

Protection from and predictors of mental illness in a cohort of young Aboriginal people with Fetal Alcohol Spectrum Disorder living in very remote communities.

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Introduction: Aboriginal communities have led the way nationally in addressing harms from prenatal alcohol exposure (PAE). In 2010, in partnership with the University of Sydney, Aboriginal communities led the population-based *Lililwan* (children) study on Fetal Alcohol Spectrum Disorder (FASD) prevalence, comprising all children born in 2002-3 and living in the Fitzroy Valley, WA. Of the children, 55% had PAE and 19% had FASD. In 2020, the *Bigiswun Kid* (adolescent) study followed up this cohort at age 17-19 years to determine whether young people with FASD/PAE differed in rates of early life trauma, self-reported symptoms of wellbeing (thriving and psychological distress) and diagnosed mental illness; and identify factors that might protect children and adolescents from mental illness.

Method: Active case ascertainment and interviews (83% (n=94) of young people in the population-based Bigiswun Kid cohort and 89% (n=101) of their parents using validated tools.

Results: Compared with young people without FASD/PAE, those with FASD/PAE had less resilience ($p<0.01$). Groups with and without FASD/PAE had similar rates of adverse childhood experiences and self-reported symptoms of psychological distress. However, young people with FASD had higher rates of diagnosed mental illness ($p<0.01$). Protective factors for mental illness included living >100km from town, strong parent and peer attachment, and good relationship with household members ($p<0.01$).

Discussions and Conclusions: Particular attention should be paid to building resilience in young people living with FASD who may be less able to overcome adverse childhood experiences and cope with the complexity of adolescent life. Parenting and social skills training will promote stronger family and community relationships and improve social and emotional wellbeing in young people living in very remote communities.

Implications for Practice or Policy: Early identification of, and intervention for, mental illness and social connectedness should be built into routine care for young people living with FASD.

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