The Social and Economic Benefits of Improving Mental Health

A submission to the:
Productivity Commission

Prepared by:
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Introduction

yourtown greatly welcomes the Productivity Commission's (the Commission) inquiry into 'The Social and Economic Benefits of Improving Mental Health'. We are greatly encouraged to see the Commission specifically identify young people, disadvantaged groups and suicide prevention as key areas of focus. Given the nature of our work, and the number of children and young people we work with and have worked with, we have significant insight in relation to disadvantaged children and young people and their mental health to share with the Commission.

Children and young people are particularly important to this Inquiry. Half of all lifetime mental illnesses develop before the age of 14,[1] and 75% of all mental health problems first appear before young people reach 25 years old.[2] Although highly susceptible to mental health issues and a key at risk group, young brains are also highly malleable and responsive to treatment and learning new skills. There is therefore significant opportunity to prevent and reduce the escalation of mental health issues and the considerable, detrimental, social and economic effects that they have on individuals over the life course, as well as on their families and communities, by targeting children and young people with effective policies and interventions.

Yet we know that the current mental health system is complex, somewhat uncoordinated and difficult to navigate and predominantly tailored to meet the needs of adults. Where face-to-face services do exist for children and young people with mild to moderate mental health issues, all have long waiting lists. Few services are for children and young people with complex mental health needs, whilst conversely, many children and young people are screened out of available services on the basis that they do not meet service eligibility criteria as their needs are not severe enough. Furthermore, there are no specific services for children under 12 and very few in rural and remote areas. We see the detrimental effects of this service gap and unmet need every day in our work with clients of all ages and development accessing our services.

For example, in 2018, 70 per cent (47,072 contacts) of all counselling sessions to Kids Helpline (KHL) related to concerns about mental health, emotional wellbeing, self-harm and suicide. Moreover, since 2012, while the prevalence of other KHL client counselling concerns have remained stable, these four concerns have significantly increased, with mental health concerns increasing by some 25% over this time, and suicide concerns by 18%. Indeed, recognition of considerable unmet need amongst children and young people led to the development of KHL's complex and multifaceted role in the mental health system including as a safety net, prevention, assessment and specialist referral service.

Furthermore, the range of services we deliver with vulnerable communities has highlighted the relationship that disadvantage, and particularly intergenerational disadvantage, such as homelessness, disengagement from school, unemployment, domestic and family violence, child abuse and other trauma has on the mental health outcomes of children and young people. Through our work to reengage children with school, help find young people a job or with young

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

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

parents with young children, we see firsthand how disadvantage detrimentally affects the mental health of children and young people at key life stages throughout their early childhood, adolescence and young adulthood.

Critically, however, whilst we see the detrimental outcomes of a mental health system and broader society ill-equipped to support good mental health amongst children and young people, our work shows that there is much that can be done to address gaps and reverse the effects of disadvantage.

In our submission, we identify the key areas on which we believe Australia needs to focus if we are to effectively support the mental health needs of children and young people, and help prevent and reduce the social and economic costs of unmet and escalating mental health needs over the life course. These areas include:

1. Holistic early years child development support
2. Early mental health service intervention and prevention
3. Support for unemployed young people
4. Support for young parents and families
5. Youth suicide prevention
6. Digital health resources

We trust that our insight further evidences the need to focus efforts on children and young people as well as key areas to target support. We welcome any questions or requests for further information.

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
- 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
- Accommodation responses to young parents with children who experience homelessness, and to 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 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 (KHL) is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and via real time webchat. In addition, the Kids Helpline website provides a range of tailored self-help resources. Kids Helpline is staffed by a paid professional workforce, with all 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 2018, Kids Helpline counsellors responded to over 140,000 contacts from children and young people across the nation, with an additional 843,753 unique visitors accessing online support resources from the website. During 2018, Kids Helpline made its 8millioneth contact response.

yourtown submission

1. Holistic early years child development support

As the Commission's Issues Paper acknowledges, mental health issues commonly first emerge when people are young,[3] and if left unaddressed, these issues can detrimentally affect a range of their life outcomes, including education outcomes such as lower educational attainment, poorer engagement with study and school and higher drop-out rates.[4] Indeed, we see the significant impact and prevalence of mental health issues in our work with students to reengage them at school, as well as the effects that continuing mental ill-health has on their lives when transitioning to find work (for more on this see section 3, *Support for unemployed young people*).

However, through our work, we also observe how mental ill-health is typically dependent on other aspects of a child's or young person's life. Indeed, with the cohorts of children and young people with whom we work, we see how deep and persistent disadvantage - such as homelessness, parental unemployment, drug and alcohol abuse or interaction with the justice system, domestic and family violence, child abuse and other trauma – causes, contributes to and/or compounds this ill-health.

Furthermore, in working with young children and their families, we are aware of how early signs of disadvantage and their outcomes become apparent. Indeed, research indicates that poverty is correlated with poorer developmental outcomes for children. The Australian Early Development Census (AEDC) shows that significant, poorer child developmental outcomes for disadvantaged communities are notable from the first year of school.[5] For example, in Bridgewater, Tasmania, a region in which **yourtown** is developing an early childhood strategy to increase educational outcomes, AEDC findings show that first year school-aged children residing in Bridgewater are two to three times more likely to have multiple developmental vulnerabilities compared to other children in the same age range nationally.

Developmental vulnerabilities include physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and communication skills and general knowledge – all factors that can affect the ability of students to engage with and succeed at school, and with peers. These vulnerabilities and the challenges that they present to children trying to make their way through school have an inevitable toll on their mental health, rendering school an anxious and stressful environment as they struggle to fit in, communicate and relate to their peers, teachers, school work and life. At their most extreme, these vulnerabilities can lead to the development of mental health conditions and/or disengagement from school completely.

Hence, it is clear to us, that if we are to be successful in reducing and preventing child and lifelong mental ill-health and its subsequent social and economic implications for individuals, families and communities, Australia must start by ensuring that every child receives appropriate support in

[3] https://www.pc.gov.au/inquiries/current/mental-health/issues
[4] Ibid
[5] https://www.aedc.gov.au/

their early years and prior to commencing school. Allowing children to start school already significantly disadvantaged from their peers provides the conditions for mental ill-health to occur and, left unaddressed, the gap between their peers and their own development will continue to grow throughout their young lives.

Therefore, given how vulnerabilities intersect with and compound mental health issues at a key foundational development stage, supporting early child development in its broadest sense – including addressing the many areas of disadvantage that a child and their family has in their life (see section 4, *Support for young parents and families* for more on this) - is undoubtedly a critical foundation to developing positive mental health throughout childhood and a child's school career.

2. Early mental health service intervention and prevention

Intervention early in life is particularly important for a child's mental health because it is during the transition from childhood to independent adulthood that foundational resources and conditions for a fulfilling and productive future are created.[6] Without the services in place to intervene and treat and manage issues early before they escalate, Australia has little hope of reducing the social and economic burden of mental ill-health. This means children and young people require adequate, age and development-appropriate, early intervention and prevention services to meet their mental health needs.

Today services for children and young people with mental health issues are severely underfunded and as a result children and young people are vulnerable to falling through cracks in systems primarily oriented toward adults.[7] Indeed, in our experience, mental health services for children and young people typically:

- **all have long-waiting lists** and, as a result, risk missing an optimal time to engage with a client who has reached out for help, as well as an opportunity to prevent and effectively manage needs before they escalate
- **are cost prohibitive** - where waiting lists are too long for patients to access publically-funded services then many people find private services to be unaffordable
- **have exclusionary eligibility criteria**:
    - the specialist services for children and young people of which we are aware exclude under 12s, being accessible to over 12s only. However, Kids Helpline data from 2017 revealed that 29% of all contacts about suicide were from people aged 14 or under
    - the needs of children and young people are either not severe enough or are too severe

[6] Purcell, R. Goldstone, S. Moran, J. Albiston, D. Edwards, J. Pennell, K. and McGorry P. (2011). Toward a Twenty-First Century Approach to Youth Mental Health Care. International Journal of mental health. 40(2),72-87.
[7] For example, see our research with children and young people about suicide: **yourtown** (2015) Preventing suicide: the voice of children and young people: https://www.yourtown.com.au/sites/default/files/document/2.%20Preventing%20suicide%20by%20children%20and%20young%20people.pdf

- **do not have the capability to respond to complex needs** or to **manage crises situations**
- **are inaccessible**, as for example they are face-to-face services. Face-to-face services are extremely hard to access in close-knit communities (e.g. remote and rural communities in particular) due, to associated stigma or knowing practitioners, and many children and young people prefer not to access services face-to-face due to fear of being judged amongst many other reasons (for more on children and young people's preferences for service delivery see section 5, *Youth Suicide Prevention* and section 6, *Digital health resources*).

Such is the level of demand on mental health services for children and young people, that the early intervention program we deliver to children aged up to 18 years (Starfish) includes support to clients at times of crises too, so that our definition of early intervention includes being 'the first to know' - the first service that the young person has sought support from or to which they have disclosed.

For example, we have had a number of referrals to Starfish from children aged under 10 being referred for suicidality. These children cannot access Child and Youth Mental Health Services (CYMHS) or headspace and there are no other services in the area able to support them. This is because children under the age of 10 are not eligible for headspace (12-25) and CYMHS has a very high threshold due to the number of referrals they receive. We have just completed an intake with a mother who has a son aged 9 who has attempted suicide twice. The mother did not take him to the hospital or doctor during these periods and he has been on a waitlist for another support service for over nine months.

Furthermore, our Starfish services are running at capacity and staff report significant unmet need in their catchment areas across all five areas of service delivery: individual and group counselling; case management; home-based support; links to local services and community outreach, education and workshops.

Hence, Australia must urgently fund and provide early intervention and prevention services for children and young people that:

- accommodate their age and developmental needs
- are accessible, using channels in which they feel comfortable (e.g. digital services, outreach or within school)
- are freely available
- provide for under 12s
- support mild, moderate and severe needs
- ensure timely support to high risk groups of young people concerning suicidality
- support them at times of crisis.

3. Support for unemployed young people

Through our delivery of jobactive as a youth specialist, we have been struck by the prevalence of mental health issues in unemployed young people in the program. Indeed, it is an area of the program that we have long highlighted to government as in need of reform as research, including our own, shows that unemployed young people, and especially long-term unemployed young people, are disproportionately affected by mental ill-health than both their employed peers and older cohorts of unemployed people.[8] However, given the structure and high caseload of jobactive, it is extremely difficult to meet the mental health needs of young people who present with them through the program due to the lack of funding to support psychological and/or psychiatric interventions.

It might be that their mental health needs are not yet diagnosed or that they have mild or moderate mental health needs, young jobactive clients with mental ill-health have not been supported by the profit and non-profit support services that the Commission's Issues Paper mentions (e.g. Personal Helpers and Mentors or Disability Employment Services). Instead, they find themselves in a system that is not well equipped to support and address their mental health issues, and therefore to help them find work.

For example, jobactive's assessment (the Job Seeker Classification Instrument), which is conducted by Centrelink, has been found to not accurately stream clients, and as a result many clients with complex issues such as mental health, homelessness or post detention find themselves placed into Stream A, which is designed to assist job seekers with a high level of independence.[9] In such incidences, we will reassess them so that their needs can be better met but even the scope for meeting complex needs in jobactive is limited given the caseload of jobactive staff (of around 130 clients), consisting of clients from a range of streams, whilst the reclassification process is slow meaning that supports may not be provided when they are needed.

This is of particular concern as young people are among the most disadvantaged in the labour market and make up the largest proportion in long-term unemployment compared to other age groups.[10] Labour market factors such as required social capital, employer perceptions on long-term unemployed young people, credential inflation, and employment protection are barriers to young people finding work. Furthermore, the mental health of young people suffers the longer they remain unemployed since long-term unemployment itself is a contributing factor to mental ill-health. Research with our long-term unemployed clients showed that 22 per cent had low emotional wellbeing, and 32 per cent had low self-esteem.

Indeed, it was this failing of jobactive that led to our research into how could the needs of young jobactive clients with complex needs be effectively addressed. As the needs of young people

[8] https://www.yourtown.com.au/sites/default/files/document/Long-term%20Youth%20Unemployment%20Discussion%20Paper_0.pdf
[9] Education and Employment References Committee Report 'Jobactive: failing those it is intended to serve' (February 2019): https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/JobActive2018/Report?fbclid=IwARIkN7eisItmZ8dIHiiOeyILOMln0kkhimusAmz2uEGYUbeNF6Z-dXmDuEU
[10] https://www.yourtown.com.au/sites/default/files/document/Long-term%20Youth%20Unemployment%20Discussion%20Paper_0.pdf

experiencing long-term unemployment are particularly acute – with deep and persistent disadvantage being a common factor amongst them, and which we again find is interconnected with the higher incidences of poor mental health in this group[II] - our research focused on this cohort.

From our research findings, we developed a specific model to help young people into work – **your job, your way** - and which in view of their needs, is based on providing relationship-based, holistic and intensive case management support. We are currently piloting and rigorously evaluating this model and set the details of this model below for the Commission to demonstrate how we believe jobactive could be better delivered to specific cohorts and, critically, which we believe will help ensure that young people with mental health needs are appropriately supported so that they can find work.

your job, your way – responses to long-term youth unemployment

Increasing numbers of young people are experiencing long-term unemployment. Long-term youth unemployment is defined as young people aged between 15 and 24 years who have been unsuccessful in securing work for any period longer than two weeks, for at least one year. In 2006-07 over 44,000 young people were in long-term unemployment. This rose to over 51,000 young people in 2016-17.

yourtown works with more than 7% of these young people through our employment support programs. Subsequently, we have an extensive knowledge of the barriers young people face when trying to access sustainable work as well of the enduring detrimental impact that long-term unemployment can have on young lives.

What we know

Long-term unemployed young people deal with a range of highly complex and multifaceted issues, unlike those who are in short-term unemployment, which can increase their risk of social exclusion and permanent detachment from the labour market. These barriers and their consequences are compounded as time spent in unemployment is prolonged, further impeding their opportunities in acquiring long-term sustainable work. However, current difficulties in accessing suitable longitudinal data for young people means there is a lack of specific research in how to best support these young people and tackle this ongoing issue. Furthermore, rigorous evaluations of current responses to alleviate long-term youth unemployment are scant.

To help address this gap in knowledge, **yourtown** undertook a survey of nearly 300 young people in long-term unemployment across Australia. Through this research, young people told us that the following issues prevented them from finding employment:

- Educational - such as low levels of formal schooling, literacy and numeracy
- Vocational - such as limited work history and low work skills
- Contextual - such as intergenerational unemployment and living in low socio-economic areas

[II] https://www.yourtown.com.au/sites/default/files/document/Long-term%20Youth%20Unemployment%20Discussion%20Paper_0.pdf

- Practical - such as not having a driver's licence and limited access to support through social/familial networks or services
- Psycho-social - such as mental health concerns, substance use, and homelessness
- Cognitive-motivational - such as low self-esteem and poor decision-making skills; and
- Anti-social - such as offending history and poor anger management

A diverse group with diverse needs

Our survey also showed that young people in long-term unemployment are not a homogenous group and different youth cohorts have varying experiences of long-term unemployment – critical insight when developing effective interventions. For example, young men, who have a higher rate of long-term youth unemployment than their female counterparts, told us that not having a driver's licence, limited transport, low literacy and numeracy, anger management issues, unstable accommodation, and offending history were more important barriers to employment. Young women, on the other hand, told us that they more often experience a lack of available jobs, low self-esteem and mental health issues as employment barriers.

First Australian young people ranked a lack of qualifications as the main barrier to employment, whilst young people with culturally and linguistically diverse (CALD) backgrounds rated difficulties in accessing social and institutional support due to their residency or citizenship status as a principal work barrier. The top issue for young people in regional and remote areas was the lack of jobs, whereas young people in metropolitan cities were more likely to view limited work experience, low work skills, and having no car as barriers to employment.

A new model of support

Given this cohort's complex needs, it became increasingly clear to our jobactive staff that existing caseload sizes in jobactive do not provide our consultants with the time required to develop the rapport and trust necessary to work with these clients, to comprehensively understand their individual needs, strengths and interests, or to develop a detailed plan of action in collaboration with other service providers, including post-employment strategies targeting ongoing capability development.

We therefore used our research with young people alongside other existing research into tackling youth unemployment to develop a model for support services to effectively assist long-term unemployed young people to engage in sustainable employment. Named **your job, your way**, it is designed to meet a range of different needs throughout the life of a long-term unemployed young person's journey into work. In addition, it recognises that long-term unemployment is a barrier to finding work itself and compounds existing issues that prevent job obtainment.

your job your way targets young people aged 16-21 who have been unemployed for over 52 weeks, and are at high risk of social exclusion and permanent detachment from the labour market. Central to its approach is the delivery of intensive, concurrent services and support to small active caseloads of around 25 young people. This is achieved through the provision of a dual support team of a qualified case manager (Pathways Coach) and an Employment Mentor

– both of whom have been recruited for their knowledge and skills in identifying and working with people with mental health issues - who work with the young person using a collaborative strengths-based, trauma-informed approach, coupled with targeted employer engagement and intensive 'in work' mentoring to 26 weeks.

We are currently funding pilots of the model in Elizabeth in South Australia, Caboolture in Queensland and Davenport-Burnie in Tasmania – three areas of high disadvantage and high rates of long-term youth unemployment. **yourtown** is also funding the Centre for Social Impact (University of New South Wales) to provide an independent evaluation of these pilots to ensure that the effectiveness and impact of these pilots on young people and the community is thoroughly tested and measured. We are confident that we will be able to share some positive results showing how intensive relationship-based approaches can effectively transition Australia's most disadvantaged job seekers into sustainable employment in the near future.

4. Support for young parents and families

Parents are not only a child's first teacher, they are also their first caregiver and thereby play a significant role in shaping the person the child will become and the opportunities in life the child will have.[12] Secure attachment with their parent/s in the early years positively impacts on a child's later development and life chances, with insecure attachment negatively affecting educational attainment as well as social and emotional development.

Parents who are living in poverty, with mental health problems or are young are most likely to struggle with parenting and attachment. Good parenting can protect children growing up in disadvantaged settings,[13] accentuating the need for early interventions with high-risk families that support parenting attachment and responsive care.[14] Secure attachment helps children thrive by learning to manage their own feelings and behaviour, improving their confidence, resilience and self-reliance. Conversely, the absence of these relationships paired with poverty and related stress, often leaves children emotionally ill-adapted to confront key life milestones, negatively affecting their long-term social, educational, economic and health and wellbeing outcomes.[15]

In relation to a child's mental health specifically, collaborative approaches with a child's parents have been found to build on and strengthen their role in supporting child and youth mental and emotional wellbeing both at home and within the context of their community.[16] Indeed, we know that there is little point working solely with a child to support their mental health, if they are only to return home to a family environment that has not changed and addressed the many issues that have resulted in the child's poor mental health. Furthermore, parental input is essential, at the very

[12] Duncan, G., & Murnane, R. e. (2011). Wither Opportunity? Rising Inequality, Schools and Children's Life Chances. New York: Russell Sage Foundation.
[13] Gutman, L. M., & Feinstein, L. (2010). Parenting behaviours and children's development from infancy to early childhood: changes, continuities and contributions. Early Child Development and Care, *180*(4), 535-556.
[14] Moulin, S., Waldfogel, J., & Washbrook, E. (2014). Baby Bonds: Parenting, attachment and a secure base for children: https://www.suttontrust.com/wp-content/uploads/2014/03/baby-bonds-final.pdf
[15] Ibid
[16] Kuhn, E. and Laird, R. (2014). Family support programs and adolescent mental health: review of evidence. Adolescent Health, Medicine and Therapeutics. 5, 127-142.

least, given that parental consent is required to working with children and young people, to a child's accessing the services they need.

The whole family approach, or the two or three generational approach, is widely acknowledged as being critical to disrupting deep and persistent disadvantage and, given the cohort of children and young people with whom we work, is a central element to successfully addressing a range of issues they face, including mental health.[17] Hence, many more services seeking to help children and young people with mental health issues, as well as a range of other complex challenges, must adopt the whole family approach in their work if they are to be effective in the long-term.

However, meaningful engagement with parents and/or carers, and especially families living in the most socially disadvantaged communities does come with significant challenges. These include:

- Parents worrying that by asking for help they will be judged negatively and perceived to be struggling.[18]
- Parents who have social anxiety themselves and that do not want to mix with other parents or interact with services or take their children to appointments.
- Service access barriers:
    - Complexity of the system and its lack of coordination makes it hard to navigate
    - Lack of childcare and transport
- Parents struggling with many other personal and family issues causing stress in the home– such as poverty, unemployment, family violence, past trauma or mental health issues – that make seeing their child's mental health as a priority difficult.

Therefore, a whole family approach must consider how to overcome these barriers if intergenerational cycles of disadvantage – and mental health – are to be effectively reduced. In the following case study, we present how our family centre effectively works with highly disadvantaged young parents and their children by providing holistic and flexible support to address the needs of parents and children, whilst building a community network of support together with the family so that they can effectively transition to independence.

[17] E.g. The Aspen Institute and the Bernard Leer Foundation (2016) Breaking the cycle of poverty: whole family approach: https://bernardvanleer.org/app/uploads/2016/09/Breaking-_the_Cycle_Framework_AspenAscend_BernardvanLeer.pdf
[18] Ipsos. (2016). Talking Families Campaign: Detailed findings and technical report. Retrieved from https://www.qfcc.qld.gov.au/talking-families-research-report#Research-report

San Miguel Family Centre – supporting young parents and their children

yourtown delivers a unique service to one of the most vulnerable population groups in our communities: young parents aged 25 years or younger - often single mothers - and their children who are experiencing homelessness. San Miguel provides long-term support and although we seek to have helped a family transition to independence as soon as possible and ideally within 12 months, we will support them for as long as necessary.

San Miguel parents have new babies and young children, many of whom have had to deal with issues such as family violence, drug and alcohol dependence and economic hardship, and who often have been placed in out-of-home care. All of these issues have come at a cost to their mental health and emotional wellbeing, meaning they require significant support to rebuild their self-esteem and to be good parents. However, the out-of-home care system is not well equipped to support young parents and their babies meaning these young parents have nowhere to go and their infants are at risk of being taken into care, perpetuating the cycle. Hence, many residents at San Miguel have been forced to leave care on becoming pregnant and we thereby fill a huge support gap to these families, providing support in two key ways.

Firstly, we resolve the immediate housing issue and provide safe accommodation and, in doing so, alleviate immediate stress. This then enables us to, secondly; work with these young parents and their children to help build their parenting and life skills (often lacking for all young people leaving out-of-home care); provide appropriate child development education and activities; therapeutically address any trauma experienced by parents and children as well as any additional issues that may have contributed to their homelessness (e.g. alcohol and drugs misuse) and; divert families to take part in community-based social and educational activities.

The goal of San Miguel is to create an environment in which young families can develop the skills needed to live independently and to raise children whose future will be very different to their parents. To this end, our approach to the delivery of therapeutic and educational programs at San Miguel is flexible, person-centre and holistic. For example, parents often need nutrition and cooking education and given their young age and previous family experiences, this education has to be tailored to a range of needs, including extremely basic needs.

In addition, San Miguel is well-resourced with both staff and facilities. A Senior Parenting and Child Development Worker provides specialist support to develop the knowledge, skills and confidence of parents, a Child Development Worker works with children and parents to support children to achieve key child development milestones, a Families Case Worker supports parents to achieve life goals and personal development, and an Outreach Case Worker assists the family to transition back into the community through nurturing links to community services and support services.

In terms of facilities, the 19 hectare site includes a purpose-built community room for social activities such as movie nights and other events, a tennis court, swimming pool, community garden and fenced paddocks. We also provide transport so that our work with and referral to external services is easily supported. Collaborative work with a diverse range of external

organisations not only ensures a robust, holistic response but also helps to ensure that on leaving San Miguel families have a support network within the community and are able to access the services they require over the long-term.

5. Youth suicide prevention

Suicide is the leading cause of death of children and young people in Australia, accounting for more deaths than motor vehicle accidents. Between 2012 and 2016, 89 children aged 0-14 years, 699 adolescents aged 15-19 years, and 1,150 young people aged 20-24 years died by suicide.[19] Worryingly, suicide rates for children and young people have increased over the past 10 years in Australia,[20] whilst it is one of the top reasons children and young people contact our Kids Helpline to seek advice, with 15% of all KHL counselling contacts being suicide-related in 2018, up from 11% in 2015.

Every young life lost to suicide is one too many; a tragedy not only for the young person concerned but also for their families, friends, and communities of people, causing long-lasting grief and guilt. Yet, despite the need for further research, we know that suicide is preventable. Hence, **yourtown** has prioritised youth suicide prevention as a key advocacy priority.

To this end, we have; undertaken research with children and young people about their needs experiences; become a member of the Policy Committee of Suicide Prevention Australia; set up an organisational-wide working group to ensure that our staff and service responses are equipped to effectively manage client and colleague suicidality; developed specific age-appropriate comics to help children seek help who are affected by this issue;[21] and developed and disseminated a position statement setting out our recommendations for policy and service change.[22] We are also currently working with Roses in the Ocean, the only suicide prevention lived experience network in the country, to develop a lived experience network of young people.

In this section, we present the findings of our research with children and people and share the facilitators and barriers that they identified to their seeking help and present our broader recommendations on youth suicide prevention – with the intention of informing policy and service development in this area.

What we know about youth suicide

There are notable gaps in knowledge about, and a lack of focus on, youth suicide and its prevention. However, we do know that suicidality affects groups of young people in significantly different ways.

[19] ABS data on Causes of Death, 2017
[20] Ibid
[21] https://kidshelpline.com.au/comics/suicide
[22] https://www.yourtown.com.au/sites/default/files/document/1.%20yourtown%20Position%20Statement%20-%20Preventing%20suicide%20by%20children%20and%20young%20people_0.pdf

Young males are at greater risk of death by suicide. Males account for 71% of suicides by young people, whilst young females are around twice more likely to attempt suicide than males.[23/24] The suicide rate for Aboriginal and Torres Strait Islander young people is four times that of their non-Aboriginal and Torres Strait Islander peers. Same-sex attracted young people, young people living in rural and remote areas, young people who are in or have been in statutory care, and young people involved with the justice system are also all at higher risk of suicide.

Research also shows that the vast majority of people who die by suicide experience some kind of psychiatric disorder, particularly depression, as well as anxiety disorders, substance abuse, psychotic disorders, and borderline personality disorder. Yet shockingly, a significant number of young people experiencing suicide ideation do not have access to prevention services or receive any treatment.

What we know helps

yourtown strongly believes that the voice of young people needs to be heard in the development of policies and interventions designed to prevent youth suicide and to support young people.

In 2015, **yourtown** 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, 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. [25]

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."

[23] Ibid
[24] Suicidal behaviours: Prevalence estimates from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing Zubrick, S., Hafekost, J., Johnson, S., Lawrence, D., Saw, S., Sawyer, M., Ainley., J & Buckingham, W. Australian & New Zealand Journal of Psychiatry 2016, Vol. 50(9) 899-910.
[25] **yourtown** (2015) Preventing suicide: the voice of children and young people: https://www.yourtown.com.au/sites/default/files/document/2.%20Preventing%20suicide%20by%20children%20and%20young%20people.pdf

- "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.[26]

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 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

[26] http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

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.[27]

[27] 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".

yourtown's recommendations to help prevent youth suicide

Based on our own research and experience, the voice of young people, and the broader research literature, we have identified the following measures and approaches that government, non-government agencies and community organisations must implement or further invest in to help prevent youth suicide:

- **A specific and nation-wide youth suicide prevention strategy**

A specific, youth focused national strategy is needed to set clear objectives and priorities based on evidence of what works with children and young people, to coordinate activities across various levels and arms of government (e.g., state and federal; education, health, etc.) and the not-for-profit sector, to fund rigorous research and evaluation, and to improve data collection to more accurately and comprehensively monitor rates of suicidal thoughts and behaviour.

- **Strategies to reduce stigma and to create a help-seeking culture**

Strategies to overcome stigma and create a culture that encourages help-seeking are needed that target the whole community, and meet the specific needs of diverse groups of people such as young men who typically do not access existing support services. To this end, education and campaigns encouraging children and young people experiencing suicidal ideation to talk openly, and for those around them – including professionals, family, friends and the wider community – to listen first are key. Responsible media reporting on suicide underpins community education, and when appropriate, can help to reduce suicidal behaviour.

- **Youth suicide prevention interventions tailored to the needs of different groups**

Effective youth suicide prevention requires tailored approaches directly informed by the needs and preferences of children and young people – no single intervention is sufficient. This includes meeting the specific needs and preferences of different genders, of lesbian, gay, bisexual, transgender and intersex people, of the different developmental stages and ages of young people, and tailoring them to the specific contexts in which they live (e.g. urban and remote locations, disadvantaged areas).

In addition, new responses to specifically address high rates of suicide among Aboriginal and Torres Strait Islander children and young people must be developed. It is critical that these interventions are designed in collaboration with Aboriginal and Torres Strait Islander young people and are led by their communities.

- **Early intervention**

Early intervention services that provide holistic support and treat emerging mental health problems are a key strategy to preventing suicide and should be available to children and young people of all ages. Too young to access services such as headspace, children under 12 years old urgently need to be able to access appropriate support services tailored to their needs. Early intervention outreach services that can deliver services to young people in environments in which they are comfortable are also required.

- **Gate-keeper training**

As young people often do not seek help or access services as they fear being judged or not taken seriously, they require a system that is able to recognise and respond to their multiple and holistic needs at any point of entry. Gatekeeper training - training adults who are in contact with children and young people to identify and respond to the needs of those experiencing suicidal ideation - is an integral part of ensuring that there is no wrong door to accessing support and care services.
This includes understanding that young people also worry that sharing their suicidal thoughts with others will result in a disproportionate, 'text-book' or clinical response to their needs. Service and staff responses must focus on the individual needs of the young person in question, and not simply follow an organisational risk-based approach, which inadvertently risks alienating the young person by making them feel unheard.

- **Integrated services to enable a seamless care journey**

Providing integrated services to enable a seamless care journey - from early intervention to long term continuing care following a suicide attempt - is vital. Doing so helps ensure that vulnerable young people do not fall through service gaps, particularly when transitioning from children's to adults' services, and that those at higher suicide risk of suicide after leaving inpatient care following an attempt, receive the ongoing support that they need. This needs to include holistic non-clinical support that addresses the specific contextual factors contributing to an individual's distress.

- **Professional counselling and psychological therapy**

A range of sustained and intensive psychological therapies, including CBT, DBT and IPT, can effectively treat mental health risk factors such as depression and should be available and tailored to children and young people.

Confidential telephone and web-based counselling available 24/7 is also a critical part of the service system and offers unique benefits to children and young people. It helps overcome barriers to help-seeking - particularly to those who may not otherwise seek help, act as a soft entry opportunity and pathway to more intensive services, is accessible to high risk groups including those in remote and rural Australia, and can provide both ongoing counselling and crisis support from a trusted source.

- **A whole family approach**

Families are a critical source of support for many children and young people. However, many families do not understand suicidality and do not know how to respond effectively. Educating and working with families is crucial for a range of reasons. Difficulties in the family environment can contribute to suicidality, whilst parents should be a child or young person's most trustworthy and reliable point of support, and provide ongoing help for the duration of their treatment.

- **Further research**

To date, we do not have a clear list of 'what works' in youth suicide prevention. Many interventions appear promising, but results of different studies are often mixed. This is partly due to a lack of rigorous research and evaluation. In addition, the effectiveness of any intervention may depend on contextual factors, the characteristics of the specific intervention implemented, and implementation fidelity. Understanding what constitutes best practice for any given type of intervention group is needed.

Social media and the internet provide additional opportunities to connect with people 24/7, whenever thoughts of suicide arise, and given young people's enthusiasm for new technology, social media may be especially effective with this group. Since young people have themselves reported a desire for more peer-to-peer communication and networking using social media, research into how this help can be integrated into technology they already use needs to be funded.

- **Collaborative working**

There are a multitude of community organisations and health services – both specialist and mainstream - that have a role to play in preventing and treating youth suicide. In addition, there are many academic research centres and staff undertaking research into suicide prevention. This broad sector needs to build on existing relationships and expertise to find more ways to work together to find solutions to effectively prevent and treat youth suicide. This will include sharing knowledge, partnering on research and service pilots, and learning from research findings and ensuring that they are translated into practice.

6. Digital health resources

Australian surveys and research asking diverse young people about mental health reveal that many young people with mental health problems tend not to access services.[28] The Child and Adolescent Mental Health survey, for example, reports that overall 246,000 children and adolescents or 44% of those who were assessed as having a mental disorder had not used services in the previous 12 months.[29] Service use was also found to be lower among children and adolescents with mental disorders living in disadvantaged families. Underuse of services also extends to parents and carers with fewer than a third (27.3%) of parents and carers using a health service in the past 12 months to help them with their child's or adolescent's problems. Reasons for this include not knowing how and where to access services, being scared of being judged and services not being child-friendly.

Hence, to ensure that KHL and the broader range of support services that we provide appeal to children and young people, accommodate their needs and are easily accessible, we undertake research into the use of technology in our service provision in a bid to provide support in the digital world they access daily and in which they feel comfortable. 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 KHL and wider system service gaps as well as complement our existing and external programs to which we refer our clients.

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.[30] As a result of this research, we strongly urge the Commission to consider and promote the importance of digital resources in preventing and reducing mental health issues amongst children and younger people. As younger generations grow, digital resources will of course have more popularity and be of use to all ages of society.

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 – Niggle and Circles - and, given their modality, we believe they will be of particular interest and help to children and young people in rural and remote areas who have greater challenges in accessing mental health services in their communities.

Niggle: the first interactive and integrated help-seeking app

[28] Bassilios et al. (2017). Complementary primary mental health programs for young people in Australia: Access to Allied Psychological Services (ATAPS) and headspace and Westerman, T. (2010). Engaging Australian Aboriginal youth in mental health. services. *Australian Psychologist, 45*(3), 212-222.

[29] Lawrence, D. Johnson, S. Hafekost, J. Boterhoven de Haan, K. Sawyer, M. Ainley, J. (2015). The mental health of children and adolescents: report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

[30] 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.

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 2019.

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

yourtown has partnered with FGX (Future Generation Fund) and the University of Sydney 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 professional, group counselling 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, 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.