Travelling Headspace: An investigation into the need and support for a travelling confidential mental and sexual health service for remote young people

By Jessica Sullivan

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Please note: The Chief Minister's Round Table of Young Territorians is an independent advisory body. The views expressed in this report are those of the author and are not necessarily reflective of those of the Office of Youth Affairs or the Northern Territory Government

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Cover Photo: Young people volunteering in remote communities.
Source: http://blogs.curtin.edu.au/cv/2011/05/the-remote-and-indigenous-internship-expressions-of-interest/

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ABBREVIATIONS

Abbreviation	Full name/phrase
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility Remoteness Index Australia
GEMS	Girls Engagement Mentoring and Support program
GP	General Practitioner
Km	Kilometres
MSRMHT	Mark Sheldon Remote Mental Health Team
NHC	Nganampa Health Council
NT	Northern Territory
SA	South Australia
STI	Sexually transmitted infection
TEAMhealth	Top End Association for Mental Health

TERMS USED IN THIS REPORT

Term	Meaning
headspace	An organisation providing free mental, sexual and sometimes general healthcare to young people aged 12-25 years of age. There are headspace offices in Palmerston and Alice Springs in the Northern Territory (NT) at present, supported by local healthcare organisations.
Remote or very remote community	Any community in the NT located outside of urban or regional centres
Youth	An individual aged 12-25 years of age inclusive
Sunrise	Sunrise Health Service is an organisation that runs remote community health clinics across the NT

LIST OF ILLUSTRATIONS

EXECUTIVE SUMMARY

Many young people living in remote areas across the Northern Territory (NT) face significant barriers caused by their isolation. These barriers come in many forms, some of which can impact on their mental and physical health and the level of care they receive from health services. The aim of this community-based project is to highlight the need and the support for a travelling confidential mental and sexual health service for remote young people in an effort to break down some of those barriers and raise the level of care provided to young Territorians.

To fulfil this aim my first step was to conduct research on the confidential mental and sexual health support services that are currently available to young people living in remote communities and gather evidence to support my view that there is insufficient access to appropriate services at present. The next step was to investigate potential support for a travelling confidential mental and sexual health service for young people living in the remote regions of the NT and to research how such a service can be implemented viably.

During the research phase a survey was developed and circulated for remote youth to outline the mental and sexual health services they currently access, whether they feel they need better access to these services and whether they would support the idea of a travelling headspace type service visiting their region. There were 21 responses to the survey, from the Barkly and Roper Gulf Shires. To complement the evidence gained from the youth survey, interview questions were formulated and emailed to selected mental and sexual health service providers and experts including staff from the Mark Sheldon Remote Mental Health Team (MSRMHT), headspace Top End, Sunrise Health Service and Top End Association for Mental Health (TEAMhealth). This was because I wanted to map what services are currently delivered to remote regions and based on feedback provided by health professionals, whether this meets the needs of remote youth and if not, what else could be done to improve accessibility. In essence, I set out to gather evidence to highlight that youth in remote locations in the NT have less access to mental and sexual healthcare services than their urban counterparts and therefore a higher incidence of mental illness and STIs.

Internet research was also important as I was able to follow links provided by the health professionals I spoke to, and this gave me factual evidence to support many of the speculations and perceptions of community life which motivated me to pursue this topic.

The major findings of the research included in this report were that the rate of STIs, mental illness, suicide and cases of acute of mental illness is significantly higher in remote youth than those living in urban centres. Remote youth and service providers who services such locations agree that mental and sexual health services for youth in remote NT are grossly inadequate at present and have varied ideas about solutions to this problem. The research also shows that a travelling service is the only way to deliver specialist care to remote NT, but how such a service would be implemented is logistically and culturally a very complicated issue.

Based on my consultation with young people and service providers, there is a distinct disparity between the requirements, suggestions and experiences of remote Indigenous youth compared to non-Indigenous. Suggestions from healthcare providers vary depending on this and also on the community in question.

It is recommended that the Northern Territory Government:

- Pilots a travelling headspace modelled program (from 2014 to 2017) in the most at risk (evidenced by health statistics) remote community in the Top End of the NT and the most at risk in Central Australia. The model would utilise providers from outside the community, incorporating support from elders and existing healthcare services within the community. This service should visit for one day per week, to deliver counselling, sexual health check-ups and referral for treatments, education sessions for the young people, school students, community leaders and any other community members interested. It should promote other ways to access mental and sexual health services and facilitate a mentorship program – wherein at risk young people in the community are partnered with a stabilising older community member to be a good influence and a mentor to them. It should be open to any young person in the region who wishes to utilise the services offered;
- The Department of Education ensures that school counsellors are readily available to students in remote schools, the NT Open Education Centre and the School of the Air campuses;
- Develop a co-ordinating authority for mental and sexual health services visiting young people in remote communities to ensure the services are distributed evenly (not duplicated by different organisations). Furthermore, to consolidate statistics and information highlighting the number of young people experiencing problems with accessibility, identify which areas of the NT needing more support and how many young people are accessing services at present;
- Fund headspace to provide a permanent service in Katherine and in Tennant Creek; and
- Support the mentorship program aforementioned is included into schools and current health programs offered in remote communities possibly as part of Clontarf and Girls Engagement Mentoring and Support (GEMS) academies in schools.

Many young people living in remote areas across the NT face significant barriers caused by their isolation. Credit: Oliver Strewe/Tourism Australia.

INTRODUCTION

Life as a young Territorian living in a remote community can be tough as many don't have the same level of access to services that those in urban centres do. Growing up in a remote area has given me an understanding of how difficult it can be for those seeking access to confidential mental and sexual health services.

The year I turned 13, my parents sent me to boarding school in Alice Springs which is a little over 1000km south of our family cattle station, Cave Creek. Around the same time I began my secondary education in the best school my parents could afford, one of the girls who had been in the same grade as I in Primary School was having her first child. I also played football with another young Indigenous girl, who was from a remote community in Central Australia. She struggled with bouts of depression, experienced domestic abuse and had an Implanon implant at the age of 14 to guard against the higher risk of rape because of her location. Implanon is a soft rod-shaped implant (4cm x 2mm) that's made from a hormone called progestogen and is inserted by a Doctor under the skin on the inner side of the upper arm. To make informed choices, young people need to access information and support, regardless of their location.

I love the bush, and everyone in it. I wouldn't have wanted to grow up any other way and I am so grateful to have had the privilege of such a diverse background. But the same isolation that creates the unique people who make up remote NT can also create some of the serious issues I touched on above. Furthermore, almost everyone I know from a remote community in the NT has lost a friend or family member through suicide, and collectively we have several friends or family members battling mental illnesses.

While I was living in Alice Springs for High School I was one of hundreds of teens who benefitted from the confidential, free and easily accessible services of headspace. It made me realise that there was nothing of the sort available in my home community of Mataranka, or any of the surrounding communities.

When I was selected to join the 2013 Chief Minister's Round Table of Young Territorians (Round Table) I knew that I would be able to share my knowledge on the issues I experienced as a remote community member. The disparity between services available to remote youth compared to those living in urban areas stood out to me as something I would like to see rectified

The information collated in this research project aims to answer three questions:

1. Are mental illness and STIs a widespread problem amongst youth in remote NT communities?
2. If so, is enough being done in these areas at present?
3. Is a travelling headspace type service the best way to resolve the issue?

The information included was sourced from young people living in remote areas, service providers, mental and sexual health experts/professionals and various internet sources.

The remote component of the NT makes up a huge part of our Indigenous and non-Indigenous cultural identity. I believe that making life in remote NT as attractive, viable and healthy as that in urban centres should be a priority for all stakeholders in our Territory's future.

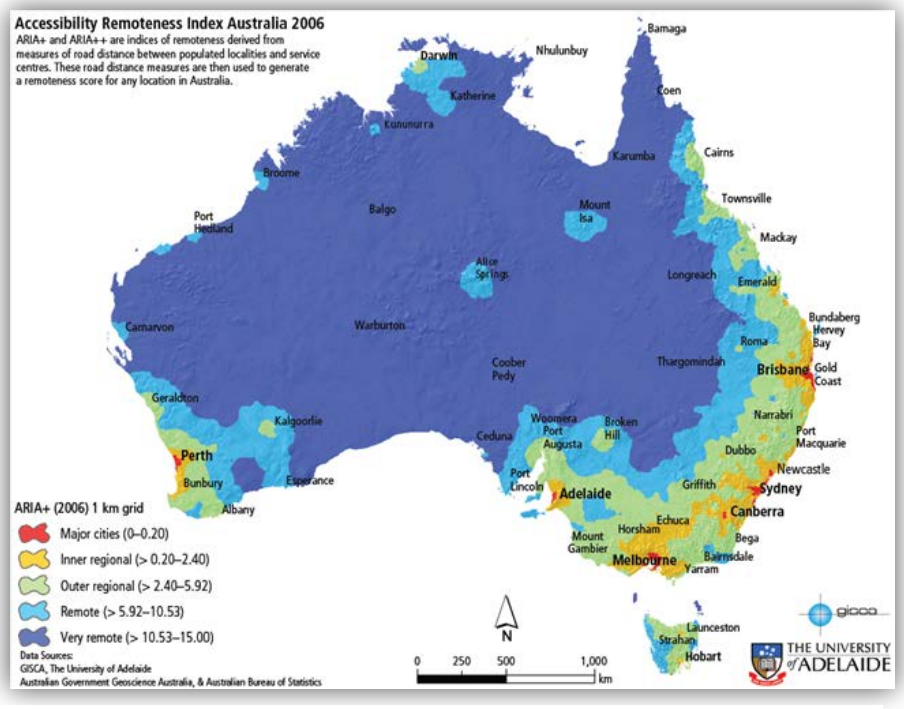
DISCUSSION AND MAJOR FINDINGS

Each year, mental and sexual health services such as headspace and clinic 34 provide vital information, support and treatment to young Territorians. For those living in urban areas, these services are easily accessible any time they are needed, through a variety of different mediums. However, the delivery of these services can differ greatly for those living in remote and regional areas of the NT. For the purpose of this report I am referring to young people as aged between 15 and 24. Census data indicates that at 30 June 2011 the total population of the NT was 231,331. At the time of the Census 35,527 Territorians were aged between 15 and 24 (15.4%), and of this total, 8,835 (24.8%) were classified as living in a remote or very remote location.[1] As young people move through adolescence sexual and mental health become increased areas of interest.

Living in Remote NT

The Suicide Prevention Australia's 2011 Inquiry into Youth Suicide in the NT, refers to a study done in Queensland which highlighted 'the isolation experienced by those in rural and remote areas is compounded by the lack of public infrastructure, especially health and social service access. Rural communities generally have a lack of quality services and the population are often required to travel long distances to access care. Also rural community members may be personally acquainted with their GP, which combined with a stoic cultural attitude to mental health problems decreases willingness to reveal psychological problems.[2,] The map below how shows how much of the NT is considered 'Remote' and 'Very remote'.[3]

Map: Accessibility Remoteness Index Australia



Source: *Australian Institute of Family Studies*

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[1] Australian Bureau of Statistics, 2013, *National Regional Profile: Northern Territory* [ONLINE] Available at http://www.abs.gov.au/AUSSTATS/abs@nrp.nsf/Latestproducts/7Population/People12007-2011?opendocument&tabname=Summary&prodno=7&issue=2007-2011 [Accessed 25 October 2013]

[2] Suicide Prevention Australia, 2011*, Northern Territory Inquiry into Youth Suicide* [ONLINE], Available at http://suicidepreventionaust.org/wp-content/uploads/2011/12/northerninq1.pdf [Accessed 2 November 2013]

[3] Source: Australian Institute of Family Studies. (2011). Families in regional, rural and remote Australia - Factsheet, March, Commonwealth of Australia. Available from: http://www.aifs.gov.au/institute/pubs/factssheets/2011/fs201103.html

As far as remote families go, mine provided a very sheltered and fortunate upbringing. Unfortunately this was not the case for many of my peers who grew up in similar locations and as such, the isolation had a profound effect on their problems. For example, at any one time at our local health clinic, there was at least one of my grandmother's best friends, one of my old teachers and the father of one of my classmates working as medical or administrative staff. It would have been impossible to get completely confidential treatment there, had I wanted it, and this was the same for any of the young people in my community. If I had wanted confidential treatment I would have had to go 400km to the nearest doctor who hadn't known my parents for 20 years, and because of my fortunate family circumstances I could have done that if needed. For many youth I know, this wasn't an option at all and because of this they chose not to seek help at all. Some of my other friends lived 200 or 300km from even the nearest health clinic, making the journey for anything other than a medical emergency very problematic. This means for them that assessment and help for mental illnesses and sexual health check-ups were often forgone for long periods of time or not pursued at all.

Youth Mental Health

The same Suicide Prevention Australia inquiry mentioned above states that young people in Indigenous communities in the NT (taking into account that 72% of the NT's Indigenous population live outside of major towns[4]) are more than twice as likely to complete suicide as their non-Indigenous peers.

The Inquiry reveals that the suicide rate may be 33% higher in rural areas of the NT than in urban areas and as much as 189% higher in very remote areas. It also refers to a study undertaken in Queensland that revealed that agricultural workers such as those in remote NT are twice as likely to complete suicide, than members of the general employed population.[5]

These statistics may not all be specifically related to young people, but it suggests that depressed young people may grow into depressed adults if intervention does not occur. If a young person receives the appropriate care and education on mental health as an adolescent, they may develop the capacity to deal better with the problems of adulthood.

The statistics in relation to the exact numbers of remote youth accessing and needing access to mental health services are poor, largely due to the lack of a co-ordinating authority over all services visiting remote communities, which is something else that needs rectifying. According to TEAMhealth's Blake Peters,[6] one in four young people in the remote communities he visits through his work has a diagnosed mental illness.

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[4] Australian Human Rights Commission, 2006, *A snapshot of the Northern Territory* [ONLINE], Available at http://www.humanrights.gov.au/sites/default/files/content/pdf/legal/seminars/snapshot_of_the_NT.pdf [Accessed 2 November 2013

[5] Suicide Prevention Australia, 2011*, Northern Territory Inquiry into Youth Suicide* [ONLINE], Available at http://suicidepreventionaust.org/wp-content/uploads/2011/12/northerninq1.pdf [Accessed 2 November 2013]

[6] Edwards, B., pers. comm., 24 July

To make matters worse, headspace's national CEO Chris Tanti says that only 13% of male and 31% of female young people with a diagnosable mental illness seek help for it[7] and these statistics are undoubtedly much worse for the isolated youth of remote NT who have limited sources of help available to them.

There are several mental health organisations, both government and non-government that provide services to remote NT, including seven that deliver treatment in the communities themselves.[8] However, as revealed by my interviews with experts from the field of mental health, there is no service that attends regularly enough to have a lasting impact on the prevalence of mental illness in the remote youth they visit.

The internet can be an excellent resource for young people looking for help with a mental illness, but a lack of access to the appropriate technology, language, literacy and cultural barriers reduce the effectiveness of this in remote communities.

Youth Sexual Health

The main sexual health service available to young people in remote communities is their nearest local health clinic. For those communities that don't have their own health clinic, services visit sporadically and provide care for all ages. Resident staff at clinics are supported by fly/drive in specialists in areas such as sexual health, but neither the resident nor the visiting staff are resourced sufficiently to provide adequate care to the communities they service, let alone provide youth targeted services.[9]

As previously mentioned, at this point in time, youth in remote communities in the NT are more than twice as likely as urban youth to contract an STI,[10] and in remote Central Australia approximately one in three 15-35 year olds have a sexually transmitted infection.[11] This high rate of STIs is not only an issue for the young people currently experiencing an STI, however can also have a detrimental impact on their lives and health and wellbeing medium to long term.

Undiagnosed and untreated STIs and bloodborne viruses can have serious health consequences for the individuals involved and the broader community.

[7] Tanti, C., 2013, The real stories behind the statistics | headspace Blog . [ONLINE] Available at:http://blog.headspace.org.au/2013/07/the-real-stories-behind-the-statistics/. [Accessed 31 August 2013].

[8] Carers NT, 2012, *Top End Mental Health Service Guide* [ONLINE], Available at http://www.carersnt.asn.au/top-end-mental-health-service-guide [Accessed 2 November 2013]
Scott-Visser, B., 2011, *Remote Central Australian Health Services Directory* [ONLINE] Available at http://gpnnt.org.au/client_images/330069.pdf [accessed 2 November 2013]

[9] Byers, L., pers. comm., 25 August

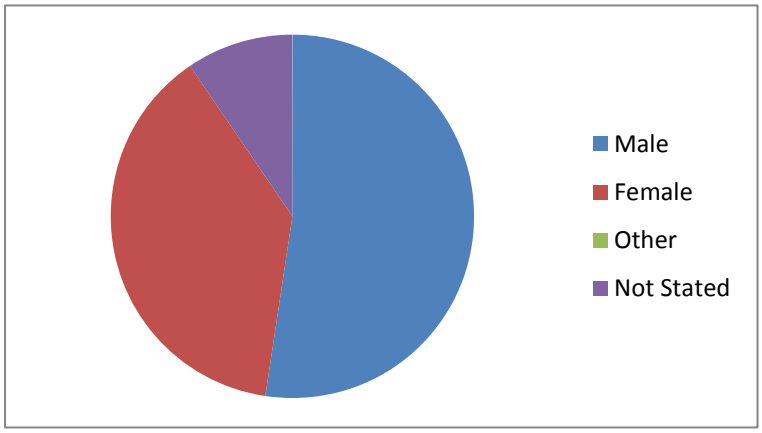
[10] Edwards, B., pers. comm., 24 July

[11] Byers, L., pers. comm., 25 August

Survey Results

During the research phase of this project, I created a survey targeting young people living in remote NT to find out about their access to mental and sexual health services. A total of 21 young Territorians completed the survey. A copy of the survey is provided at Appendix A.

Question 1. What is your gender?

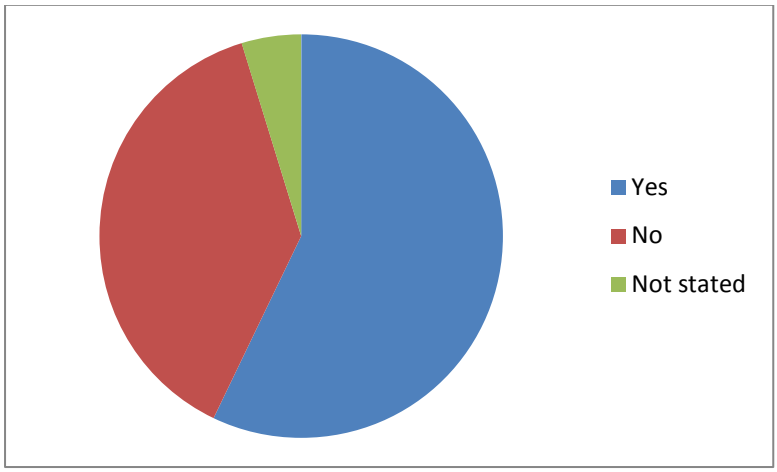


MALE	FEMALE	OTHER	NOT STATED
11	8	0	2

Analysis of survey results:

Question 1 was left as an open-ended question for respondents to list their gender. A total of 11 selected Male as their gender, a total of eight elected Female as their gender, and two did not identify.

Question 2. Are you of Aboriginal or Torres Strait Islander Origin?



YES	NO	NOT STATED
12	8	1

Analysis of survey results:

Question 2 was a closed response question for respondents to provide information about whether they were Indigenous or not. A total of 12 respondents answered affirmatively and eight responded to the negative, a figure that corresponds with the general proportion of Indigenous to non-Indigenous people in remote NT.

Question 3. How old are you?

15-18 YEARS	18-21 YEARS	NOT STATED
13	6	2

Analysis of survey results:

This question required another closed response to show the age of respondents. A total of 13 respondents were between 15 and 18 years old, a further 6 between 18 and 21 and two did not identify.

Question 4. What region do you live in?

BARKLY	ROPER GULF	NOT STATED
12	7	2

Analysis of survey results:

This was also a closed response question wherein respondents were asked to state which of the NT shires they reside in. A total of 12 respondents were from the Barkly region, seven from the Roper Gulf and one did not state a region. Unfortunately the other shires were unrepresented due to a lack of responses from the schools they were sent out to. It would have been better for the validity of this data to have all regions represented but this difficulty in connecting to and hearing the voices of youths in remote communities is one of the barriers that have compounded the mental and sexual health problems in the first place.

Question 5. Do you live on any of the following locations?

CATTLE STATION	REMOTE COMMUNITY	NOT STATED
8	11	2

Analysis of survey results:

Another closed response question aimed at demonstrating the demographic of the respondents, this question revealed that eight were from cattle station and 11 from remote communities. The proportion of respondents from cattle stations is a lot higher than the proportion of the entire remote population that reside on stations compared to in communities, a reflection of my connection to the cattle industry and the lack of responses from the other communities the survey was sent to.

Question 6. How far do you live from your nearest community health clinic?

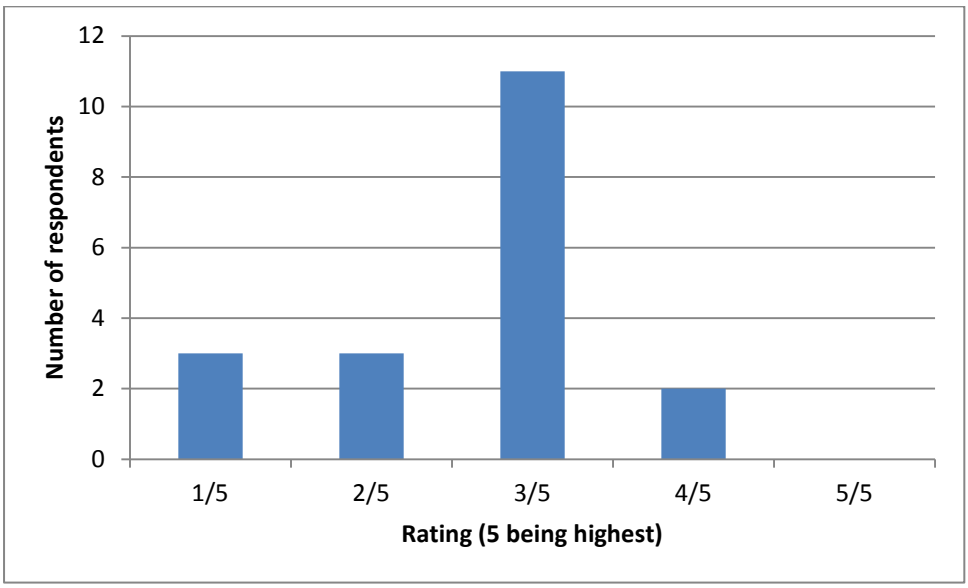
0-10KM	10-20KM	20-50KM	50-100KM	MORE THAN 100KM	NOT STATED
9	4	2	1	1	4

Analysis of survey results:

This was the last of the questions aimed solely at identifying the demographic of respondents by showing how far they resided from their nearest community health clinic (facilities generally staffed by nurses and visited weekly by GP's to provide basic healthcare).

Question 7. Please rate how comfortable you think your community is in dealing with and talking about mental health issues (5 is the highest).

Graph 1: Communities' perceived ability to deal with mental/sexual health issues



1/5	2/5	3/5	4/5	5/5	NOT STATED
3	3	11	2	0	2

Only two out of the 19 respondents rated their community as above average (four out of five) for dealing with mental health issues. Out of the remainder, six rated their community as below average (three ratings of one and three ratings of two out of five) and the remaining 11 who answered rated their community three out of five. In a society that is pushing towards a new era of understanding and openness about mental health, these results reflect the persisting reluctance of rural/remote areas to keep up with this trend.

Question 8. What do you think would help make these issues easier to talk about or deal with?

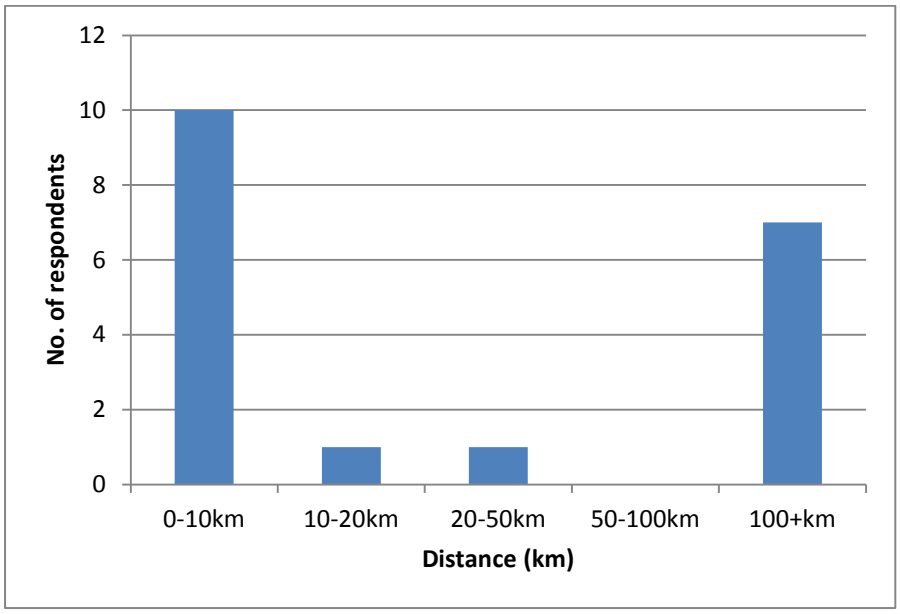
There were a variety of responses to this question, mostly indicating that more access to 'professional' services, staff that can relate to young people and confidentiality are the areas that would make these young people's experiences easier. Community involvement, awareness and education were also flagged as areas requiring improvement. Two young people from Barkly College both stated that they would talk to someone who they knew would keep their information 'between you and her/him' and would not 'talk about it with other staff or told (sic) their family and friends'.

Question 9. Where would you go for help with a mental or sexual health issue?

Despite some speculation that in current times the internet is the first place a young person will look to for help/advice, only two out of 17 remote respondents (11%) said that Google would be where they would go for help. The rest cited friends or family (four), doctors/health clinic/congress/hospital (nine), headspace (two) or unsure (two) as their choice for help. As indicated below, a majority of respondents live within 10km of their source of help, but seven live more than 100km from it – a very significant distance and an indicator of why health issues in remote areas are often compounded by being left untreated for too long.

Question 10. How far do you live from this source of help?

Graph 2: Distance from Source of Help

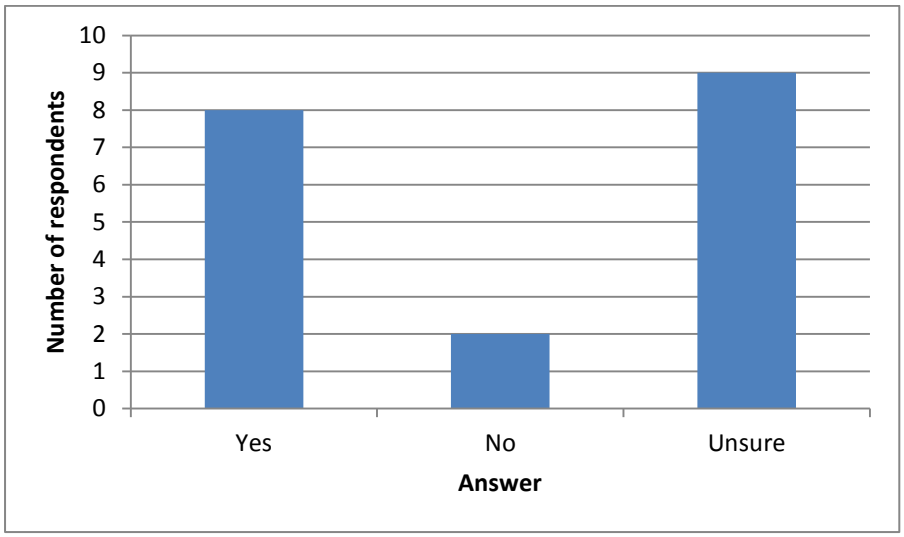


0-10KM	10-20KM	20-50KM	50-100KM	MORE THAN 100KM	NOT STATED
10	1	1	0	7	2

As shown in the above graph, the majority of respondents live within 10km of their local health clinic. There were two respondents who lived between 10 and 50km away and the remaining seven lived more than 100km away, a very significant distance and an indication as to why perceived minor health issues are sometimes not dealt with in a timely manner by remote residents of the NT.

Question 11. Do you believe that people living in urban centres in the NT receive better mental and sexual health services than your region?

Graph 3: Opinions on services available to remote versus urban youths

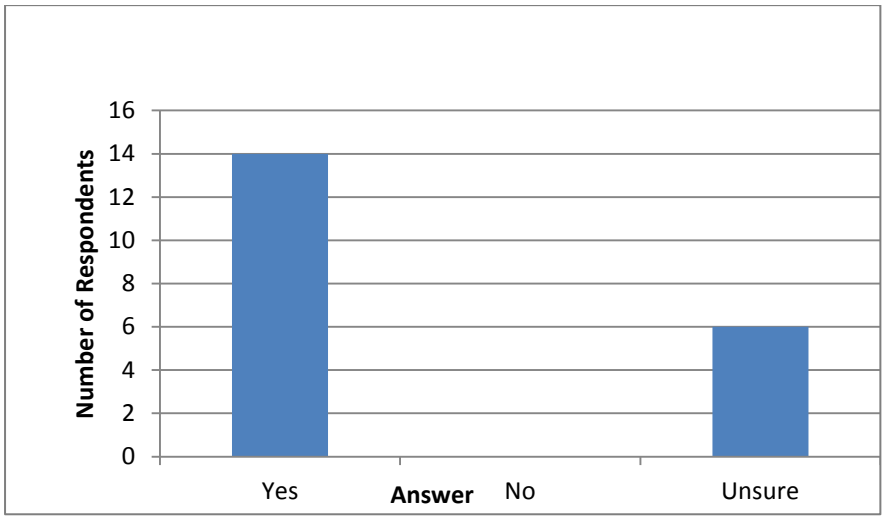


YES	NO	UNSURE	NOT STATED
8	2	9	2

It is clear from the graph above that only two respondents were sure that young people in NT urban centres did **not** receive better access to mental and sexual health services than those in their respective remote locations, and both were unsure why. Nine respondents were unsure and the remaining eight said they believed services in urban areas were better because of 'easier access' and 'tailored health services'.

Question 12. Would you support the creation of a travelling mental and sexual health service visiting your region?

Graph 4: Support for the creation of a travelling headspace-type service



YES	NO	UNSURE	NOT STATED
14	0	6	1

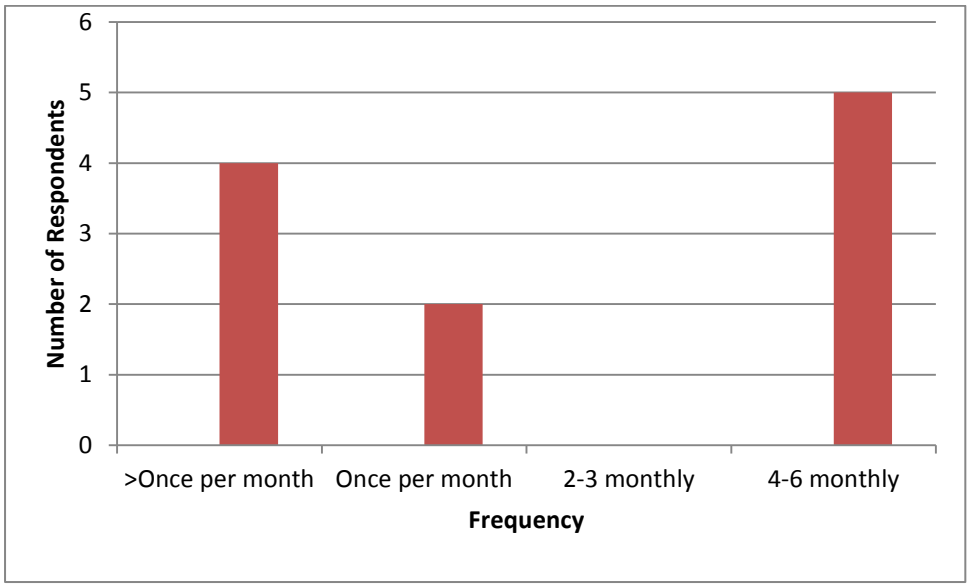
If yes, which services would you like delivered?

As demonstrated above, none of the respondents were definitely against the idea, with six being unsure and a majority of 14 (70%) being supportive of it.

Of those that provided a definitive response, four indicated that having mental health services including confidential counselling, coaching and awareness was important to them, five wanted sexual health check-ups, contraception and sex education, and four listed 'everything', 'any' or 'all' services, presumably meaning sexual and mental health services and possibly general health services as well.

If yes, how often would you like the service to visit?

Graph 5: Desired frequency of visits



> THAN ONCE PER MONTH	ONCE PER MONTH	2-3 MONTHLY	4-6 MONTHLY	NOT STATED
4	2	9	5	1

The responses to this question were quite surprising and contradict the advice given by the mental/sexual health professionals who were interviewed for this report. Most of the health professionals believe that, particularly for Indigenous youth, weekly visits are needed to be able to establish enough of a relationship with the youth in question to have an impact on their problems. However, five respondents said they would be happy with a service that visited only every four to six months. All but one Indigenous young person who provided an answer for this question stated that they would like a service that visited more than once per month and all but one of the youth who responded with 'four to six monthly' were non-Indigenous. This reflects what I have found in my personal experience that non-Indigenous families and youth value confidentiality over familiarity when dealing with sensitive health issues, while Indigenous people need time to build a trusting relationship before they can comfortably deal with someone.

Do you think mental and sexual health education is important?

Of the 21 young people who responded to this question, 19 were unanimous in their conviction that mental and sexual health education is important where they come from.

Why/Why not?

Four respondents listed the prevalence of sexually transmitted infections as the reason for the importance of education and five stated words to the effect that they believe education prevents mental health problems later in life. Other responses included the prevention of drug problems and this particularly eloquent response from one young male 'Young people live in a commercialised world where these issues are an every present reality. Without knowledge and learning problems will continue to persist and more young lives will be wasted.'

Interviews

In addition to the youth survey, I undertook interviews (via email) with a variety of NT mental and sexual health service providers. I intended to use the responses to find out what service gaps existed and what potential solutions are available to fill these gaps. My interview consisted of 15 questions and was completed by representatives from the Top End Association for Mental Health (TEAM Health), headspace, Mark Sheldon Remote Mental Health Team (MSRMHT) and Sunrise Health Services (Sunrise). A copy of the interview questions is provided at Appendix B and extended versions of the interviews are provided at Appendices', C, D and E.

Interview Questions for Mental/sexual Health Experts, headspace staff, Local Health Clinic Staff etc.

1. **Are sexual health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?**
   The answer to this question was a unanimous 'yes' from the experts interviewed. Statistics such as those above – that youth in remote communities are twice as likely to have a sexually transmitted infection (B) and that approximately one in three people aged 15-35 in remote Central Australia have a sexually transmitted infection. Remote young people make up just 3.8% of the overall NT population, but account for 14.9% of Gonorrhoea, Chlamydia and Trichomoniasis infections, compared to urban youth who account for 11.8% of the population and 27% of infections.[12]

2. **Are mental health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?**
   Again, the answer to this question was unanimously to the affirmative. Some of the reasons given included that approximately one in four young people in the communities that TEAM Health visit have a diagnosed mental illness. According to MSRMHT Team Manager, Ms Lyn Byers, 'looking at the broader picture of the reality of such residents (sic) life, including the social determinants of poor health, would suggest that mental health problems are prevalent.' Some of the examples of this reality provided were that the remote communities have 'higher burdens of physical disease', 'decreased life expectancy', 'higher rates of low income families and single parent families', 'higher rates of violence', 'higher rates of unemployment', 'higher rates of alcohol and other drug misuse' and higher rates of incarceration, contact with the criminal justice system and child protection systems'.

3. **Do you believe that young people living in isolated regions of the NT have adequate access to sexual and mental health professionals?**
   As noted in the report for young people living in remote communities, "there is a chronic shortage of, and access to, clinical services such as focused psychological services which are critical when it comes to treating serious alcohol and other drug problems, reducing the likelihood of subsequent mental health problems and the risk of suicide" ("*Gone to Soon: A Report into Youth Suicide in the Northern Territory*" 2012 Select Committee on Youth Suicides, p143) – quote provided by Ms Sally Weir of headspace Top End.

   Ms Byers agreed with this consensus, and as referenced above stated that no services in remote NT are resourced well enough to provide what could be perceived as an adequate level of care. Dr Sheilnin Pisani, of Sunrise, also agreed that 'more access is required'.

[12] Department of Health, 2013, NT Sexual Health and BBV Unit Surveillance Update: Vol. 13 No. 2, Jul-Sep & Oct-Dec 2012 [ONLINE] Available at: http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/82/97.pdf&siteID=1&str_title=July-September%20&%20October-December%202012.pdf. [Accessed 31 August 2013]

Questions specific to local health clinics

4. **Do you provide mental and sexual health services to young Territorians?**
   All services interviewed provided at least one of these services.

5. **What portion of your mental and sexual health clients are aged less than 25 years?**
   None of the interviewees had data available to answer this question.

6. **Is your facility resourced appropriately to deal with mental health problems**?
   Sunrise answered no to this, headspace answered yes and MSRMHT answered that facility in remote central Australia was resourced appropriately to deal with mental illness.

7. **If no, what could be amended to achieve this?**
   Sunrise stated that they needed 'more staff, more space' including a 'youth-friendly consulting room', 'more funding' and that they needed to 'recruit mental health/social workers'.

   The representative from MSRMHT gave a very detailed answer, indicating that the best way to combat this lack of resources was to develop a co-operative approach between schools, health services, local Police and shire councils and invest in a co-ordination authority to govern the distribution of such services – government, non-government and otherwise – to ensure services are not wasted by being duplicated.

8. **Do you believe that your clinic is attractive and accessible to young people?**
   MSRMHT stated that at a young age the community health clinics are tied closely with schooling and seen almost as a form of entertainment. However, for adolescents they are much less engaging and often forgone. There are few youth workers in the health clinics which further compounds this problem, as does the lack of confidentiality or lack of rapport with staff. Sunrise's only comment was that 'it could be better'.

9. **What improvement could be made to make your service more attractive and accessible to young people?**
   'Dedicated clinic space where young people would feel more comfortable and more Youth workers with adequate training to support young people' were the suggestions given by Sunrise. Nurse Byers suggests that a local health clinic needs support and ownership from the community to improve their accessibility and rapport with the young people in the communities. Nganampa Health Council (NHC) is referenced in Byer's interview as an example of a successful Aboriginal owned and run health service operating in north-west South Australia (SA). NHC succeeds in integrating their services into communities because many of their staff originates from those very communities, and therefore the residents trust them and respect advice that comes from them and their specialist colleagues.[13] While the NT already has a remote health system in place, NHC demonstrate that the endorsement of Aboriginal people is important and increases the chances of positive interactions between community members and healthcare services.

10. **Would you support the idea of a travelling confidential mental and sexual health service for young people in your area? Why/why not?**
    Yes, all the service providers interviewed would support this idea because it would provide a 'much needed service'.

[13] Nganampa Health Council, 2012, *Mental Health* [ONLINE], available at http://www.nganampahealth.com.au/programs/mental-health.html, [Accessed 1 November 2013]

11. Do you have any ideas about how such a service could be implemented?

There were many suggestions given between the interviewees about how the service could be implemented. There are many complex considerations in dealing with these communities.

- **Culture:** Most remote communities in the NT are predominately populated by Indigenous people, who have different views on land ownership and people visiting their communities than non-Indigenous people. A non-Indigenous person entering Aboriginal lands may need permission (in some cases a permit from the Traditional Owners is required), and would do well to enter on invitation and with endorsement from elders in the community to improve their chances of being accepted and trusted. Ms Byers provides this piece of advice sourced from Aboriginal elders in Central Australia 'Trust is best fostered by being as non-intrusive as possible during visits, and ensuring all visitors have a clear and definable role (Personal com. Aboriginal elders Jan/Feb 2013).'
- **History of Non-Indigenous interference in Aboriginal communities:** The relationship between Indigenous and non-Indigenous people in Australia has not always been an easy one. It is important for visiting services to remember this and to be respectful of and patient with any disquiet caused by their presence.
- **Community Involvement:** It was stipulated more than once that community involvement is imperative in the success of a mental or sexual health scheme in remote communities. A visiting youth targeted service needs to educate and equip young people and their other community members to help each other and themselves by providing peer and mentor based support and spotting the signs of illness earlier.
- **Logistics:** Doing anything with a remote NT community is very difficult logistically. Travel is often long and expensive, clinic space and accommodation is limited and visiting services must fit around normal clinic operations.
- **Staffing of service:** The staff on a visiting service must be diverse in age, gender, culture and experience to cater for the varying needs of their clientele. This should also include Aboriginal endorsement, as noted above.

<u>Questions specific to mental/sexual health experts/organisations/headspace staff(?)</u>

1. **How many young people with mental and sexual health issues does your organisation support?**

   TEAM Health provides support to about 150 young people with diagnosed mental illnesses and headspace to around 2000 young people, for both mental and sexual health issues.

2. **Is the number of young people with mental and sexual health issues greater in urban centres?**

   No, was the answer given by all interviewees who provided a response (on a per capita basis).

3. **Does your organisation run programs or initiatives to support young people who live in isolated communities to deal with mental or sexual health issues?**

   MSRMHT, TEAM Health and Sunrise all deliver either mental or sexual health services to young people in remote communities, while headspace is only resourced to operate in the Darwin region at present.

Framing the Future

This project also directly relates to the NT Government's 'Framing the Future' draft blueprint.[14] The blueprint contains two sections that are particularly pertinent, 'Strong Society' and 'Confident Culture'. One of the aspects of the 'Strong Society' vision is to 'ensure everyone has the same access to opportunities and resources to make a contribution to, and participate in, society...' As this report details, there are currently some severe disparities between the opportunities and resources available to remote youths and those available to their urban counterparts, and I hope that rectifying this is prioritised as part of the fulfilment of this vision.

The 'Confident Culture' vision includes a section on 'healthy, well communities'. Ensuring our youth are happy and healthy, physically and emotionally, will go a long way towards improving the wellbeing of entire remote communities, and this starts with giving them access to sufficient services and education to learn how to get and keep a sound body and mind.

Framing the Future's four strategic goals are:

Prosperous economy

An **economy** that:

- creates wealth and jobs
- is open, competitive and innovative
- is built on exports and the needs of our trading partners
- captures the ideas, energy and opportunities across the Territory
- lands new local, national and international investment

Strong society

A **society** that:

- values an individual's right to freedom and ensures everyone has the same access to opportunities and resources to make a contribution to, and participate in, society and the economy
- supports the most vulnerable
- is safe for all – at home, at school, in the workplace and while travelling

Balanced environment

An **environment** that:

- is sustainable
- balances use with protection
- is well managed, including urban design and public spaces

Confident culture

A **culture** that:

- is proud and confident of the Territory and values and celebrates the diversity of people of all backgrounds, language groups, ages, genders and religions
- supports significant occasions and events
- focuses on a healthy, active and enjoyable lifestyle taking advantage of the unique features the Northern Territory offers

[14] Framing the Future draft blueprint, 2013, Northern Territory Government, Department of the Chief Minister, http://www.dcm.nt.gov.au/framing_the_future

CONCLUSION

Mental illness and STIs are major concerns for young people everywhere in the NT. Young Territorians in urban areas have easy, often free and confidential access to services to help them through these issues, but for over 8000 young people who reside in remote NT, it is nowhere near as easy. This report depicts remote NT's young population as very much at risk of growing into potentially physically or emotionally challenged adults, with high rates of mental illness and STIs. It also shows the services currently available to the youth as inadequate to meet their needs. The STI rate is twice as high as that for youth in urban centres with one in three youth in remote communities expected to get an STI. The mental illness rate for youth in remote communities is one in four with a diagnosed mental illness.

According to mental health professionals, mental illnesses are more acute due to a lack of access to adequate help and stigma around such issues. According to sexual health professionals, the lack of access to services and lack of education around sexual practices, partly due to cultural practices, contributes to the high STI rate. Both groups of professionals agree that not enough has been done for far too long and that some people have nearly given up on the problem. Ms Lyn Byers from MSRMHT provided this quote, *'Sadly, despite many of these publications having excellent recommendations, these recommendations have not translated into practice. If we as a nation have not been able to act on many of the basic recommendations proposed over the years, I would be reluctant to offer a further suite of recommendations to gather dust on library shelves'*.

Remote youth themselves were almost unanimous in their support of the idea of a travelling headspace type service, as were healthcare professionals. However, there are many requirements of such a service based on culture, age, gender and location of the population in question, particularly for Indigenous youth. It was suggested that such a service needs to be at least weekly to be effective, so that the providers form enough of a relationship with the youth and gain their trust. Another suggestion was that the community itself needs to be equipped to resolve the issue internally, which does not resolve issues around confidentiality but means that cultural needs are met. Non-Indigenous youth indicated that they would be happy to use a completely confidential service that only came monthly, or two-three monthly, even twice annually – an indicator of cultural differences, so the travelling headspace model would fit their requirements perfectly. Essentially, this research has divulged that the only way to provide specialist care to young people in remote NT is through a travelling service, but this needs to be incorporated strongly into the existing health care in the community, the schooling system and be endorsed and supported by the community leaders themselves.

The remote headspace model suggested aims to resolve this issue is not the solution in itself. It needs to be worked into a community mindset and the existing health and education systems to develop the young people into sustainably healthy adults, and thereby the community into a sustainably healthy environment for the next generation to be raised in. This will not be easy logistically or financially. But if this generation is left with insufficient support to grow into valuable, well community members then they cannot be expected to raise children of sound physical and mental well-being and our remote communities will suffer all the more for it.

RECOMMENDATIONS

It is recommended that the Northern Territory Government:

- Pilots a travelling headspace modelled program (from 2014 to 2017) in the most at risk (evidenced by health statistics) remote community in the Top End of the NT and the most at risk in Central Australia. The model would utilise providers from outside the community, incorporating support from elders and existing healthcare services within the community. This service should visit for one day per week, to deliver counselling, sexual health check-ups and referral for treatments, education sessions for the young people, school students, community leaders and any other community members interested. It should promote other ways to access mental and sexual health services and facilitate a mentorship program – wherein at risk young people in the community are partnered with a stabilising older community member to be a good influence and a mentor to them. It should be open to any young person in the region who wishes to utilise the services offered;
- The Department of Education ensures that school counsellors are readily available to students in remote schools, the NT Open Education Centre and the School of the Air campuses;
- Develop a co-ordinating authority for mental and sexual health services visiting young people in remote communities to ensure the services are distributed evenly (not duplicated by different organisations). Furthermore, to consolidate statistics and information highlighting the number of young people experiencing problems with accessibility, identify which areas of the NT needing more support and how many young people are accessing services at present;
- Fund headspace to provide a permanent service in Katherine and in Tennant Creek; and
- Support the mentorship program aforementioned is included into schools and current health programs offered in remote communities possibly as part of Clontarf and Girls Engagement Mentoring and Support (GEMS) academies in schools.

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FURTHER READING

- Gone Too Soon: A Report into Youth Suicide in the Northern Territory, Select Committee on Youth Suicides in the NT, 2012
- Aboriginal Mental Health: ”What works Best”, a discussion paper, Vicki Smye and Bill Mussell 2001
- Evaluation report on the first year of bringing child and adolescent mental health services to rural communities 1998-1999, John Mitchell and Associates 1999
- An analysis of suicide in Indigenous Communities of Nth Qld: the historical, cultural and symbolic landscape, Ernest Hunter et al 1999
- Ways Forward, National Aboriginal and Torres Strait Islander mental health policy, National Consultancy Report by P Swan and B Raphael 1995
- Thematic analysis of key factors associated with Indigenous and non-Indigenous suicide in the NT Australia by P Kuipers, J Appleton, S Pridmore 2012 in Rural and Remote Health journal
- Working with Indigenous Australians: a handbook for psychologists, Pat Dudgeon et al
- Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Ed Nola Purdie, Pat Dudgeon, Roz Walker.

EVALUATION

The completion of this project has been one of my biggest journeys of 2013. It has taken me through some of the darkest issues facing our communities and made me feel at times completely insignificant in the face of the problem I was looking at. Ultimately though, the collation of research I ended up with has motivated me even more to do something about the lack of mental and sexual health services for youth in communities such as the one I grew up in.

I have learnt a lot about myself, and have benefitted enormously from being surrounded and supported by such a passionate group of young people and staff who have helped keep me motivated throughout the year. Some of the problems I've encountered through the process included:

- the lack of responses to my youth survey. It would have been much better to have had more data to report on;
- an inability to complete face-to-face or over the phone interviews with organisations and health professionals due to the demand of my full time job;
- time constraints in writing up this project which were due to a combination of family issues, work commitments and poor time management; and
- a lack of easily accessible comprehensive statistics available on youth mental health in remote communities. I've overcome this as best I could, using internet resources to evidence my first experience.

I think that undertaking a project of this scale is the only way to learn about how to do it and I have learnt so many things about time management, motivation and researching skills. I feel that the issues I have investigated are ones that desperately need to be accurately displayed to the people who have the power to impact on them, and I hope that I have done a justice to them.

Appendix A: Survey of Young People in Remote Communities and Answers

What is your gender?	Are you of Aboriginal or Torres Strait Islander origin?		How old are you?			Which region do you live in?				
Open-Ended Response	**Yes**	**No**	**15-18 years**	**18-21 years**	**21-25 years**	**Barkly**	**Central Australia**	**East Arnhem**	**Roper Gulf**	**Victoria Daly**
Female		No	15-18 years						Roper Gulf	
Female		No	15-18 years						Roper Gulf	
Female		No		18-21 years					Roper Gulf	
Female		No		18-21 years					Roper Gulf	
Male		No		18-21 years					Roper Gulf	
Male		No		18-21 years					Roper Gulf	
Female	Yes		15-18 years			Barkly				
Female	Yes			18-21 years		Barkly				
Male	Yes			18-21 years		Barkly				
Male	Yes		15-18 years			Barkly				
Male	Yes		15-18 years			Barkly				
Male	Yes		15-18 years			Barkly				
Male	Yes		15-18 years			Barkly				
Male	Yes		15-18 years			Barkly				
	Yes		15-18 years			Barkly				
Female	Yes		15-18 years			Barkly				
Male		No								
Male	Yes		15-18 years			Barkly				
Male	Yes		15-18 years			Barkly				
Female		No	15-18 years						Roper Gulf	

Do you live on any of the following locations?			How far do you live from your nearest community health clinic?					Please rate how comfortable you think your community is in dealing with and talking about mental health issues (with 5 being the most comfortable).				
Cattle Station	**Ranger Station**	**Remote Community**	**0-10km**	**10-20km**	**20-50km**	**50-100km**	**more than 100km**	**1**	**2**	**3**	**4**	**5**
Cattle Station			0-10km						2			
Cattle Station						50-100km				3		
Cattle Station					20-50km					3		
Cattle Station			0-10km						2			
Cattle Station				10-20km				1				
Cattle Station							more than 100km			3		
		Remote Community	0-10km							3		
		Remote Community	0-10km							3		
		Remote Community	0-10km								4	
		Remote Community								3		
		Remote Community	0-10km							3		
		Remote Community	0-10km								4	
		Remote Community		10-20km						3		
		Remote Community	0-10km					1				
Cattle Station					20-50km					3		
		Remote Community		10-20km						3		
		Remote Community	0-10km							3		
		Remote Community							2			
Cattle Station				10-20km				1				

What do you think would help make these issues easier to talk about or deal with?	Where would you go for help with a mental or sexual health issue?	How far do you live from this source of help?				
Open-Ended Response	**Open-Ended Response**	**0-10km**	**10-20km**	**20-50km**	**50-100km**	**more than 100km**
A professional mental health service.	headspace					more than 100km
Easier access to professional help.	Unsure. But most likely Katherine or Darwin.					more than 100km
	Kintore clinic Katherine					more than 100km
Seminars or community meetings.	Family, headspace					more than 100km
More trained doctors dealing with these issues in a detailed way that young people can relate to.	Doctor/Friends					more than 100km
More information on how to combat mental health problems.	Katherine 400km away					more than 100km
Get more Australian workers to understand, and younger workers for younger people to relate to easier.	I would go on Google and search them first, then take myself to congress.	0-10km				
Get more younger people to work with younger people to relate to easier.	Go on Google	0-10km				
	Doctors	0-10km				
Education awareness	Hospital	0-10km				
Talk about it more	Clinic	0-10km				
I don't know	Health clinic	0-10km				
		0-10km				
For the people to know that what they say to someone that it doesn't go around it stay between you and her/him.	To a friend or family member.	0-10km				
				20-50km		
If they didn't talking about it with other staff or told their friends or family.	A close friend or family member.		10-20km			
	Hospital	0-10km				
I don't know	I don't know	0-10km				
Better education in schools, health care and people who are comfortable promoting and talking about them.	Probably wait until I next go to town and go to the doctors in there.					more than 100km

Do you believe that people living in urban centres in the NT receive better mental and sexual health services than your region?				Would you support the creation of a travelling mental and sexual health service visiting your region?			If yes, which services would you like delivered?
Yes	**No**	**Not sure**	**Why/why not?**	**Yes**	**No**	**Not sure**	**Open-Ended Response**
Yes			they have easier access to the services that they are comfortable with	Yes			coaching as well as medications for contraception
		Not sure	Haven't had much experience in the issue.	Yes			Counselling and a service for sexual health and safety (check-ups etc)
Yes				Yes			Everything
Yes			Because there are more tailored health providers who specialise in young people	Yes			Sexual health education, counselling, mental health awareness.
Yes			In metropolitan areas they have ready and easy access to those facilities. that's a fact of life, it would be very hard to change that.	Yes			Defiantly mental health, especially something that related to substance abuse and its effects on society.
Yes			Much easier accessibility for people in urban centres.	Yes			All of these plus medical checks if possible.
		Not sure	I am not sure because i am not living there.			Not sure	
	No		I don't know.			Not sure	
		Not sure				Not sure	
Yes				Yes			
		Not sure		Yes			
		Not sure		Yes			
		Not sure				Not sure	
		Not sure				Not sure	Not Sure
Yes				Yes			
	No		the workers need to earn our trust, and if we don't trust them we won't tell them anything.	Yes			All if possible!
				Yes			Sexual
		Not sure		Yes			Any
		Not sure				Not sure	
Yes			Because they have headspace there and lots of doctors to choose from and they don't have to go to the same doctor as everyone else they know all the time and there are special doctors and stuff just for those problems in cities.	Yes			Someone to talk to who won't tell everyone else and somewhere to get a sexual health check-up done.

If yes, how often would you like the service to visit?	Do you think mental and sexual health education is important?		
Open-Ended Response	**Yes**	**No**	**Why/why not?**
About once every one to two months	Yes		To prevent sexually transmitted illnesses and early pregnancies.
Twice a year	Yes		The more you know the easier it is to deal with the problems.
Twice a year	Yes		
Once every four or six months	Yes		It can impact on your entire life
Once a month minimum	Yes		Young people live in a commercialised world where these issues are an every present reality. Without knowledge and learning problems will continue to persist and more young lives will be wasted.
At least twice a year	Yes		Knowledge is power. If we know about it we can deal with it.
	Yes		Because someone might get an STI.
	Yes		Because you can get STI's and get pregnant.
	Yes		
	Yes		
	Yes		
	Yes		
One to three times a month	Yes		So kids don't going running around sharing STI's
	Yes		
One to three times a month	Yes		Of course, because it helps us through our problems
Twice a month	Yes		
Every four months.	Yes		Because it helps us to understand the way our body works and the effect drugs have.
	Yes		
Once a month	Yes		Because learning about it can stop problems later on.

Appendix B: Interview for Organisations and Individuals

Interview Questions for Mental/sexual Health Experts, Headspace staff, Local Health Clinic Staff etc.

- Are sexual health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?
- Are mental health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?
- Do you believe that young people living in isolated regions of the NT have adequate access to sexual and mental health professionals?

Questions specific to local health clinics

- Do you provide mental and sexual health services to young Territorians?
- What portion of your mental and sexual health clients are aged less than 25 years?
- Is your facility resourced appropriately to deal with mental health problems?
- If no, what could be amended to achieve this?
- Do you believe that your clinic is attractive and accessible to young people?
- What improvement could be made to make your service more attractive and accessible to young people?
- Would you support the idea of a travelling confidential mental and sexual health service for young people in your area? Why/why not?
- Do you have any ideas about how such a service could be implemented?
- Do you believe that young people in your region would use such a service? Why/why not?

Questions specific to mental/sexual health experts/organisations/headspace staff(?)

- How many young people with mental and sexual health issues does your organisation support?
- Is the number of young people with mental and sexual health issues greater in urban centres?
- Does your organisation run programs or initiatives to support young people who live in isolated communities to deal with mental or sexual health issues?
- Would your organisation support the idea of a travelling confidential mental and sexual health service for young people in the Northern Territory? Why/why not?
- Do you have any ideas about how such a service could be implemented?

Appendix C: MSRMHT's Lyn Byer's Interview Responses

I have been working in remote Central Australia since 2001 as a Remote Area Nurse and midwife. I lived and worked in a remote community from 2001 – 2009 before re-locating to Alice Springs. I am registered with APRHA as a Nurse Practitioner in the speciality of remote and have qualifications in mental health as well as midwifery. I am currently working as the Team Manager for the Mark Sheldon Remote Mental Health Team, based in Central Australia, offering specialist mental health visits to remote communities. The following answers to your questions are based on my own personal experiences and knowledge of the remote setting.

1. Information regarding the prevalence of sexual health problems can be sourced from the Centre for Disease Control either Alice Springs or Darwin. There has been extensive research over many years, particularly in Central Australia in this area. Currently the STRIVE program is in operation. Generally 1 in 3 people aged between 15-35 years in remote Central Australia has a sexually transmitted infection. This can result in infertility and consequent relationship problems. The most common conditions are gonorrhoea and chlamydia. We also have one of the highest rates of syphilis in our remote populations.

2. There is limited research focused upon young people in remote areas of the NT. Looking at the broader picture of the reality of such residents life, including the social determinants of health, would suggest that mental health problems are prevalent. Residents of very remote communities in Central Australia are disadvantaged in all areas of social concern. Such populations are:

    a. Predominately Aboriginal
    b. Highly mobile
    c. Young – 33.5% of the Aboriginal population in very remote areas are less than 15 years old (AIHW 2010).
    d. Compared with the rest of the Australian population these communities have:
    e. Higher burdens of physical disease
    f. Higher rates of risk factors for physical and mental illness
    g. Increased infant mortality rates
    h. Decreased life expectancy
    i. Higher rates of low income families and/or single parent families
    j. Higher rates of poor school attendance and lower educational levels
    k. Higher rates of unemployment
    l. Higher rates of violence
    m. Higher rates of Alcohol and Other Drug misuse
    n. Higher rates of incarceration, contact with criminal justice system and child protection systems.

    (AIHW 2010).

    The social disadvantages listed above all play a part in the high burden of physical and mental illness experienced in remote communities. There is further evidence that Aboriginal people suffered, and continue to suffer, high levels of emotional trauma and stress as a result of colonisation, history and racism, leaving this

population group particularly vulnerable to mental illness (Alex Brown 2010, Swan & Raphael 1995).

3. There are well established links between physical health and mental wellbeing. Across Australia people with a mental illness do not access care for their physical or mental wellbeing at the same rate as the rest of the Australian population (Fourth National Mental Health Plan 2009-2013, Heart Foundation 2013, Beyondblue 2013,"Duty to Care – physical illness in people with mental illness" University of WA, 2001). Those living in very remote areas have lower levels of access to health services. The supply of health clinician's decreases with remoteness and those clinicians are working longer hours, 26% more hours than those working in cities (AIHW 2007). Further information about access to health professionals in general can be sourced from the AIHW website and the Department of Health NT - remote, website. In general residents of remote communities receive health care from a generalist resident nurse and Aboriginal Health Worker. Resident staffs are supported by fly in/fly out or drive in/drive out specialists services such as sexual health or mental health. None of the specialist or resident services are resourced adequately to provide 'adequate access" to care. There are many reasons for this, see the reports on the AIHW site.
4. Clinic staff in remote areas of Central Australia provides mental and sexual health services using a procedure manual called the Central Australian Rural Practitioners Association (CARPA) – available on line, to guide care.
5. See above, 33.5% of the Aboriginal population in very remote areas are less than 15yrs old (AIHW 2010). The Australian Bureau of Statistics (ABS) Census site has more detailed information regarding the population distribution of the NT. However approximately 95% of the population in remote Central Australia identifies as Aboriginal.
6. No facility in remote Central Australia is resourced adequately for mental health problems
7. To amend this requires inter-sectorial co-operation with links between schools, health, police and local shires. As noted above, even the extent of mental health problems in this population is not known, let alone the resources to address such problem. A co-ordination agency with authority over federal, state and local government as well as non-government and Aboriginal agencies would go a long way to ensuring the scare resources available are distributed appropriately. Currently some communities receive multiple duplicate visiting services, whilst others receive none.
8. In remote Central Australia, children are brought to the local clinics from birth. It is one of the few services in the local community and clinics are often regarded as belonging to the community, with some pride of ownership. In general young people of primary school age are happy to visit clinics for entertainment as well as health care. As they move into adolescent years, other forms of entertainment such as an interest in the opposite sex, family and community responsibilities start to supersede this.
9. Communities need to feel some ownership in "their" clinic to improve accessibility. See Nganampa Health in South Australia website for examples of a remote Aboriginal run health service.

   Discussions and workshops with NPY women's council, an Aboriginal run organisation in Central Australia, indicates that a visiting mental health service is very much valued, however it is valued due to the trust long term clinicians have built up with local residents. Following are some of the issues that need to be considered for visiting services:

Political context:

- There is a long history of non-Aboriginal involvement in Aboriginal lives in Australia. Many policies, both from the government and non-government sector, have been imposed upon Aboriginal people with unforeseen consequences and calamitous outcomes. A culturally aware organisation has a responsibility to promote and practice cultural safety. As non-Aboriginal people we enter Aboriginal space with a high degree of ambivalence and self-doubt, uncertain that we are not unwittingly adding to the catalogue of disastrous interventions. Relationships with remote communities can be fragile and those not used to this environment can unwittingly cause offence.
- In 2007 the requirement for a permit to enter Aboriginal land in the NT was removed under the "Intervention' legislation. Permits are no longer required for government employees, travelling on main roads, entering communities for the purpose of carrying out their duties. This does not apply to outstations. Entry to outstations on Aboriginal land in the NT still requires applying in advance for the appropriate permit and securing permission from those outstations Traditional Owners (CLC personal com Jan 2013, Aboriginal Land Rights Act 1976).

Cultural safety:

- There is no private ownership of land in remote communities; rather Aboriginal people belong to the land through cultural and family connections.

  > "*Indigenous peoples relationship to and identification with land is much broader than the western concept of ownership through land title. For Indigenous people land is intrinsically connected to cultural, physical and spiritual wellbeing".…."Aboriginal relationships with land do not readily adapt to European concepts of real estate and economics"* (Department of Indigenous Affairs [DIA], 2005, "Overcoming Indigenous Disadvantage in WA Report 2005" DIA, Perth).

- A non-Aboriginal person being in an Aboriginal community results in the private and personal space of many individuals being invaded, well before the clinician visits a patient's house. Just being present in the community may impact in a negative way on many Aboriginal people's well-being, due to the long history of non-Aboriginal people's intervention in their lives (Personal com. Aboriginal elders Jan/Feb 2013). This places a high obligation on visiting services to be mindful and sensitive about how many strangers are brought into communities without specific invitation.
- Cultural shock is the personal disorientation a person may feel when experiencing an unfamiliar way of life due to a move between social environments. It results in information overload, language barrier, skill interdependence, formulation dependency and changes in response ability (cultural skill set). There is no true way to entirely prevent culture shock, as individuals in any society are personally affected by cultural contrasts differently (Pedersen, Paul. The Five Stages of Culture Shock: Critical Incidents Around the World. Contributions in psychology, no. 25. Westport, Conn: Greenwood Press, 1995). Those visiting remote communities suffer cultural shock on an on-going basis and need to have strategies in place to manage it.

Accountability:

- Visitors to Aboriginal communities need to be "vouched for" by a trusted existing organisation or senior elder. (http://www.indigenouspsychology.com.au/profiles/191/tracy-westerman).
- Visiting service are accountable to the local Aboriginal community, patients and their families, the local clinic staff, and the organisations delivering health care on the ground and well as their own organisation. Visiting services need to be aware of these many layers of accountability and that they may have to account for themselves to these different bodies.

Relationships:

- Services enter Aboriginal communities only by invitation. The work of visiting services can only be effective if they are trusted by the community and local clinic staff (which often include local Aboriginal people). Trust is best fostered by being as non-intrusive as possible during visits, and ensuring all visitors have a clear and definable role (Personal com. Aboriginal elders Jan/Feb 2013).
- It has taken months, in some cases years, to establish relationships with many remote clients and their families, due to the long history of intervention in Aboriginal people's lives.
- Remote clinic staff and community members have many duties to undertake and may not be available to visiting services.

Logistics:

- Travel too many remote communities is difficult and undertaken by 2 clinicians for safety reasons.
- Many remote communities have limited accommodation options. – There is inadequate housing for the residents of the communities, the resident staff, let alone visiting services.
- Remote clinics are limited in work station, consulting room and office areas. There may be no convenient area for a visiting service to be located
- Visitors to remote clinics are expected to work within the usual operation of the health centre team. If there is a crisis occurring, it may not be appropriate for visiting services to work at that time.
- Visiting services not used to the stress of travel in the extreme weather conditions in Central Australia may suffer from dehydration, heat exhaustion and travel sickness. This then requires remote clinic resources to be diverted to manage staff illness rather than core community needs.
- Visits to remote communities by specialist health services are always at the discretion of remote clinic staff. Visits can be cancelled by remote clinic staff up to the day of travel depending on weather, cultural considerations, community issues or remote clinic issues.

10. Currently most specialist service for remote Central Australian residents is offered on a visiting basis. The most accepted and successful services are those that have long term staff attentive to the unique needs of remote Central Australian residents, engage with local community and are willing to spend the time building relationships before offering 'help". See the Indigenous Clearing House site for more information regarding this question.

11. See previous comments and Indigenous Clearing House site. Use of a service depends on deliverables. Currently no service is resourced to deliver even a basic service. Regarding mental health, with 28 remote communities in Central Australia, the best that can be offered is a visit once a month, usually for a day, to the biggest communities, to attend to the mental health needs of all, an age range from birth to death. Specialist mental health care for young people requires visits more often, to see a small number of people. In the remote setting it would be sensible to integrate this care into the school and youth programs delivered by the local shires. However sustaining care is an on-going problem and it is not ethical to set up programs without considering sustainability. See World Health Organisation site.

    For further information about sexual health strongly recommend you contact the Centre for Disease Control, they have a number of publications and information available for the public. Regarding mental health for young people in remote Central Australia, useful resources include:

    - Gone Too Soon, the NT government investigation in youth suicide available on the web
    - Aboriginal Mental Health: ”What works Best”, a discussion paper, Vicki Smye & Bill Mussell 2001
    - Evaluation report on the first year of bringing child and adolescent mental health services to rural communities 1998-1999, John Mitchell & Associates 1999
    - An analysis of suicide in Indigenous Communities of Nth Qld: the historical, cultural and symbolic landscape, Ernest Hunter et al 1999
    - Ways Forward, National Aboriginal & Torres Strait Islander mental health policy, National Consultancy Report by P Swan and B Raphael 1995
    - Thematic analysis of key factors associated with Indigenous & non-Indigenous suicide in the NT Australia by P Kuipers, J Appleton, S Pridmore 2012 in Rural and Remote Health journal
    - Working with Indigenous Australians: a handbook for psychologists, Pat Dudgeon et al
    - Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Ed Nola Purdie, Pat Dudgeon, Roz Walker.

    Sadly, despite many of these publications having excellent recommendations, these recommendations have not translated into practice. If we as a nation have not been able to act on many of the basic recommendations proposed over the years, I would be reluctant to offer a further suite of recommendation to gather dust on library shelves.

Appendix D: Sunrise's Dr Sheilnin Pisani's Interview Responses

Proposed Interview Questions for Mental/sexual Health Experts, Headspace staff, Local Health Clinic Staff etc.

1. Are sexual health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?

- Yes this problem is prevalent. We record all cases on our patient information system and are able to retrieve this data.

2. Are mental health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?

- Yes. As above.

3. Do you believe that young people living in isolated regions of the NT have adequate access to sexual and mental health professionals?

- More access is required.

Questions specific to local health clinics

1. Do you provide mental and sexual health services to young Territorians?

- Yes

2. What portion of your mental and sexual health clients are aged less than 25 years?

- We could use more staff and more space.

3. If no, what could be amended to achieve this?
    a. Youth friendly private consulting rooms
    b. More funding
    c. Recruit mental health /social workers.

4. Do you believe that your clinic is attractive and accessible to young people?

- It could be better.

5. What improvement could be made to make your service more attractive and accessible to young people?

- Dedicated clinic space where young people would feel more comfortable. More Youth workers with adequate training to support young people.

6. Would you support the idea of a travelling confidential mental and sexual health service for young people in your area? Why/why not?

- Yes. It would provide a much needed service.

7. Do you have any ideas about how such a service could be implemented?
8. Do you believe that young people in your region would use such a service? Why/why not?

- Yes but it may take time to get used to the idea.

Questions specific to mental/sexual health experts/organisations/headspace staff(?)

1. How many young people with mental and sexual health issues does your organisation support?

- Many

2. Is the number of young people with mental and sexual health issues greater in urban centres?

- No

3. Does your organisation run programs or initiatives to support young people who live in isolated communities to deal with mental or sexual health issues?

- Yes

4. Would your organisation support the idea of a travelling confidential mental and sexual health service for young people in the Northern Territory? Why/why not?

- Yes

5. Do you have any ideas about how such a service could be implemented? See above.

Appendix E: Headspace's Sally Weir and Heidi Walsh's Interview

1. Are mental health problems prevalent amongst young people who live in isolated regions of the NT? What evidence is there to support your answer?

- I recommend you try & look at a copy of the:
  "*Gone to Soon: A Report into Youth Suicide in the Northern Territory*" 2012 Select Committee on Youth Suicides
  I do not have any local NT statistics on prevalence of mental health issues in isolated regions but you may be able to source some statistics from the above report or Department of Health or ABS
- We know mental health is the single biggest health issue facing young Australians, with one in four living with a mental illness. We also know suicide is the leading cause of death amongst this group and that 75%of mental health problems emerge before the age of 25. Anxiety and depression are the most common mental health problems. Body image is consistently ranked as the major concern for young people, with the proportion concerned about it increasing with age (from 28.1 per cent of 11 to 14 year olds to 40.3%of 20 to 24 year olds). Only 13%of males and 31 per cent of females in the age range of 16 to 24 years, who suffer from mental health difficulties, seek professional help
  Source: Tanti, C. http://blog.headspace.org.au/2013/07/the-real-stories-behind-the-statistics/.

2. Do you believe that young people living in isolated regions of the NT have adequate access to sexual and mental health professionals?

- As noted in the report for young people living in remote communities, "there is a chronic shortage of, and access to, clinical services such as focused psychological service which are critical when it comes to treating serious alcohol & other drug problems, reducing the likelihood of subsequent mental health problems & the risk of suicide" (*Gone to Soon: A Report into Youth Suicide in the Northern Territory*" 2012 Select Committee on Youth Suicides, p143)
- I would also recommend you contact Clinic 34 as to data/feedback re: sexual health. Clinic 34 come & run an afternoon clinic here every Wednesday http://www.health.nt.gov.au/Clinic_34/Locations/index.aspx

Questions specific to mental/sexual health experts/organisations/headspace staff(?)

1. How many young people with mental and sexual health issues does your organisation support?

Headspace Darwin is an early intervention health service for young people aged 12 to 25 which provides clinical counselling, assessment and support. The Client Services Team has provided support to over 2500 young people through a range of service provided on site through staff and co located services. Co-located and sessional services include Clinic 34 sexual health drop in service, an alcohol and drug worker and family counsellor. Headspace Darwin also provides community awareness activities to young people and group work, information sessions about mental health and the importance of accessing help early. Attending events both within school and at community festivals and within the

sporting community and providing information and education sessions about mental health has resulted in over 6000 young people having contact with the service and hearing about the work we do. Our referrals are received by a wide variety of sources with the main referrals coming from parents and then young people themselves which supports the work we have been doing in the community awareness space.
Headspace Darwin is part of the National Youth Mental Health Foundation and they receive funding from the Commonwealth Government to deliver the headspace centres in partnership with local organisations across Australia. The website provides detailed information about the whole initiative and states:
"We provide early intervention mental health and wellbeing services for young people aged 12 to 25 and to date more than 100,000 have walked through our doors or accessed our support services online."

2. Is the number of young people with mental and sexual health issues greater in urban centres?

See above. There is less access to services for young people living outside the urban area. This is in general and specifically related to more limited access to youth friendly services. Isolation and limited access to services can impact on young peoples' mental health and make accessing support in a timely way more difficult than it is for urban young people.
Headspace Darwin services the greater Darwin region and does not have capacity to go beyond this to provide counselling and support to young people. We have been advocating to increase the headspace services in smaller communities with both the Commonwealth Government and headspace National office. There is great interest in both Katherine and Tennant Creek to have a headspace service available for young people in those communities. This was also a recommendation from the "Gone Too Soon Report."

3. Does your organisation run programs or initiatives to support young people who live in isolated communities to deal with mental or sexual health issues?

- headspace Darwin does not run programs directly in isolated communities but we do promote eheadspace for young people who have access to a telephone or internet. https://www.eheadspace.org.au/
- eheadspace is a confidential, free, anonymous, secure space where young people 12-25 years. can receive support by phone or email qualified youth mental health professionals if you are 12 to 25 years and
- headspace Darwin's lead agency is Anglicare NT. Anglicare NT run some youth programs in East Arnhem http://www.anglicare-nt.org.au/pages/East-Arnhem-Youth-Services.html

4. Would your organisation support the idea of a travelling confidential mental and sexual health service for young people in the Northern Territory? Why/why not?

Anglicare NT and headspace Darwin, as a program of this organisation would support the increase in service availability for young people in remote communities or smaller rural areas in the NT. For reasons stated above this would provide much needed support to young people experiencing mental health, sexual health issues. A regular travelling service that delivers clinical support and raises community awareness about accessing support would be a valuable opportunity for young people to access health services in a timely way.

5. Do you have any ideas about how such a service could be implemented?

The service would need to be developed in consultation with local communities and establish strong partnerships with those communities to develop the best way of working with them. The service could deliver a range of community awareness services with referral back to clinical services or national responses (ie eheadspace) so timely regular mental health support could be provided. Exploring the opportunities around Telehealth and linking remote communities with services delivered in larger sites may be a way that services could be provided to these isolated areas. We would look forward to furthering these discussions if appropriate and working with the NT Government to support improving the mental health and wellbeing to young people in isolated communities.