



Development of the National Mental Health Workforce Strategy

A submission to the:
Australian Government

Prepared by:
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yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and 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 children, young people and families, these include:

- Accommodation responses to young parents with children who are at risk and to women and children seeking refuge from domestic and family violence
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to 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 and online counselling and support service for parents and carers
- **Kids Helpline**, a national free 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
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs specifically developed for those in long term unemployment
- Mental health service/s for children aged 0-11 years old, and their families, with moderate mental health needs.

Kids Helpline

Kids Helpline is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5-25 years. It offers counselling support via telephone, email, webchat and counsellor supervised peer to peer support via My Circle. In addition, **Kids Helpline's** website provides a range of tailored self-help resources. **Kids Helpline** is staffed by a paid professional workforce, with counsellors holding a tertiary qualification.

Since March 1991, children and young people 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.

Despite the challenges COVID-19 has presented, **Kids Helpline** has remained operational every day of 2020 and 2021. In 2020, **Kids Helpline** counsellors responded to nearly 180,000 contacts from children and young people across the nation aged 5-25, representing a 21% increase in responses from 2019. Of these contacts, 90,077 were counselling sessions with children and young people seeking help about issues and concerns; and 85,935 were other conversations and contacts with our telephone and online services.

yourtown welcomes the opportunity to respond to ACIL Allen's consultation being carried out on behalf of the Australian Government, in relation to their consultation draft on the National Mental Health Workforce Strategy 2021-2031 (the Strategy). **We also note the Australian Government's intent that the new Strategy was to 'attract, train and retain the workforce needed to meet the rising demands of the mental health system in Australia'.**

Include strategies to attract, train and retrain a digital workforce

yourtown strongly supports the planning for and developing a national mental health workforce that is equipped with skills to meet the mental health challenges of the 21st Century. However, what is lacking from the consultation draft is **any recognition at all** of the digital mental health workforce. There is no mention of the specific skill sets required to provide mental health support virtually, let alone **how to 'attract, train and re-train' a digital workforce that is already at the forefront of meeting the rising demands of the mental health system in Australia.** Nor is there mention of digital mental health helplines **even though they form part of the Workforce's Terms of Reference.** And there is only passing reference to the development of the National Digital Mental Health Framework (currently being scoped by a separate consultancy firm, PwC) under the Fifth National Mental Health and Suicide Prevention Plan.

Without recognition of digital workforces and the skills required for virtual service delivery within the national mental health workforce strategy, is it difficult to see how the Australian Government will ever develop an effective, integrated and strategic approach to establishing a mental health workforce that it is fit for purpose in the 21st Century. A 21st Century mental health workforce needs to be sufficiently agile, scalable and adaptable to meet spikes in demand. It also needs to be skilled in, and equipped to adapt to, and embrace the technological changes to service delivery that will inevitably occur within the next 10 years, and the longer term. Particularly as the younger generation rises up and demands more virtual mental health services as part of a blended service delivery model into the future.

Each year, one in five rural and remote Australians experience a mental disorder.¹ The failure to recognise digital mental health servicing, also fails to recognise the needs of those living in remote and regional Australia who already face significant servicing gaps, and opportunities to address those gaps. While the draft strategy supports the development of locally developed workforces to respond to service delivery needs of rural and remote communities, without digital mental health strategies that include a professional well-equipped mental health workforce, the divide between those who can access services due to their urban setting and those who live in regional/remote communities will continue to grow.

The Strategy needs to recognise the place that digital mental health services fulfil through an array of different roles, and how they support many different needs within the mental health system. **Kids Helpline** is a prominent example of how digital services complement the mental health services infrastructure through the integral role it plays in prevention, system navigation and (soft) entry to the system, safety net, and case management of more complex and diagnosed mental

¹ Bishop L., Ransom A., Laverty, M & Gale L (2017) *Mental health in remote and rural communities*, Canberra, Royal Flying Doctor Service of Australia.

health needs. Children and young people access **Kids Helpline** with a range of needs including one-off and ongoing, low, moderate and severe needs, including mental health, emotional wellbeing, family relationships, suicide-related concerns, and self-harm concerns. The workers supporting these vulnerable young people must be recognised as an essential and vital element of the workforce strategy.

Digital services are highly scalable and complementary services that also support established face to face services, including services provided by emergency departments. During COVID-19 **yourtown** demonstrated the agility and scalability of its virtual services through its **Kids Helpline** response when faced with a spike in demand for its online services. The only way Australia will have the confidence and certainty that at a time of crisis, there is a mental health workforce available to support their needs, is by having a foundational infrastructure and elements in place to support a digital workforce to meet additional demand. Foundational elements include: an existing stable and skilled workforce, high quality digital practice models, scalable technology solutions and quality assurance/supervisory structures for a digital service model which can be replicated or expanded upon.

Recommendation 1: The Strategy must include recognition of the digital mental health workforce, including:

- Specific skills and capabilities required for digital mental health service delivery
- Education programs to build digital health capability in the mainstream mental health workforce to equip them with the right skills and knowledge to use digital tools and platforms effectively.
- Development of digital professional skills within Tertiary courses for degrees such as Psychology, Social Work and Counselling.
- Capability to quickly upskill and engage a digital workforce to respond to surges in demand associated with unexpected environmental crises, and
- Mechanisms to enhance integration between the mainstream and digital workforce to increase competency and agility across the digital and mainstream mental health workforce sector to deliver blended service delivery models where digital mental health services are used in conjunction with face to face services.

Include strategies to attract, train and retrain a youth specialist mental health workforce

The draft Strategy also fails to take into consideration the National Youth Mental Health Workforce Strategy (2016-2020) developed by Orygen, the National Centre of Excellence in Youth Mental Health, and the need to ensure there is a sustainable and skilled youth mental health workforce both now, and into the future.²

There are strong arguments that support the need for a mental health workforce that is equipped to respond to young people and their mental health needs. This includes: the scale and extent of mental ill-health amongst young people; low rates of help-seeking behaviour by young people and emerging evidence as to how this can be improved; emergence of more effective and targeted

² Orygen (2016). National Youth Mental Health Workforce Strategy. [Orygen-National-Youth-Mental-Health-Workforce-Strat.aspx](#)

youth-specific treatment models of care; evidence of difficulties recruiting skilled workers (particularly GPs and psychiatrists) who are confident, or enjoy working with young people in youth mental health services; and the broadening concept of the 'youth mental health workforce'.³

Approximately 25% of young people aged 16-24 experience mental ill-health.⁴ Kids Helpline is a child and youth specific support and counselling service delivered by **yourtown**. Responding to concerns children and young people have in relation to their mental health and wellbeing is a major area of Kids Helpline's work, with suicide as the third most common reason for making contact. In the first six months of 2021, Kids Helpline answered 1,788 more contacts from children and young people related to suicide concerns than compared to the first six months of 2020. This figure equates to 69 times per week a child or young person is making contact with Kids Helpline's professional counsellors about suicide. Since the onset of COVID-19, demand for our services has kept increasing. The number of answered contacts requesting counselling support from four age cohorts – 5-9 years of age, 10-14 years of age, 15-18 years of age, and 19-25 years of age, all increased in the first half of 2021 compared to the first half of 2020. Each age group has listed mental health concerns as the top reason for making contact with Kids Helpline, while self-injury/self-harm for 15-18 year olds has crept into the top 5 reasons for contacting Kids Helpline, increasing by 34% from 1,217 to 1,635 over the first six months of 2021 compared to the first six months of 2020.⁵

Despite this, the draft Strategy provides no recognition or specific skills, or specialist understanding to respond to key cohorts, such as youth. In order to meet the mental health demands of the next generations of Australians, the Strategy must address the need for specialist skills, both within the mainstream and digital mental health workforce required to respond to the mental health needs of children and young people.

Recommendation 2: The Strategy must address requirements to attract, train and re-train a national youth mental health workforce that is equipped to work in digital and mainstream service delivery to support the mental health needs of young people, and specific youth cohorts (including LGBTQIA+ and Aboriginal and Torres Strait Islander young people). This should include adoption of strategies articulated under the National Youth Mental Health Workforce strategy, such as development of:

- A capable and skilled youth mental health workforce, and
- A sustainable and qualified professional youth mental health workforce that is innovative, and adaptive.
- A workforce which is enabled and equipped to provide 24x7 servicing – in line with the needs of children and young people and the realities of the digital environment.

Develop the Strategy in consultation and co-design with young people

³ *Ibid*, Orygen (2016).pg 7

⁴ Mission Australia and Black Dog Institute (2017), *Youth Mental Health report: Youth Survey 2012-16*.

⁵ <https://www.yourtown.com.au/media-centre/increase-young-children-contacting-kids-helpline>

Given the significant numbers of young people needing and accessing mental health services, the lack of representation by youth mental health organisations (such as Headspace, or Kids Helpline) on the Taskforce, and absence of consultation with young people is alarming.

Recommendation 3: The voices of children and young people must inform the Strategy, and those with lived experience should be involved in co-design of the final version.

Consultation with young people about problems within the mental health system is critical to identifying and addressing failings within our current mental health workforce capability to engage with youth and their mental health needs. *'Nothing about us, without us'* should be the central premise underpinning the Strategy. It is essential that the voices of children and young people with mental health concerns inform both its development and design. Without their voices, and understanding their needs, Australia will inherit a mental health workforce that is ill-equipped to meet the mental health concerns of current and future younger generations, and may ultimately do more harm than good.

What yourtown has learned from young people about mental health services and practice

From our engagement with young people, **yourtown** has listened to children and young people about what they want and need from mental health services. **yourtown** recently conducted a national survey of over 3,500 young people aged 15 to 25 regarding what they wanted to tell government and policy makers was important to them, including in relation to mental health (May 2021, **yourtown** Your Voice project). The experience of young people seeking mental health support was varied. While many young people had positive experiences, over half the young people consulted had experiences of very poor engagement with mental health practitioners due to their lack of capability or skills to work with young people. These poor experiences often left them without the help they needed, or led them to exiting mental health support early, or in some cases, refuse to seek help ever again in the future. This is what they said:

"My experience with mental health services was very dissatisfying. They didn't establish a secure trust in the client (me) therefore I was unable to share my struggles as I didn't trust [the] therapist. I have been dealing with many mental health issues with little help as I now refuse to get counselling because it is a waste of my time as I have never improved."

"As in, rather than helping me, they would make me angry, hurt, defensive and unheard. I had suicidal thoughts and never felt comfortable enough to tell any of them. At the hour mark I'd be kicked out, even if I was in clear distress. And I would often feel worse after going. Often I would have suicidal thoughts as a result of the sessions."

Young people told us how they often felt judged by mental health practitioners; that their mental health issues were minimised, and, in some cases, were told that they were "manipulative" or "putting it on". This is what they said:

"A former psychologist also told me I should hide my ADHD from society because "it's not polite to talk about" and compared it to my being bisexual, which he also obviously thought I should hide."

"I remember one of the psychologists even accused me of attending for "fun". And that maybe I didn't need to go. I had seen her all of two times. I knew I had depression and anxiety (and have since been diagnosed). It felt like a slap in the face to be dismissed like that."

"An enormous waiting list to see a psychiatrist, limit on amount of psychology sessions (even for people with severe issues), high prejudice among mental health workers (a GP did not want to look into my dizziness, fainting and tiredness because they thought my physical symptoms were due to anxiety. I pushed for a blood test and turns out I was iron deficiency. Their only comment was "so you weren't making it up")"

"haven't been able to find a psychologist in months as they are all booked out. Most of my psychologists have been good but a few have been bad, and they made me feel guilty and bad for feeling what I'm feeling"

For many young people the dependence on the public or free mental health system has also meant they have had limited choice of therapist or therapeutic style available to support them and they found this very distressing. This often led to a less than satisfactory rating of the service they received. This is what they said:

"Government-funded mental health support has provided me with the bare minimum to not be dead. I have spent years with [public] health where I have been managed on a crisis basis rather than given any form of actual treatment"

"You had to go through constant intrusive surveys in a public area. I had to wait months and months to see anybody, and that's if the appointment wasn't cancelled last minute. I was constantly getting handed off to inexperienced psychologists/ councillors just about every year. And they were absolutely terrible"

"I've struggled finding adequate and quality mental health that's bulk billed and worth going to."

Young people also regularly outlined how they felt misunderstood or misdiagnosed leaving them battling to receive support. This is what they said:

"I was quite suicidal a couple years back and was interviewed for different support groups. They deemed me not suitable, but I feel as though I were and didn't particularly understand me during the interviews."

"I attended ... counselling sessions upon the advice of my doctor. Whilst the sessions were helpful, I am disappointed that no one picked up on my depression. It remained undiagnosed for another 6 months after my final session, in which time my mental health had plummeted."

"I tried to tell my doctor about being depressed and having social anxiety over the last 3 years. He told me it was just grief because my Mum died two months ago, and then gave me breathing exercises which give me panic attacks."

Many young people also felt that despite seeking help it had done little to assist them, with many perceiving it made them worse. For some this lack of support or sense of being taken seriously resulted in young people giving up on seeking help. This is what they said:

"The people I saw didn't help anything, if anything they made some stuff worse."

"The Mood Team provided no support after my discharge from Hospital due to an eating disorder. The public hospital kept me in the medical ward due to their being no beds on psychiatric, then discharged me without any psychiatric admission"

"I saw a psychologist and I just spoke to her and I didn't get help or strategies to help my anxiety"

"There were very empty answers that didn't help even though it seemed the person was trying to help. Each time I talked to this service I got the same reaction and that calmed me down temporarily. The service made me feel as if my mental health was not taken seriously and my problem was 'dumbed down'."

"I've gone through many therapists and none of them could help me. I've just given up now."

"I have chronic mental health issues. I have found that it is very hard to get required hospital admissions as I am often [not] acute enough for the public hospital but too acute for the private hospitals. I find that the private supports are a lot harder to access but for the illnesses that I have they are better at supporting."

For those living in rural and remote areas there was often the feeling that they only received a substandard service, and many practitioners did not have adequate training or knowledge of their specific issues. This is what they said:

"I live in rural Victoria, not many services available and no one is trained to deal with more severe mental illness, I have been passed around to many people without receiving real help or been taken seriously, as no one knows how to manage my disorder"

"Having access to a psychologist that suited me close to my regional town was impossible, I didn't even utilise all my free sessions because this person told me to just get off my phone and all my problems will be solved instead of taking the time to get to know me."

Young people also highly valued youth specific services and found the support they offered well-tailored to their needs. This is what they said:

“Services like Headspace has helped me improved my mental health by providing me resources on how to stress manage myself better.

“was diagnosed with complex PTSD , anxiety and depression and I didn’t want to face the fact I have a hard time opening up to anyone but my time with headspace helped me realise it’s better to tell someone about how I feel”

“Only good experience was with CYMHS, headspace Cairns and YSUSD Cairns who saved me”

“I was lucky enough to have a strong support network when I began struggling with mental health. They pointed me in the direction of the school counsellor who helped me deal with my stresses from schooling. I also looked to articles and other services from sites such as beyond [blue].”

Those young people identifying as LGBTQIA+ face even greater challenges of finding services that have the skills to understand and support them, being both young, and gender diverse. This is what a young LGBTQIA+ person said:

“There are no services to help me, I felt confused stressed and alone; the quality of the service is atrocious, dehumanising, painful, embarrassing, exhausting and overall, the worst thing in my life. It destroyed my mental health; I remember one of the psychologists even accused me of attending for fun and that maybe I don’t need to go. I had seen her all of 2 times. I knew I had depression and anxiety (and have since been diagnosed). It felt like a slap in the face to be dismissed like that; the people I saw didn’t help anything, if anything, they made some stuff worse; the services I accessed were for adults and it was very difficult to find youth specific supports”⁶

Conclusion

We would welcome the opportunity to explore these ideas with you further in more detail. Should you require any further information, please do not hesitate to contact Kathryn Mandla, Head of Advocacy and Research at **yourtown** via email at kmandla@yourtown.com.au.

⁶ Yourtown Insights Report (2020). [Kids-Helpline-Insights-2020-Report-Final.pdf \(yourtown.com.au\)](#)