



Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

A submission to the:
Queensland Parliament Mental Health Select
Committee

Prepared by:
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yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and young people. Established in 1961, **yourtown's** mission is to enable young people, especially those who are marginalised, to improve their life outcomes. **yourtown** provides a range of face-to-face and virtual services to children, young people, and families seeking support. Our services have a track record of delivering outcomes for children, young people, and families experiencing significant disadvantage. In Queensland they include:

- Mental health services for children aged 0-11 and their families, including Starfish Family Mental Health Support Service in Deception Bay and Logan, and Brisbane Mind4Kids in Deception Bay;
- Kids Helpline @ School (primary schools, state-wide) and Kids Helpline @ High School (North Queensland) programs delivered via video conference technology to complement a whole-school prevention approach and assist staff in delivering evidence informed strategies to promote student mental health and wellbeing;
- Parentline, a telephone and online counselling and support service for parents and carers;
- Accommodation and therapeutic responses for women and children seeking refuge from domestic and family violence, including post-refuge support, in southeast Queensland;
- Expressive Therapy programs for young children and infants who have experienced trauma and abuse or been exposed to violence in southeast Queensland;
- Facilitating Partner of Communities for Children in Deception Bay, since 2004;
- Engagement in Education Program, which supports primary school students at risk to successfully transition to and complete high school in Ipswich;
- Skilling Queenslanders for Work, including various Get Set for Work, Work Skills Traineeships, and Community Work Skills programs across southeast Queensland;
- jobactive and Transition to Work, which have supported young people aged 15-25 years old to overcome barriers to work and secure employment in Beenleigh, Browns Plains, Capalaba, Caboolture, Deception Bay, Ipswich, Kippa-Ring, Kingston, Woodridge, and Victoria Point;
- your job your way, **yourtown's** youth-specialist employment program for young people experiencing long-term unemployment in Caboolture;
- Social Enterprises, which have provided young people aged 15-25 with paid work experience and training as a 'stepping-stone' to employment across southeast Queensland;
- Youthful Offenders Program, which provides counselling and support for young people aged 18-25 in detention who have a history of alcohol and drug use;
- Glugor Young Parents Program, for young parents and their children in Deception Bay; and
- **yourtown's** national Kids Helpline service

Kids Helpline

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

Since March 1991, Queensland children and young people have contacted Kids Helpline about issues ranging from everyday topics, such as family, friends, and school to more serious issues of child abuse, bullying, mental health, drug and alcohol use, self-injury, and suicide. Despite the challenges COVID-19 has presented, Kids Helpline was operational everyday of 2020 and 2021.

yourtown welcomes the opportunity to respond to the Queensland Parliament's Mental Health Select Committee's inquiry into opportunities to improve mental health outcomes for Queenslanders. **yourtown** considers the following issues need to be addressed within the current mental health system and connected systems in order to improve mental health outcomes for Queenslanders, particularly for children and young people. This includes addressing the:

- shortage of accessible and child- and youth-appropriate mental health services;
- lack of coordination within the mental health system, and with other mainstream systems (e.g., child protection, housing, justice, education, and employment);
- insufficient numbers of professionals entering into and remaining in the mental health workforce to meet demand;
- lack of digital skills within the current and emerging mental health workforce to equip them to deliver services virtually, resulting in a workforce that is neither scalable nor agile to meet fluctuating demand or provide virtual services where physical services are not available; and,
- inequitable access to face-to-face and virtual mental health services in rural and remote communities.

Queensland should prioritise the mental health needs of children and young people within any proposed mental health system reforms. This prioritisation should include:

- provision of holistic support at key life stages of children and young people, including support for parents, early years child development and parents, children, and teenagers in school, and transitioning to employment;
- whole-of-government commitment to effective delivery of mental health care, with effective referrals, collaboration and measurable actions to address mental health and inter-related social determinants; and,
- Building the digital capability of the current and emerging mental health workforce.

Prioritising the mental health needs of children and young people

Holistic support at key life stages of children and young people

Holistic and coordinated care at the systems level will not be effective if holistic support is not provided for children and young people at key development and transition stages of their lives. Mental health issues can affect anyone from any background at any stage in their life, however, they typically start in people's younger years. Half of all lifetime mental illnesses develop before the age of 14 years,¹ and 75% of all mental health problems first appear before young people reach 25 years of age.² The Productivity Commission estimates the direct economic costs of mental ill-health and suicide in Australia to be \$43-70 billion. Mental health issues in children and young people can have negative effects on life outcomes, including lower educational attainment, poorer

¹ 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).

² Australian Institute of Health and Welfare (2014). *Australia's Health 2014*. Canberra: (Cat. No. AUS 178).

engagement with study and school, and higher drop-out rates.³ Given the predominant onset of mental illness during childhood and adolescence, investment should be made in prevention and early intervention programs to decrease the economic and social costs of mental illness. However, services for children and young people with mental health issues remain underfunded, risking vulnerable children and young people falling through cracks.⁴ To effectively support the mental health needs of children and young people, and help prevent and reduce the social and economic costs of unmet mental health needs over the life course the Queensland Government should:

- **Build the capacity of parents and families to support young people** – The mental health system needs to be re-designed to encompass a scaffolded experience journey that supports children and young people with mental health needs, as well as parents and supporters along every step to facilitate their help-seeking. Supporters such as parents or friends can often feel overlooked within the mental health system. A separate path needs to be designed within mental health service delivery system to ensure support networks are equipped with the knowledge and skills to enable them to help young people get services faster. Poorer child developmental outcomes can affect the ability of children to engage with their peers and succeed at school. The Australian Early Development Census (AEDC) shows that significantly poorer child developmental outcomes are notable in disadvantaged communities.⁵ **yourtown's** observations in our parenting programs and refuge for young parents and their children is in line with this finding from the AEDC. 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, including their school environment.⁶

Recommendation I:

Services and supports should be designed for a scaffolded experience journey that supports the young person, parent and supporter along every step of help-seeking, including: design for waiting; design for the lead up into using services; and design for mental wellbeing, whether in person or online.

- **Mental health services for children and young people should be designed to meet young people where they are at:** Mental health services need to be updated to meet the needs, communication styles and preferences of children and young people living in the 21st Century, designed to meet them 'where they are at'. This includes:
 - designing services that 'don't feel like services', whether through peer-to-peer approaches or similar mechanisms;
 - designing for ongoing connectivity and availability of services;
 - designing for online access to services, whether through multi-channel use, or ongoing connectivity and availability of services;

³ Australian Government Productivity Commission (2019). The Social and Economic Benefits of Improving Mental Health – Issues Paper: www.pc.gov.au/inquiries/current/mental-health/issues

⁴ **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) <https://www.yourtown.com.au/sites/default/files/document/2.%20Preventing%20suicide%20by%20children%20and%20young%20people.pdf>

⁵ Australian Early Development Census www.aedc.gov.au

⁶ Kuhn, E. and Laird, R. (2014). Family support programs and adolescent mental health: review of evidence. *Adolescent Health, Medicine and Therapeutics*. 5, 127-142.

- designing services that provide palpable reassurance of trust between the service provider and young people;
- designing services that enable young people to tentatively reach out and 'try before they buy' type services;
- designing for privacy; and,
- designing for early intervention and prevention of mental health issues, and ongoing wellbeing.

Recommendation 2:

Services and supports for children and young people should be designed to 'meet' young people where they are at, using technology and methods that are agile and relevant in the 21st century.

- **Support for early years' child development** - Developmental vulnerabilities (in the areas of physical health, social competence, emotional maturity, cognitive skills, and communication) that are left unaddressed can take their toll on children's mental health as they navigate their way through school and with their peers. Mental health issues in children and young people can have negative effects on life outcomes, including lower educational attainment, poorer engagement with study and school, and higher drop-out rates.⁷ Given how vulnerabilities intersect with and compound mental health issues at a key foundational stage, supporting early child development is critical to developing positive mental health through childhood and school life.
- **Support for children and young people in school** - Young people's support systems are often informal, however, **yourtown** has found that the most common time young people needed help was at the beginning and the end of high school. In our 2021 **yourtown** youth advocacy project (Your Voice), young people in Queensland told **yourtown** that it was important to them that the education system engage and inform teenagers about mental health issues and connected them with appropriate mental health information and supports.⁸ **yourtown's** Kids Helpline @ School and Kids Helpline @ High School programs complement a whole-school prevention approach and assist school staff in delivering evidence informed strategies to promote mental health and wellbeing, and expand upon classroom discussions regarding mental health, respectful relationships, online wellbeing, and resilience. This early intervention social and emotional learning program is provided virtually by qualified and experienced Kids Helpline Facilitators. They engage students and teachers in discussions on a range of topics, including Help-Seeking, Online Wellbeing, Cyberbullying, Emotional Intelligence, Respectful Relationships, Coping during COVID-19, and Coping with Changes. The programs are integrated with **yourtown's** 24/7 national Kids Helpline service to provide easy access to counselling and support. The Queensland Government's Student Learning Wellbeing Framework states a whole-school approach is required, providing health and wellbeing learning opportunities for students through the curriculum,⁹ such as developing mental health literacy, help-seeking skills, and resilience. In 2021, the Queensland Government invested \$100 million in a Student Wellbeing Package for primary and secondary students to access health

⁷ Australian Government Productivity Commission (2019). The Social and Economic Benefits of Improving Mental Health – Issues Paper: www.pc.gov.au/inquiries/current/mental-health/issues

⁸ **yourtown** (2021), Your Voice Recommendations Report. Accessed at www.yourtown.com.au/yourvoice

⁹ Supporting student health and wellbeing policy statement. [Supporting student health and wellbeing policy statement \(education.qld.gov.au\)](http://Supporting_student_health_and_wellbeing_policy_statement(education.qld.gov.au))

professionals at school.¹⁰ While investment in the child and adolescent mental health sector is welcomed, our concern is that the initiative will place further strain on the sector as it does not recognise or address the existing and well known sector-wide shortage of mental health professionals. While workforce issues are discussed further below, such action taken by the Government did nothing to address the fundamental shortage of workers training to enter the workforce, merely shifting the workforce problem to other service providers.

- **Support for young people experiencing unemployment** - Young people who are unemployed, especially those experiencing long-term unemployment, are disproportionately affected by mental ill-health than both their employed peers and older cohorts of unemployed people.¹¹ The effects are exacerbated during times of economic hardship.^{12,13} The Productivity Commission recognised the interrelationship between unemployment and mental health and recommended that employment support programs should have a mental health assessment tool.¹⁸ An evaluation of our **your job your way** program in Caboolture for young people experiencing long-term unemployment found tailored and relationship-based support is more likely to engage this cohort. Program factors that enable relationship-based practice are small caseloads, intensive support (guided by case management tools assessing employability and other non-vocational issues such as mental health), skilled and friendly staff, social activities, discretionary use of funding, and flexibility in delivering the program outside the office. Employment programs that utilise these practices and elements are more successful in helping young people in long-term unemployment to transition into sustainable employment and improve their health and wellbeing. This model is likely to generate a 1:6 cost to savings ratio to Government in the longer term.¹⁴

Recommendation 3:

That the Queensland Government should invest in evidence-based interventions that are proven to work. The investment should focus on parents, early years' child development, children and teenagers in schools, and young people transitioning to employment. These mental health services should: accommodate age and developmental needs across the life course; be holistic; and work with children and young people considering their environment (including family, school, and transition to employment settings).

Help seeking behaviour of young people

Based on **yourtown's** track record in supporting children and young people experiencing mental health issues, **yourtown** is well placed to provide commentary on the needs of this cohort in accessing support. As part of our objective of remaining informed of the dynamic needs of children and young people, we recently engaged Meld Studios to conduct a Human Centred Design project with 550 young people and parents about the how they seek help. In this project, 90% of survey

¹⁰ [Student Wellbeing Package \(education.qld.gov.au\)](https://www.education.qld.gov.au/StudentWellbeingPackage)

¹¹ **yourtown** Long-term youth unemployment discussion paper www.yourtown.com.au/sites/default/files/document/Long-term%20Youth%20Unemployment%20Discussion%20Paper_0.pdf

¹² Productivity Commission (2020). Climbing the jobs ladder slower: Young people in a weak labour market. Productivity Commission Staff Working Paper

¹³ Strandh, M., Winefield, A.H., Nilsson, K., & Hammarstrom, A. (2014). Unemployment and mental health scarring during the life course. The European Journal of Public Health, 24(3)

¹⁴ Ramia, I., Meltzer, A., Moffatt, J., Powell, A and Barnes, E. (2020). **your job your way** Final Evaluation Report. Centre for Social Impact and **yourtown**

responses indicated that they had experienced mental health issues. Furthermore, mental health is a complex issue that is usually present with other concerns such as bullying domestic and family violence, sexual assault, unemployment, unstable housing, and drug and alcohol misuse. When asked about barriers to seeking help, the most common themes are as follows:

- **Young people experience anxiety about talking to someone** - Mental health stigma and shame prevents young people from reaching out. To address this issue, young people can be supported to participate in safe private groups where they can meet people in similar situations. Building support into young people's ecosystems will also reduce stigma. For example: parents can be educated on mental health issues so they can offer support; peers can also be educated to recognise signs of distress in their friends; and programs in schools can build mental health literacy and normalise help-seeking. Young people view help seeking as part of their communication processes with others, rather than a distinct step in the process of accessing support. They will often choose the best mode of communication or channels for their current situation and for that particular moment in time. In order to meet the needs of children and young people, service providers would need to provide support across a range of channels where young people can choose how they want to communicate with the service.
- **Young people are concerned about privacy** - To address this issue, services should allow young people to have control of who they share information with and to manage their privacy without compromising the level of support they can access.
- **Young people may not realise they need help** - They can often minimise their issues and feel powerless to address their situation, despite knowing about the existence of services that could help them. Furthermore, young people stated that they did not understand what they were going through at the time. A concerning consequence is that the issues would escalate to the point where young people were no longer able to cope and suicide ideation arose unexpectedly.
- **Young people have difficulty in navigating different systems all at the same time** - Service providers can play a key role in facilitating conversations with young people, parents and schools about seeking the right help. In addition, they can assist young people and their support network to navigate relevant pathways so they can access integrated care.

While Queensland has increased its per capita spending on hospital and health services, it has the lowest per capita spends on specialised mental health services (\$246.90) compared to other states and territories (\$327.63 in the Northern Territory; \$325.18 in Western Australia; \$308.35 in the Australian Capital Territory; \$292.80 in South Australia; \$254.36 in Tasmania; \$248.25 in Victoria; and, \$247.07 in New South Wales).¹⁵ While the Victorian Government previously only spent \$248.25 per capita on specialised mental health services, Victoria recently recognised the increased need for mental health support, particularly for children and young people, and will be investing \$266 million for a dedicated youth mental health and wellbeing system and \$196 million for 13 new Infant, Child and Youth Area Mental Health and Wellbeing Services.¹⁶

The demand for mental health support among Queensland children and young people continues to rise. In 2021, Queensland children and young people reached out to Kids Helpline 85,671 times.

¹⁵ AIHW (2021). Expenditure on mental health services 2018-19. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

¹⁶ State of Victoria. (2021). Victoria's mental health and wellbeing workforce strategy 2021-2024.

Kids Helpline provided counselling and support to 29,762 of these contacts, of whom 21% sought support for mental health; 15.6% for emotional wellbeing; 12% for suicide-related concerns; 7.2% for child-parent relationships; and 6.8% for parents' relationships. Over the last five years, Kids Helpline has seen a 74% increase in contacts from Queensland children and young people about mental health (2,713 contacts in 2016 compared to 4,714 contacts in 2021), 103% increase in contacts about wellbeing (1,937 contacts in 2016 compared to 3,927 contacts in 2021), and a 56% increase in contacts about suicide-related concerns (1,773 contacts in 2016 compared to 2,766 contacts in 2021).

In 2021, Kids Helpline enacted 1,092 duty of care interventions with Queensland children and young people in crisis. Duty of care interventions occur when a Kids Helpline counsellor considers a child or young person to be at risk of imminent harm and contacts police, child safety, or ambulance services. Of these interventions, 29% involved suicide attempts.

Given the demand on Kids Helpline and our experience working in this area with children and young people, we recognised that online digital support services had an important role to play in response to meeting their rising mental health needs, particularly with the onset of the pandemic and the resulting lockdowns. Our website continued to evolve with personalised navigation, illustrations and content for specific age groups. In 2021, there were 189,024 unique visitors from Queensland to our Kids Helpline website. Our Kids Helpline @ School program, which aims to increase mental health literacy, coping and resilience skills in school students, saw 5,422 primary school students and 5,257 high school students in Queensland participate in video link-class sessions with a counsellor during 2021.

Despite Kids Helpline's attempts to respond to increasing demand, funding constraints led to 55,909 unanswered attempts to contact the service from children and young people in Queensland during 2021.

Young people have reported to **yourtown** of having negative experiences with Queensland's mental health system due to the lack of availability and accessibility of youth-appropriate services. **yourtown** recently conducted a national survey of young people aged 15 to 25 years ('Your Voice') regarding the issues they see as important and the actions they want government and policy makers to undertake to support them. Of the 3,639 young people who responded to the survey in 2021, 20% were from Queensland. Mental health was the most important issue for young people in Queensland. The specific issues about mental health raised in the Your Voice project by young people in Queensland included:

- **Long waitlists for mental health services** - There is an increased risk of missing the opportunity to prevent and effectively manage client's needs before they escalate. This is what some of Queensland young people said:

"The waiting lists are so long for everything, and Medicare doesn't cover much. You're at the mercy of psychologists and if they're taking on bulk billed patients."

"I am on a two month wait list just to get an intake appointment on a mental health plan. I have suffered with my mental health for 4 years."

"I use my Medicare-funded psychology sessions each month. They help, but my mental health still hasn't improved much. The waiting periods are too long, so I don't really get to work with my psychologist on a regular basis."

"I am waiting to see a psychologist. The psychologist I was referred to by my doctor is a 4 to 5 month wait. I need to see a psychologist now and I can't wait for that long."

“The process is long, difficult and confusing. The wait times are impractical for mental health issues, waiting for two months to see anyone makes you lose hope.”

- **Support can be unaffordable** - For some young people, remaining on long waitlists for publicly funded services is the only option because private services may be unaffordable. This is what some Queensland young people said:

“Access to mental health services was very hard, I had to wait over 2 months to get an appointment with a psychologist. I felt like the doctor that provided me with the mental health care plan also did not inform me that he was sending me to a private psychologist, and I had to pay \$220 for each visit, claiming only around \$90 back from Medicare. I could only afford this because of the corona virus supplement from Centrelink otherwise I would not have accessed help.”

“I’ve been in and out of Child Youth Mental Services after suicide attempts for years and that really didn’t work. You get 8 weeks, and they only barely get to know you by the 8th week. I went to headspace and had to wait more than 6 months to get an appointment. To get real help, it costs me over \$200 a week.”

“One friend had to wait three months between being diagnosed with bipolar by her GP and being seen by a psychiatrist. Even now, her sessions cost \$450 on top of medications and other medical appointments. This cost would be out of reach for the majority of young Australians. As an individual from a major city and a high-income family, I am aware of my privilege and appreciate the financial and geographical barriers to timely access to equitable health care.”

- **Exclusionary service eligibility criteria** - The needs and conditions of young peoples are either not severe enough or too severe to be eligible for support. This is what some Queensland young people said:

“I’ve been in the mental health care system since roughly 13/14 years old. There needs to be better access and more affordable mental health services, especially to those who need more intensive/specialised therapy than CBT. The current system requires self-advocacy, and this can be incredibly hard without a pre-established support system. It also is incredibly unclear on how to access certain services, and others, in my experience, have been barred off unless you are suicidal. It’s quite shocking that our current system only caters to you at your true lowest points without providing safety nets.”

- **Inadequate responses** - Young people state that the mental health system does not have the capability to respond to complex needs or to manage crisis situations. This is what some Queensland young people said:

“I have accessed mental health services through both the public and private system, and while every professional I interacted with was positive and professional, the constraints on services, timely access and the cost of care presented significant barriers. I felt that the high prevalence disorders I suffered from (anxiety and depression) were over-treated with medications at the expense of other treatments.”

- **Mental health services are inaccessible** - Young people in close-knit communities, for example, those in regional and remote areas can be hesitant to engage with face-to-face services due to fears that the community will know about their issues, and they will then face the stigma associated with seeking support for mental health needs. Young people with specific needs also think mental health services can be inaccessible. Young

people identifying as being from First Nations or Culturally and Linguistically Diverse backgrounds can struggle to find suitable and available services that take into consideration their culture and the role it should play in supporting mental health needs. This is what some Queensland young people said:

“Access is tough. Especially in the rural town I live in.”

“I did not realise I was struggling with depression and anxiety for 3 years, living in a rural area I could not access services without asking my parents, which is a hard conversation to have as a 17-20-year-old.”

“I feel like there’s bit of a stigma surrounding kids mental health especially from older generations, so the ability to chat online and not be heard by family members who may try to guilt trip you and make you feel bad for speaking out against your situation is very useful.”

“I was recently an inpatient in hospital at an adolescent private ward and I learnt some great skills however I would say a lot of the public mental health system is quite difficult and hard to get that tailored help you need as a young person.”

“Services relating to mental health are inadequate. As a young person with little income, it can be difficult accessing help for mental health issues more severe than anxiety and depression. Limits to the number of psych appointments, etc, meant that I went under-treated for my trauma for years.”

“Overall, it felt like it was very difficult to seek help whilst being in a low-income family. Headspace seemed to be the only other option as I am in regional Australia, and it took months just to get a consultation which they just ended up saying I needed a real psychologist, and we were going to have to pay a lot of money.”

Given the issues raised by Queensland young people in our Your Voice survey, it is unsurprising that demand for digital mental health services from young people in Queensland continues to increase, especially because of COVID-19, an increased demand that we do not expect to abate anytime soon.

Greater investment is needed in Queensland to support virtual 24/7 services for children and young people. Virtual services, such as Kids Helpline, provide critical support that bridge the gap when other services are unavailable due to time, location, wait lists, or limited resourcing. Kids Helpline has a unique, flexible, and agile service delivery model that can adapt to fluctuating demand and provide mental health counselling and support to any child or young person with access to a mobile, landline, or Internet.

Kids Helpline’s support model includes mechanisms to: refer young people to local, face-to-face and specialist services; provide ongoing counselling support; provide case management for children and young people with complex needs; and work collaboratively with wrap-around services to ensure critical mental health support is received.

Recommendation 4:

That the Queensland Government should prioritise its mental health response in relation to the needs of children and young people. Funding should be focused on prevention and early intervention programs to reduce the economic and social costs of mental illness.

Recommendation 5:

That the Queensland Government should significantly increase investment in a range of mental health services (including digital services) to increase access for children and young people so they can receive adequate and timely services that meet their mental health needs.

Whole of Government approach and collaboration between stakeholders

The traditional approach to mental health is siloed and does not account for mental health intersecting with other critical issues, such as unstable housing, out-of-home care, low education attainment, long-term unemployment, offending behaviour, substance misuse, domestic and family violence, and other trauma. Furthermore, Queensland's mental health system, like the systems of other Australian state and territories, is complex and lacking coordination both within the system and with other key systems that deal with the aforementioned critical issues. This lack of coordination results in difficulties for service users, particularly young people, when navigating appropriate and timely support. The Cairns Regional Council has noted that strategies to deal with demands on regional health must look beyond increased resources to focus on coordination capacity for improved service coordination.¹⁷ The issues can be addressed with the following approaches:

- **Design a holistic mental health eco-system for young people that they are comfortable to engage with:** children and young people have experiences that cut across multiple systems. They may have been engaged with a previous system (such as child protection, or youth justice), or currently engaged with that system, or might be transitioning out of the education system and into employment. However, the current systems are not designed to be interactive or collaborative. Navigating pathways within systems can be complex and inaccessible, whereas connections between systems are often fractured or disconnected. A well-designed mental health system should be user friendly and designed for young people:
 - with warm referrals where young people are not only told there are services available, but they are personally connected in with that service;
 - co-designed with young people;
 - where they only have to tell their story once, irrespective of staff, service use or location changes;
 - with clear pathways for young people to navigate the complex service landscape and identify immediate local support, with an accessible directory of services available to young people at the local level;
 - with the ability for systems to talk to one another and share information to seamlessly track client needs and ensure they are met; and,
 - with entry paths to access or use a service, with support available while waiting.
- **Integrated care** - Children and young people with mental health needs should be able to access appropriate support (e.g., through warm referrals) when they encounter any government services including child protection, out of home care, juvenile justice, education, employment, housing, domestic violence, and other welfare support. The Productivity Commission suggests integrated care would be enhanced by all

¹⁷ Cairns Regional Council (2020). Submission – Inquiry into the Queensland Government's Health Response to COVID-19 https://www.cairns.qld.gov.au/__data/assets/pdf_file/0005/347513/Clause-No-9_Ordinary-Meeting-24-June-2020.pdf

governments including in their contracts a requirement to implement warm referral processes that are supported by real time consumer assistance.¹⁸ Since children in the child protection system or in out of home care are at particular risk of mental illness in adulthood, a holistic response across departments and agencies is required to support their mental health and wellbeing.

- **Flexible options for support** - The Royal Commission into Victoria's mental health system suggests that community mental health services should include a wide range of support and service providers to cater for varying help seeking behaviours. Digital mental health services can provide critical support that bridges the gap when other services are unavailable due to time, location, waitlists, or limited resourcing.
- **Systems to collect and share information effectively and safely** - Government can support better coordination by establishing systems that measure and track referrals and outcomes. This suggestion aligns with the findings from the Royal Commission into Victoria's mental health system.¹⁹ The resulting information system would need to be flexible to adapt to the changing needs and contexts of people living with mental illness. This would include accounting for young people's online and face-to-face help seeking behaviours.

Recommendation 6:

That the Queensland Government should implement mechanisms to facilitate better coordination and integrated care within the mental health system and with other systems.

Recommendation 7:

Design a mental health eco-system that young people are comfortable to engage with and meets their needs.

Building a mental health workforce through digital capability

The Australian Government is developing a mental health workforce strategy to meet the rising demands on the mental health system; however, it does not take into account the increasing demands for digital mental health services and the associated skillset and foundational elements required to support this workforce.

Digital services play an important role in Queensland's mental health system. These services complement face-to-face services, including services provided by emergency departments. In addition, digital services are scalable and agile, meaning they can respond quickly to sudden increases in demand. Kids Helpline demonstrated these attributes during COVID-19 when faced with a spike in demand for its online services. Demand for Kids Helpline's services since the onset of COVID-19 has kept increasing for all age cohorts of children and young people (5-9 years, 10-14 year, 15-18 years, and 19-25 years). Mental health is the top reason for all age groups making contact with Kids Helpline. The first half of 2021 saw a 76% increase in duty-of-care interventions in Queensland, compared to the same period in 2020. Kids Helpline's professional and qualified

¹⁸ Australian Government (2020). Productivity Commission Inquiry Report Mental Health Volume I

¹⁹ Royal Commission into Victoria's Mental Health System (2021) Final Report https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/02/RCVMHS_FinalReport_ExecSummary_Accessible.pdf

counsellors intervened in these cases to keep children and young people safe from harm, including child abuse, suicide attempts, mental illness escalation, self-injury, and harm to others.

A digital mental health workforce strategy would need the following components to meet additional demand:

- Capabilities for digital mental health service delivery;
- Skills for engaging and working with specific cohorts such as children and young people and sub-cohorts (including LGBTQI+, First Nations, and Culturally and Linguistically Diverse people);
- Lived experience and youth participation embedded into training;
- Scalable technology solutions; and,
- Quality assurance structures that mirror the National Safety and Quality Digital Mental Health Standards to ensure quality of digital mental health provision, and to protect service users and their support people from harm.

Diversifying the mental health workforce to emphasise digital skills and capability will lead to more efficient responses to the help seeking needs of various groups (including young people and those in regional remote areas), however, the number of professionals in this workforce will still need to grow to assist the workforce that is operating at capacity.

The recent Student Wellbeing Package by the Department of Education will provide mental health support for students at school, however, the sector was not consulted and has concerns about where the counsellors and psychologists will be recruited from and the impact on the mental health workforce that is already stretched. To meet the rising mental health needs of children and young people, the Government would need to invest in strategies to expand the workforce with a focus on youth-specialist skills and digital capability.

Recommendation 7:

That the Queensland Government develop a mental health workforce plan to attract, train and retain specialist mental health workers (particularly in child and adolescent mental health care), and foster education programs and opportunities to build digital health capability. This includes:

- Identification of skills and capabilities required for youth-specialist and digital mental health services;
- Development of a sustainable, innovative, adaptive, and qualified professional youth-specialist mental health workforce;
- Promotion of education programs to build youth-specialist, digital capability in the mainstream mental health workforce to enable staff to use digital tools and platforms effectively;
- Development of digital professional skills within tertiary degrees, such as psychology, counselling, and social work; and,
- Development and funding of information sharing protocols and mechanisms to enhance integration between face-to-face and digital mental health workforces to improve competency and agility across the sector as a whole to deliver blended models of care where digital mental health services are used in conjunction with face-to-face services.

Conclusion

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