

Australian Indigenous Health

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What is known about the social and emotional wellbeing of Indigenous people?

The 2004-2005 NATSIHS found that Indigenous people aged 18 years or older were twice as likely as their non-Indigenous counterparts to feel high or very high levels of psychological distress (after adjustments were made for the differences in the structures of the Indigenous and total Australian populations).

The higher overall levels of psychological distress reported by Indigenous people are consistent with the relative frequencies with which the two populations experienced specific stressors in the previous 12 months. According to the 2004-2005 NATSIHS, 77% of Indigenous people experienced one or more significant stressors in the previous 12 months. In comparison, 59% of the total population reported in the 2006 General Social Survey that they experienced one or more significant stressors in the previous 12 months. The proportions reporting specific stressors were generally higher for Indigenous people than for the total population, particularly for the 'death of a family member or friend', 'alcohol or drug related problem', 'trouble with police', and 'witness to violence'. Almost one in five Indigenous people reported that a member of the family had been sent to jail in the previous 12 months, but that stressor was not reported for the total population.

The Western Australian Aboriginal Child Health Survey (WAACHS) reported that 24% of Indigenous children and young people aged 4-17 years were rated by their parents as being at high risk of clinically significant emotional or behavioural difficulties (compared with 15% in the general Australian population). Children of Indigenous carers who had been forcibly separated from their families were more than twice as likely to be at high risk of incurring clinically significant emotional and behavioural difficulties, and had twice the rates of alcohol and other drug use. Seven out of 10 Indigenous children were living in families that had experienced three or more major life stress events (such as death in the family, serious illness, family breakdown, financial problems or arrest) in the 12 months prior to the survey, and 22% had experienced seven or more of such events.

Indigenous people were almost twice as likely to be hospitalised for mental and behavioural disorders than were other Australians in 2008-09. Indigenous males were 5.8 times more likely and Indigenous females 3.1 times more likely to die from these disorders in 2001-2005 than were their non-Indigenous counterparts. In terms of specific disorders, the death rate for 'mental and behavioural disorders due to psychoactive substance use' was 14 times higher for Indigenous males aged 35-44 years than for non-Indigenous males in that age group. The rate for Indigenous females in this age group was 12 times higher than their non-Indigenous counterparts. In 2003-2007 death rates from intentional self-harm were generally between 1.5 and 3.5 times higher for Indigenous males and females living in NSW Qld, WA, SA and the NT than for their non-Indigenous counterparts. Indigenous people died from suicide at much younger ages than non-Indigenous people.

What is known about ear conditions in the Indigenous population?

The level of ear disease and hearing loss among Indigenous people remains higher than that of the general Australian population, particularly among children and young adults. Otitis media (OM), particularly suppurative forms, is associated with some impairment of hearing, with major implications for language development and learning difficulties. The risk of permanent hearing loss increases if OM is not adequately treated and followed up.

The 2008 NATSISS collected information on the ear and hearing problems of Indigenous children with one in ten (10%) aged 4-14 years reported as having experienced an ear or hearing problem.

Ear/hearing problems were reported by 12% of Indigenous people who participated in the 2004-2005 NATSIHS. Complete or partial deafness was reported by 9% of Indigenous people, but the level of otitis media was higher for Indigenous people living in remote areas (4%) than for those living in non-remote areas (2%). After adjusting for differences in the age structures of the two populations, otitis media was nearly three times more common for Indigenous people than for non-Indigenous people. The levels of complete or partial deafness among Indigenous people were around two times or more those among non-Indigenous people for age groups up to 34 years.

The WAACHS reported that nearly 20% of Indigenous children aged 0-17 years had recurring ear infections. Children 0-11 years were more likely (20%) to have recurring ear infections than children aged 12-17 years (14%). Abnormal hearing was reported by carers for 7% of the children aged 4-17 years. Of children with recurring ear infections with discharge, nearly 8% had abnormal hearing compared with 1% of those without ear infections.



SNIPPETS FROM FIRST SEMESTER REPORTS

What a semester I have had! As I continue to move on more and more through my degree, the study load starts to increase a little more each time. But at the same time I become that little more interested and involved. The classes that I studied this semester were of great interest to me, these being Dental Science, Anatomy and Physiology and Health Promotion. In particular I found the Health Promotion greatly effective, in which I believe I can utilise this in my degree and future prospects to educate Indigenous people good oral health practices effectively.

With the excitement of the semester finished and my grades released, I continue on with my first placement. This was a little daunting at first, but with great excitement I started to realise that dentistry is something I still wanted to do and as a result I enjoyed it sincerely.

This coming semester I hope to continue doing well at university and feel that classes will be quite enjoyable as we start our Simulate Dental Clinic for the first time. I look forward to updating you again in the near future about this up and coming semesters.



James Cook University, Cairns Qld

Gari Watson—James Cook University, Oral Health (Dentistry)

Semester 1 was one of the most interesting semesters I have had at Victoria University so far. The study of the subject food microbiology has given me insight into the ways we prepare food, and the need for all commercial food to be safe to eat. With nutrition being one of the main focuses of our food sciences, I did not realise the full scale and importance of food microbiology in human health.



Victorian University, Vic

I also majored in a study on the main antioxidant species present in fruits and vegetable known as anthocyanins. The protective and preventative role of these compounds on diseases such as diabetes, cancer, and heart disease may be of some relevance to tackling indigenous health problems. Many traditionally consumed indigenous Australian plants are extremely high in antioxidants, and I wish to further pursue this area in my studies.

Living with my dad for the last 9 months or so has proved a little more difficult, and I have noticed a strain on myself study wise due to his mental illness. However I managed to achieve distinctions and high distinctions in all the subjects I completed last semester.

Stacey Lancaster—Victorian University, Nutrition

Intercultural and Indigenous Psychologies focused on the differences and similarities in cultures and how the culture we are raised in affect our growth and learning. We also focused on the changes in psychology and its involvement with Indigenous Australians. This subject allowed me to do a lot of reflection of myself. For example it was interesting to note that some of my behaviour has been shaped by a collectivist culture (my Aboriginal heritage) and also by an individualist culture (Australian heritage). I personally felt having a mixed heritage gave me a better understanding of the subject. The second half of the subject focused solely on Indigenous Australians and their involvement with psychology. We looked at how Australia was behind the rest of the world with recognising the Indigenous Australians and involving them in studies.



University of the Sunshine Coast, Qld

Overall this semester allowed me to develop personally, reflect on my heritage and give me a direction to where I want to go in the future. Personally, I feel I have grown more confident in myself and this was done with the help of other studies. I now appreciate my heritage more as I now have a better understanding of my behaviour.

Nicole Willmet—University of Sunshine Coast, Psychology & Exercise Science

SNIPPETS FROM FIRST SEMESTER REPORTS

My second semester began with a 4 week term within the psychiatry unit at the Mater Hospital in Newcastle. I was allocated



University of Newcastle, NSW

to the acute admissions unit which included patients presenting with schizophrenia, bipolar disorders and suicide risks etc. I observed the Magistrate and Tribunal hearings in regards to treatment plans with electroconvulsive therapy (ECT), guardianship matters and other Mental Health Act issues.

The following 4 weeks included my Primary Health Care Selective. I completed 3 weeks at Wilcannia Health Service (Hospital) and 1 week on community placements in Broken Hill. This placement included time with the Royal Flying Doctors Service (RFDS) from Broken Hill attending to remote clinics at

Tibooburra, White Cliffs, Louth, Ivanhoe and Wilcannia. Some of these clinics only had the basic resources and facilities without the luxury of our Sydney counterparts.

At Wilcannia Hospital I worked within the emergency department examining and reviewing patients with the RFDS on call doctor at Broken Hill via telephone. Patients requiring admission and immediate medical attention, the RFDS would retrieve them for Broken Hill Hospital. I spent time with the Aboriginal health workers who work closely with nursing staff, doctors and local community in GP and antenatal clinics.

Sean White—University of Newcastle, Medicine

I have just started surgery and look forward to what I will learn about looking after the surgical patient pre-operatively, post-operatively, the full surgical work up and of course the different surgeries.

I enjoyed internal medicine, as this is all about looking after the non-surgical patient in hospital with acute, chronic and emergency presentations. Paediatrics was very interesting as there are a lot of different parameters with children compared to adults, so that was a totally new learning experience, the down fall of that placement was getting sick 3 times with the more child specific respiratory infections.

I then had mental health which I thoroughly enjoyed and I am now looking to doing a psychiatric elective placement next year as I did enjoy it so much. We are approaching our exams in 18 weeks and it is becoming a very stressful time for most of us students. I must thank you very much and my Rotary sponsors for the scholarship as the funds certainly help with the very large financial requirements in medicine such as textbooks, HECS, medical equipment, costs for medical placements and the associated accommodation and travel.

Shelly Fraser—University of James Cook Townsville, Medicine

First semester was excellent I had learnt a variety of different things in terms of providing



Charles Sturt University, NSW

counselling and providing a service for mental health as part of various modules. The course is designed exceptionally well and provides not only myself but my other fellow students with the support that is needed. Within the 1st semester I have learnt the foundation and the basics into mental health, we have been provided with a sound knowledge and great understanding of what is expected as students and what is to be expected of us as Aboriginal mental health trainees. I have found the first half of the year an excellent experience and has certainly been an eye opener.

I have already started 2nd semester and am finding that I am really enjoying the course more and more and am learning many things along the way. The 2nd semester is a bit more in depth and is going further into the concepts of mental health. This semester we will be learning and focusing on techniques and methods around providing counselling, working with families and interventions in terms of drug and alcohol. This course has so much to offer and the experiences are excellent, I am looking forward to completing the course and becoming a fully qualified Aboriginal Mental Health Worker in 2013.

Anthony O'Donnell - Charles Sturt University , Health Science (Mental Health)



James Cook University, Townsville Qld

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