

#### **NT Demographics**

There are over 200 languages spoken in the Northern **Territory** 

Population: 245,909



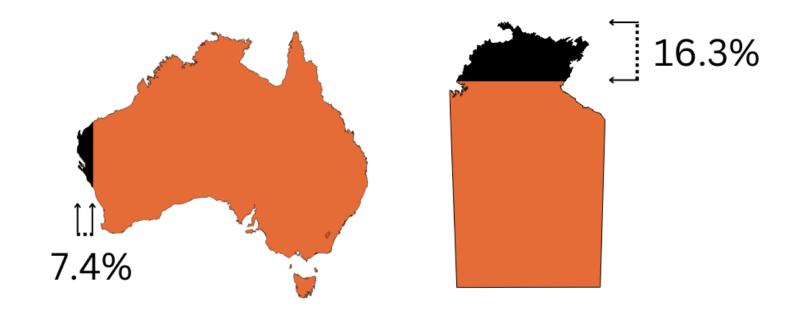
30% of the population are **Aboriginal** 

> 70% of whom live in remote communities

NT includes 41 of the 100 most disadvantaged regions in Australia

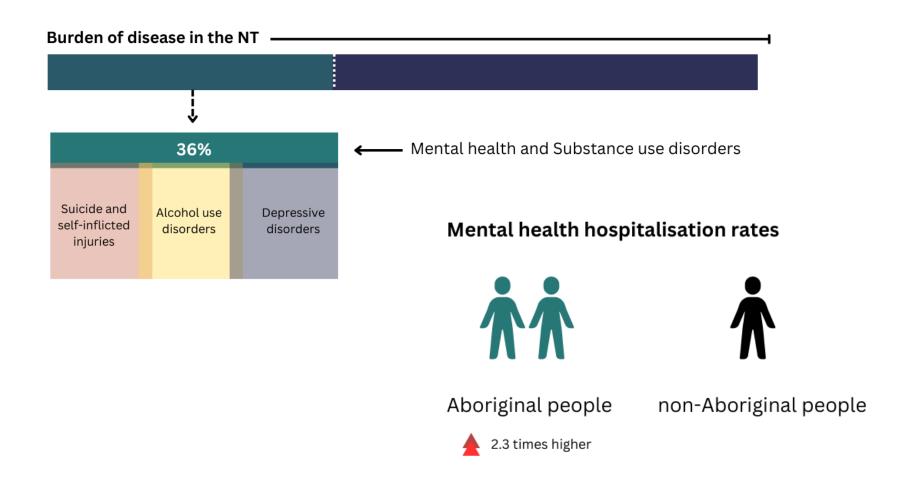
**Northern Territory** covers 1,349,129 square kilometers

## Mental Health in the NT



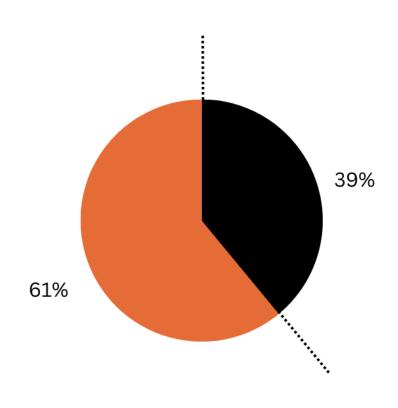
Mental health conditions contribute **16.3%** of the burden of disease in the NT compared with **7.4%** nationally.

## Mental Health and AOD



#### **Mental Health and AOD**

#### **Aboriginal Territorians**



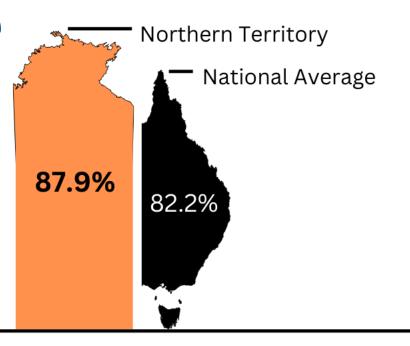
Mental health and substance use disorders make up approximately 39% of total burden of disease for Aboriginal Territorians.

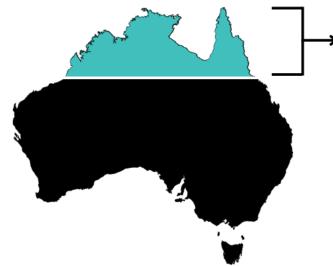
# **Vulnerability in Children**



About 1 in 5 children in the Northern Territory are developmentally vulnerable to 2 or more early childhood development milestones.

Access to care



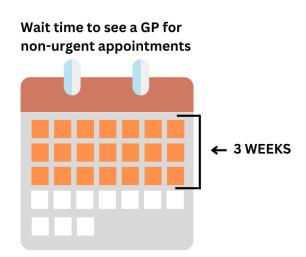


→ Northern Territory receives around **30% less** Medicare funds than the national average, even when additional Commonwealth funding for Aboriginal medical services is included.

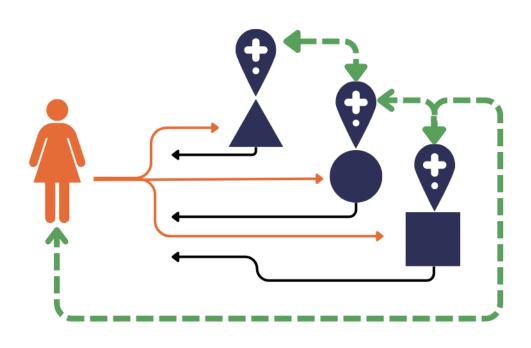
This funding shortfall amounts to approximately AU**\$80 million** annually across both the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

# Transient impacts on health

Estimated total transient and visiting population who rely on services approximately 2,700 Clients that provided a Greater Darwin address or location but are likely to be residents of other Clients who nominated an out of communities and living only temporarily in town camps Darwin address 1,675 1,000 Clients currently recorded on systems with an address of "long grass" 500 indicating that this group is experiencing longer term homelessness.



## Care in the NT Context



- Need for a diverse workforce, including lived experience workforce and aboriginal workforce
- Social and Emotional Wellbeing Models models and culturally appropriate mental health services
- Traditional healing, cultural camps for men and women, social determinants focus
- Community response over individual response in remote areas
- Suicide Prevention making it everyone's business- whole of community and whole of governments business(broader than health)

#### **Domestic and Family Violence**

Aboriginal women are: 10 times more likely to die from violent assault than non-Aboriginal women



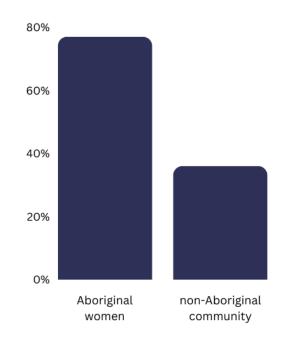


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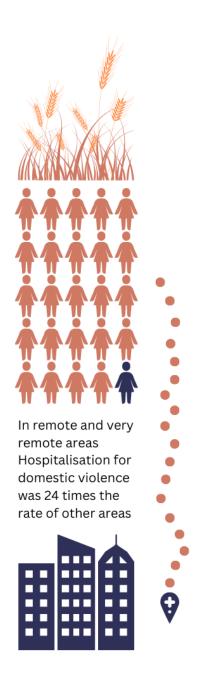


#### Rate of victims of assault

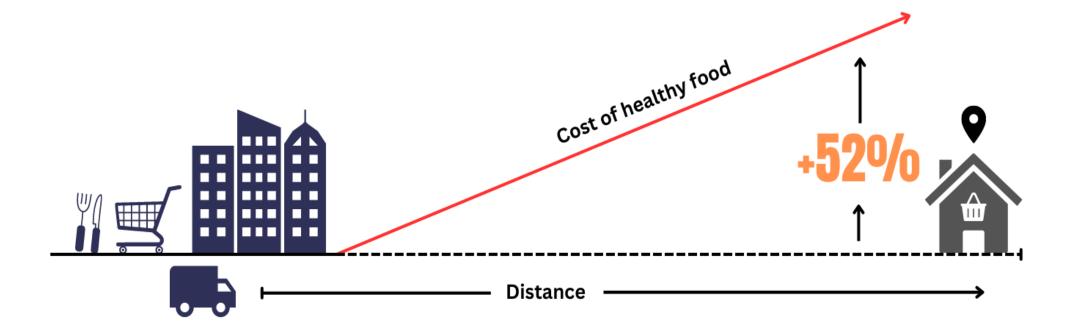




1 in 4 assault related hospitalisations due to FDSV



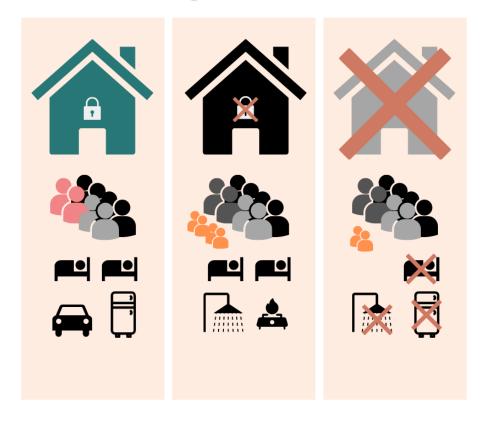
# **Food Security**



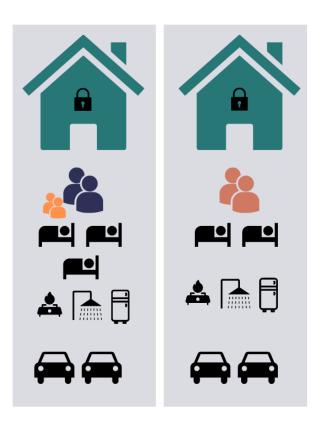
## Workforce

- There is a very competitive market (in favor of the health professional) for recruitment rates and bonuses to attract and retain health professionals in remote areas in Australia
  - for example, some Queensland locations offering \$50K above on top
- Access to housing is the biggest barrier to recruitment across the sector.
- Other barriers include access to schooling for young families, access to food.
- Social infrastructure and connectedness for those relocating can be difficult, This has a flow on effect if a
  professional only has plans to remain short term in the community, as it is difficult to engage and build
  trust within community to provide services
- Remote work is difficult work

# Housing



Housing is a key determinant in persisting inequities between Aboriginal and other Australians in health, education and employment outcomes



6 % of Aboriginal and
Torres Strait Island
Communities have access
to hardware for food
security



