LOCAL CONTEXT – FNQ ABORIGINAL AND TORRES STRAIT ISLANDER MH AND SEWB

DR MARK WENITONG

SENIOR MEDICAL ADVISOR APUNIPIMA CAPE YORK HEALTH COUNCIL
PROF (ADJUNCT) QUT
LOCAL CONTEXT – ABORIGINAL AND TORRES STRAIT ISLANDER MH AND SEWB

POPULATION LEVEL MH INCIDENTS:
- MURRAY STREET DEATHS
- SMALL CY COMMUNITY FUNERAL ACCIDENT

BACKGROUND:
- HIGH LEVELS OF UNDERLYING SEWB INC BEREAVEMENT
- HIGH LEVELS OF UNDERLYING TRAUMA
- CURRENT REORGANIZATION OF MH/SEWB
LOCAL RESPONSE - GOOD BAD UGLY

- Local Aboriginal and Torres Strait Islander leadership
  - decolonising response
  - content experts, local people, primary health care, media
- Strategic regional MH education and programs – media
- Cultural messaging – translation of good messages
- Gaps in MH services – little pro-active SEWB
- Importance of Elders – huge imp in face of negative environment
Wangetti Screen - >60% adverse, 0% interventions

TSS Kessler 10 – high to V high (up to 80%, 8% national)

Qld Suicide register – different pattern for Indigenous with contemporaneous issues – more issues with police/legal, recent bereavement, recent suicide, social conflict. Also, less Dx depression (4 x less), less pre contact with GP, less likely f/u after attempt,

Longitudinal Study of Aboriginal and Torres Strait Islander children – sustained stressors

Background of:
- ACE – Felletti
- Stress hormone response differences - Zoltan
Aboriginal and Torres Strait Islander people vs Australian pop (LSAC) – higher levels of satisfactions with: community they live in, family relationships, health, like their community

Disengaged kids – 100% proud of their Aboriginality

Have red flagged suicide stressors for Indigenous local based on local evidence

Ramped up primary health care to ID cases – based on local evidence

Developing regional critical MH incident response templates with advice on process on ensuring Aboriginal and Torres Strait Islander leadership, population level (media) advice, expanded SEWB approaches, elders etc.
WHERE WE WERE....
WHERE WE GOING......