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IMPACT: IMPLEMENTATION OF A MULTISECTORAL PROGRAMME TO IMPROVE INDIGENOUS ADOLESCENT MENTAL HEALTH IN BRAZIL AND DOMINICA



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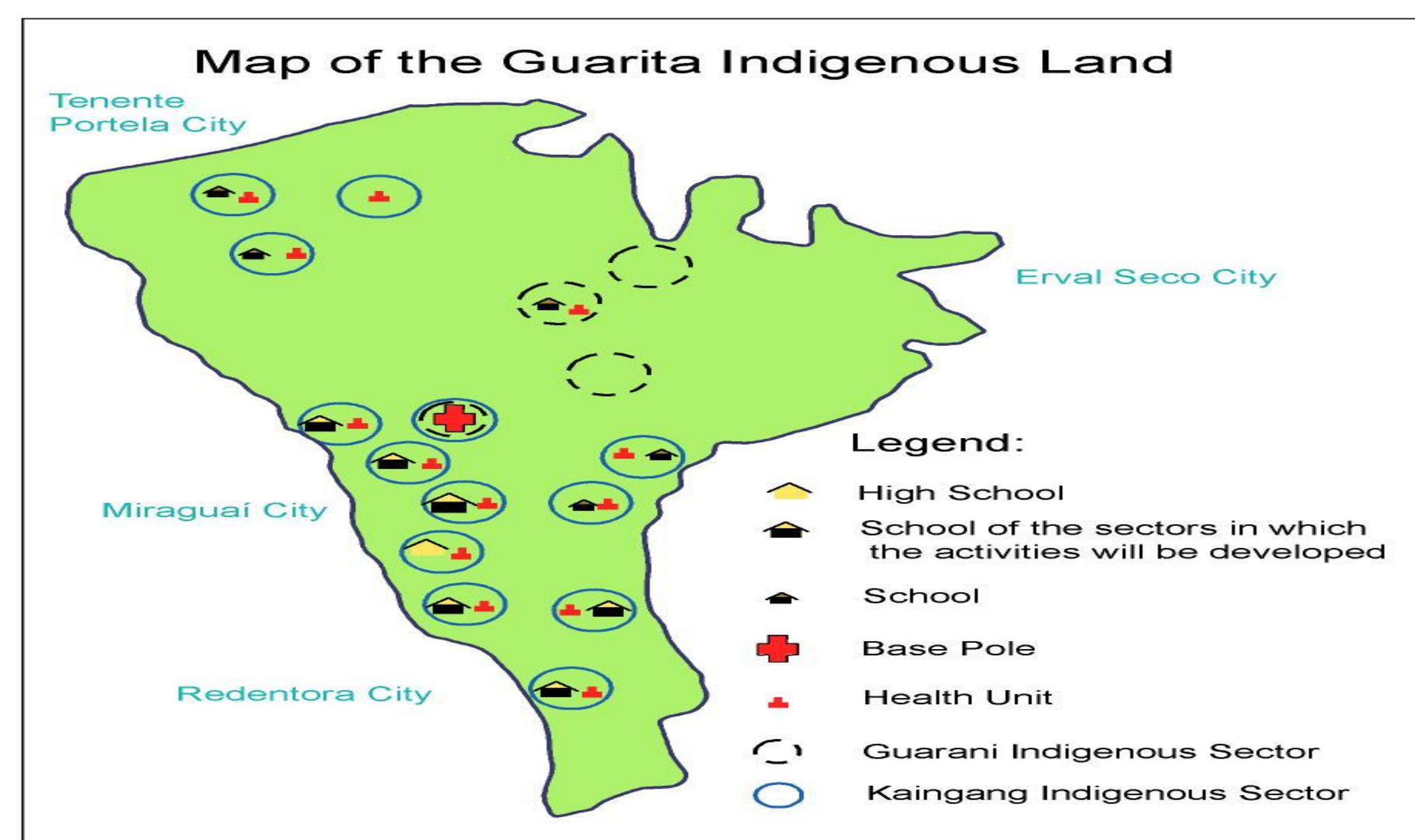
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BACKGROUND

- Latin America and Caribbean (LAC) ~54 million, ~9% of global Indigenous population, 8% of LAC population
- 14% live in poverty, 17% extreme poverty
- High rates of substance abuse, suicides among Indigenous youth
- Deforestation, climate related disasters, COVID-19 worsen mental health (MH)
- MH spending in the LAC region inadequate, ~2% of total public expenditure on health
- Shortage of MH staff % & psychiatric asylum model for MH services

BRAZIL

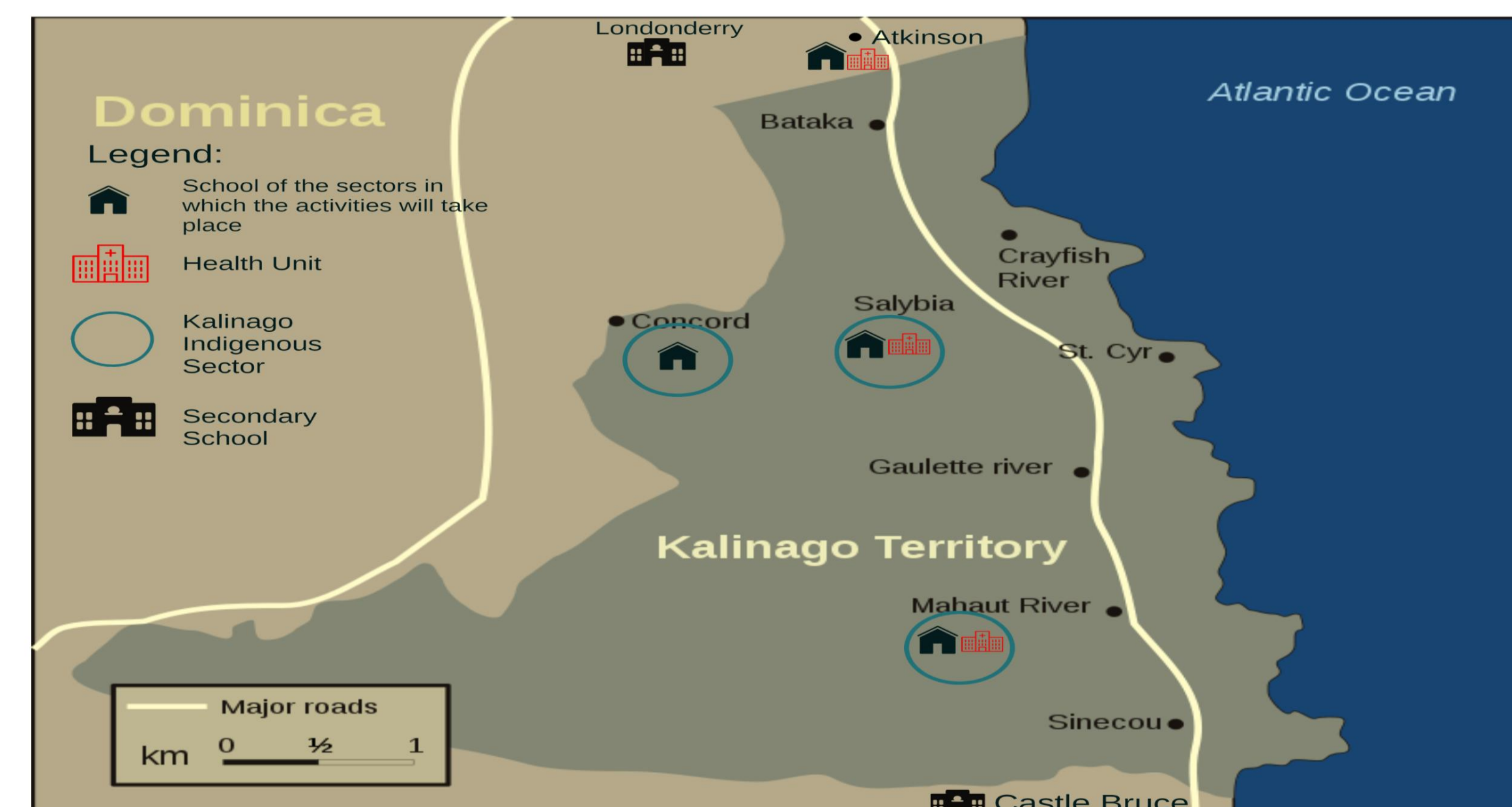
- ~1000,000 Indigenous peoples, 55% live in Indigenous Amazon Lands
- ~305 Ethnic groups (Guaritas & Kaingang largest groups, higher poverty, lower education level, discrimination, high rates of violence, alcohol and drug use, depression, suicides, malnutrition)
- 2 MH policies since 2014, Plans to implement WHO Mental Health Gap Action Programme (mhGAP)
- 34 Public Indigenous health subsystem, mainly by non-Indigenous professionals
- Public school with poor infrastructure, high drop-out rates
- 11 elementary schools, 1 high school in Guarita Indigenous Land



DOMINICA

- Small island state in Eastern Caribbean
- Dominica population: 71, 293, French and Creole Culture
- Kalinago: 2,145 ~ 3% of population
- Poverty levels among Kalinago ~50% vs. 29% of the national population
- 2 MH policies since 1987; 2011 programme to train primary care practitioners in managing MH disorders
- No special health system for Indigenous population
 - 2 health clinics staffed by Indigenous professionals
 - District Medical Officer visits monthly
- 3 Public primary schools in the territory and 2 high schools in bordering communities with Indigenous and Non-Indigenous students

Kalinago Territory, Dominica



Need for IMPACT study

- Our studies in the LAC region reported on
 - ✓ Lack of evidence on evaluation of programmes to promote MH among LAC Indigenous adolescents
 - ✓ Feasible priority actions for MH identified by Indigenous youths, Indigenous community and primary care practitioners
 - ✓ Potential for trained Indigenous community advocates to deliver prevention programmes

AIM

- To implement and evaluate a culturally adapted multi-sectoral programme to improve Indigenous adolescent mental health in Brazil and Dominica.
- To integrate Indigenous worldviews and use participatory collaborative methodologies that enable authorial Indigenous production of knowledge.

PROGRAMME COMPONENTS

- MH promotion programme
 - Indigenous teachers, village leaders, community champions (youth activists, parents, elders) and primary care practitioners will co-develop and promote culturally adapted evidence-based positive MH messages.
- Mental health care programme
 - Primary care practitioners will be trained to use adapted mhGAP-Implementation Guide for adolescents to identify and manage common mental conditions and risk factors (e.g. depression, substance use, self-harm and suicide).

PROGRAMME EVALUATION

- The Pekinga Waiora Implementation Framework guides which culture-centred approach, community engagement, systems thinking and integrated knowledge translation.
- Mixed methods theory-generating case study methodology, with longitudinal ethnographic & quantitative surveys, will provide in-depth understanding of programme implementation within a complex social system
- Generation of theoretical generalisations for wide-scale implementation.

IMPACT & DISSEMINATION

- Indigenous led solutions that capacity builds Indigenous adolescents, teachers and health practitioners for sustainable preventative interventions.
- Dissemination of the new evidence through co-authorship with Indigenous community researchers/students/practitioners, including podcasts, videos and bilingual website.
- IMPACT directly addresses the UN sustainable development goals 3.4, 3.5.

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