Scoping and development of a National Digital Mental Health Framework

A submission to the:
Department of Health

Prepared by:
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yourtown services

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 life outcomes.

yourtown provides a range of face-to-face and virtual services to children, 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 are at risk (San Miguel in NSW) and to women and children seeking refuge from domestic and family violence
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs for youthful offenders and Aboriginal and Torres Strait Islander specific services
- 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'
- Mental health service/s for children aged 0-11 years old, and their families, with moderate mental health needs
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to violence.

Kids Helpline

Kids Helpline is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years (see Appendix 1 and 2 for more on its role). It offers counselling support via **telephone, email, webchat** and counsellor supervised peer to peer support via (My Circle). In addition, the Kids Helpline 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.

In 2019, Kids Helpline counsellors responded to nearly 150,000 contacts from children and young people across the nation, with an additional 1,414591 unique visitors accessing online support resources from the website. During 2018, Kids Helpline made its 8 millionth contact response.

Introduction

yourtown welcomes the work of the Department of Health in collaboration with partner organisations on the development of a National Digital Mental Health Framework (the Framework) and we are delighted to have the opportunity to provide out thoughts and feedback on it. The formal recognition of the important role that digital mental health services bring to the landscape and their embedding into the system are long overdue. Alongside the Digital Mental Health Standards, the Framework will help health practitioners, support services and consumers better identify and access the range of services available to support mental health issues.

yourtown is a key stakeholder in the development of the Framework as we provide Kids Helpline, the nationally recognised helpline for young people in Australia , delivering 24/7 support from qualified counsellors. Children and young people aged 5-25 which can access Kids Helpline via telephone, webchat and email. Kids Helpline is an integral part of the mental health system supporting children and young people nationally; in 2020 to date of the contacts responded to, 78,930 contacts were made in search of information and referral about their concerns (up 20% compared to the same period in 2019), whilst 82,110 contacts were in need of counselling support (up 24%). The service is accessed by children and young people of all ages and of all cultural backgrounds (5% of counselling contacts were from Indigenous clients and 37% were from CALD clients in 2020 to date[1]) and living in urban, regional, rural and remote communities, demonstrating the broad appeal of digital mental health services to a range of cohorts.

Digital mental health services can fulfil an array of different roles and support many different needs, with Kids Helpline specifically complementing the mental health services infrastructure through the integral roles it plays in prevention, system navigation and (soft) entry to the system, safety net and case management of more complex and diagnosed mental health needs. Children and young people access Kids Helpline with a range of needs including one-off and ongoing, low, moderate and severe, and in relation to mental health (28% of all counselling contacts in 2020 to date), emotional wellbeing (25%), family relationship issues (19%), suicide-related concerns (15%) and self-harm (7%). Furthermore, digital mental health services have proved to be responsive to fast changing contexts. Since the emergence of the pandemic, Kids Helpline demand significantly increased, by 17% between January and November 2020 and peaking at 43% in April compared to the same period in 2019.

COVID has proven the appetite service users have for digital mental health services and the significant service gap and community need they can uniquely fill. It is an opportune time to ensure the processes, infrastructure and workforce are in place to enable improved visibility and access of evidence-based digital mental health services. This will require not only significant political agreement across governments but government investment if Australia is to effectively support rising mental health demand and the needs of priority populations. With half of all lifetime mental illnesses developing before the age of 14[2] and children and young people comfortably engaging

[1] Where client cultural background was known

[2] Kessler, R.C., Berglund, P., Demler, O., et al. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archive of General Psychiatry 62 (6).

online, the potential of the digital world needs fully exploring to ensure the mental health system is well equipped to meet their needs.[3]

[3] Australian Institute of Health and Welfare (2014). Australia's Health 2014. Canberra: (Cat. no. AUS 178).

yourtown submission

In our submission, we respond to questions from the consultation documents on which we have feedback.[4]

Demand for and use of digital mental health services

What are people's preferences for blended models of care and treatment modalities? What are some enablers and barriers to these preferences?

The needs and preferences of clients with poor mental health are diverse, whilst fitting mental health appointments into busy lives with competing priorities can be difficult. Hence, having blended models of care and treatment modalities can be an effective way of meeting diverse needs and the realities of modern day lives. Indeed, the pandemic has demonstrated that the system, staff and clients are capable and willing to use blended models of care and treatment modalities.

Kids Helpline is a unique service which plays a role in delivering blended models of care to children and young people through providing 24/7 access to qualified counsellors. Children and young people often require additional out-of-hours support or who have additional questions or concerns about their treatment or diagnosis. The fact that Kids Helpline can be accessed via phone, webchat or email accommodates the range of needs and preferences in, and access to, contact modalities and facilitates access to support. Again, during the pandemic, a rise in Kids Helpline contacts via webchat showed how the provision of support through a range of modalities enabled our service to respond to the privacy issues that children and young people at home found during lockdown.

Blended models of care are also useful ways to improve access to mental health support to Australia's remote and rural communities, where there can be few, if any, face-to-face services, where issues of confidentiality can be problematic to service access due to the size of communities and where recruitment for qualified mental health staff can be difficult. In 2019, contacts to Kids Helpline from regional and remote communities was 27% of all contacts (where location was known). For these children and young people, Kids Helpline provided a broad suite of services including the provision of information, referral and one-off issue counselling through to ongoing counselling (and if requested, with the same counsellor) and case management with community providers for clients with complex mental health issues.

How can vulnerable and at-risk cohorts be better supported via digital tools and platforms as part of a blended model of care?

As we found when managing the effects of lockdown and continuing to deliver our services to disengaged students and unemployed young people, vulnerable and at-risk cohorts can lack access to online services due to lack of data, digital device, reception or personal space and privacy. We also found that many of our clients lacked the skills needed to use certain digital tools and platforms and needed to be guided on how to download and use some software.

[4] https://www.communications.gov.au/have-your-say/consultation-new-online-safety-act

Outside of lockdown, many clients who lack a digital device of their own or who do not have (sufficient) data, utilise public WI-FI areas or library computers. Identifying and equipping rooms in public locations such as schools, GPs, libraries, community centres, churches, Centrelink and post offices to enable community members to access and use a range of services confidentially would be helpful for those with mental health needs, as well as other sensitive and highly personal issues, and particularly for those living in rural and remote communities.

How important is preserving anonymity, privacy and confidentiality for people accessing digital mental health support and is there an acceptable approach to enable data sharing (with consent) if it produces a better outcome and experience? What else is needed to support this?

One reason children and young people are drawn to accessing Kids Helpline for support is the knowledge that they control the amount of information they disclose to us, including in relation to their contact details, and this sets us apart from government agencies and formal services of which they may be mistrustful, intimidated or unsure. In practice, many Kids Helpline clients provide identifying details to us, and we have many ongoing clients, but this control facilitates soft entry into the service (and others) and enables a relationship of trust to be formed.

Where clients have disclosed issues that require duty of care responses (where police, child protection or ambulance are contacted), we inform them of the need to act on the information they have shared and work with them to help build their understanding of why this is necessary. Where clients have made disclosures that do not require a duty of care response but for whom we assess it would be beneficial to work with other services and share their information, we work with them to gain their consent and this approach has good client outcomes. We do the same with many of our ongoing clients.

What opportunities exist to enhance referral pathways so that people receive connected care across all stages of the care continuum?

Service and workforce knowledge of other mental health services, be they face-to-face, digital or a blend, is needed to enable appropriate and effective referral pathways. This knowledge should include up-to-date details of safe and effective services (e.g. services that meet nationally and locally agreed standards or criteria) so that staff feel confident about referring clients to them. National referral databases are necessary but hard to maintain (e.g. Head to Health), whilst information on the range of appropriate local services is also needed. A national referral database with local add-ons and regularly updated would be helpful.

It is important to note that many people who are diagnosed with mental health conditions receive support from a number of services at one time. Indeed, our clients often have difficulty in remembering which services they access and what they do, such is the number and myriad. Therefore, the onus on the development of referral pathways must be on the effectiveness of the service for the individual in question, requiring appropriate needs assessment and relationship-building with them, and not simply increasing the number of referrals made or services accessed.

How can lived experience perspective be better integrated into the design and delivery of digital mental health services?

yourtown set up a Lived Experience Group of suicide in recognition of the importance of lived experience in the design of our mental health and suicide prevention services and workforce training. This group of young people were invited to become members once they were carefully assessed to ensure that their mental and emotional health was stable and that appropriate supports were in place to maintain this. They also undertook a 2-day training course with Roses in the Ocean into telling their story. To coordinate their activities and support (and that of our other youth participation groups, which includes LGBTI and First Australian groups), we employed a dedicated member of staff to coordinate youth participation activities and set out and organise the processes, Youth Participation Charter and support that underpins all groups. Today the group meets once a month, is supported (by a counsellor where necessary) to provide their input into service design and development, and speak at events such as public forums and conferences. They receive an honorarium for their contribution.

The establishment of the Lived Experience Group has been resource and time-intensive for all parties concerned, and is necessarily so, given the potential vulnerabilities of group members. Hence, we advise that the integration of lived experience requires appropriate planning and funding and the needs of those with lived experience must be appropriately supported throughout their involvement in service design and delivery. To this end, the development of a lived experience framework and guidelines would be helpful to support organisations in this process.

Supply of digital mental health services

How can digital mental health services better integrate into the stepped care framework?

In the following section, we set out how Kids Helpline currently operates within the stepped care framework.

About Kids Helpline

Kids Helpline is unique in Australia and internationally. It is the only service available to children and young people 24 hours a day, 7 days a week. The core Kids Helpline service is the provision of professional, evidence-informed counselling and support to children and young people aged from 5 to 25. The service is provided free of charge by tertiary qualified youth specialist counsellors, and is delivered via a range of channels including telephone, WebChat, email, and SMS. Children and young people have the option to continue engaging with the same counsellor in an ongoing way.

In addition, children and young people have unlimited self-service access to evidence-informed and age-appropriate resources through the Kids Helpline website (www.kidshelpline.com.au), and My Circle – counsellor-guided peer-to-peer support groups on specific topics.

In recent years Kids Helpline has developed into a critical service for children and young people seeking mental health support. Approximately one in four counselling contacts relates to mental health, and one in six relates to suicide concerns. More than half of those connecting with the service regarding their mental health are seeking support or strategies to manage an established disorder.

Kids Helpline Interventions

For some young people, connecting with Kids Helpline is a life-saving experience, while for others it's about practical help, emotional support, or simply having someone listen. Support is calibrated to respond to the individual needs of each young person. The type and intensity of support provided is based on an assessment of the complexity and chronicity of the young persons presenting issues, their capacity to engage with the service, and their readiness for change.

- **Information, advice and referral:** provision of accurate information, advice and referral to external services, as an important prevention and early intervention strategy.
- **Counselling:** counselling that supports the development of agency and empowerment by teaching children and young people skills for decision making and problem solving. Counsellors are proficient in counselling micro-skills to build rapport rapidly and to develop and sustain the therapeutic relationship.
- **Case management:** involving assessment, scheduled appointments with a regular counsellor, goal setting, case reviews and case coordination across multiple agencies, underpinned by a therapeutic agreement.
- **Crisis response:** working closely with emergency services and child protection authorities to protect children and young people from (self) harm.

- **Advocacy:** in addition to the advocacy work undertaken by counsellors on behalf of individual clients, Kids Helpline leverages extensive contact with children and young people to provide a national voice to ensure they are valued, their human rights respected and their needs and issues acknowledged in social policy.

Kids Helpline works closely with the mental health system and other systems and services to provide integrated, stepped care that meets the needs and expectations of children and young people.

Kids Helpline innovations

Over the past 29 years, Kids Helpline has been at the forefront of developing new and meaningful ways of empowering children and young people to access support the way they want and when they want, including:

- **Webchat counselling,** Kids Helpline was the first service in the world to introduce and use online counselling via webchat.
- **My Circle,** a social networking platform where young people can engage in professionally guided peer-to-peer mental health support and group counselling. Unlike existing social media platforms, it is designed for safety and wellbeing, and is integrated with Kids Helpline for 24/7 one-on-one support.
- **Kids Helpline @ School**, an early intervention and prevention program facilitated by Kids Helpline counsellors using video conferencing technology – available free of charge to all primary schools in Australia and high schools in Northern Queensland. The program aims to improve student mental health literacy, resilience and help-seeking skills.
- **Niggle**, an app developed in partnership with Queensland University of Technology that provides easy access to evidence-based mental health and wellbeing resources, tailored to each young person's needs. Niggle was conceptualised by and co-designed with young people using a 'human centred design' approach.

Kids Helpline also finds innovative ways of engaging with children and young people:

- Using social channels to promote information relating to mental health issues and help-seeking;
- HRU? a podcast produced in partnership with Pedestrian that provides a safe and open space for conversation around mental health and issues facing young people (further details here);
- Collaborating with Australian gaming influencers on the 'Truth n Loot' campaign – giving teens the opportunity to engage in conversations about mental health and wellbeing via live Twitch Fortnite battles;
- Delivering a Snapchat campaign about sadness and depression; and
- Developing editorial campaigns on Pedestrian TV responding to questions asked by their teen audience.

What opportunities exist to create system interoperability to ensure digital mental health services can technologically connect and share information with other IT platforms and software?

Legislation enabling the sharing of information between government and non-government organisations is required to create system interoperability. Such legislation would bring simplicity and clarity to the current systems and ways of working, so that all parties know what their roles and responsibilities are, and with whom they should share information. Some of the barriers to sharing information our staff currently flag is that they do not know who owns the data, whether they can share it and with whom, and who to contact or the processes involved to share it. In addition, our staff find that government departments are commonly one-way information avenues with little reciprocation of information sharing once a matter has been referred to these agencies. While the Australian Digital Health Agency is leading this particular piece of work in relation to digital mental health information sharing, an overlapping piece of work on information sharing between governments and agencies relating to the safety and wellbeing of children and young people is simultaneously being progressed by the National Office for Child Safety in the Department of the Prime Minister and Cabinet. It would be useful for these policy activities to be aligned.

The range of different services that can interact with a child, young person and their family are wide-ranging and each has their own purpose, objectives, responsibilities, accountability, and crucially therefore, perspective. For example, there are differing and sometimes competing objectives for the use of information by the police, the courts and services like ours. Organisations like **yourtown** work with children who are commonly confronted by a range of complex and multi-faceted issues. Our staff need to be experienced, skilled and qualified to be able to understand and support clients with these challenges, which may have stemmed from intergenerational disadvantage, trauma or mental health issues. Understanding the underlying causes for behaviour is important in working with clients to support positive change, given these behaviours are often coping strategies. This may include clients engaging in criminal activities, for example, or the use of drugs and alcohol.

For this reason, we believe that a clearly defined purpose and strict parameters around sharing of information needs to be articulated for sharing deeply sensitive and/or deeply stigmatising information with another organisation. Ultimately, information sharing should be to protect the rights, interests and wellbeing of a child, or young person. A key caution is to ensure information sharing for this purpose cannot be used to the detriment of a child after they have reached adulthood. How such information is recognised and used by staff of all organisations therefore needs careful consideration.

In addition to competing/differing organisational priorities and perspectives, consideration of how long information remains relevant to a child may vary from client to client and for some organisations. It may be relevant to know a child's full history, whilst for others it could be unnecessary and stigmatising for the client. Again, full consideration of the types of information, and who needs to have access to it, is therefore needed.

We therefore would urge some consideration of, and agreement on, the principles underpinning information sharing, e.g. what is the purpose of sharing the information in terms of furthering the rights, interests and wellbeing of the child. We consider that a system like NSW's Child Story, where different stakeholders have different levels of access to information or types of information depending on their need and purpose might be more appropriate. This type of model would ensure that a central body does have full oversight of all issues, but would limit unintended or stigmatising applications of information.

yourtown staff have also identified the importance of developing working relationships to ensure that each organisation values and understands the work of the other and need for information to carry our respective functions. Conversations are also critical in the sharing of more sensitive information so that staff in different organisations can better understand and use the information they are receiving, and consideration as to how information is shared could support better and more informed information-sharing.

A technological or digital solution or solutions will be needed to facilitate system interoperability and information sharing to ensure organisations have faith that the information they are sharing is to be accessible to appropriate persons only. Such a solution will also help ensure that sharing information is not overly time-consuming or bureaucratic, and that the system is easy to use and the processes of sharing information are simplified. It would also help ensure that information is shared consistently and is two-way from the community to government departments.

The success of the digital solution and appropriate information sharing hinges on education and training of system staff (as seen by the current limited use of MyHealth my health professionals) to ensure a change in culture. In addition, in relation to children and young people services, this requires training for all system staff into the developmental stages of a child and into the effects of trauma so that they are able to understand the information they are dealing with. They will also need training support regarding a child's rights and, where age or developmentally appropriate, about how to ensure that a child is made aware of how the information being shared about them is being used. On this point, wherever possible, **yourtown** works to obtain the informed consent of the child with whom we are working before sharing the information they have disclosed with others, and this must be a guiding principle of a wider information sharing scheme too.

What are the best ways to provide guidance around the use of data, client records, data sharing and consent processes for digital mental health service providers?

We find that formal protocols and MOUs are a useful way of working with our peers when information sharing. The development of guidelines would undertake the same purpose and help translate the legislation, system protocols and standards into practice. These guidelines would help facilitate conversations about information, develop and embed working relationships within the system and make decisions on whether to share information and with which bodies.

Funding and regulation of digital mental health services

Is a blended (multi-modal) care model desirable and what are some ways to better incentivise this approach?

The pandemic has improved the confidence of the system, the workforce and service users in digital mental health services and the use of different modalities to access services. There is an opportunity to optimise this development and increasingly deliver services in multi-modal ways. However, the critical issue is that services are evidence-based and tailored to meet the needs and preferences of service users and these factors should drive service design and delivery.

At present, few digital mental health services funded by the Australian Government are focused on culturally and linguistically diverse people (CALD), Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI), Aboriginal and Torres Strait Islanders, and older cohorts. In what way could funding be design and/or allocated to ensure digital services are available to these target groups?

We welcome the acknowledgement of the mental health support needs of CALD, LGBTI and Aboriginal and Torres Strait Islanders. These cohorts are a significant cohort of Kids Helpline (which is partly funded by government) clients and in our experience they have high mental health needs.[5] Funding for specialist services to meet these needs must be allocated, and services co-designed, and where possible delivered, by members of these communities.

Where client cultural background is known, 5-6% of all counselling contacts to Kids Helpline are Indigenous. We are considering further ways of how we can best meet the needs of this cohort in a culturally appropriate way given we know there are many more Indigenous children and young people who could benefit from Kids Helpline support and a specialist First Australian service may support increased digital engagement.

What are the governance considerations around payment models e.g. user-payment, co-payment and subsidised options to ensure the quality and safety of digital mental health services available to the public?

In our experience, the cost of mental health services is a significant impediment to children and young people accessing them. The Medicare Services gap is often too large for many families to afford, particularly in relation to more specialist services, such as psychiatrists. Digital mental health services should be free at the point of access for children and young people. Further consideration of how to resource services that enable children and young people to have control over the amount of contact information they provide, and that can be accessed confidentially and privately is required.

[5] In 2019, 32% of Kids Helpline contacts were from clients with CALD backgrounds (where cultural background was known) and 6% were Aboriginal and Torres Strait Islanders, whilst 2% identified as intersex, trans and gender-diverse (where gender was known).

How can additional funding for research and development, and monitoring and evaluation of digital mental health services, partnerships and relationships, warm referral capacity etc. be built into service contracts? Should anything else be considered?

Elements such as monitoring and evaluation are built into many services today and factoring them into contracts should just be a part of the commissioning process. In addition, funds to integrate lived experience into service design and delivery should be allocated, as well as workforce training and development (**yourtown** currently self-funds training and development for Kids Helpline counsellors).

How can existing qualification programs be adapted to provide health practitioners with the skills and experience required to refer, deliver and integrate digital mental health services into their practice?

Mental health should become a larger proportion of the core modules that health practitioners must undertake in obtaining their qualifications, with digital mental health being a part of this. Continued professional development for health practitioners should also have a mental health and digital mental health component.

What additional clinical governance and/or processes are required to support an optimum digital mental health ecosystem?

Training and guidance on the Digital Mental Health Standards should be developed and rolled out to all staff in this space. In addition, children and young people require education about how to access mental health services, such as our free and virtual Kids Helpline at School service delivered by counsellors and which seeks to improve knowledge of and capacity to help-seek amongst students. This would support the much welcomed Productivity Commission's recommendation in its report on Mental Health to introduce universal pre-school mental health assessments, assessments which we would like to be universally provided at key transition points of a child's life throughout school also. Regular assessment of all children in this way would reduce stigma relating to mental health issues and would help ensure that the digital mental health system, alongside the 'traditional' system, are aware of, and tailored to respond to, all mental health needs.