

2019 QAIHC

YOUTH

HEALTH

SUMMIT

REPORT

A MESSAGE FROM THE CEO



It is with great pleasure that I present to you QAIHC's Queensland Aboriginal and Torres Strait Islander Youth Health Summit (Summit) Event Report 2019.

As the peak body for the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector, QAIHC values our young people and are committed to leading, hearing and actioning conversations about health and wellbeing.

QAIHC's journey will be guided by the voices of the young Aboriginal and Torres Strait Islander people in Queensland, with the ultimate goal for all of our young people to live with strong bodies, calm minds and resilient spirits.

The 2019 Summit initiated conversations with young people and was a resounding success. We are inspired by the knowledge, wisdom and enthusiasm of our young participants. The Brisbane Entertainment and Convention Centre was buzzing with the lively spirit of the 300 young people. Their willingness to share their experiences and provide insightful suggestions for improvements to health care was overwhelming.

We are incredibly grateful for the support provided by our event sponsors and ATSICCHO Member Services who made the Summit possible.

An early review of the participant's commentary, reveals some emerging themes. Young people view health holistically, with health connected to mind, body and spirit.

Young people endure high stress with limited support and relief and crave cultural and social connection. They are desperate for cultural and age appropriate, innovative services that include physical and social activities. Services that are designed by young people and provide privacy, peer support, role modelling and educators who have lived experience are needed.

Young people maintain strong connections to country and expressed a desire for cultural education and traditional medicine on country. Sense of identity and shame emerged regularly and were interrelated. Shame was experienced in not practising culture, accessing health services, expressing their aspirations, living with health conditions, talking about sex and body image issues.

CALM MINDS | STRONG BODIES | RESILIENT SPIRIT

Issues around lack of access to quality, affordable food, gyms and sport close to home were barriers to physical health. Alcohol was seen to be overused by some young people, however were likely to be affected by others use. Sexual health is shame to talk about so knowledge is not passed on, resulting in a lack of understanding and disempowered and uninformed decision making or worse non-consensual experiences.

Mental health issues and high stress were identified as significant issues, as well as grief and loss from deaths in community including suicide, causing a constant source of stress and trauma. Other stressors included facing regular racism, challenge of living in two different worlds, family and community obligations and no hope for jobs or study, a sense of feeling trapped. Negative coping strategies, such as the use of alcohol, drugs, food and abusing others were identified as ways they or others managed discomfort and pain, often leading to habit forming behaviours.

Looking forward, QAIHC is convening a Queensland Aboriginal and Torres Strait Islander Youth Health Network (Network) to guide the development and implementation of the Queensland Aboriginal and Torres Strait Islander Youth Health Strategy (Strategy), the first of its kind, to be released in January 2020. We are committed to making the Summit an annual event and we look forward to making it an even bigger success for our young people in 2020 and beyond.

We want to extend our heartfelt thanks to the Summit sponsors for their support and commitment to this important work.

Yours Sincerely,

Neil Willmetts
Chief Executive Officer
Queensland Aboriginal and Islander Health Council

**Thank you to our sponsors
for supporting this event:**

GOLD



SILVER



**Queensland
Mental Health
Commission**

BRONZE



CHECKUP



DELEGATE



EXECUTIVE SUMMARY

QAIHC's vision is to eliminate the disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander peoples in Queensland.

According to the 2016 ABS Census data, one third of Aboriginal and Torres Strait Islander Queenslanders are aged between 15–34 years. It is well documented that young Aboriginal and Torres Strait Islander people face greater barriers to achieving physical and mental wellbeing than their non-Indigenous counterparts¹.

Aboriginal and Torres Strait Islander young people in Queensland are experiencing a number of health challenges including:

- an increase in the disease burden of mental health disorders
- high rates of acute rheumatic fever/rheumatic heart disease
- high rates of sexually transmissible infections and blood borne viruses (particularly in remote communities)
- childhood obesity
- over-representation in the child protection and youth justice systems and
- suicide.

In response to these challenges that the first Queensland Aboriginal and Torres Strait Islander Youth Health Summit was created and delivered in September 2019. With QAIHC's commitment to self-determination in mind a decision was made to enable young people to lead the conversation about their health and wellbeing needs. The Summit was designed to ensure young people could be respectfully engaged, emotionally and culturally inspired, educated, and most importantly given a platform to share their voice.

The Summit attracted approximately 300 Aboriginal and Torres Strait Islander participants between the ages of 18–29 who travelled from a diverse range of rural, remote, regional and urban communities across Queensland.

QAIHC invited a diverse group of Aboriginal and Torres Strait Islander presenters to share their stories about their health journeys. In addition to presentations, participants engaged in interactive workshops, shared their thoughts and feelings, connected with their peers and provided written and oral feedback on key topics.

A number of QAIHC's partner organisations were invited to 'host a stall' at the Summit. This provided the participants exposure to support services they may not have previously been aware of.

Participants were invited to contribute to a group cultural art piece and their social and emotional wellbeing needs were cared for by an Aboriginal and Torres Strait Islander Clinical Support Team available throughout the day.

The Summit exceeded QAIHC's expectations and this inspiring group of participants have provided QAIHC with profound and solution-driven content to shape QAIHC's Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2019–2022 (Strategy), the first of its kind.

Today's youth are encountering multiple health and wellbeing challenges and a transition into adulthood that previous generations may not have experienced. In addition, Aboriginal and Torres Strait Islander youth are facing greater challenges and do not always enjoy the same opportunities and health and wellbeing outcomes as non-Indigenous Australians².

It is well documented that there is still a long way to go in achieving the Closing the Gap targets. Aboriginal and Torres Strait Islander young people in Queensland are overrepresented in the disease rates for mental health disorders, acute rheumatic fever/rheumatic heart disease, sexually transmissible infections and blood borne viruses (particularly in remote communities) and childhood obesity; and are overrepresented in the child protection and youth justice systems³. The underlying determinants are complex. Colonisation has directly resulted in ►

¹ Australian Institute of Health and Welfare 2018. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018: in brief*. Cat. no. IHW 198. Canberra: AIHW <https://www.aihw.gov.au/reports/indigenous-australians/atsi-adolescent-youth-health-wellbeing-2018/contents/summary>

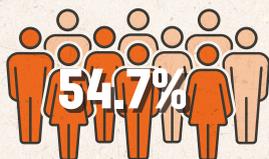
² Next Generation Youth Well-being Study: 'understanding the health and social well-being trajectories of Australian Aboriginal adolescents aged 10-24 years: study protocol. Gubhaju L, Banks E, Ward J, et al. *BMJ Open*. 2019;9(3):e028734. Published 2019 Mar 12. doi:10.1136/bmjopen-2018-028734

³ Australian Institute of Health and Welfare 2018. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018: in brief*. Cat. no. IHW 198. Canberra: AIHW <https://www.aihw.gov.au/reports/indigenous-australians/atsi-adolescent-youth-health-wellbeing-2018/contents/summary>

Queensland Indigenous Youth

AT A GLANCE

Queensland population aged under 25 years¹

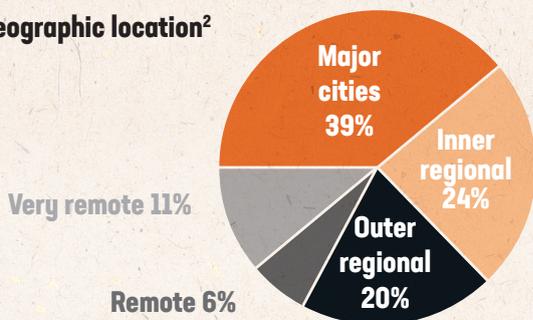


Aboriginal and Torres Strait Islanders



Non-Indigenous

Geographic location²



Alcohol, Other Drugs and Smoking⁵



30%
Exceeded alcohol risk



37%
Used illicit substances



29%
Current daily smokers

Fewer than 1 in 20 people

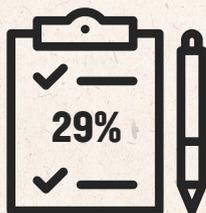


Meet daily fruit and vegetable dietary guidelines⁶

Health Status



Long-term health condition³



Indigenous health check⁴

Under youth justice supervision⁹



1 / **3** High or very high levels of psychological distress⁷

6 IN **10** Recognise homeland/traditional country⁷

1 / **2** Identify with a clan, or language group⁷

7 IN **10** Participated in cultural activities⁷

¹ Australian Bureau of Statistics, 2019; Aboriginal and Torres Strait Islander people in Queensland, in 2016.

² Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 10–24 years in Australia in 2016.

³ Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 10–24 years in Queensland in 2012–2013.

⁴ Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 15–24 years in Queensland in 2016.

⁵ Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 15–24 years in Australia in 2014–2015.

⁶ Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 10–24 years in Australia in 2014–2015. Note: Recommended daily intake is minimum 2 serves of fruit and 5 serves of vegetables.

⁷ Australian Institute of Health and Welfare, 2018; Aboriginal and Torres Strait Islander people aged 15–24 years in Queensland in 2014–2015.

⁸ Australian Institute for Health and Welfare, 2017; Aboriginal and Torres Strait Islander people aged 20–24 years in Queensland in 2014–15.

⁹ Australian Institute for Health and Welfare, 2017; Young people aged 10–17 years in Queensland on an average day in 2014–15

Queensland Indigenous Youth

AT A GLANCE

Aboriginal and Torres Strait Islander Youth Population⁴:

- Total Aboriginal and Torres Strait Islander population aged 15–24 years is 35,752
- Aboriginal and Torres Strait Islander Youth Male population is 18,179 (51%)
- Aboriginal and Torres Strait Islander Youth Female population is 17,573 (49%)
- 19.3% of the total Queensland Aboriginal and Torres Strait Islander population is youth
- 0.7% of the total Queensland population is Aboriginal and Torres Strait Islander

Population distribution

PHN Region	ATSI Total Population	ATSI 15–24 Years	Proportion
Brisbane North	20,070	4,218	21%
Brisbane South	23,599	4,773	20%
Gold Coast	9,503	1,919	20%
Darling Downs and West Moreton	24,547	4,827	20%
Western Queensland	10,647	1,812	17%
Central Queensland, Wide Bay, Sunshine Coast	29,541	5,594	19%
Northern Queensland	67,767	12,609	19%
Total QLD ATSI population	185,674	35,752	19.3%
Total QLD	5,011,216	656,630	5%

⁴ Social Health Atlas 2018, Public Health Information Development Unit (PHIDU), Torrens University Australia <http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks>

the forced separation from land, community, family, and culture. Young people experiencing frequent incidents of blatant and systemic racism and intergenerational trauma and poverty have played a significant role in many settings⁵.

The National Aboriginal and Torres Strait Islander Youth Survey 2017 by Mission Australia, revealed findings that to almost two thirds of Aboriginal and Torres Strait Islander young people physical and mental health was important; and nearly a third (31.3%) of Aboriginal and Torres Strait

Islander respondents indicated some form of distress, compared to 24.2% of non-Indigenous respondents⁶.

Young people represent the largest part of the Aboriginal and Torres Strait Islander population in Queensland and we are obligated to care for, provide opportunities for and keep them safe. QAIHC recognise young people's expertise, perspective and authority on their own health and wellbeing and QAIHC commits to developing solutions with them.

⁵ Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data. Azzopardi, Peter S et al. The Lancet, Volume 391, Issue 10122, 766–782

⁶ Carlisle, E., Fildes, J., Liyanarachchi, D., Perrens, B. and Plummer, J. National Aboriginal and Torres Strait Islander Youth Report, Youth Survey 2017, Mission Australia.

THE SUMMIT

The Summit's program was carefully designed to ensure cultural safety and inclusivity of Aboriginal and Torres Strait Islander holistic health concepts, in consultation with young people.

The program was focussed on three key themes; Strong Bodies, Calm Minds and Resilient Spirit. Each theme was explored in three parts:

- (a) keynote presentations
- (b) educational/inspirational topic focused presentations, and
- (c) workshops.

The keynote and inspirational presentations were delivered in an auditorium with all participants present. The participants were then divided into groups of up to 100 for the interactive workshops. This allowed each group to experience one rotation in each workshop format and provided for an environment conducive to group discussion.

The three workshops were:

- **Reflection:** Facilitated reflection on issues and sub-themes addressed by presenters.
- **Design your Health Service:** Workshops to design ideal health services relevant to each theme.
- **Yarning Circles:** Men's and women's groups discussed challenges and solutions for each theme.

The Summit commenced with a Welcome to Country by Shannon Ruska and the Nunukul Yuggera Aboriginal dancers followed by opening remarks from Neil Willmet, QAIHC CEO and Aunty Gail Wason, QAIHC Chairperson.

PRESENTERS

QAIHC was committed to and proud to have all Aboriginal and Torres Strait Islander presenters, including two dynamic young Masters of Ceremony in Jed Fraser and Tallisha Harden. Presenters were chosen based on their connection to key themes, diversity, ability to communicate resilience through their experience and importantly, relatability. It was important that participants were able to see themselves in the inspirational words of the presenters.

WORKSHOPS

The workshops were designed to be interactive, culturally relevant and allow maximum engagement with the participants. The workshops promoted safety by ensuring that small groups could be managed and where appropriate, 'men's and women's business' were able to be discussed separately and discretely.

SUPPORT

QAIHC provided a culturally safe environment for participants, speakers and staff including ensuring participants were grouped together with peers and family groups from their community, designing workshop formats to adhere to cultural protocols and using culturally appropriate language. In consideration of the social and emotional wellbeing of participants, an Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Clinical Support team, led by Dr Derek Chong, Psychiatrist was engaged and a private space made available at the venue for consultation if required. The team were made accessible for those who may have felt confronted, concerned or triggered by Summit content.





RESOURCES

The following resources were provided to participants:

- summit program
- theme workbooks
- postcards
- registration bag including health promotion resources.

LOCATION

The Summit was held at the Brisbane Convention and Exhibition Centre, South Brisbane which was centrally located, easily accessible by public transport and close to accommodation. It provided a large, professional space to cater for the number of participants with multiple room layouts that supported the design of the Summit.

SPONSORS

The value of QAIHC's stakeholder relationships was evident in the support received from the Summit sponsors, of which the event could not have taken place without:

- Queensland Health, Queensland Government—Gold Sponsor
- Queensland Mental Health Commission—Silver Sponsor
- Department of Aboriginal and Torres Strait Islander Partnership, Queensland Government—Silver Sponsor

- CheckUP—Bronze Sponsor
- South Australian Health & Medical Research Institute (SAHMRI)—Bronze Sponsor
- Northern Queensland Primary Health Network—Delegate Sponsor
- Darling Downs and West Moreton Primary Health Network—Delegate Sponsor
- Western Queensland Primary Health Network—Bronze & Delegate Sponsor

TRAVEL AND ACCOMMODATION

To remove barriers of participation and to encourage a wide variety of community input, participants were provided with travel and accommodation, generously supported by the Summit's Delegate Sponsors.

Considerable effort and resources were contributed by QAIHC in organising the travel and accommodation for participants. A number of participants required additional social supports including nervousness about flying for the first time, concern about leaving community, young parents' anxiety about leaving their children and other caring responsibilities. The support provided to the participants by the QAIHC Corporate Services team was a highlight for the young participants as communicated repeatedly throughout the event.

EXHIBITORS

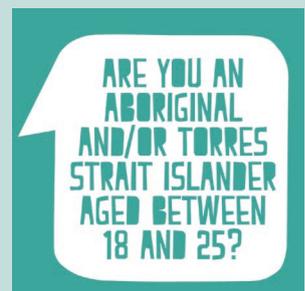
Throughout the Summit participants were provided with an opportunity to interact with a diverse range of exhibitors that included:

- **Queensland Aboriginal and Islander Health Council (QAIHC)**
Information about Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations.
- **Australian Digital Health Agency**
Information about the data and technology used to manage individual health information to achieve better health outcomes, such as My Health Record.
- **Deadly Choices**
Information about the Deadly Choices program; a health promotion initiative aimed to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families.
- **Indigenous Business Australia (IBA)**
Information about how they can support young Aboriginal and Torres Strait Islander people to achieve their business and economic goals through investment in people and their ideas.
- **Queensland Indigenous Youth Leadership Program**
Information about the program and opportunity for Aboriginal and Torres Strait Islander Queenslanders (18–25 years), from remote, regional and urban communities to develop leadership skills and learn how to make a change in their communities.
- **Queensland Mental Health Commission**
Information and resources about improving mental health and wellbeing.
- **South Australian Health and Medical Research Institute (SAHMRI)**
Promoted the GOANNA Survey; predominantly designed to review the level of awareness that young Aboriginal and Torres Strait Islander people have about Sexually Transmissible Infections (STIs) and Blood Borne Viruses (BBVs).
- **Youth Development Foundation**
Information about the various opportunities they can offer to young Aboriginal and Torres Strait Islander peoples (15–24 years) to improve the lives of disadvantaged and disengaged youth within the community.

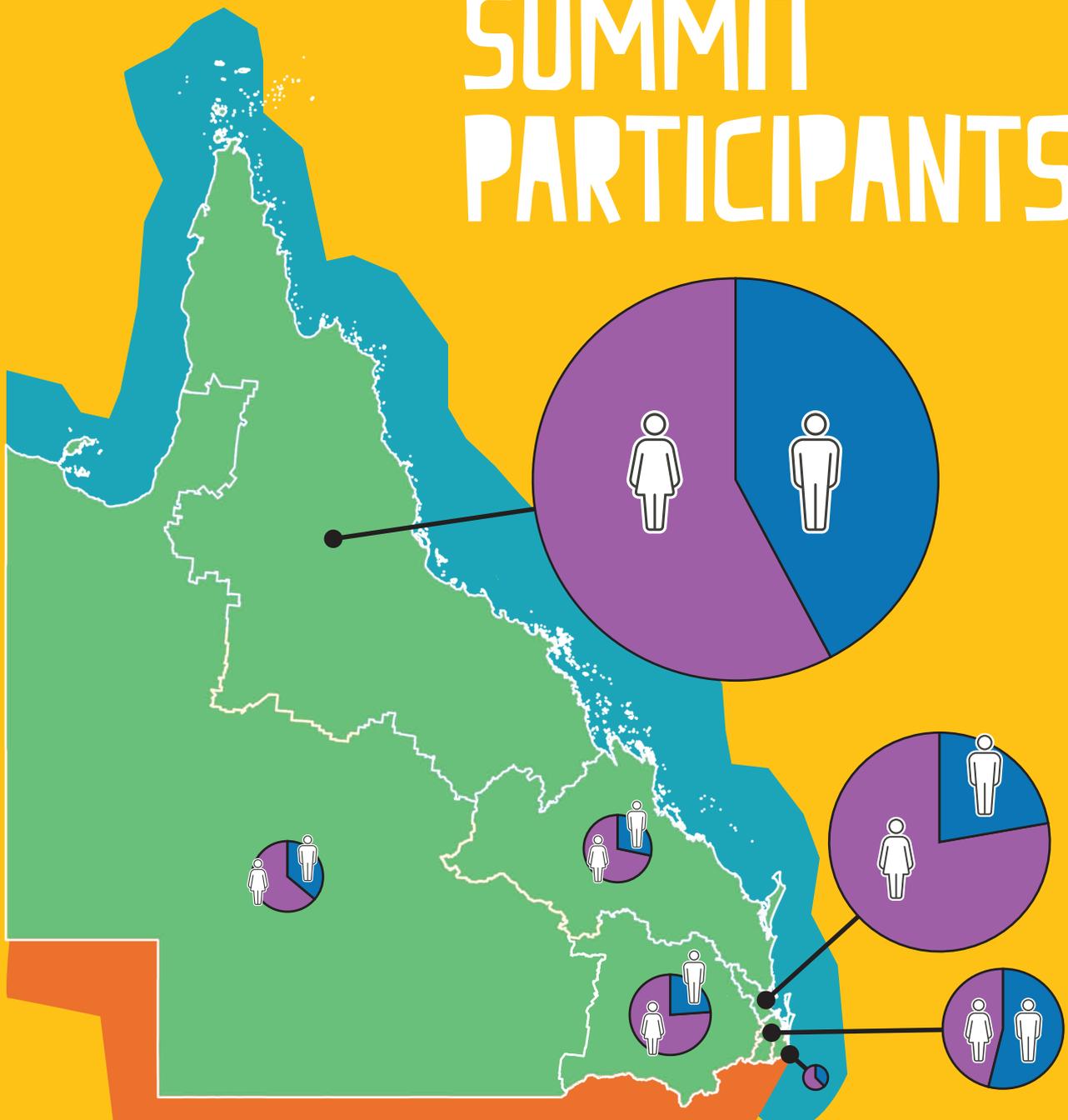
MARKETING/ADVERTISING

QAIHC developed a communications strategy and promoted the event through:

- social media campaign
- distribution of invitation postcards through ATSI CCHOs, QAIHC workshops, stakeholder meetings and conferences
- radio advertisement through several regional radio networks
- QAIHC Sector Leader magazine – Edition 10
- direct mail to QAIHC member services
- direct mail to tertiary and RTO institutions
- direct mail to LGBTIQ+ youth networks
- QAIHC staff networks
- Aboriginal Social Media & Communications Network



SUMMIT PARTICIPANTS



PHN Region	Participants		
	Male	Female	Total
Brisbane North	15	52	67
Brisbane South	20	17	37
Gold Coast	3	5	8
Darling Downs and West Moreton	6	19	25
Western Queensland	8	14	22
Central Queensland, Wide Bay, Sunshine Coast	6	15	21
Northern Queensland	52	71	123
Total Queensland	110	193	303

SUMMIT OUTCOMES

STRONG BODIES

1. JACK WILSON (AKA DEADLY NINJA WARRIOR)

Keynote Speaker

When the producers of the television program Australian Ninja Warrior asked a room full of hopefuls (Jack included) to impress them during the trials of the show, Jack stood tall and proud and unveiled his costume, a pair of Speedos printed with the Aboriginal flag that he calls his 'Deadlies'. The act of bearing his body to a room full of strangers was significant due to his past body image and identity issues. The costume along with his amazing physical abilities, catapulted him onto Australian television screens as the Deadly Ninja Warrior.

Jack openly shared his struggles with alcohol and other social/behavioural challenges and how his peers shaped the young man he was. Jack challenged our participants to look at the people they surround themselves with and question if these people are there to *"lift you up to be the best person you can become"*.

Jack's presentation was focussed on having confidence, commitment, pride and culture. Jack encouraged participants not to allow anyone or anything to stand in the way of the things that they wanted to achieve.

2. JOSHUA TOOLE BLACKFIT FITNESS

Joshua spoke of his personal journey of meeting his father and only being able to acknowledge his Aboriginality in his late teens. This caused him to rethink who he was and his connections to family and culture. Joshua spoke of the powerful feelings of cultural connection upon realising his identity.

One of the aspects of Joshua's life that he felt strongly about was being active. Joshua shared with the participants his mission to start Blackfit Fitness and how it empowers children and communities to make healthy lifestyle choices and live healthy lives. Blackfit Fitness believe that education is key in Closing the Gap for Aboriginal and Torres Strait Islander peoples and the driving force behind improving the quality of life for all Australians. They aim to motivate, educate and empower all Australians to improve their physical and mental health.

PRESENTATIONS

3. KIRRILY PHILLIPS ORAL HEALTH THERAPIST, ATSICCHS BRISBANE

Kirrily's presentation explored her journey of achieving her goal to be a change agent in the oral healthcare setting and the importance of oral health on every aspect of self. In her own words, *"if you can't eat, you die"*.

Kirrily showcased her entry into her tertiary studies, competing at the national level for sports, all while entering into motherhood.

Kirrily provided an opportunity for the participants to see what is achievable and how she approached and rose above the challenges that were presented to her throughout this time.

4. PROFESSOR JAMES WARD HEAD OF INFECTIOUS DISEASES RESEARCH PROGRAM-ABORIGINAL HEALTH, SAMHRI

James shared his expertise on sexually transmissible infections and blood borne viruses (STI/BBV). He encouraged participants to educate themselves more and protect themselves from STI/BBVs.

James broke down the 'shame factors' attached to this sensitive topic of health. His presentation provided an open dialogue and offered participants an opportunity to contest the rates of STI/BBVs in their communities by taking control of their own sexual health, identity and ownership.

James also shared his story of family breakdown and his early struggles with self-doubt stemming from the environment he was raised in and around. Prof. Ward provided aspirations to our participants of what can be achieved through challenging your own inner voice and *"breaking the mold"*.

THE YOUNG PEOPLE TOLD US

NUTRITION:

- We need more healthy eating programs
- We have limited access to healthy foods and it costs too much
- We could grow vegies to become self-sufficient
- A barrier to eating healthy is the cost
- You have a clear mind if you eat healthy
- More awareness of the importance of eating healthy
- We need to 'normalise' nutrition through education

SEXUAL HEALTH:

- Most education about consent is needed, only have sex when you want to
- Having a trusted relationship with clinic staff is really important for confidentiality
- Shame to get tested, we need new way to be sexually healthy
- We need access to contraception, for protection from unwanted pregnancy and STIs
- We need men's and women's education, yarning places and opportunities
- We are finding out information on sex from the Internet now

ALCOHOL AND OTHER DRUGS:

- Stress and boredom in community drive AOD use in young people
- Strong family and culture mean no AOD use
- We need youth specific AOD education and yarning places and opportunities
- Less about restrictions (alcohol bans) more about responsible drinking and dealing with the issues

PHYSICAL ACTIVITY:

- High cost of gym membership stops me from going
- We need facilities for physical activities like gyms and community centres
- Sport and physical activity is a good opportunity for social support, and strengthening community relationships
- There is a lack of local knowledge and leadership with physical activity programs
- Traditional practices as physical activity (hunting, dance)

CALM MINDS

PRESENTATIONS

1. ELSIE SERIAT OAM CHANGEMAKER AND MARATHON RUNNER

Keynote Speaker

Elsie shared her journey of being a part of the Indigenous Marathon Project and completing the New York Marathon. During this time of training, travel and goal setting, Elsie was met with unimaginable cultural stressors, grief with a loss of family member, and disconnection from home.

In delivering her presentation, Elsie shared the strategies that she used to overcome her pain and how she drew strength from her culture and her country. She was driven to be a 'change agent' and accomplished her goal to put where she comes from "on the map".

2. MARGARET SAUNDERS DEADLY THINKING YOUTH

Margaret shared her family's mental health journey through the trauma of her son tragically taking his own life.

Margaret's presentation was emotionally confronting but offered coping tools for the participants affected by mental health within themselves or their families. Margaret, in admitting that she was 'just out of the age bracket' of a young person, shared that she stays connected with young people through her large and ever-growing family. Margaret's business, Deadly Thinking Youth was a product of her family, recognising the need for young people to have culturally tailored support to address their social and emotional wellbeing needs.

3. BRYCE TAYLOR FOUNDER, M.I.N.D

Bryce Taylor shared his passion and experience with the participants, particularly how to develop strategies that support their mental wellbeing.

Bryce has spent two years developing and delivering culturally applicable mental health and social and emotional wellbeing training that aims to equip Aboriginal and Torres Strait Islander students with the fundamental skills to become coherent around their mental health. Enabling students to approach mental ill health in a way that suits their own individual personalities, and goals. The M.I.N.D. program can be described as "empowering every young person to be the best version of themselves" with a strong emphasis on strengths-based practices.

4. SAMMY LEONE FOUNDER, THE BOXING BOSS

Throughout his youth Sammy faced many barriers, growing up in a disadvantaged low-socioeconomic environment. Sammy shared with participants that at a low point in his life, Sammy found himself at a crossroads. Through a cultural and spiritual experience, he made a decision to take the steps to improve his situation.

As a result, he decided to make positive health choices and commenced boxing lessons. Sammy went on to win regional, state and national boxing titles. During this period Sammy commenced study and completed Diplomas in community welfare, youth work and community services coordination. He has now been working within the community services sector and education for over a decade.

Sammy's message to participants was that goals can be achieved with the power of community.

THE YOUNG PEOPLE TOLD US

RACISM AND EQUITY:

- We want to feel like we belong and have a place in our workplaces, education systems and community
- We want stereotypes and social stigmas about Aboriginal and Torres Strait Islander people challenged and abolished
- Institutional racism, needing to acknowledge and respect cultural protocols like sorry business, Indigenous world views on physical and mental health
- We want local educational opportunities so we aren't forced to disconnect from family, community and country

SOCIAL SUPPORT:

- We need men's and women's yarning places and opportunities
- We need support for the 'go to' support people in our communities
- We want to know what a 'healthy' relationship is
- How to improve/deal with a toxic relationship
- You need to surround yourself with positive people

MENTAL HEALTH:

- We need to talk more about mental wellbeing
- We want youth specific mental wellbeing services that offer, in person and phone support
- There is silence from people we know are suffering
- More on country activities with men from the community

RESILIENT SPIRIT

PRESENTATIONS

1. MITCH TAMBO ACTOR, PRESENTER AND PERFORMER

Keynote Speaker

Mitch spoke with our young leaders about his life, his passions, his challenges and what drove him to transport his cultural performances to the national stage.

Mitch spoke in depth about his feelings of cultural shame in his younger years, being judged by peers, society and even family for being fair skinned. Mitch channelled his feelings about this through music and dance. The challenges became a catalyst to Mitch owning his cultural and personal space to represent and celebrate his culture on the national and international stage.

Mitch encouraged the participants to define their own cultural identity and express it in their own individual ways, reassuring the participants to not let external factors sway their journey of self-celebration.

2. THE LIGHTHOUSE MOB

The Lighthouse Mob shared the story of the culturally responsive solution that the Townsville Aboriginal and Islander Health Service (TAIHS) provides their community. They showcased how they used inherent value systems to create a safe space for their youth community facing domestic violence, justice issues and other behavioural concerns. The Lighthouse Mob collaborated on a music video which allowed them to channel their feelings about healthy and respectful relationships into a creative art piece.

This presentation provided an insight and example to the participants of what can be achieved with community partnership and shared goal setting.

3. ARTHUR LITTLE FORMER PROFESSIONAL RUGBY UNION AND LEAGUE PLAYER

Arthur is a former professional Rugby Union and League player with his football career taking him around the world from Italy to Ireland, Hong Kong to France. Arthur's goal is to connect with and inspire Aboriginal and Torres Strait Islander kids across the country to be the best they can be.

Arthur spoke to the participants about his childhood, his exposure to domestic violence and how that shaped the man, husband and father he would become. Arthur challenged our participants to "dig your feet firmly in the ground and stay on course".

4. CASEY COOLWELL ABORIGINAL ARTIST AND GRAPHIC DESIGNER

Casey is an artist and graphic designer from Minjerrabah (North Stradbroke Island). Casey creates under the name CHABOO and spoke with our participants throughout the day at an interactive art "safe place" that provided our participants a place to go, yarn and express their creative drives through painting and storytelling.

THE YOUNG PEOPLE TOLD US

SPIRITUAL HEALTH

- Holistic health – Your spirit is overarching and binding connection that regulates one's overall health and wellbeing
- Body, mind and spirit is connected. If your spirit is not well, our whole self is not well.
- I want to use traditional medicine and healing, not white man medicine all the time.
- Alcohol, drugs, stress cloud our spirit so we can't see or hear clearly and make good decisions

IDENTITY:

- We want to have a purpose and role within our community
- If we don't know who we are, where we are from or what purpose we have, it effects our mental and physical wellbeing
- We want elders yarning places and opportunities
- We want to know who we are, who our mob is, where they are from, and practice cultural celebrations/practices

CULTURE:

- We want to be on country
- We want cultural learning and celebration opportunities
- If we are connected to culture, we are physically and mentally healthier
- We want to sit with our elders and learn

CAPTURING THE QUIET VOICES

In an effort to support anonymous reflection and provide QAIHC with feedback and insights, participants were offered an opportunity to complete four postcards, each with a key question to be answered.

Participants were also encouraged to take additional postcards with them to support personal reflection after the Summit. In total 309 postcards were submitted by the participants.

A summary of participant insights was as follows:

1. "I AM TRYING TO OVERCOME..."

- Addiction to drugs and alcohol
- Self-confidence and motivation
- Loss of loved ones
- Mental health issues and trauma

2. "I WANT YOU TO KNOW THAT..."

- I have pride in my cultural identity
- I am excited about the future
- The summit provided me inspiration
- Having healthy habits is hard

3. "MY BIGGEST CHALLENGE IS..."

- Helping the community
- Mental health
- Self-worth and shame
- Reconnecting with family and culture

4. "I AM HAPPIEST WHEN..."

- With family, friends and loved ones
- On country
- Connected with culture
- Helping community

I AM TRYING TO OVERCOME...

- The loss of my Mother
- Starting a new job
- The distance between loved ones
- Trying to stay positive.

I AM TRYING TO OVERCOME...

- Anxiety
- ~~the~~ That we are still stuck in the white man ways, Not ours.

I WANT YOU TO KNOW THAT...

I'm proud to be an indigenous man and proud of my culture.

MY BIGGEST CHALLENGE IS...

being away from family/community for job opportunities/job satisfaction

I AM HAPPIEST WHEN...

Im down the river lying in the warm sand and listening to the wind blow and the water run. I hate leaving that place feel connected to my Land and Mob.

EVALUATION

All participants and the presenters were invited to provide their feedback on the various aspects of the Youth Health Summit via SurveyMonkey and included the following results:

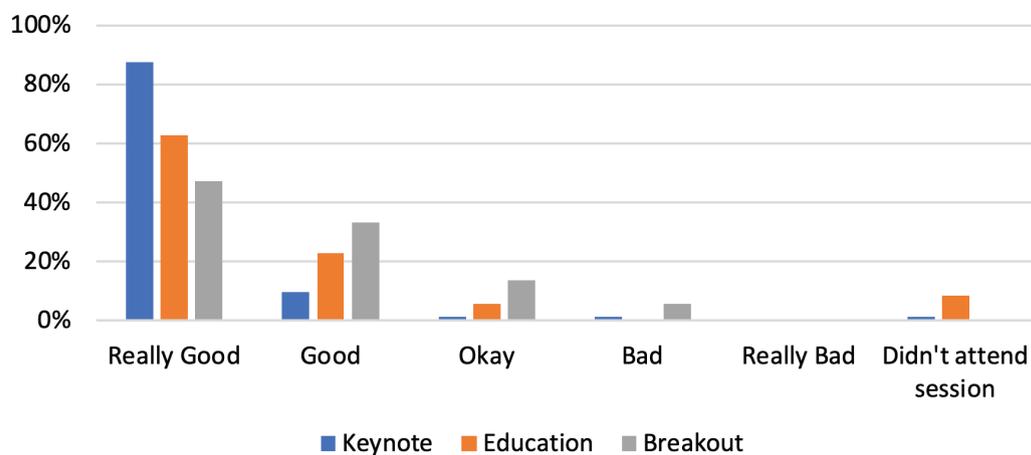
PARTICIPANTS:

- over 97% of participants said they would recommend the Summit to others
- over 90% of participants suggested that the Summit was 'useful'
- majority of participants suggested that the sessions were 'really good'
- majority of participants suggested the Summit was "too short" and only 8% suggested it was 'just right'
- 75% of participants suggested the venue was 'really good'.

PRESENTERS:

- overall presenters suggested the Summit was 'excellent'—agenda, venue and organisation
- majority (75%) said they were provided with all the support they needed while at the Summit.

PARTICIPANT'S FEEDBACK ON PRESENTATIONS

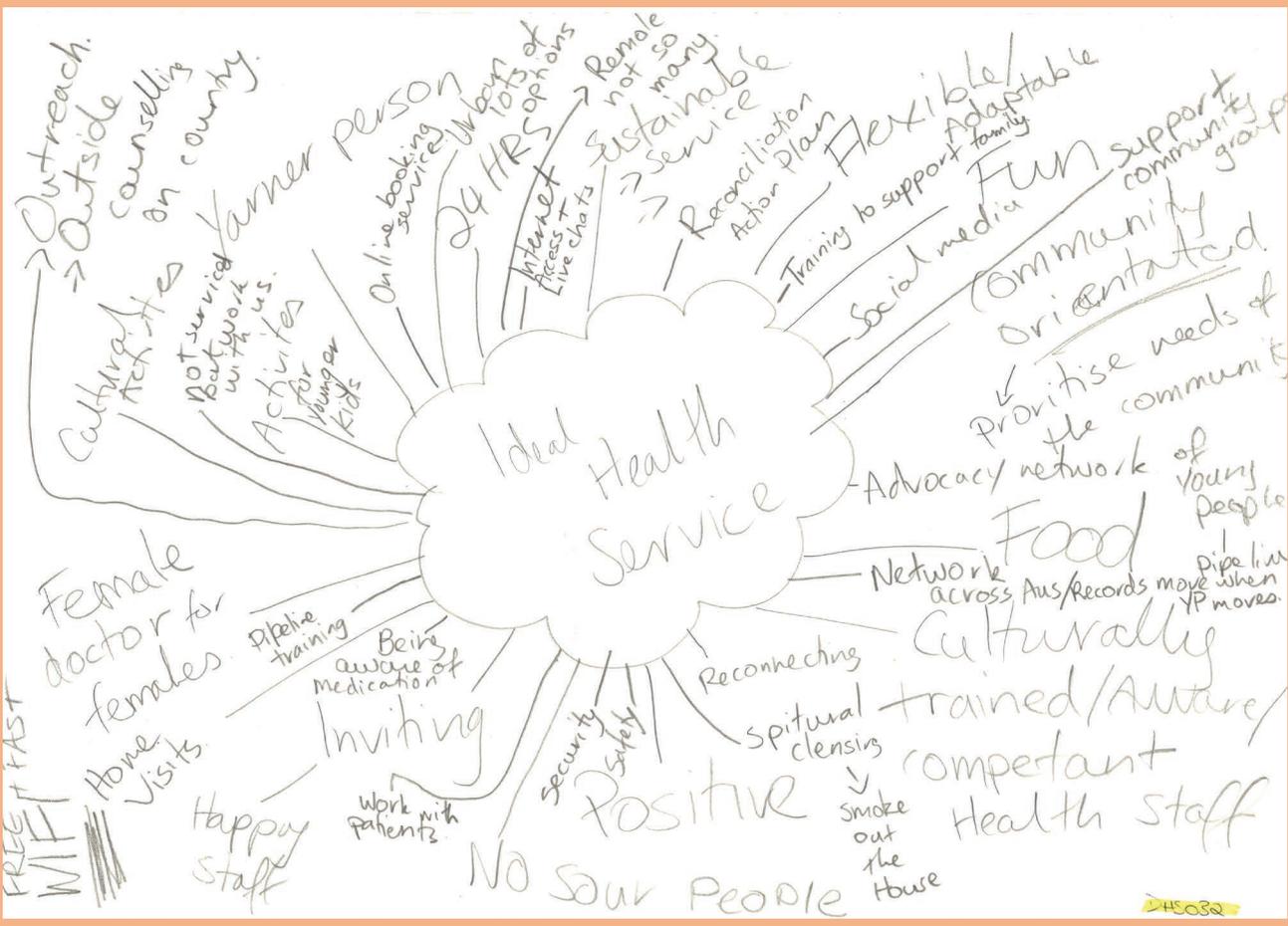
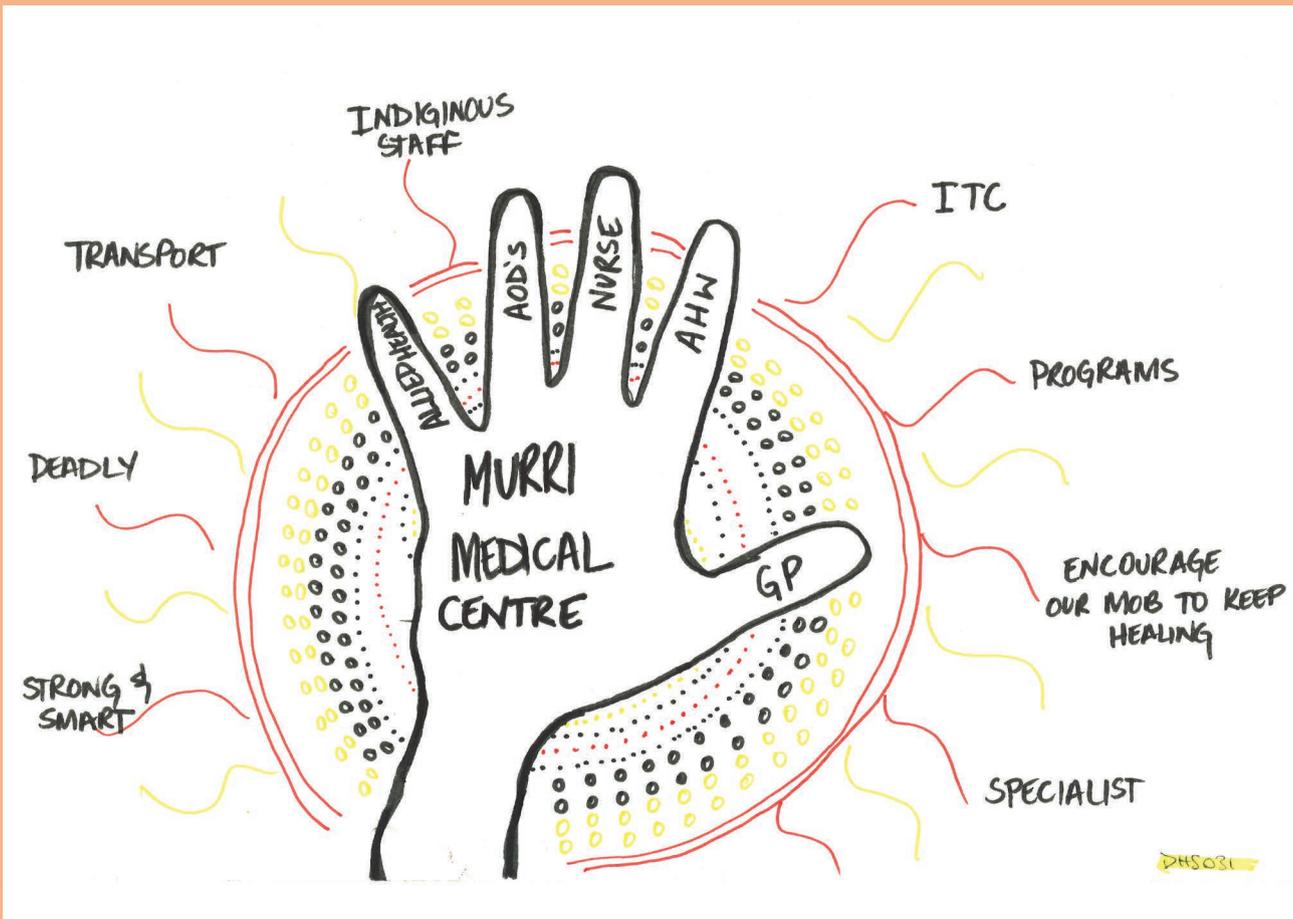


KEY FINDINGS FROM THE SUMMIT

The Summit created an opportunity for Aboriginal and Torres Strait Islander young people from across Queensland to share, connect and learn from each other. Young people shared about complex health and wellbeing issues they are currently facing, and how those issues need to be addressed to achieve the best possible health outcomes. QAIHC heard their voices and are committed to taking these issues seriously and with action.

Following are the key messages raised by Aboriginal and Torres Strait Islander young people at the Summit:

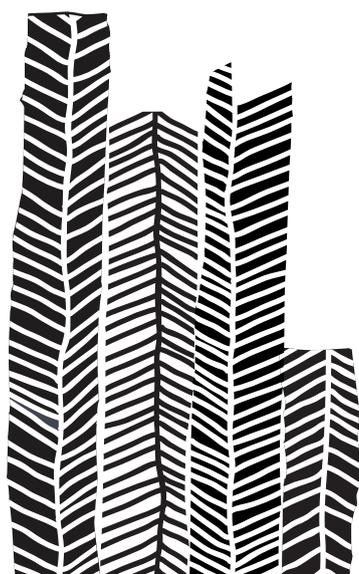
1. Health is viewed in a holistic context, it is interconnected with mind, body and spirit and young people are asking for access to holistic health care.
2. Aboriginal and Torres Strait Islander young people are eager to co-design and deliver cultural and age appropriate health education and services that meet their needs.
3. Access to health services that are rich in culture, culturally safe, use traditional methods and provide health education from a cultural perspective are vital to engaging in holistic care.
4. Education on the basics of sexual and reproductive health is required so that they are empowered to make informed decisions.
5. Maintaining good mental health was a top priority for young people. They expressed a need for mental health and wellbeing services particularly for anxiety and depression and want to learn how to develop sustainable, positive methods of dealing with stress, worry and boredom. Negative coping strategies were identified as; alcohol and drug use, overeating and abusive behavior. Young people said these only complicated the core issues.
6. Grief and loss from deaths including suicide are paralysing communities with significant levels of stress.
7. Aboriginal and Torres Strait Islander young people are feeling disconnected with their culture and are seeking opportunity to practice culture with Elders and other role models on country.
8. Helping and contributing to community capacity is important and young people are keen to develop their leadership skills so they can contribute more.
9. Privacy and confidentiality are a barrier to accessing health services. Innovative ideas were presented to support more discrete delivery of health services, such as health checks in Barber Shops, different external health service entry points for different health treatments and specific health services delivered at youth and community centres so not obvious.
10. Greater access to sport, gyms, exercise and recreation activities including social connection and run by Aboriginal and Torres Strait Islander coaches is essential to gaining and keeping holistic health. Physical activity should be recognised as treatment or therapy.
11. There is diminishing hope in young people's future due to lack of jobs and study opportunities in their communities and they are desperate for this to change. They believe that their ATSICCHOs would be an ideal access point to support social determinants of health and provide a conduit to those services.
12. Aboriginal and Torres Strait Islander young people are seeking more opportunities for social connection and activities such as men's and women's groups.
13. Stigma and shame were evident, resulting from racism, and body image and identity issues.
14. Dealing with racism regularly affects young people's mental health, both within institutions, general community and other family members.



WHERE TO FROM HERE?

QAIHC will continue to analyse and collate the participants and presenters' feedback to inform the first Queensland Aboriginal and Torres Strait Islander Youth Health Strategy, that will take the problems raised and turn them into actionable solutions. QAIHC is developing a Youth Network that will support the development of the strategy and commence planning for the next annual Summit in 2020.

Deliverables	Expected completion date
Youth Summit Report	December 2019
Establish the Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisation Youth Health Network	January 2020
Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2019–2022	January 2020
2020 QAIHC Youth Health Summit	September 2020



19 YOUTH SUMMIT PARTICIPANTS



*Not all participants pictured



2019 QAIHC
YOUTH
HEALTH
SUMMIT



QAIHC

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