A Holistic Approach to Youth Wellbeing and Development – Engaging the Hard to Reach

Dr Sam Gubicak  B Med Sc, MBBS
About me
About me
A Holistic Approach to Youth Wellbeing and Development

Youth in Community Program

Providing opportunities for young males in Tennant Creek to learn new skills.

The Youth in Community Program offers young males (10 to 20 years) experiences to increase self-confidence and well-being.

The Program offers various cultural, educational, and group activities.

www.catholiccarent.org.au

Program funded by the Department of Prime Minister and Cabinet
March 2015

The Program includes:
- engagement through fun and healthy group activities
- goal setting and mentoring
- case management and linking to other services
- a safe space for young males to talk, be heard, and form healthy relationships.

Contact us
CatholicCare NT
Tennant Creek
Ph: 8962 3065
E: tennantcreek@catholiccarent.org.au
A Holistic Approach to Youth Wellbeing and Development

Mt Theo Program

“WYDAC, and Warlpiri communities, began by challenging a generation destroying itself through substance misuse. Strong and skilled community action created an environment for healthy change and sustained success. This work has broadened greatly over the last decade beyond the initial crisis of petrol sniffing to any risk, opportunity or pathway arising for young Warlpiri people. WYDAC continues to facilitate the profound strength and capacity of Warlpiri youth, and their families, to meet these challenges and establish positive and meaningful futures”.

http://mttheo.org/home/
CLONTARF Foundation

“The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal men and by doing so equips them to participate meaningfully in society”.

“The vehicle for achieving this outcome is Australian Rules and/or Rugby League. The Foundation uses the existing passion that Aboriginal boys have for football to attract them into school and keep them there”.

“Our Academies provide an important school-engagement mechanism for many at-risk students who would otherwise not attend or have low school attendance”.

http://www.clontarf.org.au/about/
Central Australia

Photographs © S Gubicak
Tennant Creek

Photographs © S Gubicak
A Holistic Approach to Youth Wellbeing and Development

Outline

• Background
• The Current Situation
• Focussing on the determinants of wellbeing
  – Mental Health
  – Health
  – Education
  – Employment
• The Future

Photograph © S Gubicak
Video footage highlights youth social problems

A BUSINESSMAN has captured disturbing phone camera footage of young children playing dangerously with a road train travelling through town.

Doug Harris from Deadly Sweets said the children were about five or six years old. “They can be seen reaching out to touch the moving road train,” he said. “The driver can be seen braking when he realises what they were up to.”

Doug said he shot the footage because the children’s behaviour is becoming increasingly erratic. “They’re clearly bored,” he said. “Because our shop is open until 8pm, we’re getting to see what goes on in the main street. Quite often at night, young kids gather on the median strip, waiting for some action. I’ve seen them run across the road in the path of moving vehicles, including road trains. It’s quite distressing to watch because it’s only a matter of time before something goes horribly wrong.”

According to Doug, the main street is bedlam, especially at night. “There are dozens of kids with no parents in sight and fights are a regular thing. “We’ve even seen a woman with a baby on her hip punching into another woman as a couple of toddlers cling to her legs, crying. “And sometimes, like on Tuesday night, there are fights with up to 40 or 50 people involved.”

Doug said since opening up Deadly Sweets nearly three months ago, the shop has been broken into once and vandalised twice. One night, one of the workers was punched in the face by a customer who was angry that there were no hot dogs left. “It does put a bit of a damper on things but overall it has been fantastic,” he said. “We’ve had a lot of positive feedback from customers and we’re really happy. But I do think the town has to be more proactive with what’s happening on the streets at night because it’s just not a safe place for children to be.”
“Youth is a crucial period for establishing positive health and social behaviours. It is a time when young people are undergoing rapid emotional, physical and intellectual changes, and when they begin the transition from childhood to adolescence to independent adulthood”.

The Determinants of Wellbeing

- Education
- Friends/Family
- Food/water/shelter
- Physical Health
- Mental Health
- Cultural/Spiritual identity
- Employment/Training
- Role models
Maslow’s “hierarchy of needs” proposes that people are motivated to fulfill basic needs before moving on to other, more advanced needs.
A Holistic Approach to Youth Wellbeing and Development

The Current Situation

• Significant social factors impacting on the health, wellbeing and educational outcomes of young people:
  – Impact of alcohol and family violence
  – Access to two-way learning through mainstream education
  – Development and employment opportunities
  – Lack of role models (male role models)
  – Struggle between the new and old world

• Disparity of youth services across Central Australia
  – Ability of services to engage with “hard to reach” young people
  – Funding allocation
  – Access to youth development initiatives
  – Focus on Corrections System rather than prevention
The determinants of wellbeing

Health

• Health is more than just the presence or absence of disease,
• There is a complex interplay between social, emotional and behavioural factors on physical health.

Photograph © S Gubicak
The determinants of wellbeing

Current issues in health:

- **Infections** eg. Skin, ear, chest
- **Mental Health** eg. Impact of social factors, stress/distress
- **Chronic conditions** eg. Rheumatic heart disease, obesity, etc
- **Nutrition** eg. Health literacy, access to nutritious foods
- **Sexual health** eg. Health literacy, STIs, preparation for parenting
- **Injury** eg. Self harm, sporting related, non-accidental injury
- **Physical activity** eg. Access to sport/recreation, access to country
- **Substance use** eg. Tobacco, alcohol, petrol
Accessing Healthcare

“Most young people have little previous experience of the health system — particularly the mental health system — and how it is structured”

- They might not have a general practitioner of their own, or may not think their problems are related to their health or that they could benefit from treatment.
- Some find the symptoms of mental illness disturbing, embarrassing or shameful. In addition, the illness itself can interfere with their capacity to seek appropriate care.
Accessing Healthcare

• Retrospective audit of clinic presentations in Tennant Creek 1st October 2013 to 1st October 2014

• 3736 total attendances, 207 (11.7%) males aged 10-19 years, 279 (14.2%) females aged 10-19 years

• Analysis of presentations to the Health Centre in the previous 12 months showed that skin complaints and respiratory (sore throat, cough) complaints were the most common cause for presentation among 10-19 year olds

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
Accessing Healthcare

Medicare Item 715 claimed in a Tennant Creek Clinic by age group during the period 1\textsuperscript{st} October 2013 to 1\textsuperscript{st} October 2014:

<table>
<thead>
<tr>
<th>Age group</th>
<th>n = (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9yrs</td>
<td>226 (22.2)</td>
</tr>
<tr>
<td>10-19yrs</td>
<td>105 (10.3)</td>
</tr>
<tr>
<td>20-29yrs</td>
<td>132 (13.0)</td>
</tr>
<tr>
<td>30-39yrs</td>
<td>135 (13.2)</td>
</tr>
<tr>
<td>40-49yrs</td>
<td>175 (17.2)</td>
</tr>
<tr>
<td>50-59yrs</td>
<td>138 (13.5)</td>
</tr>
<tr>
<td>60-69yrs</td>
<td>72 (7.1)</td>
</tr>
<tr>
<td>&gt;70yrs</td>
<td>36 (3.5)</td>
</tr>
<tr>
<td>Total 0-100</td>
<td>1019 (100)</td>
</tr>
</tbody>
</table>

A low percentage (10.3\%) of Annual Health Checks (item 715) appear to be conducted on the 10-19 year old age group compared to the previous 0-9 year old age group (22.2\%) and subsequent 20-29 year age group (13\%, table 3).

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
Accessing Healthcare

Male patients identified as “current smokers” in a Tennant Creek Clinic by age group during the period 1\textsuperscript{st} October 2013 to 1\textsuperscript{st} October 2014:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>&gt;70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoker</td>
<td>34 (5.7)</td>
<td>162 (27.3)</td>
<td>133 (26.9)</td>
<td>132 (24.0)</td>
<td>92 (21.5)</td>
<td>37 (13.4)</td>
<td>14 (11.3)</td>
</tr>
</tbody>
</table>

A significant increase in smoking status is observed from 10-19 year old group (5.7%) compared to 20-29 year old group (27.3%)

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
Accessing Healthcare

Male patients identified to engage in “unsafe level of alcohol consumption” in a Tennant Creek Clinic by age group during the period 1st October 2013 to 1st October 2014:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>&gt;70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe alcohol consumption</td>
<td>6 (1.2)</td>
<td>51 (8.6)</td>
<td>57 (11.5)</td>
<td>35 (6.4)</td>
<td>33 (7.7)</td>
<td>9 (3.2)</td>
<td>1 (0.8)</td>
</tr>
</tbody>
</table>

A marked increase in unsafe alcohol consumption is observed from the 10-19 year to 20-29 year age group, from 1.2% to 8.6%, with unsafe drinking behaviour spiking at the subsequent age 30-39 year age group at 11.5%

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
Tennant Creek Youth Health Screening

- Collaboration with the Tennant Creek Clontarf Foundation
- 48 male participants over a 3 month period (19.1% of the 10-19 year old male age group of Tennant Creek).
- The average age of participants was 14.2 ± 1.6 years.

**Significant examination findings for 12 (25%) patients**
- active/chronic ear infections and/or perforated ear drums
- dental issues
- overdue rheumatic heart disease prophylaxis
- eye problems (i.e. reduced VA)
- overdue immunisations

**Blood tests findings for 35 (72.9%) patients**
- Non-immunity to Hepatitis A and/or B
- Iron deficiency
- Eosinophilia
- Anaemia
- Elevated lipids
- Abnormal liver tests
- Sexually transmitted infections

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
The relatively low presentations observed among young males supports further work by health care providers to engage young males.

Community engagement with organisations such as Schools and the Clontarf Foundation appear important in improving health literacy and encouraging young people to attend health checks.

Participation in the Clontarf Program appeared to be beneficial in regard to some health indicators – including attendance for check-ups and participating in adequate levels of physical activity.

Targetting young males between 10-19 years of age with alcohol and smoking prevention advice may be important in curbing the relatively high prevalence of smoking and alcohol consumption in subsequent decades of life.

S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data
Tennant Creek Youth Program

• Health and wellbeing
  – Group work
  – Visits to Clinic
  – Promoting cultural identity
• Mentoring and follow-up during School
  – Offer support during school hours
  – Deal with challenging behaviour and identify areas of need
• Training opportunities
  – Horsemanship program
  – Leatherwork
  – Arts and craft activities
The determinants of wellbeing

Mental Health

Photograph © S Gubicak
Mental Health

Between 1981 and 2002, NT rates of suicide were increasing annually by **18.4% for Indigenous residents**, by 1.8% for non-Indigenous residents and by 0.15% for the Australian population. The increase has been most pronounced among Aboriginal males.

For the period 2001 – 2006 the NT Indigenous rate for children under 15 years old was **5 times** the Australian rate (with no cases recorded for NT non-Indigenous children), and the rate for young people from 15-24 years was **3.5 times** the Australian rate.

Mental Health

Common antecedents of child and adolescent suicide evident in records

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired early development; neglect and/or abuse; impaired childrearing</td>
<td>8</td>
</tr>
<tr>
<td>Parental separation or breakup (early &amp; recent)</td>
<td>10</td>
</tr>
<tr>
<td>Current family difficulty</td>
<td>14</td>
</tr>
<tr>
<td>Family suicidal behaviour</td>
<td>4</td>
</tr>
<tr>
<td>Relationship difficulties with partner/friend</td>
<td>6</td>
</tr>
<tr>
<td>Substance abuse in adolescence</td>
<td>9</td>
</tr>
<tr>
<td>Antisocial behaviour &amp; disciplinary crises</td>
<td>11</td>
</tr>
<tr>
<td>School drop-out &amp; social withdrawal</td>
<td>11</td>
</tr>
</tbody>
</table>

Mechanisms for the rapid increases in rates of suicide and the clustering of suicides within Aboriginal communities include the following:

1. Exposure of Indigenous people to **multiple sources of adversity**, beginning in early child development and including impaired parenting, neglect and abuse, early loss, chaotic family situations and changes of caregiver, with adversities recurring throughout later development;

2. Exposure to **high levels of early stress related to impaired impulse control and poor tolerance of stress**;

3. Exposure of children to family and network **burden of suicide**: suicide threats, attempts and completions by parents and other related kin;

4. Adolescents **attempting suicide impulsively reacting to criticism, or in the course of conflicts** relating to demands over access to money, alcohol or marijuana rejection or attack by kin (including refusal to meet demands for money or other items); reacting to conflict in relationships with boy- or girlfriends;

5. **Young males mainly in 20-35 year age group in crises of attainment/goals** relating to failure in relationships, lack of employment and opportunity, trouble with police and other issues in contexts of chronic heavy drinking and substance abuse.

Cross-sectional study of 345 Aboriginal Australians aged 16–20 years who, as participants in the prospective Aboriginal Birth Cohort Study (a prospective longitudinal study of newborn infants recruited at the Royal Darwin Hospital).

Participants were asked “Have you been treated unfairly or discriminated against because you are Aboriginal?”

- Bivariate analysis revealed a strong association between self-reported racism and anxiety ($P=0.001$), depression ($P=0.001$), suicide risk ($P=0.001$), and overall mental health ($P<0.001$), but not resilience ($P=0.32$).
- Boarding school attendance was the only sociodemographic variable strongly associated with self-reported racism, with participants who had attended boarding school less likely to report racism ($P=0.03$).
- In the multivariable model, strong associations remained between racism and increased anxiety (odds ratio [OR], 2.18 [95% CI, 1.37–3.46]; $P=0.001$), depression (OR, 2.16 [95% CI, 1.33–3.53]; $P=0.002$), suicide risk (OR, 2.32 [95% CI, 1.25–4.00]; $P=0.01$) and poor overall mental health (OR, 3.35 [95% CI, 2.04–5.51]); $P < 0.001$)

Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth. MJA 2011; 194: 546–550
“Major barriers to accessing mental health services were identified by participants, particularly workers, who reported that **many families avoided accessing services because of the perceived potential for unwarranted intervention from government organisations**”.

“A **lack of intersectoral collaboration** was also perceived as a key barrier to the effective prevention and treatment of mental health problems among Aboriginal young people”.

Emerging themes in Aboriginal child and adolescent mental health: findings from a qualitative study in Sydney, New South Wales
Tennant Creek Youth Program

- Health and wellbeing
  - Group work
  - Visits to Clinic
  - Promoting cultural identity
- Mentoring and follow-up during School
  - Offer support during school hours
  - Deal with challenging behaviour and identify areas of need
- Training opportunities
  - Horsemanship program
  - Leatherwork
  - Arts and craft activities
“As has been noted for Indigenous adults, a strong sense of identity as an Aboriginal person was considered critical for the mental health of young people and essential to developing the resilience needed for overcoming the discrimination that Aboriginal people experience”.

The determinants of wellbeing

Education
(and Challenging Behaviours)

Photograph © S Gubicak
Emotional and behavioural disorders are often categorised as either externalising or internalising:

- **Internalising behaviours** are directed internally toward the individual:
  - These include anxiety, depression, social withdrawal and somatic problems

- **Externalising behaviours** are directed outward toward the social environment:
  - These include conduct disorder, oppositional defiance disorder, attention deficit disorder, and aggression

_N. Adams, Animal Assisted Interventions for Adolescents with Emotional and Behavioural Problems A Review of Selected Literature, Monash University, 2009_
Challenging Behaviour

Behaviour disorders are frequently associated with aggressive behaviour. Children tends to interpret the communications and attitudes of others as hostile or negative.

- Children with challenging behaviours often develop a non-productive relationship with various adults in their life (eg, teachers/supervisors/mentors/parents)
- Research shows a strong correlation between disruptive behaviour and academic underachievement

Behavioural Disorders, Commonwealth of Australia 2007
“While the study reflects much commonality between Aboriginal and non-Aboriginal views of what constitutes problematic behaviour, a key concern raised was that Aboriginal young people may be incorrectly diagnosed with mental health problems due to behavioural or emotional problems caused by physical or social factors”.

Tennant Creek Youth Program

• Mentoring and follow-up during School
  – Offer support during school hours
  – Deal with challenging behaviour and identify areas of need

• Training opportunities
  – Horsemanship program
  – Leatherwork
  – Arts and craft activities

• Health and wellbeing
  – Group work
  – Visits to Clinic
  – Promoting cultural identity

• Cultural activities
  – Camps
  – Visits to country
CUSTOM-MADE One Dream One Ride polo shirts have been sighted all over Tennant Creek over the past few weeks in the lead up to the big event which took place on the Friday and Saturday of the Queen’s Birthday long weekend.

“The polo shirts have generated a lot of interest and many people have enquired as to what they’re all about.”

“The One Dream One Ride concept came about to support the Mungkarta School students as a fundraiser to attend an excursion in North Queensland,” said Katrina Kotsur, Teacher at Mungkarta School.

“We wanted to show students that dreams can come true and the opportunity to ride a horse was a dream that many of the students thought couldn’t be achieved.”

Students from Mungkarta School have spent the last six months preparing for the event, learning about life on a station, making their own leather belts, attending field trips and creating works of art and even their own t-shirt designs.

“Preparations for the One Dream One Ride event have been incorporated into every day school life in Mungkarta and student participation has improved noticeably,” according to Tristan Duggie, Teachers Assistant at the Mungkarta School.

One Dream One Ride received widespread support from the Community and men from Mungkarta took part in an epic trail ride which encompassed Karlu Karlu (Devil’s Marbles) as well as the old coach road located at McLaren Creek Station.

The event also included camping out under the stars, cooking and sing-alongs by the campfire and offered a special opportunity for students of Mungkarta School to have a go at riding a horse.

Approximately 80 people, mostly members of the local community of Mungkarta, attended the event.

“One Dream One Ride brought together the whole Community and apart from the fun of the trail ride and camping out, it enhanced educational opportunities for young people in Mungkarta and allowed the Community to actively support their children’s education.”
The determinants of wellbeing

Employment

Photograph © S Gubicak
Employment

Youth & welfare: your views

YOUNG people who are not studying or training should not get Centrelink benefits.
That is one of 27 recommendations from the Forrest Review. Land Rights News asked CLC delegates and others for their opinions.

Herbie Bloomfield, Hukitta Station
Agree. "We run cattle station and business so we always work. They can work on station and keep out from town, away from grog and trouble."

Agnes Abbott, Alice Springs
Agree. "It's bad because they get up to mischief, stay home all day and walk around at night. If they work or go school it's better that they doing something. I used to work all the time, even when we didn't get paid."

Ethan Jones, Tennant Creek
Agree. "Some dropped out of school and need to get back into training to get the jobs that are there."

Alan Rankin, Urampe outstation
Agree. "Back when I was younger we had to try get a job any way. Now, they don't worry about that, they go straight to the pub."
Employment

Alan Rankin, Urlampe outstation
Agree. "Back when I was younger we had to try get a job any way. Now, they don’t worry about that, they go straight to the pub."

Herbie Bloomfield, Huckitta Station
Agree. "We run cattle station and business so we always work. They can work on station and keep out from town, away from grog and trouble."

Agnes Abbott, Alice Springs
Agree. "It’s bad because they get up to mischief, stay home all day and walk around at night. If they work or go school it’s better that they doing something. I used to work all the time, even when we didn’t get paid."

Ethan Jones, Tennant Creek
Agree, "Some dropped out of school and need to get back into training to get the jobs that are there."

Cynthia Lauder, Mungalawurrurr outstation
Not sure. "There should be more training for young people. They can do some cattle work skills and they should do that work more, to support their families."

Gilbert Fishook, Alice Springs
Not sure. "Hard to get jobs in town, there’s jobs but sometimes things get in the way. If they got criminal record, it’s harder to get some jobs."

Sylvanna Murphy, Tennant Creek
Not sure. "I’m still at school. I have a sister who would be better off at school but I don’t know what to do after I finish school too."
Employment

Heather Rosas, Tennant Creek
Not sure. "They should get Centrelink to get food but they need support to get work too. A lot of school leavers can't even do work experience and training so they can get certificates to qualify for vacant positions. That's why our mob is on the streets so much."

Cynthia Lauder, Mungalaawurr Outstation
Not sure. "There should be more training for young people. They can do some cattle work skills and they should do that work more, to support their families."

Sylvanna Murphy, Tennant Creek
Not sure. "I'm still at school. I have a sister who would be better off at school but I don't know what to do after I finish school too."

Sandra Morrison, Tennant Creek
Agree. "Young people in my family humbug the old people for cash. They should get their own job to earn their own money and look after the old people."

Curtis Haines, Alice Springs
Not sure. "Sometimes it's hard to get a job and it's hard to set up for getting work, there's work out bush if you really want it."

Barbara Martin, Yuendumu
Not sure. "Government should support more secondary school age people out bush with school and training so young people won't rely on family and Centrelink."

Bayden Williams, Ntaria
Agree. "If young people don't work and still get Centrelink it makes them lazy. When they go to school they make the choice to go there and then to work."
Three different types of affective disorders were asked about in the 2007 NSMHW: Depressive episode (symptoms lasting at least 2 weeks), Dysthymia (low mood for 2 years or more) and Bipolar affective disorder.

“The prevalence of affective disorders was highest among those who were unemployed (14.9%) compared to those not in the labour force (9.8%), and lowest among those who were employed (5.3%)”

“It was highest for people who did not complete school (8.1%) and lowest for those with school qualifications only (4.2%) when compared with those with post-school qualifications (6.3%)”

Tennant Creek Youth Program

• Mentoring and follow-up during School
  – Offer support during school hours
  – Deal with challenging behaviour and identify areas of need

• Training opportunities
  – Horsemanship program
  – Leatherwork
  – Arts and craft activities

• Health and wellbeing
  – Group work
  – Visits to Clinic

• Cultural activities
  – Camps
  – Visits to country
Animal Assisted Interventions

Outcomes of animal assisted interventions have included increased social skills, self efficacy, self esteem and emotional and behavioural regulation

- Animal assisted interventions appear to be effective in minimising internalising behaviours via the animal’s inclination to predictably react positively to positive stimuli

- Interventions targeting young people, particularly those from “hard to reach” groups, often need to be innovative. The use of a therapy animal may assist in engaging and building rapport with these clients, and with retaining this target group in therapy

N.Adams, Animal Assisted Interventions for Adolescents with Emotional and Behavioural Problems A Review of Selected Literature, Monash University, 2009
The determinants of wellbeing

A Way Forward
Concluding Remarks

• Engaging “hard to reach” young people requires a holistic and innovative approach
• Strengthening identity and sense of self, particularly cultural identity and connection to community is paramount
• Once trust is gained, it is then possible to work with young people around their health, wellbeing and personal development (education, employment)
RECONCILIATION and Aboriginal Health

Success Stories from the Field.

Edited by:
Dr Aleeta Fejo BSc, BMBS, FRACGP
Dr Christine Fejo-King BSW, PhD Phil
Jan Poona BSc, DipEd, Grad DipEd (TeachLib)
References

1. N. Adams, Animal Assisted Interventions for Adolescents with Emotional and Behavioural Problems A Review of Selected Literature, Monash University, 2009


7. Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth, MJA 2011; 194: 546–550

8. The specialist youth mental health model: strengthening the weakest link in the public mental health system, MJA Volume 187 Number 7, October 2007

9. S Gubicak, Young Men’s Health in Tennant Creek 2014, unpublished data