



# STRONG BODIES CALM MINDS AND RESILIENT SPIRITS

Queensland Aboriginal and Torres Strait Islander  
**Youth Health Strategy** | 2020–2023





# ACKNOWLEDGEMENT

The Queensland Aboriginal and Islander Health Council (QAIHC) acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

QAIHC acknowledge the many traditional lands and language groups across Queensland. QAIHC acknowledge our Elders who have led, and continue to lead our communities. QAIHC acknowledge and celebrate our emerging leaders, our young people who are our now and future.



*Strong Bodies, Calm Minds and Resilient Spirits*  
Queensland Aboriginal and Torres Strait  
Islander Youth Health Strategy 2020–2023

Published by the Queensland Aboriginal and  
Islander Health Council (QAIHC), December 2020

© Queensland Aboriginal and Islander Health  
Council 2020

**For more information contact:**  
Queensland Aboriginal and Islander Health  
Council  
PO Box 3205  
South Brisbane Q 4101  
Email: [policyteam@qaihc.com.au](mailto:policyteam@qaihc.com.au)

**Disclosure:** To reflect that the Youth Health Strategy is for all Aboriginal and Torres Strait Islander young people of Queensland, QAIHC have collated traditional language groups in Queensland and placed them as the visual backdrop to this document. QAIHC wishes to also communicate the diversity of Aboriginal and Torres Strait Islander people within Queensland to the reader.

QAIHC sourced the traditional language names through the State Library of Queensland. Please note that not all synonyms of languages are included in this background and QAIHC acknowledges and pays respect to all traditional language groups of Queensland.

**Source:** State Library of Queensland [www.slq.qld.gov.au/discover/aboriginal-and-torres-strait-islander-cultures-and-stories/languages/queensland/indigenous-languages-map](http://www.slq.qld.gov.au/discover/aboriginal-and-torres-strait-islander-cultures-and-stories/languages/queensland/indigenous-languages-map)

# CONTENTS

1. Message from the QAIHC Chairperson .....	4
2. Message from the QAIHC CEO .....	5
3. Message from the Queensland Aboriginal and Torres Strait Islander Youth Health Network (the Youth Network) .....	6
4. QAIHC's Vision and Purpose .....	7
5. The Journey .....	8
6. The Vision .....	9
7. Who We Are, Where We Are .....	10
8. Youth's voice .....	12
9. Principles .....	14
10. Strategic solutions .....	15
<b>Solution 1: Leadership</b> .....	16
<i>Co-design and youth leadership in the health sector</i>	
<b>Solution 2: Access</b> .....	18
<i>Youth Hub Models of Care – Virtual and Physical</i>	
<b>Solution 3: Equity</b> .....	22
<i>Advocate for equity in Queensland for Aboriginal and Torres Strait Islander young people</i>	
11. Coordination, Governance and Implementation .....	26
12. Appendices .....	27
Annex 1: Related policies and strategies .....	27
Annex 2: The Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) Sector .....	28
Annex 3: QAIHC's ATSICCHO Model of Care .....	29
Annex 4: Youth voices from the 2019 QAIHC Youth Health Summit .....	30
Annex 5: The evidence .....	33
Abbreviations .....	37
References .....	38



# MESSAGE FROM THE QAIHC CHAIRPERSON

**QAIHC are proud to introduce the Queensland Aboriginal and Torres Strait Islander Youth Health Strategy 2020–2023. We value the contributions that our young people have made in its development.**

Today in Queensland, the majority of our Aboriginal and Torres Strait Islander population is under 34 years old, and for many of our young people, having a strong body, calm mind and resilient spirit feels unattainable, so we are going to change that.

As an Elder I want to ensure our young people are empowered to lead and take care of their physical, mental and spiritual health so that they can guide our culture for tens of thousands of years more, just as our ancestors have before us.

We need to listen to our young people and support them so that they are hopeful and healthy now and into the future.

**Aunty Gail Wason**  
QAIHC Chairperson

**“As an Elder I want to ensure our young people are empowered to lead and take care of their physical, mental and spiritual health.”**







## MESSAGE FROM THE QAIHC CEO

**QAIHC is committed to seeing our young people live with strong bodies, calm minds and resilient spirits.**

This strategy has been developed in response to youth needs. Young people told us that they are yearning for culturally and age appropriate, private services and they are interested in receiving health care through both traditional and modern, innovative ways. They feel stigmatised and encounter racism and don't always feel hopeful in their future opportunities for study and work. Young people maintain strong connection to country and pride in culture and expressed a desire to practice culture more, with stronger relationships with Elders and other key cultural leaders in the community.

We will continue to work with our young people and the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) Sector, non-government organisations and government to ensure this strategy now, and into the future, realises the changes that our young people need.

**Cleveland Fagan**  
QAIHC CEO (Acting)



**“We will continue to work to ensure that this strategy now, and into the future, realises the changes that our young people need.”**



### 3

## MESSAGE FROM THE YOUTH NETWORK

To ensure continuation of youth voices and leadership, QAIHC developed the Youth Network in 2020. The Youth Network provides an opportunity for young people (18–29 years of age) to come together and yarn about health and develop solutions for their health and wellbeing.

The Youth Network has developed the following message:

*“As the next generation of leaders, investing in our health and our wellbeing today will ensure all of us young mob are here to keep our culture alive and strong. We are all really excited to have been a part of the development of the Youth Health Strategy.*

*When we came together in 2019 (The Summit) we were hopeful that action would be taken from our voice, from our ideas and our truth as Aboriginal and Torres Strait Islander young peoples.*

*We are hopeful that this strategy can help to shift the mindsets of those that provide a primary health service to our young mob across Queensland.*

*Stand with us and let’s build a future where our brothers and sisters across our state are stronger, more resilient and healthier.”*

**“We challenge you all to think differently and see the change that is needed from our perspective.”**

# 4

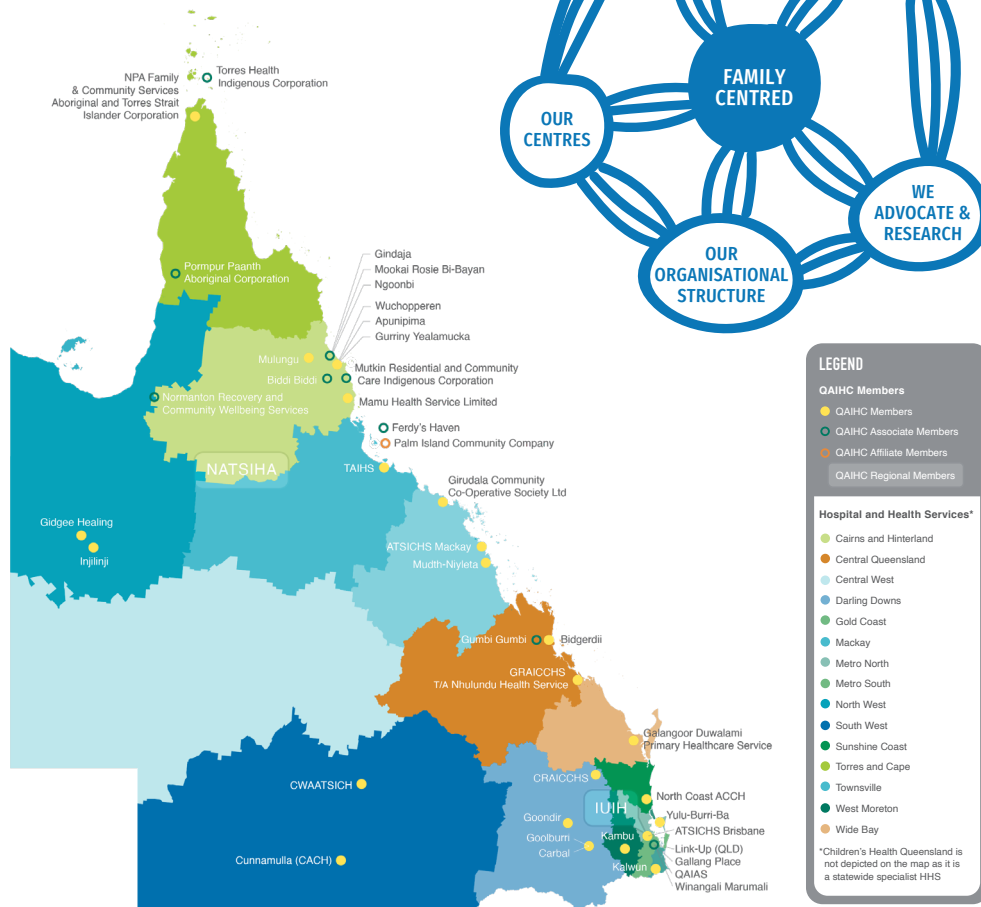
## QAIHC'S VISION AND PURPOSE



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

QAIHC is the peak body for the 26 ATSICCHOs in Queensland, two Regional Bodies—the Institute for Urban Indigenous Health (IUIH) and the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), 14 Associate Members and one Affiliate Member. Together, we form the ATSICCHO Sector.

QAIHC's Members provide culturally safe, holistic, family centred health services through the ATSICCHO Model of Care<sup>1</sup> (ref – Annex 3: QAIHC's ATSICCHO Model of Care).





## 5 THE JOURNEY

QAIHC delivered the first Queensland Aboriginal and Torres Strait Islander Youth Health Summit (The Summit) in September 2019 to better understand the health and wellbeing issues and needs of young people. The Summit respectfully engaged, inspired, educated, and most importantly gave young people 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.<sup>2</sup>

Due to the overwhelming engagement and insight provided by young people at the Summit (Annex 4: Youth's



Voice) and the evidence of current health and wellbeing outcomes for Youth (Annex 5: The Evidence), QAIHC committed to developing a youth health strategy to address the needs.







## THE VISION



**The vision of the Youth Health Strategy is for young people to have the opportunity to experience a strong body, calm mind and resilient spirit through self-determination (self-management and ownership), cultural connection and cultural safety.**

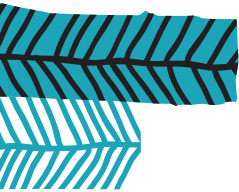
Without specific investments in the health of Aboriginal and Torres Strait Islander youth, Australia will not effectively redress health inequalities experienced by Australia's Aboriginal and Torres Strait Islander peoples.<sup>3</sup>

Young people said they are tired of not being listened to and are mostly excluded from decision making, they are also often victims of racism, discrimination and stigmatisation due to being both Aboriginal and Torres Strait Islander and youth. The Youth Health Strategy intends to listen, empower and act so that young people can lead the way to better health and wellbeing.

*“For Aboriginal and Torres Strait Islander Australians, good health is not just the physical wellbeing of an individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”<sup>4</sup>*







## WHO WE ARE WHERE WE ARE

According to the United Nations, Youth are defined as “those persons between the ages of 15 and 24 years without prejudice to other definitions by Member States”.<sup>5</sup> Most of the statistics provided in the Youth Health Strategy are for this age range, however we changed the age range for the Youth Network and the 2019 Summit on advice from our Members, who advised that in their communities youth was considered to be between the ages of 15 and 29 years.

### Aboriginal and Torres Strait Islander youth population:



About one in every 20 young people in Australia are Aboriginal and Torres Strait Islander peoples, and more than half of these young Aboriginal and Torres Strait Islander Australians live in New South Wales and Queensland.<sup>6</sup>

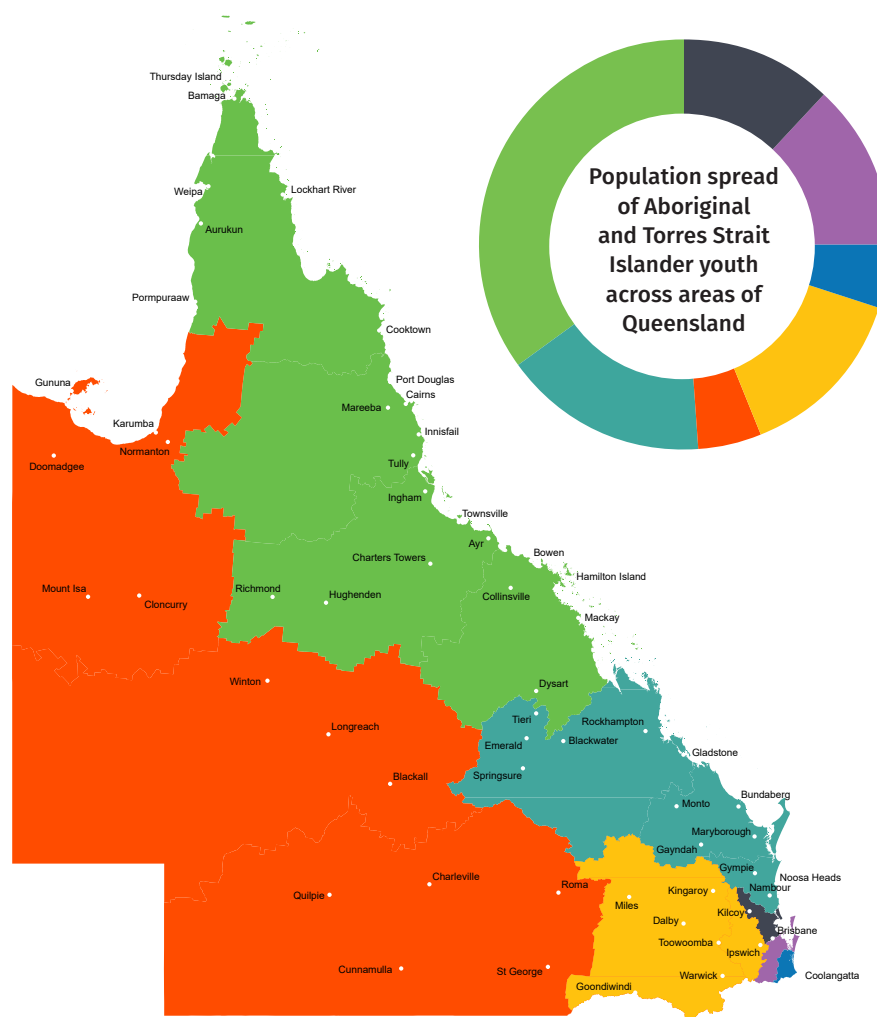
There are 656,630 youth in Queensland of whom 35,752 are Aboriginal and Torres Strait Islander youth, equating to five per cent of Queensland's total youth population.<sup>7</sup>

The proportion of youth is higher in the Aboriginal and Torres Strait Islander population than overall Queensland population; 19.3 per cent are youth compared with only 13 per cent of Queensland's total population.<sup>7</sup>

51 per cent of the Aboriginal and Torres Strait Islander youth population are male (18,179) and 49 per cent are female (17,573).<sup>7</sup>

Areas of QLD	Aboriginal and Torres Strait Islander youth (15–24 years)	%
Brisbane North	4,218	12%
Brisbane South	4,773	13%
Gold Coast	1,919	5%
Darling Downs and West Moreton	4,827	14%
Western Queensland	1,812	5%
Central Queensland, Wide Bay, Sunshine Coast	5,594	16%
Northern Queensland	12,609	35%
Total Queensland	35,752	100%

Source: PHIDU 2018, Social Health Atlas<sup>7</sup>





## YOUTH'S VOICE

“ We don’t want to be talked at and not listened to! ”

QAIHC Youth Summit 2019 participant

**The Youth Health Strategy has been developed from *listening to the voices of Youth* (Annex 4: Youth’s Voice) and reviewing available data (Annex 5: The Evidence).<sup>2,6</sup> Youth greatly value their health and wellbeing, and in a 2018 Next Generation Youth Well-Being Study most respondents self-reported as being in excellent, very good or good health.<sup>8</sup> However, many of them identified issues that affect health and wellbeing as being of concern to them and their peers.**

According to the Mission Australia Youth Survey Report 2019, Aboriginal and Torres Strait Islander youth highly value family relationships, friendship, physical health and mental health. However, they are facing multiple challenges as they transition out of school, such as finding educational opportunities, employment or housing. The top three issues of personal concern for Aboriginal and Torres Strait Islander young people were coping with stress, body image and mental health (Annex 5: The Evidence).<sup>9</sup>

*The top three issues of personal concern for Aboriginal and Torres Strait Islander young people were coping with stress, body image and mental health.*



## 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 are provided below:

### “I am trying to overcome...”

- addiction to drugs and alcohol
- self-confidence and motivation
- loss of loved ones
- mental health issues and trauma.

### “I want you to know that...”

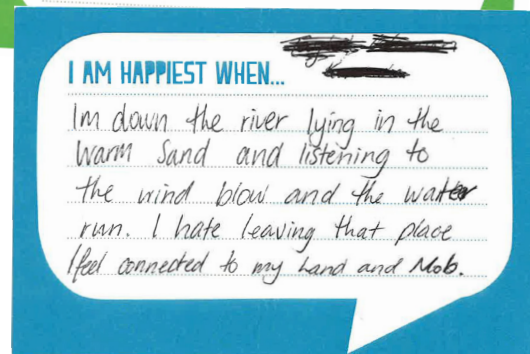
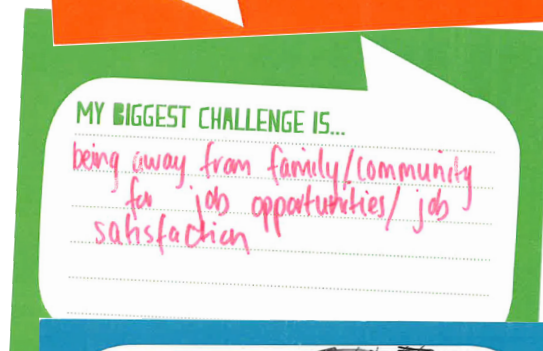
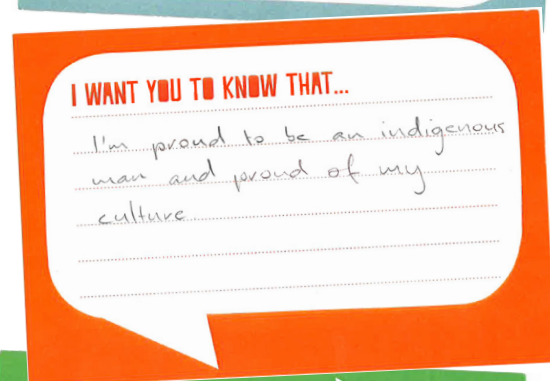
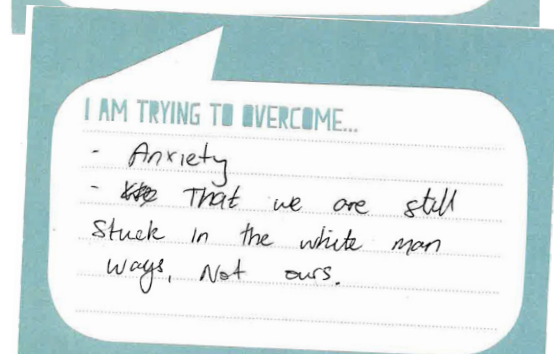
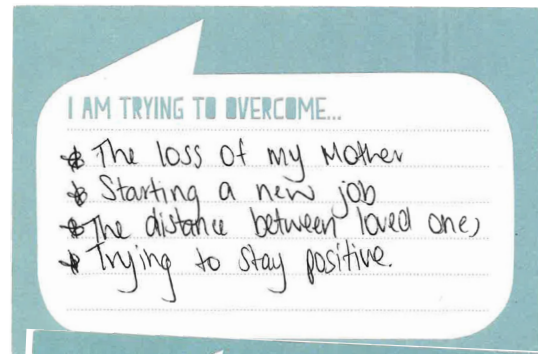
- I have pride in my cultural identity
- I am excited about the future
- the Summit provided me inspiration
- having healthy habits is hard.

### “My biggest challenge is...”

- helping the community
- mental health
- self-worth and shame
- reconnecting with family and culture.

### “I am happiest when...”

- with family, friends and loved ones
- on Country
- connected with culture
- helping community.





## 9 PRINCIPLES

Strategic solutions that are discussed throughout this Youth Health Strategy are underpinned by the following principles:

- Self-determination
- Cultural connection
- Cultural safety.



### Self-determination

Aboriginal and Torres Strait Islander young people have the right to determine and manage their own health. Self-determination and self-management must be obtainable and supported to enable confident, informed and empowered decision making and behaviours that young people own.



### Cultural connection

Aboriginal and Torres Strait Islander culture is a source of strength, resilience, wellbeing and identity which has a significant impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.



### Cultural safety

Cultural safety is about respecting the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples while providing services that meet their need.<sup>10</sup> Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.



10

# STRATEGIC SOLUTIONS



This Youth Health Strategy proposes three strategic solutions to reducing health barriers for young Aboriginal and Torres Strait Islander Queenslanders.

They are:

- leadership
- access
- equity.



# SOLUTION 1: LEADERSHIP

## Co-design and youth leadership in the health sector

Young people are self-determined through:

- co-design and governance
- leadership underpinned by cultural values.

Ref	YOUTH VOICE <i>What is the need?</i>	ACTION <i>What action is needed?</i>
1	<i>"We want to help our communities more than we are, we want to develop our leadership skills so we can help lead the way."</i>	<p>The Youth Network is funded to:</p> <ul style="list-style-type: none"> <li>A) lead the development and implementation of the Youth Health Strategy</li> <li>B) provide advice on youth health issues and solutions to Government and other stakeholders</li> <li>C) under the auspices of Elders, provide advice into the ATSIICCHO Model of Care for improving youth access to primary health care</li> <li>D) develop the leadership capacity and capability of the Youth Network</li> <li>E) lead the annual QAIHC Youth Health Summit</li> <li>F) raise the positive profile of young Aboriginal and Torres Strait Islander peoples in Queensland.</li> </ul>

*“ We want to help our communities more than we are, we want to develop our leadership skills so we can help lead the way. ”*

WHO Who needs to be involved?	RESULT How will we measure/know this?
<b>Funding:</b> <ul style="list-style-type: none"> <li>QH</li> <li>QMHC</li> <li>DoH</li> <li>NIAA</li> <li>DCSYW</li> </ul> <b>Delivery:</b> <ul style="list-style-type: none"> <li>YN</li> <li>QAIHC</li> <li>ATSICCHOs</li> <li>APC</li> </ul> <b>Monitoring and evaluation:</b> <ul style="list-style-type: none"> <li>QAIHC</li> </ul>	<ol style="list-style-type: none"> <li>The Youth Health Strategy Implementation Plan is developed with the Youth Network. (A)</li> <li>The Health Network have provided advice to government, non-government and the ATSICCHO Sector. (B, C)</li> <li>The Youth Network is engaged in the co-design of youth health initiatives/services in Queensland. (B, C, F)</li> <li>The number of ATSICCHOs with a Youth Network representative has increased. (C, F)</li> <li>The number of young people accessing the ATSICCHO Sector has increased. (C)</li> <li>The Youth Network are provided with at least one leadership development opportunity each year. (D)</li> <li>The Youth Network is comprised of members from all five QAIHC regions. (A, E)</li> <li>The QAIHC Youth Health Summit is co-designed and delivered by the Youth Network. (E)</li> <li>Promotion of positive youth health stories is increased through social media, the Youth Hub and publications. (F)</li> </ol>

## SOLUTION 2: ACCESS

### Youth Hub Models of Care – Virtual and Physical

Inclusive and integrated Youth Hubs are designed and accessed by young Aboriginal and Torres Strait Islander peoples through:

- Virtual Youth Hub (web and app based)
- Physical Youth Hubs (within or separate to ATSICCHOs).

Ref	YOUTH VOICE <i>What is the need?</i>	ACTION <i>What action is needed?</i>
	<i>“We want a safe place and be okay to speak your mind; judgement free place for all ages and genders... have elders in-house for a yarn, spiritual healing.”</i>	<p>Develop an inclusive and integrated <b>Virtual Youth Hub</b> where youth have culturally safe access to:</p> <ul style="list-style-type: none"> <li>A) youth-appropriate health promotion programs information including traditional healing</li> <li>B) trained peer educators (chosen peers who develop v-logs/articles and eventually employed in paid positions as youth health educators)</li> <li>C) regular youth magazine with health information, advice, role modelling, articles etc.</li> <li>D) online health promotion shop (free condoms, sanitary items, screening kits)</li> <li>E) chat/forum function</li> <li>F) telehealth, messaging access services through local ATSICCHO or other primary health care service</li> <li>G) information to increase awareness of, and access to, cultural learning</li> <li>H) information to increase awareness of, and access to, physical wellness programs including fitness, sport, nutrition and other wellbeing activities</li> <li>I) alcohol and other drugs, mental health and social and emotional wellbeing information and coping strategies.</li> </ul>

“ We want a safe place and be okay to speak your mind; a judgement free place for all ages and genders... have Elders in-house for a yarn, spiritual healing.”

WHO Who needs to be involved?	RESULT How will we measure/know this?
<b>Funding:</b> <ul style="list-style-type: none"> <li>● QG</li> <li>● QH</li> <li>● QMHC</li> <li>● DoH</li> <li>● H&amp;WQ</li> <li>● NDIA</li> <li>● ADHA</li> <li>● NIAA</li> <li>● DITID</li> <li>● LC</li> <li>● PHNs</li> </ul> <b>Delivery:</b> <ul style="list-style-type: none"> <li>● YN</li> <li>● QAIHC</li> <li>● ATSI CCHOs</li> <li>● Young people</li> </ul> <b>Monitoring and evaluation:</b> <ul style="list-style-type: none"> <li>● QAIHC</li> <li>● App developers (3rd party)</li> </ul>	<ol style="list-style-type: none"> <li>1. Government support to develop the Virtual Youth Hub; co-designed and managed by Youth—Website and App. (A-I)</li> <li>2. Youth in Queensland are accessing the Virtual Youth Hub information/resource and services regardless of race, gender or sexual orientation: <ul style="list-style-type: none"> <li>● youth have improved access to online health promotion program information (A)</li> <li>● trained Peer Educators actively engaged with young peoples (B)</li> <li>● youth have access to online Peer education (B)</li> <li>● regular publications of youth magazine (C)</li> <li>● youth have improved access to free online health promotion shop resources (D)</li> <li>● youth have improved access to online health services and resources. (A-I)</li> </ul> </li> </ol>



## SOLUTION 2: ACCESS (CONTINUED)

Ref	YOUTH VOICE <i>What is the need?</i>	ACTION <i>What action is needed?</i>
	<p><i>"We want a safe place and be okay to speak your mind; judgement free place for all ages and genders... have elders in-house for a yarn, spiritual healing."</i></p>	<p>Develop inclusive and integrated <b>Physical Youth Hub</b> where youth have culturally safe access to:</p> <ul style="list-style-type: none"> <li>A) youth-specific primary health care services provided by relevant health care providers</li> <li>B) youth-specific and appropriate health promotion programs supporting traditional health and wellbeing</li> <li>C) health promotion resources (free condoms, sanitary items, screening kits etc)</li> <li>D) health information resources to increase awareness and access to a wide range of physical, mental and spiritual wellbeing services (one stop shop)</li> <li>E) information to increase awareness of, and access to, cultural learning</li> <li>F) telehealth, messaging access services through local ATSI CCHO or other primary health care service</li> <li>G) alcohol and other drugs, mental health and social and emotional wellbeing services</li> <li>H) cultural camps</li> <li>I) peer education</li> <li>J) men's and women's groups.</li> </ul>

WHO Who needs to be involved?	RESULT How will we measure/know this?
<b>Funding:</b> <ul style="list-style-type: none"> <li>● QG</li> <li>● QH</li> <li>● QMHC</li> <li>● DoH</li> <li>● H&amp;WQ</li> <li>● NDIA</li> <li>● ADHA</li> <li>● NIAA</li> <li>● PHNs</li> <li>● DATSIP</li> <li>● LC</li> </ul> <b>Delivery:</b> <ul style="list-style-type: none"> <li>● YN</li> <li>● QAIHC</li> <li>● ATSI CCHOs</li> <li>● Young people</li> <li>● Elders</li> </ul> <b>Monitoring and evaluation:</b> <ul style="list-style-type: none"> <li>● QAIHC</li> <li>● ATSI CCHOs</li> </ul>	<ol style="list-style-type: none"> <li>Physical Youth Hubs designed by Youth have been established. (A-J)</li> <li>Youth in Queensland have improved access to health and wellbeing services via Physical Youth Hubs regardless of race, gender or sexual orientation: <ul style="list-style-type: none"> <li>● ATSI CCHOs in Qld have increased youth friendly primary health care workforce (A-J)</li> <li>● youth have improved access to ATSI CCHO primary health care services (A)</li> <li>● youth have improved access to health promotion program information (B)</li> <li>● youth have improved access to free health promotion resources (C)</li> <li>● youth have improved access to health information resources and services (D-G)</li> <li>● youth have improved access to funded cultural camps (H)</li> <li>● youth have improved access to peer education and group-based activities. (I, J)</li> </ul> </li> </ol>

## SOLUTION 3: EQUITY

Advocate for equity in Queensland for Aboriginal and Torres Strait Islander young people

Advocating for equity and increasing access to health and social determinants:

- system reform including addressing institutional racism
- equitable and appropriate access to health and wellbeing services.

Ref	YOUTH VOICE <i>What is the need?</i>	ACTION <i>What action is needed?</i>
1	<i>"We want to feel like we belong and have a place in our systems and community; we want to see people we can relate to, and who can relate to us."</i>	<p>Strengthen and support the ATSICCHO Sector's responsiveness to youth health needs by:</p> <p>A) increasing youth representation and participation in the planning, development, delivery and evaluation of health services</p> <p>B) increasing youth specific programs and initiatives designed and delivered by young people to meet local health needs</p> <p>C) increasing the Aboriginal and Torres Strait Islander workforce who have the skills and ability to build rapport to work effectively with young people. This includes skills as peer educators.</p>

*“ We want to feel like we belong and have a place in our systems and community; we want to see people we can relate to, and who can relate to us.”*

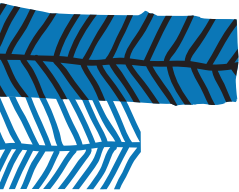
WHO Who needs to be involved?	RESULT How will we measure/know this?
<b>Funding:</b> <ul style="list-style-type: none"> <li>● QG</li> <li>● IAHP</li> <li>● DoH</li> <li>● QH</li> <li>● HWQ</li> <li>● QMHC</li> <li>● H&amp;WQ</li> <li>● DoCDSS</li> <li>● PHN</li> <li>● DoHPW (Sports and Rec)</li> <li>● QHRC</li> </ul> <b>Service Delivery:</b> <ul style="list-style-type: none"> <li>● ATSICCHOs</li> <li>● YN</li> <li>● Community</li> </ul> <b>Monitoring and evaluation:</b> <ul style="list-style-type: none"> <li>● QAIHC</li> </ul>	<ol style="list-style-type: none"> <li>1. Every ATSICCHO has youth representation in their governance structure. (A)</li> <li>2. Youth are involved in ATSICCHO health service planning. (B)</li> <li>3. Youth are involved in ATSICCHO health service delivery. (B)</li> <li>4. Every ATSICCHO have dedicated health workforce to meet youth health needs. (C)</li> <li>5. Increased youth participation in Aboriginal and Torres Strait Islander health workforce programs. (C)</li> </ol>

## SOLUTION 3: EQUITY (CONTINUED)

Ref	YOUTH VOICE <i>What is the need?</i>	ACTION <i>What action is needed?</i>
2	<i>"We want to feel like we belong and have a place in our systems and community; we want to see people we can relate to, and who can relate to us."</i>	<p>Develop and ensure equitable access and health service delivery that is free from racial discrimination including institutional racism and prioritises 'Closing the Gap' initiatives for young Aboriginal and Torres Strait Islander people by:</p> <ul style="list-style-type: none"> <li>A) increasing understanding of young peoples' use and experiences of the HHS and needs</li> <li>B) undertaking a follow-up audit based on 'the Matrix' tool to measure progress towards elimination of institutional racism in Queensland</li> <li>C) developing the cultural safety and youth appropriateness of mainstream services to provide culturally safe services and environments, including youth in the co-design</li> <li>D) ensuring that HHS Health Equity strategies are aligned with addressing the barriers and enablers that Aboriginal and Torres Strait Islander youth have outlined within this Youth Health Strategy</li> <li>E) increasing the Aboriginal and Torres Strait Islander workforce who have the skills and ability to build rapport to work effectively with young people. This includes skills as peer educators.</li> </ul>



WHO Who needs to be involved?	RESULT How will we measure/know this?
<b>Funding:</b> <ul style="list-style-type: none"> <li>● QG</li> <li>● DoH</li> <li>● QH</li> <li>● QMHC</li> <li>● PHNs</li> <li>● IAHP</li> <li>● HWQ</li> <li>● H&amp;WQ</li> <li>● QHRC</li> </ul>	<ol style="list-style-type: none"> <li>1. Increased youth participation in mainstream health services including governance structures' (such as HHS, PHN, QMHC) planning, development, delivery and evaluation. (A) (C)</li> <li>2. Increased number of HHS staff who received cultural capability training. (B)</li> <li>3. A follow up of the Queensland Health audit 'the Matrix' is undertaken. (B)</li> <li>4. Implementation of recommendations on providing culturally safe health services in mainstream health services. (B)</li> </ol>
<b>Service Delivery:</b> <ul style="list-style-type: none"> <li>● PHN</li> <li>● HHSs</li> <li>● QMHC</li> <li>● H&amp;WQ</li> <li>● QH</li> <li>● QHRC</li> </ul>	<ol style="list-style-type: none"> <li>5. Increased representation of young people in the governance of mainstream health services. (C)</li> <li>6. HHS Health Equity Strategies include Aboriginal and Torres Strait Islander youth-specific targets. (D)</li> <li>7. Increased number of youth health workforce in HHSs. (E)</li> </ol>
<b>Monitoring and evaluation:</b> <ul style="list-style-type: none"> <li>● QAIHC</li> <li>● QH</li> <li>● PHNs</li> </ul>	



# 11

## COORDINATION, GOVERNANCE AND IMPLEMENTATION

**The ownership of the Youth Health Strategy is equally shared by Queensland's Aboriginal and Torres Strait Islander young people, QAIHC and the ATSICCHO Sector. QAIHC and the ATSICCHO Sector in Queensland will be led by the Youth Network for the coordination of the Youth Health Strategy.**

The governance of the Youth Health Strategy will align to existing ATSICCHO mechanisms, supported by the Youth Network and reinforced by the QAIHC Board and CEO.

Successful implementation of the Youth Health Strategy will depend on the effective and efficient collaboration between government and non-government sectors and the ATSICCHOs across the priorities and actions outlined in the Strategy.

To ensure effective implementation, QAIHC, in partnership with the Youth Network, the community, ATSICCHOs and other key stakeholders, will develop a plan for implementation (including monitoring and evaluation; and stakeholder engagement).

While the Youth Health Strategy is developed for an initial three year period (2020–23), QAIHC will put mechanisms in place to make sure that the Youth Health Strategy is reviewed annually to monitor progress.

The Youth Health Strategy provides high-level direction on range of strategic actions to improve overall health outcomes of Queensland's Aboriginal and Torres Strait Islander young peoples, and to assist concerned organisations (government as well as non-government) currently working in the area of Aboriginal and Torres Strait Islander youth health and wellbeing.



## APPENDICES



### Annex 1:

## RELATED POLICIES AND STRATEGIES

1. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
2. Let's talk about rights. A guide to help young people have their say about human rights in Australia 2009
3. Queensland Youth Strategy. Building young Queenslanders for a global future 2019
4. NSW Aboriginal Child, Youth and Family Strategy
5. Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021
6. National Aboriginal and Torres Strait Islander Health Plan 2013–2023
7. National Aboriginal and Torres Strait Islander suicide prevention strategy
8. The Western Australia Aboriginal Youth Health Strategy 2018–2023
9. National agreement on Closing the Gap



## Annex 2:

# THE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY CONTROLLED HEALTH ORGANISATION (ATSICCHO) SECTOR

**The ATSICCHO Sector has provided holistic, culturally safe, primary health care services for Aboriginal and Torres Strait Islander peoples for 40 years. ATSICCHOs are community controlled, governed by a board that is elected by local members of the Aboriginal and Torres Strait Islander community.**

Services are responsive to community needs and build, strengthen and enable self-determination for Aboriginal and Torres Strait Islander peoples. ATSICCHOs have reduced barriers of access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

QAIHC's ATSICCHO Model of Care<sup>1</sup> provides a universally unique, culturally safe and responsive model of comprehensive primary health care for Aboriginal and Torres Strait Islander peoples. Leadership, self-determination and cultural diversity are integral to the ATSICCHO Model of Care which must exist to achieve equity in health and wellbeing. The cultural contexts and values embedded within the ATSICCHO Model of Care play a pivotal role on establishing the foundations for later life and that of the next generation. The ATSICCHO Model of Care consists of five components: clinical services, health promotion, cultural safety and community engagement, underpinned by research, evaluation and planning activity.

**“QAIHC’s Model of Care provides a culturally safe and responsive model of comprehensive primary health care for Aboriginal and Torres Strait Islander peoples.”**

### Annex 3:

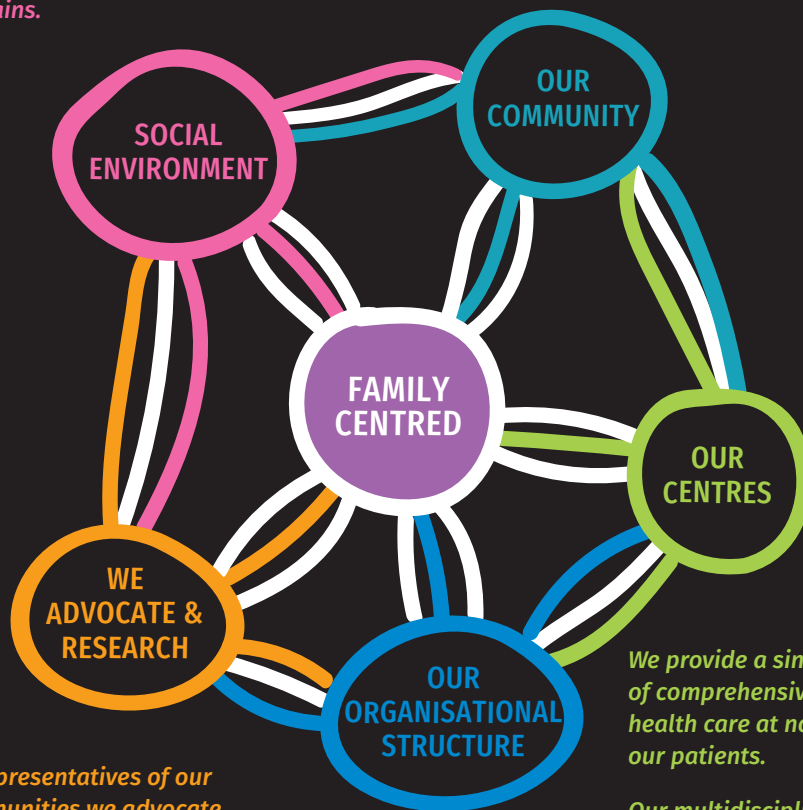
## QAIHC'S ATSIICHO MODEL OF CARE<sup>1</sup>

*We are built from self determination, governed by and answerable to our communities*

*We understand that our people are only as strong as their communities.*

*We acknowledge the impact of social determinants on our health and work with community to advance other social domains.*

*Our service delivery is guided by our cultural values. We provide a care environment that is culturally safe and engage our communities and consult on matters that affect them. We value capacity building of individuals, families and communities.*



*As representatives of our communities we advocate for the health needs of our families.*

*We practice data sovereignty and build partnerships with key stakeholders to enhance our evidence base.*

*We have a highly skilled Aboriginal and Torres Strait Islander workforce committed to Continuous Quality Improvement.*

*We provide assistance to our patients to reduce practical barriers and actively practice clinical excellence.*

*We provide a single-point of comprehensive primary health care at no cost to our patients.*

*Our multidisciplinary team is coordinated by Aboriginal and Torres Strait Islander Health Workers. Our patients have access to a range of clinicians on site.*

## Annex 4:

# YOUTH'S VOICE

The 2019 QAIHC Youth Health Summit successfully brought together around 300 young Aboriginal and Torres Strait Islander participants from across Queensland. The summit participants put their voice forward about the complex health and wellbeing issues they are currently facing; and how they want those issues to be addressed to achieve their best possible health outcomes. Based on the youth voice, the following are the key findings of The Summit:

## STRONG BODIES

### ALCOHOL & OTHER DRUGS:

- stress and boredom in community drive AOD use in young people
- strong family and culture means no AOD use
- we need youth specific AOD education and yarning places and opportunities
- less about restrictions (alcohol bans) and more about responsible drinking and dealing with the issues.

### SEXUAL HEALTH:

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

### NUTRITION:

- we need more healthy eating programs
- we have limited access to healthy foods and it costs too much
- we could grow veggies 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 is needed
- we need to 'normalise' nutrition through education.

### 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

## 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
- we want to know 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 SPIRITS

## 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 safe places and opportunities to yarn with our Elders
- 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.



Annex 5:

# THE EVIDENCE



**Today’s youth are encountering multiple challenges to their health and wellbeing, alongside the 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 Australians.<sup>8</sup>**

It is well documented that there is still a long way to go in ‘Closing the Gap’ in health inequality between Aboriginal and Torres Strait Islander and non-Indigenous youth.

Aboriginal and Torres Strait Islander youth in Queensland have high rates of burdens of disease including mental health disorders, injury, acute rheumatic fever/rheumatic heart disease, sexually transmissible infections and blood borne viruses (particularly in remote communities) and childhood obesity. Aboriginal and Torres Strait Islander youth are overrepresented in the child protection and youth justice systems.<sup>6</sup> The underlying determinants are complex and include colonisation; forced separation from land, community, family, and culture; racism; and intergenerational trauma and poverty have played a significant role in many settings.<sup>3</sup>

## What are the biggest health issues for youth?

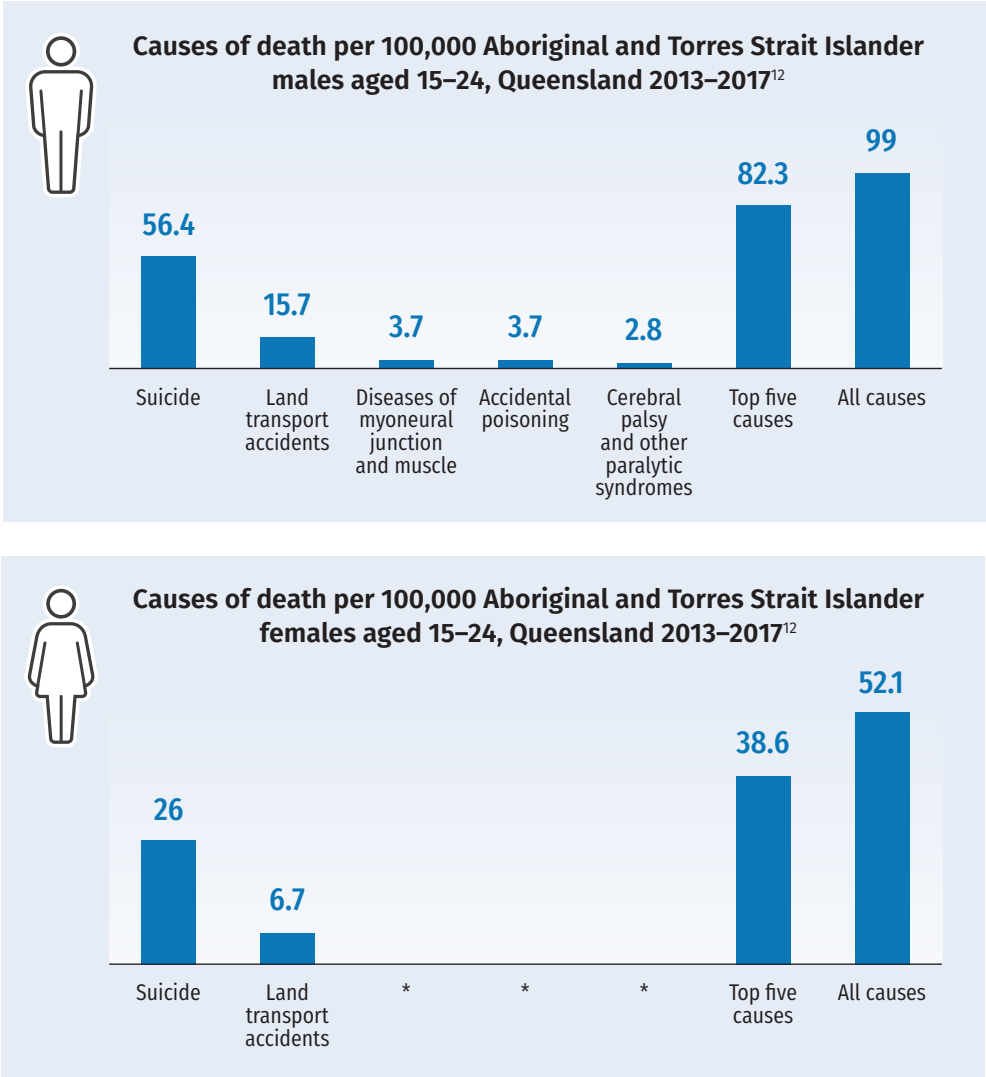
A burden of disease study shows that Aboriginal and Torres Strait Islander youth aged 15–24 years in Queensland experienced health disparities from different types of disease groups and specific diseases. The top three leading causes of total burden of disease (DALY, Australian Burden of Disease Study 2011) for Aboriginal and Torres Strait Islander youth are:<sup>12</sup>

	
1 Mental health	Mental health
2 Injury	Injury
3 Diseases of myoneural junction and muscle	Musculoskeletal

Suicide is the leading cause of death in Queensland among Aboriginal and Torres Strait Islander youth. It is clearly evident that the suicide rates for Aboriginal and Torres Strait Islander youth are consistently increasing over time (34.1 in 2003-2007 to 56.4 in 2013-2017 for males; and 17.4 in 2003-2007 to 26 in 2013-2017 for females, per 100,000 population).<sup>12</sup>

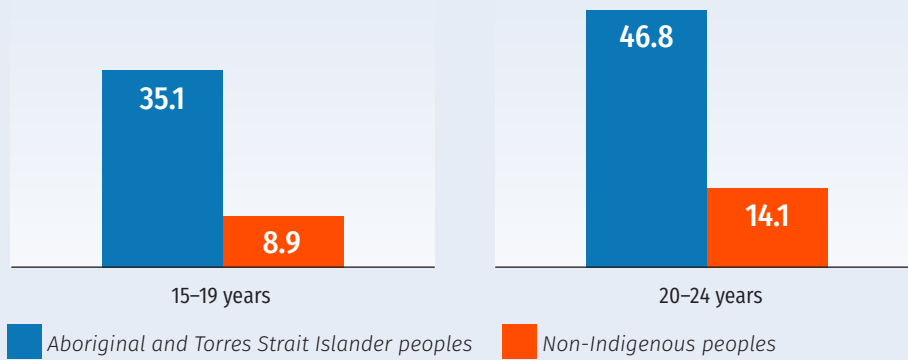
Suicide rates for Aboriginal and Torres Strait Islander youth are three times higher compared with non-Indigenous youth.<sup>12, 13</sup>

The rate of homelessness among Aboriginal and Torres Strait Islander youth aged 10–24 is 10 times higher compared to non-Indigenous youth (4 compared to 0.4 Aboriginal and Torres Strait Islander per 100 population, estimated 2016).<sup>6</sup>



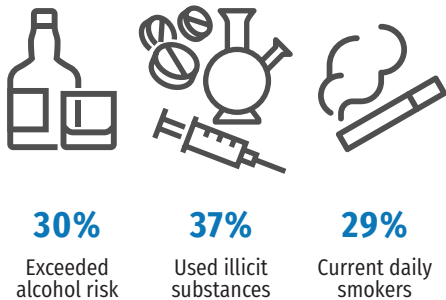
\* All other cause groups had fewer than 3 deaths recorded

### Age-specific suicide mortality rates per 100,000 for Aboriginal and Torres Strait Islander and non-Indigenous peoples<sup>12</sup>

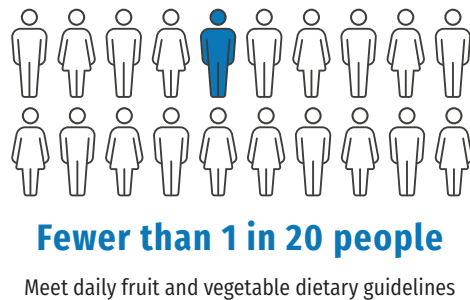


### Risk Behaviours:

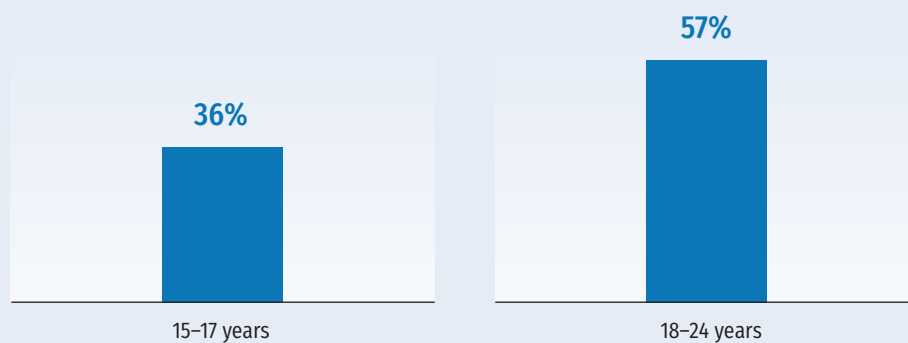
#### Alcohol, other drugs and smoking<sup>6</sup>



#### Food and nutrition<sup>6</sup>

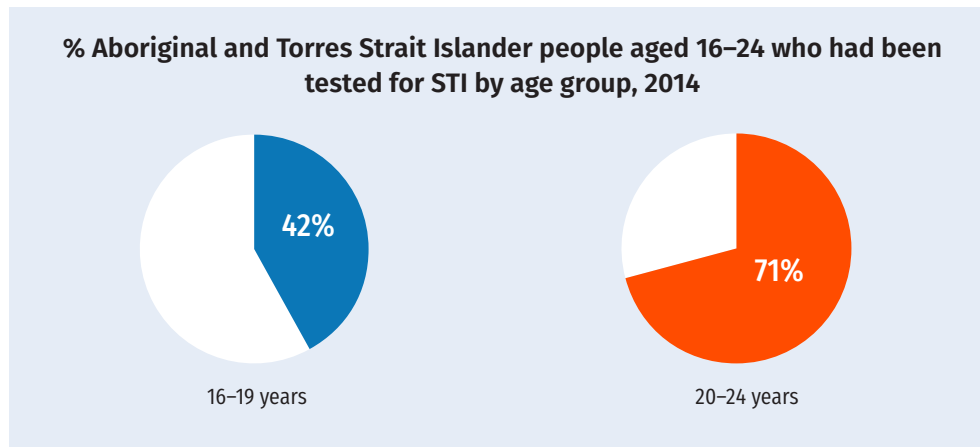


### % Overweight or obese Aboriginal and Torres Strait Islander youth by age group in 2012-13<sup>6</sup>



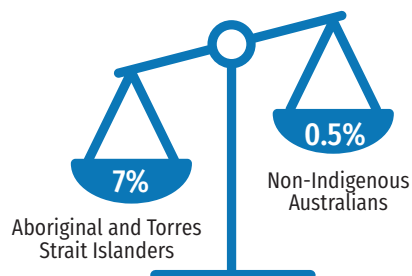
## Sexual Health<sup>14</sup>

There is a high rate of STIs among Aboriginal and Torres Strait Islander youth



## Youth Justice<sup>17</sup>

Young people under youth justice supervision in Queensland, aged 10–17, 1 July 2014–30 June 2018 (% of age-equivalent population)

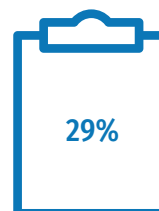


In Queensland, the number of Aboriginal and Torres Strait Islander young people under youth justice supervision is **14 times higher** than non-Indigenous young people

## Long-term health condition<sup>15</sup>



## Indigenous health check<sup>16</sup>



The data clearly shows the need for strategic focus to be placed on addressing Aboriginal and Torres Strait Islander youth health and wellbeing issues to bring equity in health outcomes and ensure youth have the opportunity to live long, healthy, happy lives.



# ABBREVIATIONS



<b>ADHA</b>	Australian Digital Health Agency
<b>APC</b>	Australian Press Council
<b>ATSICCHO</b>	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
<b>DATSIP</b>	Department of Aboriginal and Torres Strait Islander Partnerships
<b>DCSYW</b>	Department of Child Safety, Youth and Women, Queensland
<b>DITID</b>	Department of Innovation and Tourism Industry Development, Queensland
<b>DoCDSS</b>	Department of Communities, Disability Services and Seniors, Queensland
<b>DoH</b>	Department of Health
<b>DoHPW</b>	Department of Housing and Public Works, Queensland
<b>H&amp;WQ</b>	Health and Wellbeing Queensland
<b>HWQ</b>	Health Workforce Queensland
<b>IAHP</b>	Indigenous Australians Health Programme
<b>LC</b>	Local Council, Queensland
<b>NDIA</b>	National Disability Insurance Agency
<b>NIAA</b>	National Indigenous Australians Agency
<b>PCYC</b>	Police Citizen Youth Club, Queensland
<b>PHN</b>	Primary Health Network
<b>QAIHC</b>	Queensland Aboriginal and Islander Health Council
<b>QG</b>	Queensland Government
<b>QH</b>	Queensland Health
<b>QHRC</b>	Queensland Human Rights Commission
<b>QMHC</b>	Queensland Mental Health Commission
<b>YN</b>	Youth Network



# REFERENCES

1. QAIHC, (2019, November). *Model of Care*. [www.qaihc.com.au/media/37570/modelofcare\\_19082019\\_hr.pdf](http://www.qaihc.com.au/media/37570/modelofcare_19082019_hr.pdf)
2. QAIHC (2019). *2019 QAIHC Youth Health Summit Report*. [www.qaihc.com.au/publications/reports-papers/2019-qaihc-youth-health-summit-report](http://www.qaihc.com.au/publications/reports-papers/2019-qaihc-youth-health-summit-report)
3. Azzopardi, Peter, Blow, Ngaree, Purcell, Tara, Brown, Ngaree, Ritchie, Tirritpa, & Brown, Alex. (2020). *Investing in the health of Aboriginal and Torres Strait Islander adolescents: a foundation for achieving health equity*. Medical Journal of Australia, 212(5), 202–204.e1. [doi.org/10.5694/mja2.50500](https://doi.org/10.5694/mja2.50500)
4. National Aboriginal Health Strategy (NAHS) 1989, page 9. <https://web.archive.org/web/20050315064629/http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm>
5. United Nations (1981, June). *Secretary-General's Report to the General Assembly, A/36/215*. [undocs.org/en/A/36/215](https://undocs.org/en/A/36/215) (Accessed on 02/03/2020)
6. 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 [www.aihw.gov.au/reports/indigenous-australians/atsi-adolescent-youth-health-wellbeing-2018/contents/summary](http://www.aihw.gov.au/reports/indigenous-australians/atsi-adolescent-youth-health-wellbeing-2018/contents/summary)
7. Public Health Information Development Unit (PHIDU), Torrens University Australia (2018). *Social Health Atlas 2018*. [phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks](http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks)
8. Gubhaju L, Banks E, Ward J, et al (2019, Mar 12). *Next Generation Youth Well-being Study: understanding the health and social well-being trajectories of Australian Aboriginal adolescents aged 10-24 years: study protocol*. BMJ Open. 2019;9(3):e028734. doi:10.1136/bmjopen-2018-028734.
9. Carlisle E, Fildes, J., Hall, S., Perrens, B., Perdriau, A., and Plummer, J. (2019). *Youth Survey Report 2019, Mission Australia*. Sydney, NSW.
10. Purdie, N., Dudgeon, P., & Walker, R. (Eds.) (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (1st ed)*. Commonwealth of Australia. [research.acer.edu.au/indigenous\\_education/24/](http://research.acer.edu.au/indigenous_education/24/)
11. Marrie, A. and Marrie, H. (2014). *A matrix for identifying, measuring and monitoring institutional racism within public hospitals and health services*. Gordonvale: Bukal Consultancy Services.
12. Australian Institute of Health and Welfare (2019). *National Mortality Database (NMD)*. [www.aihw.gov.au/about-our-data/our-data-collections/national-mortality-database](http://www.aihw.gov.au/about-our-data/our-data-collections/national-mortality-database)
13. Australian Institute of Health and Welfare (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Queensland*. Cat. no. IHW 184. Canberra: AIHW.
14. Ward J, Bryant J, Wand H, Pitts M, Smith A, Delaney-Thiele D, Worth H et al. (2014). *Sexual health and relationships in young Aboriginal and Torres Strait Islander people: Results from the first national study assessing knowledge, risk practices and health service use in relation to sexually transmitted infections and blood borne viruses*. Alice Springs: Baker IDI. (AIHW 2018)
15. Australian Institute of Health and Welfare (2018). *Aboriginal and Torres Strait Islander people aged 10-24 years in Queensland in 2012-13*.
16. Australian Institute of Health and Welfare (2018). *Aboriginal and Torres Strait Islander people aged 15-24 years in Queensland in 2016*.
17. Australian Institute of Health and Welfare (2019). *Young people in child protection and under youth justice supervision 1 July 2014–30 June 2018*. Data linkage series no. 25. Cat. no. CSI 27. Canberra: AIHW [www.aihw.gov.au/reports/child-protection/young-people-in-youth-justice-supervision-2014-18/data](http://www.aihw.gov.au/reports/child-protection/young-people-in-youth-justice-supervision-2014-18/data)





Queensland Aboriginal and  
Islander Health Council

36 Russell Street  
South Brisbane Q 4101

PO Box 3205  
South Brisbane Q 4101

T. 07 3328 8500

[qaihc.com.au](http://qaihc.com.au)