NATSILMH

Indigenous Match Exchange Cairns
Healing & Empowerment Indigenous Leadership in Mental Health & Suicide Prevention

Suzanne Andrews
Staff Overview - clinic

- 1 SMO & 2 Registrars & 5 GP’s (some GP’s are part-time)
- 6 RN’s & 1 EN
- 13 Indigenous Health Workers (6 Indigenous Health Practitioners)
- 1 Social Worker (Grief & Loss)
- 2 Health Promotion Officer
- 7 Social Emotional Wellbeing Workers
- 23/ 39 (59% of PHC team are local community people)
Youngest community in Australia

Yarrabah

- 0-14 years: 34%
- 15-34 years: 33%
- 35+ years: 33%

Australia

- 0-14 years: 19%
- 15-34 years: 28%
- 35+ years: 53%
Growing client population

- Current active clients 3,472
- (1,000 more than census)
- Since 2012-13
- 20% increase in active clients
- 25% increase in client contacts per year
Frequent access to clinic

- Average of 12 contacts per patient, per year
- Average of 7 contacts with GP each year
Increasing access with age
Focus 15 – 25 y.o.

- Annual Young Persons Check
- Detection of STIs
- Detection of early chronic disease
- Linked with JCU research
  - PHQ-P (screening for depression)
**Background**

- Gurriny Yealamucka Health Service Aboriginal Corporation (GYHSAC) conducts an annual Young Person’s Health Check (YPCH) currently targeting Indigenous people aged 14-25 years in Yarrabah, FNQ.
- This commenced in 2010 as a simple check for sexually transmitted diseases and has since developed into a comprehensive health promotion and screening program.
- In 2016, GYHSAC and the Centre for Chronic Disease Prevention at James Cook University (JCU) introduced a depression screening tool to the YPC in response to national reports indicating high levels of psychological risk among Indigenous youth.
- The YPC operated for three weeks (29 March to 15 April 2016) using the theme ‘looking after your mates’.

**Methods**

- We used the adapted Patient Health Questionnaire 9 (PHQ-9) recently modified for depression screening across Indigenous Australian communities.
- Consenting participants were administered the PHQ-9 over ten minutes in a private area of the clinic with either of two GYHSAC Life Promotion Officers (one male and one female) from the Social and Emotional Wellbeing team (SEWB) or a JCU Registered Nurse.
- PHQ-9 scores (potential depression level) were: 0 (no depression), 1-4 (minimal), 5-9 (mild), 10-14 (moderate), 15-19 (moderately severe) and 20-27 (severe).
- Participants were referred to SEWB and medical staff if they scored ≥10 or if the team felt otherwise concerned.

**Results**

- Of the 350 young people attending the YPC, 139 (40%) consented to take part in additional JCU research.
- Of these, 122 (88%) agreed to complete the PHQ-9.
- Approximately 30 participants (25%) were identified with potential depression.

**Implications for Practice**

- The adapted PHQ-9 was easy to administer and well accepted by staff and youth.
- It provided a platform and structure for staff to ask sensitive questions, facilitated follow-up of those identified as high risk and enhanced communication between Life Promotion Officers and GPs.

**Key Message**

- The adapted PHQ-9 may play an important role in routine depression screening & treatment among Indigenous youth.

**References**


**Contact Details**

Mary Kyle & Edward Murgha, Life Promotion Officers, GYHSAC
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Life Promotion Team

• Provides counselling and referral support around
  • Anxiety, depression, mental health & those who are at risk of self-harm or suicide
  • Support during suicide crisis
  • Info on awareness & prevention of suicide
  • Info on SEWB support offer by Gurriny
WHAT TELLS ME, MY FAMILY, MY COMMUNITY THAT WE ARE IMPROVING AND BECOMING EMPOWERED?
WHAT ARE OUR YARRABAH COMMUNITY INDICATORS OF WELLBEING?
Some challenges

• Articulating a SEWB model of care (design and development)
• Ongoing training for SEWB staff
• Bedding down SEWB model of care
• Aligning to clinic model of care
Gurriny Model of Care