



Our Programs

Mental Health Program

Over the last three years the Health Council has been funded to deliver a Mental Health Program. The major focus of this program has been clinical: identifying people with significant mental health problems such as depression, psychosis, anxiety, suicidal ideation or chronic substance abuse, and offering assessment, treatment and support. The program funds two Mental Health Nurses and three Aboriginal Mental Health Workers. This team is supported by three highly experienced visiting adult psychiatrists who between them visit each of the six main communities at least four times a year.

Over the past year more than 200 clients have been assisted with over 500 direct contacts. The program has also delivered some Mental Health First Aid training in collaboration with NPY Women's Council and communities. Mental Health First Aid teaches people about the major kinds of mental illness; what to watch out for, and how to provide a first line informed response. There is a demand to roll out more of this training to both service providers and community members.

The program has developed an excellent relationship with the SA Guardianship Board who now make an annual visit to

the APY Lands to hold hearings onsite. The Health Council continues to advocate for improved child and adolescent mental health services, and especially the resumption of a specialist visiting child psychiatrist and improved pathways to assessment and care for young people and their families in Adelaide.

Patient Support Services

**Eileen Moseley,
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The Hospital Liaison office continues to provide patient support including booking accommodation, arranging transport and ensuring patients make it to their appointments. The office provides these services to almost 2,300 patients and escorts throughout the year. Our western communities have in recent years been serviced by a weekly bus

service as well as a weekly plane service. We are pleased to report an additional bus service is now running twice a week to our eastern communities. This service has greatly improved our ability to transport patients to their medical appointments.

The cross border difficulties associated with finding accommodation and treatment facilities for renal patients requiring dialysis have been well publicised. Due to these difficulties Nganampa Health Council has been required to send an increasing number of patients from the APY Lands to Adelaide

and Port Augusta for treatment. This has added an additional \$40,000 to our patient assisted transport scheme costs over the last year and caused a good deal of social disruption for some patients and their families.

Our office continues to be co-located with the Alice Springs Hospital. The Health Council thanks the Hospital and the NT Department of Health & Families for their continued support of this important service that in turn promotes efficiency and effectiveness in the use of hospital services and resources by patients from the APY Lands.

STI Control and HIV Prevention

Dr Rae-Lin Huang

Program planning, management and accountability

The Nganampa Health Council Sexually Transmitted Infection (STI) Control and HIV Prevention Program has demonstrated consistent reductions in prevalence of the major bacterial STIs through a comprehensive model of care (the "Eight Ways to Beat HIV") sustained over a decade and a half.^{1,2} Significantly, syphilis prevalence has reduced since 1985 by 99.5% and chlamydia and gonorrhoea prevalence are 44% and 51% below 1996 levels. The Health Council's model of care emphasises appropriate and adequate testing and treatment as the core intervention. Achievement of this is greatly supported by feedback of surveillance data to maximise participation in testing and treatment. Appropriate planning relies on integrity of data. Factors that assist this include high quality and locally managed data management systems, and a consistent method for defining the eligible population for annual screening.

Data from the annual population-wide screening this year show a very high participation rate (74.1%), low average time to treatment and high treatment rate (97.3%).

The importance of maintaining a high level of surveillance through HIV testing is well recognised and continues to be a priority.

Clinical services

This year the chlamydia prevalence rate among 14-40 year olds is 5.0% and gonorrhoea screening test prevalence is 7.0% (4.7% supplementary test-positive gonorrhoea). Syphilis prevalence rate during the 2010 STI screen was 0.1% among the same age group.

The mean interval time to treatment for males remains well below that of females, largely reflecting successful adherence to syndromic treatment which is better able to discriminate male infections.

The participation rate of 86.2% among permanent residents compares with the rate of 40.6% participation among regular visitors, reflecting the transience of the visiting population to the APY Lands.

Health hardware and health promotion

A significant investment has been made over the lifetime of the program to increasing literacy about safer sexual behaviour, primary prevention and embedding messages that normalise safer behaviours. Unfortunately, disease patterns strongly suggest that there has not been significant safer sexual behaviour change on a population level capable of supporting a reduction in prevalence separately from that achieved through clinical services. A current focus is to assist the older school-aged cohort to achieve an understanding of how to avoid sexual risks.

Training

An important aspect of the clinical program is the ongoing training and support provided to all clinical staff in order to develop skills to manage STI-related clinical presentations competently and confidentially. Both senior clinical staff and management consistently support the importance of this program alongside other Health Council population health programs. This is critical to the continued success of the program and training initiatives.

Research

The Program has taken a lead role in demonstrating the sustained application of public health principles can reduce prevalence rates of bacterial STIs. Strategies and outcomes are shared through published scientific literature and regional and national forums. Sustaining adequate regional testing and treatment in the shared endeavour to control regional rates remains a significant challenge. Remote communities remain an appropriate area to focus resources to strengthen such approaches given the ability to define an appropriate age-based population for screening, and given several bacterial STIs remain endemic.³

1 Huang R-L, Torzillo PJ, Kirby A. *Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program – a postscript*. Med J Aust 2008; 189: 8: 446 (letter).

2 Huang R-L, Torzillo PJ, Hammond VA et al. *Epidemiology of sexually transmitted infections on the Anangu Pitjantjatjara Yankunytjatjara Lands: results of a comprehensive control program*. Med J Aust 2008; 189: 8: 442-445.

3 Huang R, Torzillo PJ. *Challenging STIs in remote Central Australia*. Microbiology Australia 2009 Nov: 402-404.