Accessibility and quality of mental health services in rural and remote Australia

A submission to the:
Senate Community Affairs References Committee

Prepared by:
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Introduction

Research has shown that the inverse care law is present in relation to the provision of mental health services in Australia's rural and remote communities, with people living there often having greater need for mental health support yet frequently unable to access the level and quality of services they need locally.[1] **yourtown** strongly welcomes the Senate Community Affairs References Committee's inquiry into the 'accessibility and quality of mental health services in rural and remote Australia' and is delighted to have the opportunity to share our knowledge from the work we carry out with children and young people.

As 75% of mental health problems first appear before Australians reach 25 years old, and through the services and support programs that we deliver to support disadvantaged children and young people, we have acquired a deep understanding of the mental health issues that affect young Australians today.[2] In particular, our Kids Helpline (KHL) – the national and private 24/7 telephone and on-line counselling and support service for 5 to 25 year olds – has a special capacity for supporting young people with mental health issues.

As a national virtual service, which children and young people can contact by phone, webchat or by email, Kids Helpline casts a wide safety-net geographically. In 2017, KHL responded to over 150,000 contacts and, of those we know the location,[3] 8% were made by those living in rural and remote areas.[4] We also were contacted by children and young people living in rural and remote areas more frequently than those in major cities, and seemingly disproportionately given they have lower populations than major cities, about mental health (rural and remote areas constitute 30% of contacts from known locations and 29% of major cities) and about suicide (rural and remote areas constitute 20% of contacts from known locations and 17% of major cities).

Staffed by tertiary qualified counsellors who can provide one-off, ongoing or specialist referral support, KHL also casts a wide net in terms of the types of issues for which children and young people can seek support, including those with complex and severe needs. Indeed, the top concern of those contacting KHL relates to mental health with 26% of all counselling contacts to KHL, or 17,115 contacts, in 2017 about mental health issues whilst some 16% or 10,636 contacts presented with concerns about suicide.[5] Furthermore, mirroring research that shows mental health issues are increasing amongst children and young people, KHL contacts relating to both mental health and suicide have increased in recent years by 5% and 4% respectively since 2015.[6]

Clearly, Australia's children and young people are in need of support and with rural and remote communities confronted by a range of complex issues and amongst the most vulnerable in our nation, we believe that it is critical that government and community services consider how best to meet their needs.[7] At **yourtown,** we are constantly looking at ways we can improve our services to better meet the specific needs of children and young people, including those who are most disadvantaged and who cannot access support. In our submission, we share some of our learnings and information relating to current research projects which seek to ensure that all young Australians, regardless of where they live, can receive timely and high quality support.

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[1] https://www.mja.com.au/journal/2015/202/4/better-access-mental-health-care-and-failure-medicare-principle-universality
[2] Australian Institute of Health and Welfare (2014). Australia's Health 2014. Canberra: (Cat. no. AUS 178).
[3] Locality information is only available for half (51%) of counselling contacts in 2017 and there may be biases associated with missing and known data.
[4] KHL records rural and remote areas as 'outer regional and remote areas'.
[5] 8% related to child abuse, 7% to self-injury and 5% to bullying.
[6] Mission Australia (2017). Youth mental health and homelessness report
[7] http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

About yourtown

yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of young people. Established in 1961, **yourtown's** mission is **to enable young people, especially those who are marginalised and without voice, to improve their quality of life**.

yourtown provides a range of face to face and virtual services to young people and families seeking support. These services include:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- Accommodation responses to young parents with children who experience homelessness and women and children seeking refuge from domestic and family violence
- Young Parent Programs offering case work, individual and group work support and child development programs for young parents and their children
- Parentline, a telephone counselling service for parents and carers'
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to violence
- Employment programs and social enterprises, which support young people to re-engage with education and/or employment, including Aboriginal and Torres Strait Islander specific services.

Kids Helpline

Kids Helpline (KHL) is Australia's only national 24/7, private support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and a real-time web platform. Kids Helpline is staffed by a paid professional workforce, with all counsellors holding a tertiary qualification.

Since March 1991, young Australians have been contacting Kids Helpline about a diverse group of issues ranging from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

In 2017, Kids Helpline counsellors responded to over 150,000 contacts from children and young people across the nation, with an additional 600,000 unique visitors accessing online support resources from the website.

yourtown submission

In our submission, we respond to two of the Committee's terms of reference: a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate, and f) opportunities that technology presents for improved service delivery.

a) The nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate

At **yourtown**, we know that children and young people with mental health problems are particularly vulnerable to falling through numerous cracks in a system oriented primarily toward adults.[8] Indeed, we have developed Kids Helpline to play a complex and multifaceted role in the mental health system and deliver it 24/7 across the nation to cover these gaps. Hence, KHL performs an important preventative function in relation to children and young people's mental ill-health by responding to the wide range of issues such as child abuse, homelessness, bullying, and identity issues that, if left unaddressed, can precipitate the development of mental health disorders. In addition, nearly 50% of all the sessions regarding mental health that our counsellors responded to in 2017 related to one of the following issues – a mental health disorder, issues with self-injury, or current thoughts of suicide. KHL therefore plays an important assessment and specialist referral role for children and young people, acting as a soft entry into formal services and facilitating the navigation of a fragmented system with developmental appropriate advice and information.

In this way, KHL also helps address service gaps such as the chronic and widespread lack of after-hours crisis support targeting young people's needs, difficulty fitting children and young people's early symptom presentations into the diagnostic and service eligibility criteria of mainstream adult mental health services, the lack of appropriate counselling services in many geographical areas, and the high cost of receiving certain forms of mental health care. In routinely filling these gaps for children and young people and ensuring there is 'no wrong door' into mental health care, we have learnt about children and young people's preferences for service delivery.

For example, research conducted for Kids Helpline in the mid-2000s found that many of those who contact the service for support with mental health issues, particularly those who seek assistance through web chat, do not seek help from face-to-face services, finding the relative anonymity and privacy of a non face-to-face service a more comfortable pathway into mental health care services to which we will ultimately refer them when ready.[9] Furthermore, in 2015, we undertook research on the lived experiences of suicide amongst children and young people and its findings have significant implications for the delivery of mental health services and specific suicide support services. Indeed, the feedback that children and young people gave in relation to their experience with suicidality and their ability to seek or not to seek help provide deep insight into the current barriers to seeking both formal and informal (often a precursor to accessing formal services) help. We discuss the barriers young people identified in this research below.

Barriers to seeking help

Using an online survey on the Kids Helpline website and promoted through Facebook, 472 children, adolescents and young adults answered questions about how they got help when they were feeling suicidal,

[8] For example, see our research with children and young people about suicide: **yourtown** (2015) Preventing suicide: the voice of children and young people

[9] King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W. & Wegner, K. (2006). Online counselling: The motives and experiences of young people who choose the Internet instead of face-to-face or telephone counselling. Counselling and Psychotherapy Research, 6(3), 169-174

who helped them, which experiences were helpful and which were not, and what advice they would like to give to other young people, families, friends, and those who provide services for young people like them. [10]

Research participants told us about the difficulties they had with accessing support services including excessive waiting times for face-to-face services, prohibitive costs of services, and a lack of services in their local areas. To a question about what would have helped them through their experience of suicidality, participants replied:

yourtown insights: what would have helped?

- "Easier access to professional help, less waiting times and better Medicare subsidies so treatment is more affordable."
- "Definitely easier access to professional help would have helped immensely – it still would. Services like headspace are there but kind of inaccessible from where I am."
- "Professional services probably would have helped but we don't have many places where we live. We have expensive GPs and school counsellors but not much else that I know of."
- "It took a long time to be able to seek 'professional services' – about three months and that was during a time in my life where I really need help but all the services either 'couldn't cater for me because they didn't access that area' or were full! [We] need more services!"

Given that we know that the amount of Medicare funding and the numbers of mental health staff are significantly less in rural and regional areas than major cities, we would expect children and young people in these areas to find these barriers to accessing appropriate mental health services more acute. Furthermore, we would expect these barriers to be further compounded by other locational factors such as knowing local health professionals and counsellors and finding it harder to confide in them and trust their confidentiality given the small community in which they live, as well as economic issues such as being more likely to have unemployed parents or parents unable to afford for them to access support services.[11]

In addition to the specific issues relating to the geographical location or remoteness of their community, we know that children and young people in rural and remote areas will encounter the same barriers as children and young people across the country to seeking help. However, given that rural and remote communities are smaller, we would again expect some of these barriers to be compounded by remoteness. Additional barriers identified by children and young people as preventing them from seeking help included:

- **Stigma in relation to mental health issues, self-harm and suicide.** This was the main reason that young people told us prevented them from actively seeking help: "Stigma, stereotypes and being too proud to want to ask someone in case they see me as weak or incapable of fixing things myself." They often used the words 'fear of being judged', or 'being afraid' and 'being scared' that they would not be believed or helped when they explained what made it hard to seek help: "Being scared that the way I was feeling would be brushed off or called ridiculous or telling someone and them not doing anything to help", "Scared of what they would say, embarrassed, felt like no one could help".

- **Fear of being labelled an attention-seeker**. Many young people told us they did not talk to anyone because they feared being labelled an attention seeker: "I feel so weak. Everyone will think that I'm using it for attention", "I didn't want to look like I was just saying that I am depressed for

[10] **yourtown** (2015) Preventing suicide: the voice of children and young people
[11] http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

attention". They also described experiences that showed these fears were sometimes justified. Young people's experiences indicated that a range of people, including friends, family and medical professionals, believe the myth that self-harming or talking about depression or suicide is a form of attention seeking that need not be taken seriously.

- **Feeling worthless and being a burden on others.** In contrast to the idea that young people are 'attention seekers', previous research has shown that suicidal people often do not seek help because they feel worthless and undeserving: "I felt that I was not worth being helped", "I see many other people with problems that seem far greater than my own, so I just stay silent and deal with it myself". Young people also put the needs of others ahead of their own and do not want to worry people: "I'm extremely close with my mum and tell her everything but after seeing her cry when she saw my cuts 4 years ago I've kept almost every aspect of my mental health to myself. I don't want people to worry about me."

- **Lack of parental support.** Young people highlighted a need to overcome barriers that arise from a lack of parental support. For example, accessing services often requires parents to provide children and adolescents with their Medicare card, transport, and the financial resources to meet gap payments. In some situations, parents own challenging financial or emotional circumstances meant they were unable to support their child. In other situations, young people suggested that some parents did not recognise that depression is an illness and hence did not understand that the young person cannot simply 'get over it': "My mum will tell me that going for a walk or run would really help and joining the gym would help but what she doesn't understand is when I'm at a low I just can't get up or do anything. I don't have the energy to even eat let alone exercise! And that makes me then think my mum thinks I'm fat, I am fat, I'm lazy, she hates me, I hate me. And so on".

- **Friends, family and support staff trivialising their feelings.** Young people told us that they often have their feelings trivialised or are not taken seriously, which prevents them from seeking help. "I was told by that teacher that she knew I wasn't gonna [sic] harm myself", "After building up the courage to reach out to my mum to tell her I was feeling suicidal and that I really needed help, all she said was 'Try not to worry so much'". This sometimes appeared to be a function of age, with the responses of both parents and professionals suggesting a belief that a child or early adolescent could not be truly suicidal: "My mum told me it was just a phase which made me feel like she didn't care when she really did and just didn't know the full story."

- **Risk adverse approaches to support.** A number of young people demonstrated knowledge that services have a duty of care, which limits their obligation for confidentiality when a young person is considered at serious risk of harming themselves. Consistent with other research, comments indicated that duty of care obligations and associated limits to confidentiality present a challenge to help-seeking that warrants consideration. A fear that emergency services would be called or parents would be contacted created a barrier to disclosing suicidality after having sought help for some young people. A number of young people who had experienced a duty of care response believed that the decision was not the best response to the situation. Consistent with other research, respondents to the survey often found their experience with emergency services and hospitals unhelpful and reported that the duty of care response had done more harm than good.[12]

[12] SANE Australia and University of new England (2015). Lessons for Life. The Experiences of People Who Attempt Suicide: A Qualitative Research Report.

- **Child unfriendly emergency response.** Young people's comments suggest an urgent need to investigate alternative emergency care responses, in particular, responses that do not involve police and avoid hospitalisation as much as possible. Current guidelines in regards to appropriate terminology when talking about suicide state that the phrase 'commit suicide' should not be used, because the word 'commit' implies a crime or a sin. Yet, a service response to a person at imminent risk of suicide is likely to involve the person being forcibly transported to hospital by police, leaving them feeling as if they had committed a crime: "There have been times where I purposely haven't reached out and told anyone that I am feeling highly suicidal because I feared that I would end up back in the hospital involuntarily. Luckily I was able to get through those times by myself and nothing really bad happened to me", "Often young people are just looking for someone to talk to and not necessarily looking for extensive treatment".

f) Opportunities that technology presents for improved service delivery

To ensure that children and young people are able to connect with counsellors and information that we provide at Kids Helpline in ways that they prefer, we undertake ongoing research to find out their preferences. As these preferences depend on a range of factors such as gender, age group, cultural background, remoteness, type of support relationship to the service and type of help-seeking, we know that it is vital that KHL provides young Australians with a range of engagement modalities in order to reach, build trust with, and support diverse needs. Since 2014, all groups of Kid Helpline contacts analysed (including groups by age, gender, Aboriginal and Torres Strait Islanders, intersex, transgender and location) have slightly or moderately increased their preference for web chat while reducing their preference for email-based and/or phone contact. Indeed, for those living in rural and remote communities, web chat use has increased by 14% and by only 11% in major cities over this time.

As mentioned previously, we know that many children and young people who use web chat do not seek help from face-to-face services, preferring the relative privacy that web chat affords them. Web chat counselling sessions typically last longer than phone counselling sessions as the counselling interactions are through text, with the average duration of a web chat session being 54 minutes compared to 32 minutes for a phone counselling session in 2017. This places additional costs on tele-web counselling providers to deliver this service. In 2017, counsellors were not able to respond to 43,853 web chat contacts (56% of all contact attempts) made by children and young people to KHL. These findings together with the fact that web chat is extremely low cost and a widely accessible tool – both in terms of time and geography - for children and young people to access support leads us to expect the use of web chat will continue to increase.[13] Web chat, therefore, could present a lower cost and more effective solution to government seeking to increase access to mental health support for children and young people in rural and remote communities compared to delivering face-to-face in those communities. However, whilst web chat is undoubtedly a worthwhile investment, government should note that additional support is required by tele-web counselling providers to deliver this service.

We also undertake research into the use of technology in our service provision in a bid to provide support to the many children and young people KHL is unable to counsel. For example, in 2017, KHL counsellors could not respond to 182,068 attempts by children and young people to connect with them. Left untreated, mental health problems worsen, and can become lifelong issues and given that children and young people readily engage with technology and new innovations in this space, we see that technological innovation presents significant opportunities to address this service gap and increase access to KHL.

The most current research in the area of delivering online interventions for youth mental health has demonstrated that Australian youth, aged 13 – 25, are more likely to engage with mental health information

and services via online technologies, especially if the technologies are interactive, user friendly, supportive and provide a level of privacy control for youth.[13] Hence, in recent years, we have undertaken two significant collaborative research projects into new interventions of this nature to support children and young people experiencing mental health issues. Below, we provide overviews of these projects and, given their modality, we believe they will be of particular interest and help to children and young people in rural and remote areas.

- **Niggle: the first interactive and integrated help-seeking app**

In 2013, 89% of young Australians owned a smartphone and 83% downloaded an app in that year's first quarter and the seeming omnipresence of mobile phones in the lives of children and young people today is often seen as a contemporary cause for concern. However, rather than focus on the potential detrimental impacts of mobile phone use, we identified an organisational responsibility to find a way to turn high mobile phone use into a positive by developing ways to connect children and young people with our services using them. To this end, with our partners at the Queensland University of Technology (QUT), we are currently designing, implementing and testing a first in e-mental health design: Niggle, a new model of an integrated mental health service that links a mobile interactive toolkit for self-directed help-seeking with KHL's more traditional modalities.

With little known about the impact of self-help resources on young people's wellbeing (e.g. our online self-help resources) or how these self-directed resources interact with current counselling modes, this research will identify how engagement with mental health services is conceptualised and experienced by young people and how this may differ for alternative modes of service delivery, and how young people already using KHL's services would use mobile technology to encourage help seeking and engagement among those not using services. It also seeks to address the following specific questions:

- How may the wellbeing of young people be advanced in the light of new information and communication technologies (ICTs), digital literacies and multi-platform Internet delivery capacities?
- What forms of networked and digital interactivity are successful in engaging young people in direct help-seeking online?
- How might participatory design of the toolkit contribute to an increase in young people's engagement with existing and future online mental health services?
- How can traditional counselling practices and text-based health communication resources, migrate and be integrated successfully into a graphical multi-platform environment?
- What is the impact of mobile-based interactive toolkit on young people's wellbeing and engagement in online help-seeking?

The project uses an overarching participatory design methodology, incorporating workshops, agile design and prototyping as well as online surveys and Google Analytics for both scoping and evaluation. Our approach will also provide evaluation analytics to service providers to monitor Niggle's uptake. We have ensured that the voice of young service users is key throughout the life of the project so that their views, needs and preferences inform the design of the new cross-platform interactive toolkit. The hope is that the toolkit will provide increased agency and control to service users with respect to their wellbeing and access of appropriate support. This app will be released in September 2018.

- **Circles: a new approach to online group counselling and peer support**

Poor access to mental health services nationally, both at an education and intervention level, which are both uniform in approach and effective in outreach, is greatly lacking especially for young people residing in rural

[13] For example, Campbell, A., & Robards, F. (2013). Using technologies safely and effectively to promote young people's wellbeing: A better practice guide for services. Abbotsford, Victoria, Australia: Young and Well Cooperative Research Centre.

and remote Australia. As such, **yourtown** has partnered with the University of Sydney and the Black Dog Institute to create a world-first: Circles, a social media platform in the support and treatment of young people with mental health issues, from early stage to crisis.

Following a pilot and testing phase, Circles has been developed as a social network for group counselling 13-25 year olds, in order to provide national long-term support of mental health problems. Purpose built, it is a mental health social network that is safe, free and private, and that delivers counselling support to young people 24/7. Once fully evaluated, the expected outcomes and benefits of Circles are to attract any young person from anywhere in the country, with any mental health concern, to a combined professionally trained counsellor+peer support group available through smart phone or computer at any time, in order to tackle and reduce the long-term national burden of chronic mental health problems. Through accessing both formal support, that they may find difficult to access in their communities, and the support of their peers who are experiencing similar issues to them, we see that Circles could have significant benefits for children and young people in rural and remote communities.

Circles is unlike any other online mental health intervention in that it contains the features of all popular social media tools (e.g. posting of videos, pictures, music, social networking games and chat functions), but without the inherent privacy and confidentiality risks of other generic social media platforms, which are understood to deter children and young people from using them. It provides professionally group counselled services anonymously within the Circles social network, at any time 24/7, whilst vigilantly monitoring discussion boards to ensure peer exchanges and engagement are positive. Circles provides the added attraction of remaining anonymous online and to the peer support group to thereby overcome any stigma attached to accessing support, at the same time that every client is asked to sign up with an individual counsellor who knows their details to optimise their safety and wellbeing throughout their interaction with Circles.

Although we are awaiting the full evaluation results of Circles, to date, the views and experiences of children and young people accessing it have been positive. Of a survey on online support of 912 children and young people, 74% respondents indicated that they thought KHL Circles model would be helpful to them.

yourtown recommendations:

Based on the evidence we have presented in the sections above, **yourtown** strongly recommends that the following reforms are made to enhance mental health support and interventions in rural and remote Australia:

- That the Australian Government enter into an industry partnership with tele-web counselling providers to meet current unmet and rising demand for web counselling services
- That the Australian Government increase investment in the development and delivery of digital mental health resources