as clinical because they're talking to you like, like, how mob [talk] to each other, which is very different from how a regular GP will talk to you. So, you don't feel sort of talked down to. (RTY4, female, aged 24 years)

Aboriginal and Torres Strait Islander young people who currently access mainstream services stated that if access were not an issue, such as the availability of appointments and HCPs, they would prefer an Aboriginal PHC service.

I would to go [to an Aboriginal PHC service]. I would love to be able to go and feel more, I guess, comfortable in an environment where I am surrounded by mob and being treated by mob. (RTY3, female, aged 20 years)

Additional reasons for wanting to attend an Aboriginal PHC service included *'you feel like an actual person going in… They take the time with listening to what your issues are no matter how big or how small'* (RTY6, female, aged 23 years), and *'I think just having that cultural awareness that other doctors just don't have'* (RTY4, female, aged 24 years).

However, not all Aboriginal and Torres Strait Islander young people preferred Aboriginal PHC services. Some Aboriginal and Torres Strait Islander young people discussed their preference for mainstream PHC services, raising issues related to confidentiality and racism (see previous healthcare experience).

So, all of my family is still down in Sydney. But if my family were around here, I'd be hesitant to go there [to an Aboriginal PHC service]... just because everyone knows everyone's business. (RTY4, female, aged 24 years).

Overarching theme: HCPs can make a significant difference in young people's healthcare experience

Aboriginal and Torres Strait Islander young people discussed how HCPs can make a significant difference in their healthcare experience. Factors such as mutual trust, respect and confidentiality between young people and HCPs, previous healthcare experience, the gender and age of HCP, and Aboriginal and Torres Strait Islander HCPs were considered enablers and or barriers to Aboriginal and Torres Strait Islander young people's healthcare experience.

Mutual trust, respect and confidentiality between young people and HCPs facilitate health service access

Aboriginal and Torres Strait Islander young people identified trust and respect as important qualities in a HCP. Trust and respect were established by HCPs who made young people feel comfortable, were friendly and welcoming, helpful, talked and listened to young people, made an effort to get to know young people and made time for them (RTY3, female, aged 20 years; RTY4, female, aged 24 years; RTY5, female, aged 22 years; RTY6, female, aged 23 years; and RTY8, female, aged 18 years). Aboriginal and Torres Strait Islander young people discussed how trust and building rapport with HCPs made accessing healthcare services easier and returning to the same service or doctor.

Things that make it easy are the people who you trust that you go to. As in school or your doctors, like you trust [them] because you know that's what makes it easy for you go see them. (YG1, male, aged 17 years)

One young person described how they had originally met their GP at an Aboriginal PHC service when they were 14-year-olds and discussed how their relationship and the rapport they had built between them has continued since following them to a mainstream service.

If I didn't know that she was actually from India, I would have said that she was mob. She just knows exactly, like she just has that presence about herself. Like your family, but not in that bad way… Each time I go, she'll be like, 'How are you going? How's your mum? She's really good, and she really listens to what I have to say and if I have any worries. (RTY5, female, aged 22 years)

Aboriginal and Torres Strait Islander young people also described how mutual trust and respect between them and HCPs made them feel seen and heard.

You feel like an actual person going in. They're aware of your situation, they know you, they get to know you, rather than just the general what's your issues and just being seen as a number and pushed out. (RTY6, female, aged 23 years)

However, some Aboriginal and Torres Strait Islander young people also expressed that there were times when they felt like they had not been heard or understood by HCPs. This was a barrier to Aboriginal

and Torres Strait Islander young people trusting HCPs generally and seeking healthcare in the future.

> *If they aren't going to listen to me, I'm wasting my time. And next time, I'm not gonna bother.* (YG3, male, aged 17 years)

Also, Aboriginal and Torres Strait Islander young people expressed a lack of trust between young people and HCPs as young people felt that they were not trusted or respected. This often resulted in young people feeling 'shame', judgement or not wanting to talk with HCPs.

> *I feel like it's about trust and respect. It goes both ways. You know straight away if they don't respect you… If you don't respect me, I don't wanna be there or come back.* (YG2, female, aged 15 years)

> *I guess [it] is also what goes on in my head. If I were to go, I know they want you to be honest. But it's like the whole thing of being shamed because you don't know what's going to happen.* (RTY7, female, aged 18 years)

Confidentiality was also a concern for Aboriginal and Torres Strait Islander young people. They discussed the need for confidentiality and privacy, specifically when accessing health services and not being seen by anyone they know for fear of others finding out.

> *There's a whole confidentiality thing. But you don't know who I know, some people in clinics and I get a bit, you know, shame for anything to be said. Yeah, that can sometimes be spread a bit.* (RTY7, female, aged 18 years)

Previous healthcare experience can impact young people's engagement with providers and health services

Aboriginal and Torres Strait Islander young people discussed how a previous negative experience at a health service or with a HCP could deter them from returning to that health service or delay them from seeking care in the future.

> *So, before I started seeing the GP that I see now, I did have one, and he was very, very quick, sort of blame me for my issues… I definitely thought, okay, well, I'm not going to go and do that again. And it was a couple of months before I went back for something else to a new GP.* (RTY4, female, aged 24 years)

For Aboriginal and Torres Strait Islander young people who utilise mainstream GPs, they described how they often felt like they were a number and that their interaction with the GP was impersonal.

> *The lack of how personal it is going to a generic clinic, it's, you just feel like another number, and it's very much about getting you in and out. They want to see as many people as they can.* (RTY6, female, aged 23 years)

Some Aboriginal and Torres Strait Islander young people also shared that they had experienced racism when accessing both Aboriginal and mainstream PHC services. The experience of racism often meant Aboriginal and Torres Strait Islander young people were treated differently and either did not receive the care they needed or they did not return to that service.

> *I am fairer in my skin tone, so a lot of the time, when I do express that I am of Aboriginal descent. It [leads to] more questions. 'Oh, really? Like, I wouldn't have guessed that'.* (RTY3, female, aged 20 years)

> *So, one of the last times I went to an Aboriginal medical centre was to get my first COVID vaccine. They had a community event to try and, you know, get mob to get the vaccine, and I went there. And everyone's just like, staring at me, like, I wasn't supposed to be there. And when I was waiting in line, the lady in front of me, [who was] darker. The receptionist was really lovely to her, and then it came up to me, and she just, like, got my name and everything and basically just shooed me away. It's, it's not nice.* (RTY5, female, aged 22 years)

Gender and age of HCPs does not matter unless it's related to women's and men's business

Generally, most Aboriginal and Torres Strait Islander young people stated that the gender and age of HCPs did not matter unless they want to discuss an issue related to women's and men's business.

> *I don't mind; I guess it depends on what the conversation is about. If it was women's business, then I want to see a female doctor. But I guess it just depends on the situation… I'd say, yeah, at times, I'd want a female doctor. But genuinely, if it's just like a little chat, like, do you smoke? Do you drink? Yeah, that doesn't bother me.* (RTY7, female, aged 18 years)

However, some Aboriginal and Torres Strait Islander young people preferred a GP of the same gender.

> *I definitely [do] prefer if they are a female practitioner because that's just a bit more comfortable. Because if I then have any issues, where it's just particularly for females in general, I feel a bit more comfortable than talking about that.* (RTY3, female, aged 20 years)

Similarly, some Aboriginal and Torres Strait Islander young people preferred someone younger as they would be more relatable and possibly have had a similar experience as them.

> *I'd prefer someone younger, someone who's had a similar experience to me. Like they had a sports injury or have had surgery before. Someone who understands what I'm going through.* (YG3, male, aged 16 years)

Aboriginal and Torres Strait Islander HCPs create a state of connectedness

Aboriginal and Torres Strait Islander young people discussed whether they preferred Aboriginal and Torres Strait Islander or non-Indigenous HCPs. Generally, Aboriginal and Torres Strait Islander young people did not have a preference, but it was important for some young people to see an Aboriginal and Torres Strait Islander HCP. One young person described this as being seen and heard.

> *I wanna see an Aboriginal person, whether it's an Aboriginal doctor, nurse or health worker. It's important; I wanna be seen and heard without having to explain that part of myself.* (RTY7, female, aged 18 years)

The connection between Aboriginal and Torres Strait Islander young people and Aboriginal and Torres Strait Islander HCPs was important for young people. One young person discussed this as a feeling of connectedness.

> *Mob want to see mob. Like, when you go to the doctors and stuff like that you want to, it's just about, it's hard to explain, because I don't know the right words for it, but it's just about feeling connected. Like it's different. When you're around your own people, it's just a different sort of connection and feeling. And you just feel safer and welcomed.* (RTY8, female, aged 18 years)

> *Although Aboriginal and Torres Strait Islander young people did not mind whether HCPs were Aboriginal or Torres Strait Islander, they did prefer one when it came to matters related to racism or culture.*

> *Personally, I don't mind but I feel like some problems, like with racism and stuff like that, an Indigenous person to Indigenous*

person can understand where they're coming from. (YG2, female, aged 16 years)

Discussion

This study identified several factors influencing Aboriginal and Torres Strait Islander young people's access to PHC services. These findings are consistent with national and international research[16] and contribute to filling the gap in evidence on Aboriginal and Torres Strait Islander young people's experience when accessing PHC services in urban settings.[16] A key finding from the study was that most Aboriginal and Torres Strait Islander young people preferred Aboriginal PHC services over non-Indigenous services, valuing the cultural safety, respect and comfort of being with other Aboriginal and Torres Strait Islander people. Moreover, most Aboriginal and Torres Strait Islander young people in this study felt the gender of HCPs mattered only for issues specific to men's or women's health, which contrasts with previous studies showing a preference for gender-matched providers.[33–35] The study also identified factors that had been identified by previous research, including health literacy, the role of family and friends, the importance of Aboriginal PHC services and HCPs, trust, respect and confidentiality among HCPs, healthcare experience, availability of appointments, cost of health services and transport.[16,36–40]

The study revealed that even in urban areas, medical deserts exist—that is, regions where healthcare needs are unmet due to inadequate access, poor quality services, insufficient staffing and resources, cost or other barriers, such as a lack of or limited access to public transportation.[41] These barriers are essential to understand how Aboriginal and Torres Strait Islander young people access, interact with and experience PHC services. They also highlight the complex interplay between Aboriginal and Torres Strait Islander young people, PHC services, the health system, and broader structural determinants of health—which refer to the societal, economic and political factors that impact the conditions in which people are born, grow, live and age and influence health equity and outcomes[42,43]; and where there are opportunities to intervene and address these barriers to accessing PHC services.

The need for adolescent/youth-friendly healthcare has been recognised internationally through the work of the World Health Organisation, which has published seminal documents on creating adolescent-friendly health services and health service quality standards, core competencies for health professionals and a framework to support improving the health and wellbeing of adolescents.[44–47] These documents outline that adolescent-friendly health services should be accessible, acceptable, equitable, appropriate and effective and provide guidance to support government implementation. Australia does not have a national adolescents and young people framework for health services nor a health and wellbeing strategy for young people. So, it remains unclear to what extent these standards have been implemented in Australia or what adolescent-friendly health services are in the context of Aboriginal and Torres Strait Islander young people in Australia. However, Australia has a *National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families*,[48] which outlines principles to guide policy, program design and service development and implementation. It emphasises access to high-quality, evidence-based and culturally safe health services and tailoring of health services to the various stages of child and adolescent development.[48] Despite these frameworks and guidelines, this study suggests that not all services were entirely adolescent friendly. There could be numerous reasons for this. The most likely reason was that no resources or funding were available to support their implementation.

This study supports the need to invest and develop policies that support adolescent-friendly PHC services, specifically Aboriginal PHC services and their model of care, to increase their capacity to deliver culturally safe, holistic and comprehensive PHC to Aboriginal and Torres Strait Islander young people.[49] This investment should also support the development of a more nuanced health workforce that is considerate of and understands young people's unique health and wellbeing needs, as well as the strengthening of targeted health promotion and prevention programs for Aboriginal and Torres Strait Islander young people, broader policy measures such as an increase in the number of health professionals including GPs and those that bulk bill and the elimination of costs associated with seeking and receiving healthcare. Ultimately, this investment should support Aboriginal and Torres Strait Islander young people's access to culturally appropriate care in all settings.[49] Failing to invest in adolescent-friendly PHC services for Aboriginal and Torres Strait Islander young people puts young people at risk of not receiving appropriate and timely healthcare services when they need it the most and exposes the illegitimacy of the universality of Australia's healthcare system.

While the study included 35 Aboriginal and Torres Strait Islander people aged 15–24 years, the study lacked diversity. The voices of older Aboriginal and Torres Strait Islander young people (above 18 years of age) were limited or absent. This may reflect young people's current engagement with PHC services. Several recruitment methods and strategies were used to recruit Aboriginal and Torres Strait Islander young people due to difficulties with recruitment. These strategies included social media, university student bulletins, ATSICCHOs and word of mouth and community networks, which were the most effective at reaching young people. In future, a more comprehensive strategy may be required that involves Aboriginal and Torres Strait Islander young people in the design and implementation of recruitment strategies for young people. Given this, the study's results may not be fully representative of Aboriginal and Torres Strait Islander people aged 15–24 years in urban SEQ or other urban settings and should be interpreted with this in mind. Nevertheless, the study identifies opportunities for interventions and where services and governments can address the shortcomings of Australia's healthcare system, including minimising the structural determinants of health that impede Aboriginal and Torres Strait Islander young people's access to PHC services.

Conclusion

Aboriginal and Torres Strait Islander young people provide a unique perspective on the enablers and barriers to accessing PHC services in an urban setting. These factors are important for understanding how they access, interact and experience PHC services but emphasise the intricate interaction between Aboriginal and Torres Strait Islander young people, PHC services and the health system they seek to engage with. Improving how Aboriginal and Torres Strait Islander young people engage with and access PHC services is important for supporting young people during a critical development stage and

identifying opportunities to intervene and maximise current and future health gains. Efforts to strengthen PHC services should focus on investing in adolescent-friendly PHC services, especially Aboriginal PHC services and their models of care, to provide culturally safe, holistic care; increasing health professionals and those attuned to Aboriginal and Torres Strait Islander young people's needs; strengthening prevention programs; and eliminating costs associated with accessing PHC services. These strategies should be funded, trialled and evaluated to ensure Australia's commitment to a universal healthcare system for all Australians.

Conflicts of interest

The authors have no competing interests to declare.

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Ethics

The study received ethics approval from the University of Queensland Human Research Ethics Committee (approval number: 2022/HE001155).

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