

**The Northern
Territory Youth
Health Summit
2019**

In the spirit of respect, Menzies School of Health Research acknowledges the people and elders of the Aboriginal and Torres Strait Islander nations who are the traditional owners of the land and seas of Australia. We also acknowledge the traditional owners of the Darwin region, the Larrakia people, and pay our respects to their leaders, past, present and emerging.

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Available at: www.menzies.edu.au/NTyouthhealthsummit



The Northern Territory Youth Health Declaration

Darwin, September 2019

We, participants in the Northern Territory Youth Health Summit, meeting in Darwin on 19th – 20th September 2019, declare the following major priorities and call on government and non-government organisations to act on the following priorities to achieve a healthier, safer future for all young Territorians.

Youth must be part of the solution. Each of these priorities should be underpinned by principles of partnership, specifically that young people should be included in consultations and decision making.

1. **A healthy mind is just as important as a healthy body.** A significant number of young people in the NT do not experience optimal mental health. Suicide and self-harm rates are alarmingly and unacceptably high. Compounding factors include: intergenerational trauma, racism, harassment, and a lack of social connectedness. We call upon policy makers and practitioners to ensure their work supports young people by appropriately addressing these underlying factors.
2. **Sexual and reproductive health and safety concerns all people.** Historically, this issue has not been discussed openly and honestly. To change this, there must be relevant sexuality and gender diverse education, which fosters healthy expectations and relationships. This should include a focus on consent and young people's rights. Accessible and approachable services are required to achieve this shift. These services must be adequately and sustainably funded.
3. **The health sector across the NT must commit to talk, walk and work with young people in addressing health in its broadest definition.** We recognise the inequity of access to services between urban and remote dwelling youth, which is unacceptable. Systematic change is required to support accessibility and responsiveness, with respect to both service provision and policy development. While we must appreciate and understand the impact of the digital age, we must also strive to be present with young people and offer meaningful support and connection.
4. **The above priorities cannot be addressed without confronting the reality of the climate emergency.** We assert that the climate crisis is the biggest global health threat of the 21st century, and young people are the generation who will most feel the impact of this. This nexus is not currently acknowledged within the health research space in the NT. We recommend that the impact of climate change is recognised and integrated into work to address youth health.

These priorities were identified and developed by youth attendees at the Summit, and are subsequently endorsed by researchers, policy makers and practitioners in attendance.

Issued at the Northern Territory Youth Health Summit
Michael Long Centre, 19th – 20th September, 2019

Acknowledgments

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Stall holders included headspace Darwin, National Critical Care and Trauma Response Centre 'NCCTRC', Menzies Health Lab, Anglicare NT Youth Services, Sexual Assault Referral Centre Darwin (Top End Health Service) and the Sexual Health and Blood Borne Virus unit (NT Department of Health).



Essential individual contributions were also made by:

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Menzies Health Lab	Heidi Smith-Vaughan Nicole Boyd
Presenters	Magnolia Maymuru Renae Kirkham & Jade Josie Povey, Taliyah Millen & Jahdai Vigona Blair McFarland Rachel Buckley & Louisa Bahen-Wright Sean Rung & Isiah Johnstone Hodshon Pete Azzopardi
Facilitators	Lachlan Carlyle Adam Drake
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We thank all of our funders, collaborators, and individuals who made this event possible.

Dr Renae Kirkham and the Menzies Youth Working Group

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Executive Summary

“Adolescents have too long been understood as a problem. It is an age of opportunity.”

Associate Professor Pete Azzopardi, YOUTH HEALTH SUMMIT 2019

The 2019 Northern Territory (NT) Youth Health Summit gathered youth, researchers, services providers, and policy makers to create a shared vision of health for young Territorians. This unique initiative created a space for the voice of young people to be heard. Below we introduce three key principles that emerged as important priorities from the Summit.

Strengths-based autonomy

Young people have a strong desire to be involved in decision making about their future. They possess many strengths which are identified as one of the most untapped human resources in the world (WHO, 2018). The meaningful involvement of young people in health planning has multiple benefits. As well as empowering young people to take control of their health and positively influence their families and communities, it acts to connect them to a purpose of collective health, developing leaders of the future (WHO, 2018). The NT Youth Health Summit encouraged youth ownership and autonomy in establishing health and wellbeing priorities. It also acknowledged that the meaningful engagement of young people is critical to co-designing appropriate solutions. As the day progressed, it was highlighted that young Territorians want the opportunity to be involved in change making processes. This requires open communication and a commitment to mutual learning between all stakeholders.

Language

Language shapes the way individuals communicate, think and behave. The creation of shared language acts to empower individuals and communities by allowing a strong united voice and providing a powerful tool in creating change. Over the past decade there has been increasing attention paid to the importance of language choice and health literacy, with both emerging as priorities in health (Ambresin, Bennett, Patton, Sanci, & Sawyer, 2013; Ashdown, Jalloh, & Wylie, 2015). In the NT there are over 100 Aboriginal languages and dialects spoken, making it one of the most linguistically diverse areas in the world (Northern Territory Government, 2019). Language is recognised as being a critical form of communication and a fundamental contributor to health and wellbeing (Dinku et al., 2020). As discussed by Magnolia Maymuru in her keynote address, appropriate use of language is a vital component of engagement. Greeting young people in language can ease nerves, show respect, and build rapport. Furthermore, supporting young people to create shared, safe and respectful language promotes an opportunity to care for themselves and their peers by facilitating open conversations about health and wellbeing.

Environment as a health indicator

The link between environment and health is undeniable. Almost one quarter of the global burden of disease could be prevented by improving environments (WHO, 2020). This includes maintaining a stable climate, improving air and water quality, safe food production strategies, preventing ultraviolet radiation, and planning for health supportive cities and built environments (Australian Institute of Health and Welfare, 2018). The NT supports rich and diverse environments, which require protection to ensure benefit for future generations (NT Department of Environment and Natural Resources, 2020). Considering the important work being done by young people in this space, such as Greta Thunberg, the impact of one's environment on their health must be a vital part of our conversation.

Introduction

Adolescent Health in the Northern Territory

The Northern Territory (NT) is a sparsely populated region, spanning the northern tropics and central desert of Australia. Its relatively young population face unique health challenges and opportunities (De Vincentiis, Guthridge, Spargo, Su, & Nandakumara, 2019; Australian Bureau of Statistics, 2017). While Australia has one of the best health profiles of adolescents globally, this health benefit is not shared equally. Aboriginal and Torres Strait Islander adolescents, despite being incredibly resilient, reporting pride in their culture and strong relationships with family and community, do not experience the same health outcomes (Azzopardi et al., 2020). This is an important consideration in the NT, as there is a much higher proportion of Aboriginal residents (Australian Bureau of Statistics, 2017).

Social determinants of health, broadly conceptualised as the conditions in which people are born, grow, live, work and age (Marmot, Friel, Bell, Houweling, & Taylor, 2008), significantly impact how Territorians grow, live and experience health (Quinn, Massey, & Speare, 2015). It is estimated that 25-30% of the NT health disparity between Aboriginal and Torres Strait Islander and non-indigenous people can be attributed to poverty, which is exacerbated in remote areas (Zhao, You, Wright, Guthridge, & Lee, 2013).

The importance of improving the health of young people is a recognised priority in the NT, with a number of Federal and NT Government Strategies recently published which address adolescent health and the intersecting social determinants. These include:

- *The Best Opportunities in Life: NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028* – notably the focus on improved “health equity for Aboriginal children and young people”; and the importance for children and young people to “receive high quality support where and when they need it”.
- *NT Safe, Thriving and Connected: Generational Change for Children and Families 2018-2023* – notably the “public health approach to reform” and recognition of adolescent health and wellbeing as a form of primary prevention to engagement with the justice system.
- *NT Chronic Conditions Prevention & Management Strategy 2010-2020* – notably the focus on key action areas relating to “improving the social determinants of health”; and “increasing the focus on primary prevention”, which specifies “initiatives that focus on children and young people”.
- *Australian Health Ministers’ Advisory Council 2014 - Twenty years on: Measuring progress in child and youth health since 1992*, which led to the development of the *Council of Australian Governments’ Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health 2015* - notably “all children and young people in Australia should have appropriate access to health services to ensure equitable outcomes” and “respect the autonomy of individuals and avoid unnecessary value judgements”.
- *National Action Plan for the Health of Children and Young People 2020-2030* – focused on “keeping children and young people at the centre of all actions, activities and interventions that affect them”.

It is widely recognised that the population being targeted in strategies, action plans, policies, projects and research need to be integral partners in the development process (WHO, 2018). Young people of the NT are no exception. The NT Youth Round Table is one example of a youth consultation group that brings together young representatives from all regions of the Territory. The goal of the Round Table is to provide a platform for government and service providers to consult with young people and workshop concepts in a collaborative way. This group contributed to the development of the Youth Health Summit.

The NT Youth Health Summit

In October 2018, Dr Kirkham established the Menzies Youth Working Group to develop collaborations and synergies between research initiatives in youth health at Menzies School of Health Research. This led to discussions regarding the need to meaningfully incorporate youth perspectives in the research programs currently being undertaken in the NT.

Development

It was acknowledged that while we strive to include and amplify youth voices in our research, many opportunities exist to improve these processes. In response to this, the Youth Working Group developed the Youth Health Summit to provide young people from across the NT an opportunity to voice their main health and wellbeing concerns. The Menzies Youth Working Group expanded to include other key stakeholders working in youth health and wellbeing to contribute to the development of this initiative. This project was supported by the Australian National Health and Medical Research Council (grant number 1131932 - The HOT NORTH initiative), and Menzies also acknowledges financial and other support of Northern Territory PHN and the Primary Health Networks Programme - an Australian Government Initiative.

Summit

The Youth Health Summit provided an opportunity for young people, researchers, policy makers, service providers and other key stakeholders to come together to establish better ways of engaging with young people, and to co-create research priorities for youth health and wellbeing in the NT.

Outcomes

The Youth Health Summit was held on the afternoon of Thursday 19th and the full day Friday 20th September 2019. On the 19th, young people were invited to attend a workshop laying the foundations for “What is research?” and setting expectations for the following day. On the 20th, young people, health professionals, researchers, and policy makers came together for the main event. Over the two days, 107 people from across the NT attended; including 37 young people from the Darwin region, Katherine, Nhulunbuy, Galiwin’ku and Alice Springs. Attendees gained important insights around youth health and wellbeing in the NT. Keynote Presentations included those from young people such as Magnolia Maymura and leaders in adolescent health, including Associate Professor Pete Azzopardi.

A key outcome from the Youth Health Summit was co-creating the Northern Territory Youth Health Declaration, which identifies the top four priorities for youth health and wellbeing. This document will be critical to informing future research and policies.

Drawing on discussions from the morning sessions an initial draft was created and presented back to the Youth Health Summit attendees in the afternoon. It was subsequently amended based on feedback. Most notably, the young people requested clear and direct language in the declaration, to enhance understandings and promote conversations. This was particularly apparent when considering concerns about suicide and sexual consent, which were words they requested to be explicitly included in the declaration. A draft report was then emailed out to all participant for a second

round of feedback, subsequently updated, finalised and uploaded onto the Menzies webpage for use by all participants.



Clockwise: Anthony Merlino, Renae Kirkham, Rachel Buckley, Sarah Clifford

Purpose of this report

This report summarises the proceedings and outcomes of the Youth Health Summit 2019, showcasing the presentations of the day, and reiterating the young people's perspectives. Most importantly, it contains the Northern Territory Youth Health Summit Declaration which outlines the current health and wellbeing priorities for young people in the NT. We see this as a useful document for a wide group of stakeholders, with relevance to the youth health sector in the NT and nationally. Stakeholders who may benefit from the priorities developed from the Youth Health Summit will include: clinicians and professionals who engage with young people; policy and public health planners; and health services. Aspects of this work are transferable to other sectors which seek to support young people. Young Territorians are also encouraged to use this report and the Declaration to support initiatives aimed at improving health and wellbeing of their peers.



Health professionals listening to, Youth Keynote Speaker, Magnolia Maymura discuss improving engagement with young people

The Youth Health Summit Program

2019 Menzies Northern Territory Youth Health Summit Pre-workshop, <i>Thursday 19th September</i> Conference Room, Michael Long Centre		
Facilitator: Adam Drake, Balanced Choice		
Start	End	Session
1530	1600	<i>Workshop registration</i>
1600	1615	Ice breakers
1615	1645	What is research? Why is research important? What is the path to a research career?
1645	1815	What is the Youth Health Summit and why is my contribution important?
1815	1900	Dinner @ MLLC

2019 Menzies Northern Territory Youth Health Summit, 20 th September Conference Room, Michael Long Centre Facilitator: Lachlan Carlyle, Leadership Consultant				
Start	End	Session	Speaker	Position/Organisation
0830	0900	Smoking Ceremony Guest Registration	Tony Lee Menzies Trainees	
0900	0915	Welcome to Country	Tony Lee	<i>Larrakia Elder</i>
0900	0920	Director's & Youth Round Table Welcome	Alan Cass Pauline Papajua	<i>Director, Menzies School of Health Research Youth Round Table Representative</i>
0920	0940	Health & wellbeing is important to achieving our goals	Magnolia Maymuru	<i>Miss World Australia</i>
0940	1100	Adolescent & Youth Health Research in the NT "snap shots" of NT research & engagement projects		
0940	0952	Youth Type 2 Diabetes: It's a big deal	Jade Renae Kirkham	<i>Youth Representative Menzies Researcher</i>
0952	1014	Mental Health & the AIMhi-Y Project	Taliyah Millen, Jahdai Vigona & Josie Povey	<i>Menzies Researchers</i>
1014	1026	Champions4Change	Isiah Johnstone Hodshon, Ray Ray Mckenzie & Sean Rung	<i>Menzies Researchers</i>
1026	1038	Improving the quality of hospital care for adolescents in the Top End	Rachel Buckley	<i>Adolescent Health Nurse, Royal Darwin Hospital</i>
1038	1050	Improving health outcomes through a youth diversion program	Blair McFarland	<i>Operations Manager, Central Australia Youth Link Up Service</i>
1050	1100	7 reasons to invest in the health and wellbeing of young people	Pete Azzopardi	<i>Clinical Researcher, Adolescent Health Wardliparingga Aboriginal Research Unit</i>
1100	1120	Morning Tea		
1120	1315	Young delegates workshop youth health priorities & engagement strategies with Adam Drake (Education Room)		
1100	1115	Ice breakers		
1115	1130	Recap on what is research? Why is research important?		
1130	1315	Workshopping health & wellbeing priorities, & engagement strategies <i>What is health and wellbeing?</i> <i>What information do young people want about health and wellbeing?</i> <i>How should health and wellbeing information be delivered to young people?</i> <i>How can we better engage young people in their health and wellbeing?</i> <i>What areas of health and wellbeing research should be prioritised in the NT?</i>		
1120	1315	Researchers, service providers and other key stakeholders (Conference Room)		
1120	1130	Health Priorities for HOT NORTH	Kevin Williams	<i>Program Manager, HOT NORTH</i>
1130	1200	Adolescent health: from global to local, and a framework for action	Pete Azzopardi	<i>Clinical Researcher, Adolescent Health Wardliparingga Aboriginal Research Unit</i>
1200	1315	Panel Discussion <i>Strategies for effective youth engagement: Opportunities to learn from other initiatives</i>	William Baird Sean Xiao Hannah Illingworth Roxanne Highfold Kim Mullholand	<i>Senior Youth Worker, Balunu Foundation Youth Round Table Representative Co-Director Darwin Fringe Festival Cultural Advisor Mental Health, Congress Consultant in Youth Development</i>
1315	1415	Lunch		
1415	1620	Young delegates re-join (Conference Room)		
1415	1500	What matters most to young people? <i>Highlighting health priorities & appropriate engagement strategies</i>	Young delegates to present ideas	
1500	1515	How can we engage better with young people?	Delegates from panel discussion to feedback	
1515	1530	Afternoon tea		
1530	1620	Future planning – where to from here? <i>Establishing the priorities</i>	Lachlan Carlyle	<i>Leadership Consultant</i>
1620	1630	Youth Summit Concludes	Lachlan Carlyle & Renae Kirkham	<i>Leadership Consultant Menzies Researcher</i>
1700		Sounds@Sunset Nightcliff Foreshore (Casuarina Drive, near Chapman St carpark)	All welcome	Darwin City Council Event

Pre-Summit Youth Workshop: Thursday 19th September

On Thursday afternoon, a group of young Territorians, many of whom had arrived from outside of Darwin, gathered to learn what research is and set expectations for the following day. The afternoon gave youth attendees and opportunity to develop rapport prior to the larger event on Friday. Conveying the importance of the young people's voices was a primary aim for this afternoon. Facilitated by Adam Drake and Jocelyn Uibo (Balanced Choice), Lachlan Carlyle (Education Change Makers), Renae Kirkham and Natasha Freeman (Menzies School of Health Research) and Rachel Buckley (Royal Darwin Hospital). Topics for discussion included:

- What is research? Why is research important?
- What is the path to a research career?
- What is the Youth Health Summit and why is my contribution important?

After several icebreakers young people were asked about their existing interpretations of what research is, and the group discussed what the realities of research might look like and why they consider it to be important. Young people worked in groups to highlight their priorities for health and wellbeing, and to consider expanding on these to present the following day. An evaluation was conducted at the end of this session to assess learnings and determine the value of such sessions for young people. Participants were asked to respond to two statements before and after the session:

1. I clearly understand what research is and why it is important.
2. I understand what the career path is into research.

Participants could respond to how much they agreed to each of these statements: "not at all", "somewhat true", "true" or "very true". A pre- and post- comparison of responses indicated that following the session more participants had a greater understanding of a research career path.

In the final component of the evaluation participants were asked to respond to: the "best thing about today...". Although there were a variety of responses, one strong theme was meeting "amazing", "new" people; highlighting the importance of bringing young people together.



Back Row (L-R): Lachlan Carlyle, Emily Gilbert, Hayden Dale, Adam Drake, Sean Xiao, Josh Martyn, Renae Kirkham, Enoch Strickland, Jacob Warford

Front Row (L-R): Melanie Gunner, Jocelyn Uibo, Isiah Johnstone Hodshon, Beau Martyn, Pauline Papajua, Sara Kena, Rachel Buckley, Curtis Ellem

The 2019 NT Youth Health Summit: Friday 20th September

The summit was jointly opened by Professor Alan Cass, Director of Menzies School of Health Research, and Pauline Papajua, NT Youth Round Table Representative for Palmerston and Rural Regions.

Keynote

Magnolia Maymura - Miss World Australia finalist 2016, model, actress and Yolngu woman - then spoke about the impact of health and wellbeing for young people achieving their goals.

She emphasised the importance of primary health care providers being gentle with young people, and discussed the impact that small gestures, such as greeting a patient in language, can have. She advised that it is important to *“replace judgement with compassion”*.

Magnolia reminded attendees that cultural advisors should be consulted wherever possible. She also implored adults in the room, to reach out to the young people in their lives:

“Youth in community sometimes find it hard to open up – they feel like they’re not listened to, not heard and that nobody is there for them. We must always get the message out to talk to our youth, about how it’s okay to open-up and reach out. Not all young people can reach out, we must also be the ones to reach out.”

Magnolia encouraged all health workers to learn some local language when visiting or working in community. She noted the importance of being aware of the context in which people are working and open to other ways of communicating. For example, knowledge of non-verbal cues, like body language, is particularly important in an Aboriginal and Torres Strait Islander context.



Magnolia Maymura and Dr Renae Kirkham

Magnolia listed simple strategies that she uses to keep her mind and heart strong, including drinking water, going outside, going to the bush or beach, and attending events of personal importance. She encouraged other young people to adapt these approaches where possible.

Research snapshots

Youth Type 2 Diabetes: It's a big deal

Presented by Jade Morris, a young Aboriginal woman with Type 2 diabetes and Dr Renae Kirkham, a lead investigator on the project.

What is the problem?

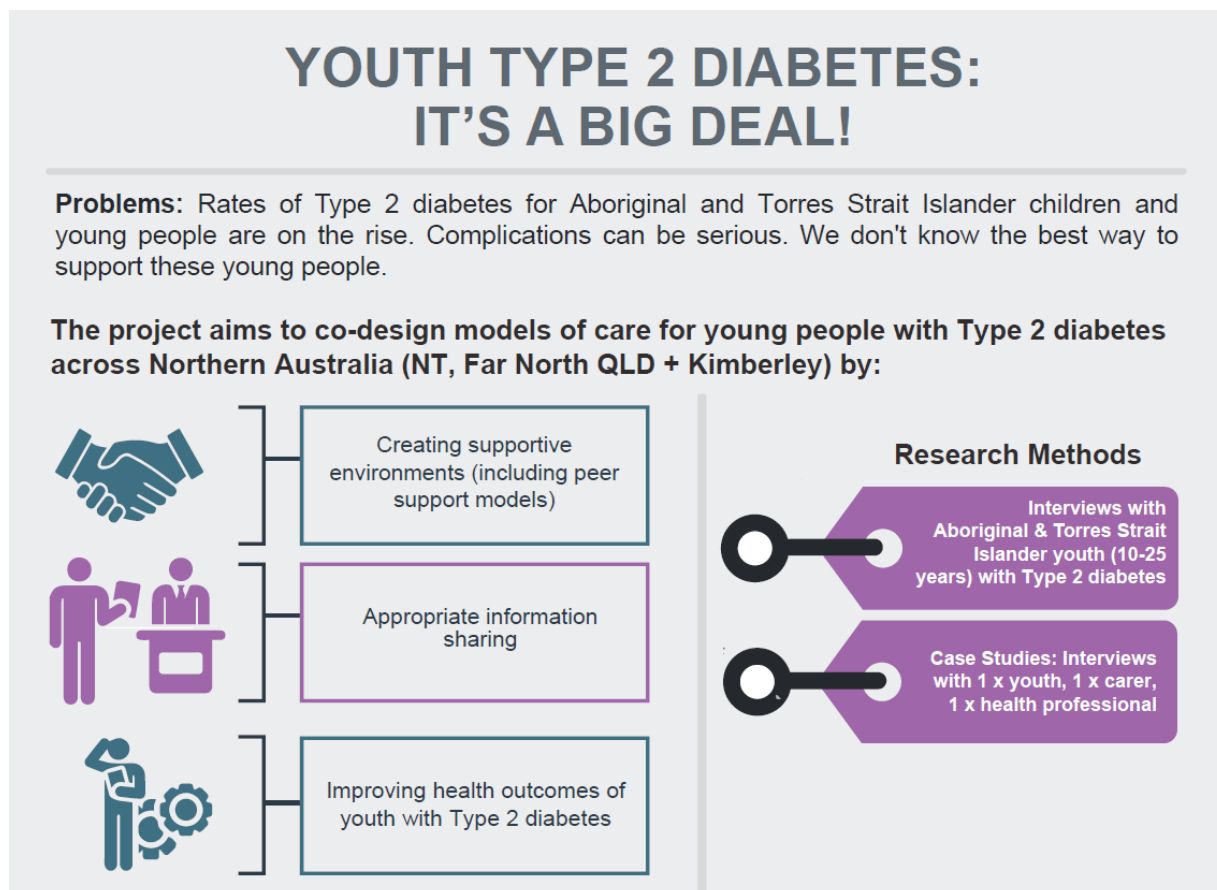
- Rates of youth Type 2 diabetes among Aboriginal and Torres Strait Islander children and young people have been documented as twenty times higher than for non-Aboriginal young people (Haynes, Kalic, Cooper, Hewitt, & Davis, 2016).
- Being diagnosed with Type 2 diabetes at a young age can have serious complications.
- Managing Type 2 diabetes can be challenging: it can be complex and many young people also experience mental health concerns, socio-economic disadvantage, food insecurity and issues associated with remoteness.

How is the problem being addressed?

- The Diabetes Across the Life course: Northern Australian Partnership aims to improve health outcomes for young people living with type 2 diabetes.
- It is working with young people with Type 2 diabetes, their families and health professionals to co-design care that provide appropriate supports.

What does the research involve?

- Hearing from young people living with Type 2 diabetes
- Jade said, this research is important because it helps “to let other young people who are diabetics know they're not alone.”



Mental Health & the Aboriginal and Islander Mental Health Initiative for Youth (AIMhi-Y) Project

Presented by Jahdai Vigona and Taliyah Millen, two young Trainee Indigenous Research Officers, and Josie Povey, PhD Candidate.

What is the problem?

- Mental health is a significant issue; about one in four Australian's aged 15-19 years' experience serious mental health concerns (Yeomans & Christensen, 2017).
- Despite being incredibly resilient, Aboriginal and Torres Strait Islander young people are more likely to experience mental health concerns and less likely to seek help than non-Indigenous young people (Azzopardi, 2020; Price & Dalgleish, 2013).
- There are many barriers young people face when seeking help. These can include stigma, shame, distance to or limited access to health professionals (Price & Dalgleish, 2013).

How is the problem being addressed?

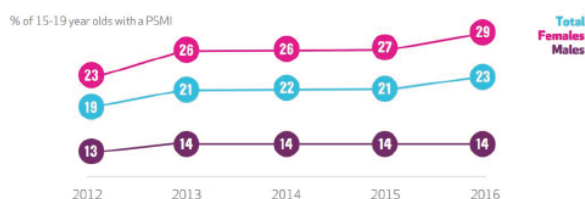
- Using smartphones and other types of technology may overcome barriers to help seeking by providing anonymous, timely, accessible, early intervention treatment, if designed with Aboriginal and Torres Strait Islander youth people (Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010; Andrews, Davies, & Titov, 2011; Tighe et al., 2017).

What does the research involve?

- The AIMhi-Y project has engaged over 70 young people in the NT in designing an early intervention mental health app.

MENTAL HEALTH & AIMHI-Y PROJECT

Probable serious mental illness (PSMI) has increased among young people over the past 5 years, particularly among females



Yeomans, C., Christensen, H. (2017). *Youth mental health report: Youth survey 2012-16*. Sydney, Australia: Mission Australia and Black Dog Institute.

Young people in distress are most likely to seek help from friends, parents, or the internet

Young people experience significant barriers to accessing help



MENTAL HEALTH CONCERNS ARE COMMON
1 IN 4

APPS CAN HELP! AIMhi-Y App



The AIMhiY app had been co-designed over 70 Aboriginal and Torres Strait Islander young people from across the NT

45 co-design workshops with youth, an online survey, and an Expert Reference Group informed the AIMhi-Y App



Youth in this study thought apps could provide a "pathway to help" by giving young people "the words they need" to reach out to others

Rheumatic Heart Disease (RHD) Australia

Presented by Isiah Johnstone Hodshon, RHD Champion4Change and Sean Rung, Communications Officer for RHD Australia.

What is the problem?

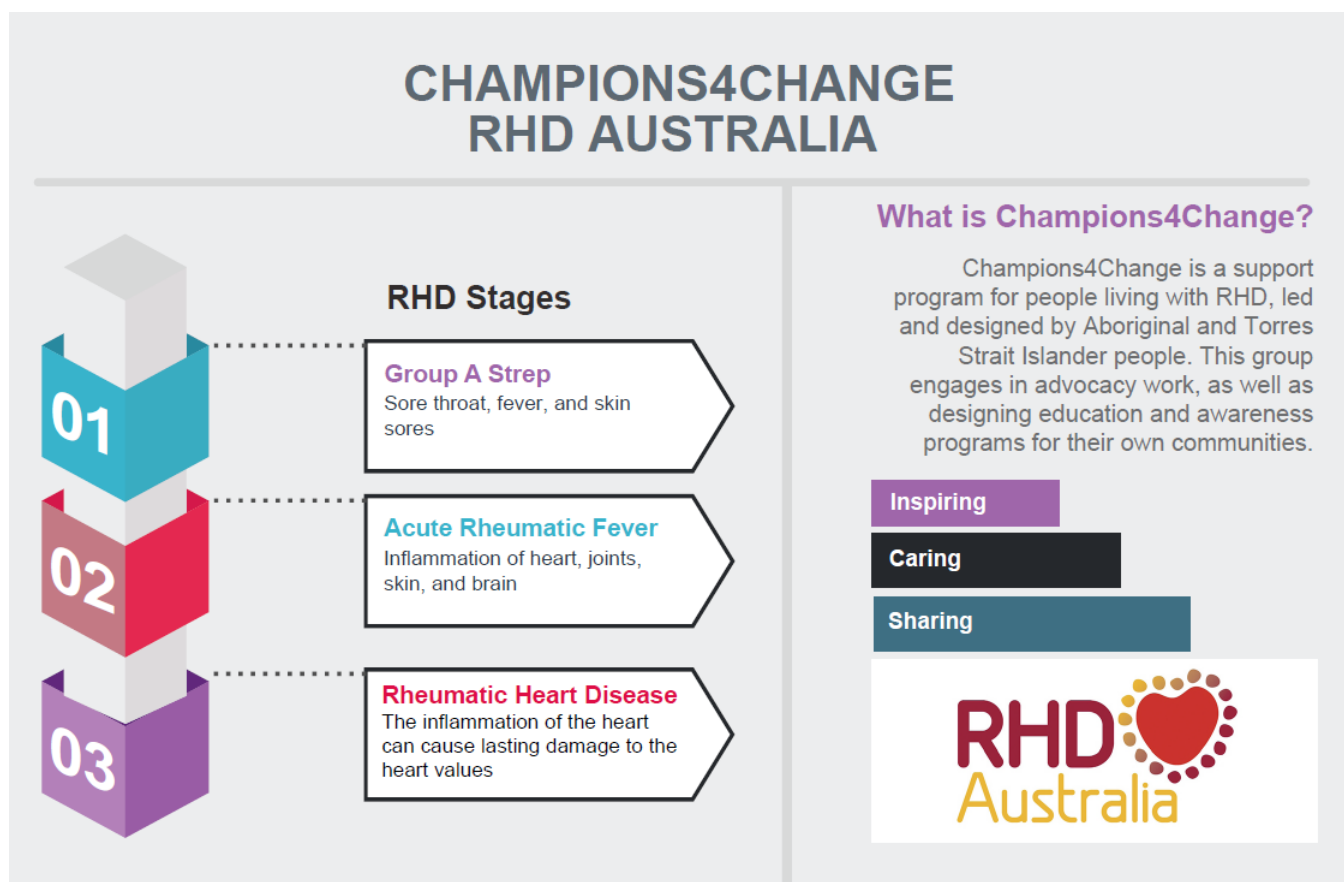
- RHD is damage to one or more of the heart valves which occurs as a result of acute rheumatic fever (ARF). ARF is an autoimmune response to untreated group A streptococci.
- Despite having all but disappeared from most of the Australian population, RHD is still prevalent among regional and remote Aboriginal and Torres Strait Islander Australians. RHD is generally considered to be a disease of poverty, as it is largely preventable through improved living standards (Mitchell, Belton, Johnston, Gondarra, & Ralph, 2018).

How is the problem being addressed?

- Champions4Change is a support program for people living with RHD which is led and designed by Aboriginal and Torres Strait Islander people.
- The group also engages in advocacy work, awareness programs and educational resource design for their own communities.

What does the project involve?

- Advocacy for RHD is an important aspect of the project. The music video “My Heart Keeps Beating”, was developed with Malabam Health Service, GREATS Youth Service (GYS) Maningrida, and Menzies, is an important peer support tool. It shares the lived experiences of those involved in the Champions4Change program.



Improving the quality of hospital care for adolescents across the Top End

Presented by Adolescent CNC's Rachel Buckley and Louisa Bahen-Wright

What is the problem?

- The adolescent period can be a time of growth and development. However, for some issues may emerge including mental health problems, psychosocial concerns and risk-taking behaviours. A specialised approach to healthcare is needed.
- Historically those over the age of 13 were cared for on adult wards at the Royal Darwin Hospital – which were not age, developmentally or culturally appropriate. As a result, young people often disengaged and left the hospital resulting in poor health outcomes.

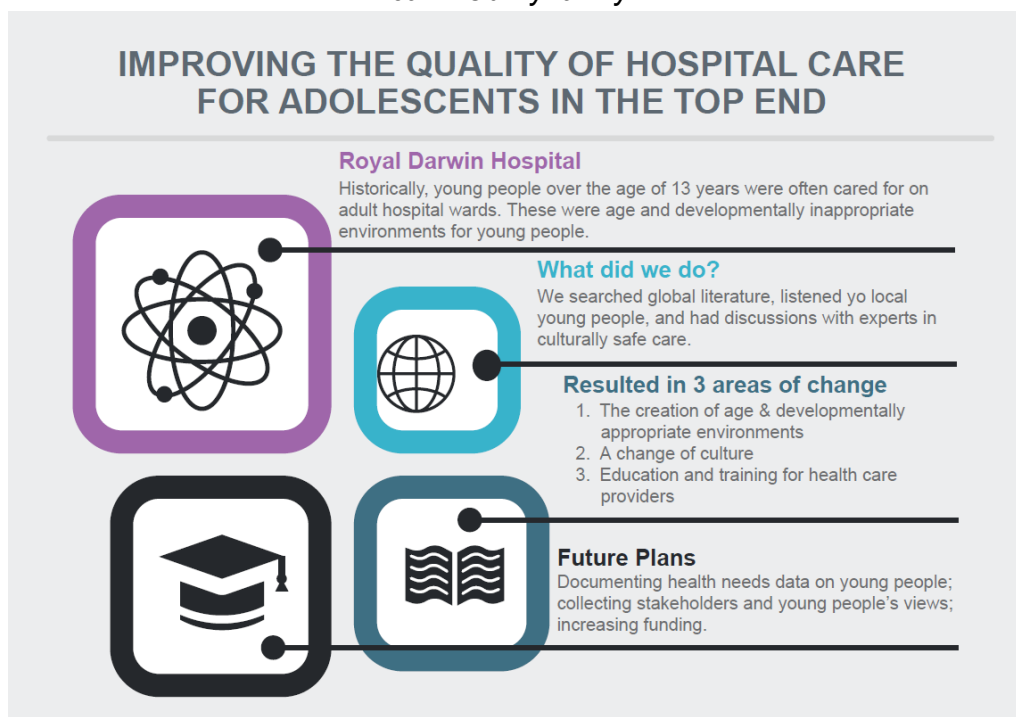
How is the problem being addressed?

- The paediatric ward was renamed the 'General paediatric and adolescent ward' and an adolescent lounge built. Those up to 18 years old can now be cared for in this environment.
- There has been a concerted effort to change the culture at Royal Darwin Hospital to provide more appropriate care to young people.
- Over 130 health professionals across the Top End have been trained in how to provide specialised and appropriate care to adolescents.

What does it involve?

- For young people being admitted to hospital, there is now a process to undertake psychosocial assessments, health screening and education, and linking young people into community services. Emphasis is placed on being opportunistic during a hospital admission, to provide supports that may significantly change the trajectory of a young person's life. Shanika, a young girl from Borroloola, presented her story via a pre-recorded video clip:

"I went to hospital to get better and they also helped me go to school, the nurses and the doctors helped me to get back to school and support my family and they also help me get back home so I can visit my family."



Central Australian Youth Link Up Service (CAYLUS)

Presented by Blair McFarland, CAYLUS Co-Manager Operations.

What is the problem?

- People are unlikely to change their behaviour if their environment does not change.
- Many young people in the remote Utopia region of Central Australia drink a lot of soft drink, despite having high rates of childhood diabetes.
- The quality of tap water in this region is poor.

How is this problem being addressed?

- Educational programs have attempted to change the amount of sugary drinks young people are drinking, but this has not resulted in a significant behaviour change.

What does this involve?

- CAYLUS worked with the local school to install six water bubblers (providing cold filtered water), one in each of the local primary schools and two in the high school.
- The device was unbreakable and easy to maintain.
- Teachers reported students are more settled, possibly due to being properly hydrated.
- The long-term effects are not known, but it is a good example of how environmental factors are a key consideration in tackling poor health outcomes and that people are unlikely to change their behaviour when their environment remains unchanged.

IMPROVING HEALTH OUTCOMES THROUGH A YOUTH DIVERSION PROGRAM



Why youth health is important

Presented by Associate Professor Pete Azzopardi, Burnett Institute.

What is the problem?

- In the past decade, there has been a major focus on health in the first 1000 days (Moore, Arefadib, Deery, & West, 2017).
- There is, however, an under recognised but significant burden of disease for adolescence (Azzopardi et al., 2019).
- The worldwide population of individual's aged between 10-24 years is now the largest in history, and the prevalence of many adolescent risk factors have increased (Sawyer, Azzopardi, Wickremarathne, Patton, & Health, 2018).

How is this problem being addressed?

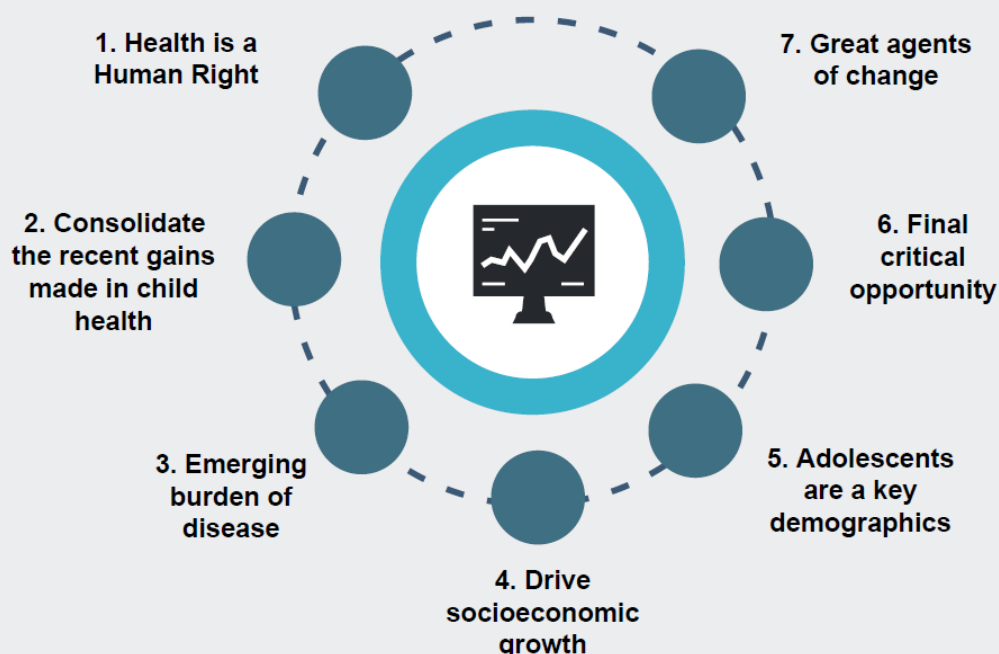
- A seven-point advocacy framework has been developed, highlighting why adolescent and youth health is important.

What does this involve?

The framework proposes the follow key points:

1. Health is a human right and young people have unique health needs
2. We must consolidate the recent gains made in child health
3. There is an emerging burden of disease in adolescence
4. We must drive socioeconomic development
5. Adolescents are a key demographic, making up one-third of the global population
6. Adolescence is the final (critical) opportunity to support healthy development
7. Young people are great agents for change should be listened to

7 REASONS TO INVEST IN THE HEALTH AND WELLBEING OF YOUNG PEOPLE



Strategies for effective youth engagement: Panel Discussion

A robust panel discussion then commenced, with invaluable input provided by;

- Roxanne Highfold: Roxanne is a Cultural Advisor Mental Health worker at Headspace and research officer at the Central Australian Aboriginal Corporation in Alice Springs. She has expertise in early childhood, youth development, child protection, Aboriginal rights and primary health care.
- Hannah Illingworth: Hannah is an emerging visual artist, facilitator and producer based in Darwin. She values community connection and freedom of expression. Hannah is the Skate Development officer for Darwin City Council, the mural artist in residence at Headspace, co-producer of the Darwin Fringe Festival and was instrumental in the Darwin Street Art festival.
- Sean Xiao: Sean is a member of the youth round table from Alice Springs. He is a member of Headspaces' youth advisory group and had just commenced in a role as a national representative with Orygen youth mental health.
- William Baird: Will is a youth worker with the Balunu foundation. He has worked with young people for eight years in primary schools and other youth centres around Darwin. Youth work is his passion and he is striving to give young men and women a voice in today's society.
- Melanie Gunner: Born and raised in Alice Springs, Melanie is the community engagement officer at Headspace. She is a mental health advocate and climate change activist, who was a semi-finalist in the NT young achiever awards this year. She is also a supporter of all diverse community events and groups, including several youth health awareness and LGBTQIA+ community events and is an advocate for young artists, being an art business entrepreneur and a commissioned youth initiative muralist.
- Kim Mulholland: Proud descendant of the Larrakia and Yanyuwa of the Northern Territory, Kim is a Speaker, Trainer, Coach & Consultant in Social & Emotional Wellbeing, Suicide Prevention & Trauma-Informed Practice, specialising in youth development, men & culture.

The panel focused on how to engage with young people in appropriate and meaningful ways. It was driven by the following questions:

From your personal experiences, what could youth health and wellbeing services and researchers do to better to engage with young people? Please provide one example of how you have successfully engaged with young people?

Panel members considered early engagement by services to be vital, including promotional activities which increase visibility. It was noted that it often took six or seven points of contact for young people to fully engage, so services must ensure that there were consistent opportunities for these points of contact to happen. This was followed by a comment that providers must approach initial engagement with no agendas, they must simply focus on actively listening and being present.

Meeting people at their point of need, both physically and emotionally were considered essential. It was acknowledged that the constraints of current service provision often do not provide the scope for this. The panel advocated for systemic change to support this form of delivery. One method of

engagement was considered unlikely to be appropriate for all young people and so panellists suggested services should provide two to three different ways for young people to be involved.

What should be the top three priorities for youth health and wellbeing research in the NT?

The importance of the link between mind and body was raised, particularly for Aboriginal and Torres Strait Islander young people. Social-cultural development was identified as a protective factor and support workers who can assist with harnessing the strengths of young people can provide an opportunity for a young person to achieve their potential.

Accessible communication styles were highlighted as important. To successfully facilitate open discussions around difficult topics, the need to 'find the right language' was advocated for. While having these discussions, it is important to also educate young people about self-help, and how and when to do it. This is an important element of autonomy and giving young people the skills to make their own decisions.

Another important element of the panel discussion was the effects of climate change on the health of populations. Populations most at-risk are people in low socio-economic areas, socially or geographically isolated individuals and communities, and Aboriginal and Torres Strait Islander people. It was highlighted that young people's concerns around climate change are valid, and appropriate supports and strategies need to be provided to manage them. Young people also need to connect with things bigger than themselves, which was noted as an important protective factor.



(L-R): Hannah Illingworth, Sean Xiao, William Baird, Kim Mulholland, Melanie Gunner, Roxanne Highfold

Youth Priorities & engagement strategies: Young delegates workshop

Facilitated by Balanced Choice

Youth attendees workshopped their priorities, driven by the following question:

What is important for young people with respect to health?

Two major concerns were raised; mental health and sexual wellbeing.

Mental health was raised as a major concern; both in relation to service accessibility and education about how to look after one's own mental health. Better awareness of mental health issues was considered important, and young people stated that they wanted appropriate education around how to best support their peers. While there was acknowledgement that mental health awareness has improved over the past few years, stigma continues to impact the likelihood people will reach out for support. Young people highlighted how they felt under skilled in assisting their peers who are experiencing mental health concerns. Suicide bereavement and suicidal behaviour were highlighted as major concerns, with many young people impacted. Social media was perceived as compounding mental health concerns, particularly its impact on people's sense of self-worth. This discussion is in line with the latest Youth Mental Health Report findings (Hall et al., 2019).

Sexual wellbeing was also considered a pressing issue and young people felt it was not currently being comprehensively taught in schools. A lack of education about pornography and sexual harassment, and their impact on individuals' perceptions and behaviours, were raised as significant gaps in sexual health education in the NT. Sexual assault, and the barriers to help seeking and reporting were also discussed for both females and males, with specific mention of additional challenges for young men and boys. There were also discussions about the cycle of abuse, and the challenge in breaking this cycle without appropriate supports to report early and receive necessary supports. Young people's sense of self-worth and body image were described as often being impacted by social media, with clear parallels being drawn between sexual wellbeing and mental health.

Youth Presentation to Summit

Young people then presented a summary of their discussions through three short dramatic skits. Skit 1 focused on a social media comparison, specifically the implications of social media on positive and negative self-esteem. Skit 2 also focused on social media, but discussed its influence on violence, bullying, sexual harassment and the bystander effect. Skit 3 addressed mental health and demonstrated the importance of checking in on your friends.

Young people were asked to present their top three health priorities and identified (1) mental health and suicide, and (2) sexual health and assault. Rather than select a third they presented all the other issues they raised, noting they were all important, which included: pressure, boundaries, communication, belonging, music, body image, abuse, and expectations. The young people took questions from the audience about their skits and priorities. Important points from this discussion included the need to:

- Embrace a person-centred approach that fosters autonomy, communication, relationships and empathy
- Listen, talk and walk with young people
- Pass on knowledge to others
- Promote communication and education at all levels (from the ground up and institutional)

Using established resources and networks, young people discussed the need to work with the next generation using inter-sectorial approaches that foster empowerment and autonomy.



Evaluation

Two evaluation surveys were distributed to collect feedback from participants of the Youth Health Summit (one for youth delegates and the other for researchers/policy makers/service providers). The purpose of the surveys was to determine what participants found most valuable and how the Youth Health Summit could be improved in the future.

Youth responses

Twenty-two young people completed the survey, of whom over half identified as being from Aboriginal and/or Torres Strait Islander descent. The majority identified English as the language they spoke most at home. Half of the young participants were between 16-18 years old. The least number of respondents were in the upper age bracket (22-25), reflecting the lower attendance at the Youth Health Summit by this age group. This may be an indication of this group being more difficult to reach, perhaps due to competing commitments (such as work or caring responsibilities).

Of the respondents, fifteen were from Darwin, with the second most common place of residence being Alice Springs. We acknowledge the need to engage youth from other regions as a priority, along with securing additional funding to support wider representation at future Youth Health Summits. Most respondents heard about the Youth Health Summit through youth networks, school or friends. A large proportion (86%) of youth respondents highlighted that they learnt something about having a job in research and all were interested in attending another Youth Health Summit.

Highlights identified by the young people who attended included listening to peers and having the opportunity to express themselves. The workshop, panel discussion and performances, hearing about youth research projects and meeting people were among the preferred aspects of the

program. For most respondents, the youth priorities workshop facilitated by Balanced Choice was the best part of the day – both the workshop and presenting the priorities back to all participants.

Just over half of the respondents did not find anything boring. The presentations that were thought to be a bit boring were the 'long presentations', statistics, data and research presentations. "More interesting", "interactive" presentations would be preferred ("not just sitting and listening"). Other possible improvements for a future Youth Health Summit would be increased youth involvement in the planning and agenda-setting as well as presenting. Several respondents also commented that the day was rushed; two full days would have been better.

Researchers, policy makers, service providers responses

Thirty-two researcher/policymakers/service providers completed the evaluation survey. This group was a mixture of not-for-profit, government and community-controlled employees in roles such as case workers/managers, project workers/managers, clinical and research staff. They heard about the Youth Health Summit in a variety of ways including via email, Menzies networks and friends.

Findings show that this group found the Youth Health Summit to be very useful and relevant to their work. Over eighty percent strongly agreed that information from the day would help them in their future practice. A highlight was that young people were given the opportunity to express their concerns. There was also an appreciation for opportunity to network and talk with young people, and to identify strategies for engagement.

Many respondents reported that as a result of attending the Youth Health Summit, they intended to do things differently in their workplaces. This included valuing and respecting young people more by engaging, listening and acknowledging them.

Feedback around how the Youth Health Summit could be improved included presentations being more interactive, creative and involving more diverse participants. Suggested next steps were holding another Youth Health Summit, ensuring actions are progressed and recommendations disseminated.

Where to from here

In recognition of the success of the inaugural Youth Health Summit held in Darwin and the feedback received, we will strive to continue the initiative, aiming to host a similar event in 2020. This will require partnerships with other health organisation and funding bodies to support this important work. Over the coming months the Menzies Youth Working Group will strive to engage with potential partners and advocate for the need to foreground youth voices in all aspects of health in the NT.

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Jeneah Oldfield
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Jocelyn Ulbo
Josh Martyn
Joshua Sells
Kevin Williams
Kumar Khatri
Leanne Pena
Louise Maple-Brown
Marrdi Tschurpig
Matt Hare
Mira Annerasekera
Mitchell Ford
Natascha Goodger
Nathan Garrawurra
Noni Eather
Pauline Papajua
Penny Kellaway
Petah Sloane
Peter Burnheim
Phil Coyle
Pippa Wilson

Rachel Fosdick
Ron Bade
Rosie Rock
Sacha King
Sacora Giles
Sarcora Morcom
Sam Moore
Sara Benesha
Shane Catterall
Shylie Young
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