



# Inquiry into Mental Health and Suicide Prevention

A submission to the:  
Australian Parliament House of  
Representatives  
Select Committee on Mental Health and  
Suicide Prevention

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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 free 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs 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** is unique within Australia. Kids Helpline is the only national 24/7, confidential support and counselling service specifically designed to meet the needs of children and young people aged 5 to 25 years. It offers counselling support via telephone, email and via real time webchat and is staffed by a paid professional workforce, with all counsellors holding a tertiary qualification. The website and social media channels provide a range of tailored self-help resources designed to meet the needs of young people, parents, carers and schools.

Since March 1991, children and young people have contacted Kids Helpline about a range 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.

Demand for **Kids Helpline** services has increased significantly. In 2020, there were 2,147,759 unique visitors to the Kids Helpline website, representing a 974% increase over 10 years from 199,975 visitors in 2010. Demand also spiked during the height of the COVID-19 pandemic, with a 28% increase in the number of responses to young people during April to September 2020 compared to the same period in 2019 (from 74,894 to 96,129 responses).

## Executive Summary

The COVID-19 pandemic and increasing number of global and national crises have demonstrably impacted the mental health and wellbeing of children and young people, and highlighted the urgency of addressing the mental health needs of Australia's communities and the systems needed to support their needs. **yourtown** welcomes the establishment of the Select Committee's Inquiry into Mental Health and Suicide Prevention (the Inquiry) with a view to elevating these critical issues and examining how to design and fund services, and build the capacity of Australia's future mental health workforce to respond to this increased demand.

In line with the Inquiry's Terms of Reference, this submission provides an overview of key elements of **yourtown's** responses to the issues raised by recent findings and recommendations of the following named reports: Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, and the National Mental Health Workforce Strategy. **yourtown** endorses the recommendations made by these reports, particularly the clear message regarding the need for access to early mental health intervention for young people when it is needed.

The Royal Commission into Victoria's mental health system observed that the crises engendered by COVID-19 and the bushfires in 2019 shone a spotlight on the pressures of existing systems to meet people's mental health needs. During the COVID-19 pandemic, **yourtown** similarly witnessed a significant spike in demand for **Kids Helpline** services. Therefore, this submission provides information as to how **yourtown's** workforce responded to the COVID-19 pandemic and highlights key areas where **yourtown** is uniquely placed to assist implementation of some of the key findings of the reports, particularly in relation to children and young people, such as through the operation of its 24/7 **Kids Helpline** service.

### ***Mental health services must be integrated, scalable and able to adapt during crises***

In order to meet demand and provide an effective mental health system both now and into the future, services must be integrated and scalable, and able to adapt swiftly, modify and perform under increased pressure or in a crisis. Virtual services are highly scalable and complementary services that can support established face to face services, including services provided by emergency departments. During COVID-19 **yourtown** demonstrated the agility and scalability of its virtual services through its **Kids Helpline** response when faced with a spike in demand for its online services. It provided critical services to meet the service delivery gap, utilising a recently established Kids Helpline services centre in Sydney, while other services closed or were unable to maintain contact with clients.

### ***Mental health services must be underpinned by stable, longer term funding***

This submission also focuses on priority areas that need urgent action and certainty of funding into the future. It is only through the provision of significant and ongoing core funding for the delivery, support and integration of quality digital mental health services, and equitable access to digital tools that Australians will have the confidence and certainty that at a time of crisis, services have

the foundational infrastructure and elements in place to scale up their service models to meet additional demand. Foundational elements to enable this include: an existing stable and skilled workforce, high quality digital practice models and quality assurance/supervisory structures for a digital service model which can be replicated or expanded upon. It is also essential to ensure funding is immediately available and quickly accessible to manage spikes from crisis events such as floods, bushfires and pandemics. Funding should be reflective of need (both pre-existing and emerging) and recognise high demand areas (such as where there are long waiting lists in the Northern Territory); and be based upon credible data that informs evidence of outcomes, and supports progression.

## Unmet mental health needs of children and young people

The Productivity Commission Inquiry into Mental Health report outlined the economic and human imperative of reforms to the Australian mental health system. A key element was the call to reform mental health systems to focus on prevention and early intervention, particularly early in life and experiencing illness, with the mental health of children and families identified as a priority. This report, coupled with the findings of the Victorian Royal Commission, and the National Mental Health Workforce Strategy (the Strategy), identified multiple barriers to service delivery for those with mental health needs. For children and young people, these include:

- **Limited services, coupled with long-waiting lists for mental health support:** Long waiting lists in the public health system, and limited available face to face services means even fewer services are available at the critical moment needed to engage with a young person who has reached out for help. Sometimes the only available service might be virtual, such as through **Kids Helpline**, particularly in more rural and remote areas of Australia. This represents not only a missed opportunity to prevent and effectively manage needs before they escalate, but in cases of suicidal thoughts or self-harm, the lack of immediate access to services and support can have devastating consequences.
- **Exclusionary service eligibility criteria:** Often specialist services for children and young people exclude under 12s and are accessible to over 12s only. The Royal Commission report noted the limited focus on responding to the mental health and wellbeing needs of children under the age of 12. This is a 'missing middle' whereby the needs of children and young people are either not severe enough or are too severe to be eligible for government-funded service support. **yourtown's** Kids Helpline is unique in this context in that it provides 24/7 online support to children as young as 5 years of age, with no exclusions for young people accessing its services and supports.
- **Services as currently funded are unaffordable for many:** The federally funded "Better Access" initiative is only partially subsidised. This risks families with limited income being faced with a choice between paying the (often unaffordable) additional fees to access essential mental health services and therefore not being able to afford other essentials, or choosing not receive services at all – simply because they cannot afford to pay the gap. Alternatively, others wanting to urgently access services (given the waitlist in the public system) may choose to turn to the private system, but often find the fees prohibitive, and may be restricted in terms of how much support they can afford to access.
- **Inadequate multi-disciplinary responses** to support complex needs or to manage crises situations, including post-crisis (e.g. from emergency departments and the police).
- **Lack of diversity of available services:** Face-to-face services may face challenges with engaging with clients in close-knit communities (e.g. remote and rural communities in particular) due to stigma associated with mental health, and fear that contact with these services will become known in the community or by their peers, hence face-to-face services are typically not an appropriate first port of call for children and young people reaching out for help. Further, there is also often limited, or sometimes no face-to-face services locally available to those who live in regional and remote areas. There needs to be equitable, and tailored support for all people at all life stages, including equitable access to digital crisis support.

## **yourtown's online services**

Through providing a range of face-to-face, and virtual services (**Kids Helpline** and **Parentline**) to children, young people and families experiencing disadvantage, **yourtown** has unique insight into the mental health and wellbeing of families, children and young people and reforms needed to better support their needs. **yourtown's** largest service **Kids Helpline** is the nationally-recognised helpline for children and young people aged 5-25 and plays a distinct role in the national mental health system by supporting young people experiencing a range of mental health concerns. Acting as a front door to the mental health system, **Kids Helpline**:

- supports early intervention and soft entry into formal support with its youth-friendly accessibility (via phone, webchat and email), self-help resources and confidentiality
- provides a 24/7 safety net when other services are closed, have long waiting lists or exclude certain cohorts from accessing support (e.g. under 12s)
- case manages clients with high and complex needs on an ongoing basis, and
- delivers time-critical support to those experiencing crises and suicidality.

Younger generations engage seamlessly with online environments and look to digital services for all types of connections, including support. Digital platforms and tools provide a range of benefits to children and young people seeking mental health support. For example, young people have told **yourtown** that they turn to **Kids Helpline** as it helps them overcome the barriers to access, such as stigma and discrimination, cost and transport. They can also find face-to-face services daunting and intimidating, and fear they will be judged. This is a fear most commonly expressed by those who live in rural and remote communities where communities are small. Stigma was found to be the main reason preventing young people from actively seeking help about suicidal ideation.<sup>1</sup> By offering a layer of anonymity through different modes of access, phone, webchat and email, **Kids Helpline** clients feel they can overcome the stigma of reaching out for help in relation to mental health issues. It is the removal of these barriers and access to professional support that are significant factors for young people making contact.

**Kids Helpline** is currently accessed by children and young people of all ages and of all cultural backgrounds (5% of counselling contacts were from Indigenous clients and 34% were from CALD clients in 2020<sup>2</sup>) and living in urban, regional, rural and remote communities, demonstrating the broad appeal of digital mental health services to a range of cohorts. **Kids Helpline** also operates a social networking platform, 'My Circle', where young people can engage in professionally guided peer-to-peer mental health support and group counselling.

**yourtown** also provides some high schools in New South Wales with a fee for service virtual **Kids Helpline** contingent psychology support. This kind of service represents a significant opportunity for rural and remote locations where there are challenges in attraction and retention of professional staff, or barriers to providing cost effective service delivery.

Digital counselling services, such as **Kids Helpline**, should be an essential part of the holistic system of support available to children and young people to increase access to health and equity of

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<sup>1</sup> **yourtown** (2016) 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>

<sup>2</sup> Where client cultural background was known

services, particularly to those in regional, rural and remote areas. To support younger cohorts online, **yourtown** also delivers a free **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. **yourtown** also undertakes one-off activities aimed at this cohort and, for example, teamed up with Nickelodeon Australia to encourage kids to ‘Get Real With Your Feels’. The co-designed online quiz asked children about how they were feeling using a SpongeBob game and talked about getting help at Kids Helpline. Not only did it help children identify and understand their feelings but it also encouraged them to be more willing to open up to family and friends about what was on their mind.

**yourtown** also endorses the recognition in the reports of the importance of parents and family when seeking to support the mental health of children and young people. In addition to **Kids Helpline**, **yourtown**’s family programs take a whole family approach and seek to support the holistic needs of parents and the wider family that impact on a child’s wellbeing. **yourtown** introduced **Parentline** as a complementary service to **Kids Helpline** based on a whole family approach. **Parentline** is a confidential telephone service providing professional counselling and support in Queensland and the Northern Territory, with the telephone service available every day from 8am to 10pm, and webchat available from 8am to 9pm. **Parentline** also provides online resources to help with the specific challenges of parenting and family, with additional resources having been designed during COVID-19 to help families during the pandemic.

### **yourtown’s response for children and young people during the COVID-19 pandemic**

During 2020 and at the height of the COVID-19 pandemic in Australia, **Kids Helpline** experienced not only a spike in demand, but also young people contacting them with increasingly severe needs, including suicidal ideation. During the pandemic, young people often told us they turned to **Kids Helpline** as their normal support services were closed and their support networks and coping strategies were inaccessible.

In 2020, of the more than 176,000 contacts responded to, 85,935 were indirect help seeking (searching for information and referral about their concerns) and 90,077 contacts received counselling support, with mental health concerns the primary reason for contacting the service. Overall demand increased by 16%, peaking at 43% more contact attempts in April compared to the same period in 2019. Amongst the youngest cohorts of clients, **Kids Helpline** demand increased by 113% for children aged 5-9 years and by 37% for children aged 10-14 years between April and September 2020.<sup>3</sup>

Mental health concerns remained the top reason for contacting the service in 2020. Compared to 2019, contacts from clients with **mental health concerns increased by 36%**, **suicide-related concerns increased by 27%** and **contacts about self-harm increased by 35%**. Kids Helpline counsellors also undertook significantly more duty of care interventions in 2020 compared to 2019

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<sup>3</sup> Compared to the same period in 2019

(48% increase), with suicide attempts constituting the largest proportion of these interventions (1,042 interventions), representing an increase of 28% compared to 2019.

Additional funding during the pandemic enabled **yourtown** to scale up its digital support network. **yourtown** tailored the **Kids Helpline** professionally moderated peer support program 'My Circle' to meet the specific needs of 496 young people during lockdown, delivering 'My Circle' programs to two groups, one for young people aged 13-17, and another for those aged 18-25. The programs supported young people who had not used **Kids Helpline** services before, as well as those who sporadically interact with Kids Helpline. The 'My Circle' programs provided essential additional support and intervention service for clients of other services which closed during the pandemic. Nearly half of the participants (47%) were receiving counselling support outside of **Kids Helpline**, a third were currently taking medication for a mental health diagnosis, and 87% reported moderate to severe psychological distress on the CORE-10, with 38% reporting severe distress.

Specific pandemic-related support was also provided on the **Kids Helpline** website, with a suite of new online resources about COVID-19 (<https://kidshelpline.com.au/coronavirus>) developed. This provided key resources on coronavirus and related issues that were tailored specifically to children and young people to provide them with accessible online information and support resources.

## **Priorities for future mental health service delivery and system reform**

### ***1. Digital mental health services – are essential for an equitable and responsive mental health system***

Digital mental health services have been rightly recognised in the reports as critical to the future of mental health system support. With half of all lifetime mental illnesses developing before the age of 14<sup>4</sup> and children and young people comfortably engaging online, the potential of the digital environment needs to be fully explored to ensure the mental health system is well equipped to meet their needs.<sup>5</sup> As demonstrated in the recent crises of bushfires and a pandemic, digital support is essential where there is a surge in the volume of people cumulatively facing life stresses, and in order to provide equitable, and immediate access to support. This has been clearly demonstrated in the surge in demand for virtual support via **Kids Helpline** for children and young people with mental health concerns.

**yourtown** strongly supports the reforms identified by the Victorian Royal Commission particularly in relation to the need for better integration of services that support people's mental health and wellbeing. The Royal Commission recommended that the Victorian Government collaborate with non-government helpline services to improve helplines' connections with mental health and wellbeing services and to assist people to find and access treatment, care and support (Recommendation 6). With **Kids Helpline** as the nationally-recognised non-Government helpline for children and young people aged 5-25, **yourtown** with appropriate support, is ready to play a key role in implementing the recommendation not only in Victoria, but also nationally.

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<sup>4</sup> 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).

<sup>5</sup> Australian Institute of Health and Welfare (2014). *Australia's Health 2014*. Canberra: (Cat. no. AUS 178).



## ***2. Access to technology and digital tools to overcome the 'digital divide'***

Establishing digital services and holistically integrating them within the mental health service system is essential for long term delivery of seamless, integrated, equitable and accessible mental health services. However, equity will only be attained if the issue of disadvantage as it relates to both the need for access to technology, and education in how to use that technology is addressed.

The following are some of the barriers that **yourtown** has identified in all people being able to access services digitally that need to be addressed by the system as a whole:

- **Lack of access to a laptop, tablet or PC or limited or no access to the internet**
- The **technology or internet not working** or not working consistently including audio, visual or the internet which disrupted therapeutic relationships and the therapeutic process
- Some families **not having access to appropriate technology** (e.g. a computer or camera or sessions)
- Children, particularly those under age of 8, at times **struggle to focus for long periods of time online**
- some clients were challenged by **confidentiality issues** due to limited space or control of the environment at home, and
- Schools unable to provide counsellors to deliver sessions in school (eg., during COVID-19) and lacked **sufficient digital resources or technology privacy policies** (e.g. firewalls) to support students to engage virtually with a counsellor during school hours.
- The lack of digital literacy: education and support to know how to use and access websites and other digital services. While young people may be savvy about the use of social media sites, some do not have the skills to use other platforms, or are limited in their ability to use some sites due to lack of numeracy and literacy skills.

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, and to work to overcome the digital divide. 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.

## ***3. Early intervention and access to mental health care and suicide prevention for young people***

In Australia, one in seven students aged 4-17 years have experienced mental illness in the previous 12 months,<sup>6</sup> 1 in 10 adolescents have engaged in self-harming,<sup>7</sup> with suicide the leading cause of death of children and young people.<sup>8</sup> Nearly half of all lifetime mental illnesses develop before the age of 14,<sup>9</sup> and 75% of all mental health problems first appear before young people reach 25 years old.<sup>10</sup> For too long these startling statistics have been overlooked, and in the process, opportunities to prevent and reduce the escalation of mental health issues into lifelong conditions have not been seized. Intervention early in life is key to good mental health because it is during childhood that foundational resources and conditions for a fulfilling and productive future are created.<sup>11</sup> Mental health issues can impede education (including attainment and school engagement<sup>12</sup>), employment and relational outcomes. While highly susceptible to mental health issues and a key at risk group,<sup>13</sup> young brains are highly malleable and responsive to treatment and learning new skills, and responsive to early intervention and management of mental illness.

**yourtown** strongly supports the Productivity Commission's Report on Mental Health and the findings of the Victorian Royal Commission into Mental Health, particularly the recognition that existing systems do not effectively support the mental health needs of children and young people. Further, the National Suicide Prevention Advisor (NSPA) report rightly noted that suicide prevention should be elevated as a stand-alone issue in its own right, rather than be seen as a subsidiary issue to mental health. **yourtown** endorses this approach, given that both mental health, and suicide prevention are both significant issues that need to be equally addressed, particularly for children and young people. Mental health can be one of many factors contributing to suicidality. Addressing suicide prevention solely through a mental health lens is inadequate. Services responding to suicide prevention should not be based upon assumption of mental illness, but developed with the principle of human centred service design that enables responsive, timely, and individually tailored services to meet the unique and specific needs of the person before, during and for an ongoing period after a suicide crisis. **yourtown** also advocates for the inclusion of suicide prevention training standards in the Strategy for all health and allied health professionals that are *age appropriate* to ensure that adults, children, and young people at risk of experiencing suicidal behaviour are appropriately supported.

**yourtown** also endorses the targeted approaches identified as being required to address priority populations, particularly in strengthening the role and capability of Aboriginal and Torres Strait Islander organisations in suicide prevention and improving cultural safety within mainstream service providers to better respond to the needs of Indigenous Australians (recommendation 11, NSPA report).

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<sup>6</sup> The Australian Child and Adolescent Survey of Mental Health and Wellbeing (2013-14): <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/prevalence-and-policies>

<sup>7</sup> Lawrence, D. et al (2015) The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of Health, Canberra.

<sup>8</sup> Australian Bureau of Statistics (ABS) data on Causes of Death, Australia, 2017.

<sup>9</sup> 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. *Archives of General Psychiatry* 62 (6).

<sup>10</sup> Australian Institute of Health and Welfare (2014). *Australia's Health 2014*. Canberra: (Cat. no. AUS 178).

<sup>11</sup> 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.

<sup>12</sup> E.g. Orygen Youth Health Research (2014) *Tell them they're dreaming: Work, Education and Young People with Mental Illness in Australia*.

<sup>13</sup> E.g.: Orygen, *The National Centre of Excellence in Youth Mental Health and headspace*, National Youth Mental Health Foundation. The submission to the Productivity Commission's Inquiry into Mental Health (April 2019)

