

Inquiry into the Queensland Government's health response to COVID-19

A submission to the:
**Health, Communities, Disability Services and
Domestic and Family Violence Prevention Committee**

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Introduction

yourtown welcomes the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's inquiry into the Queensland Government's health response to the COVID-19 pandemic. The scale of the effects of the pandemic and the pandemic's unknown duration require rigorous scrutiny and debate to ensure that an appropriate public health response is taken and that Queensland's health services are well equipped to respond to future waves or pandemics.

Queensland has fared well in relation to the health impact of COVID-19 and has had relatively few cases of coronavirus and numbers of deaths caused by the virus. The combined public health response of Queensland and the Australian Governments have clearly played an important part in this result. The low numbers of patients with coronavirus and additional state investment have meant that hospitals have not only been able to care for them but also to continue to provide for patients with other acute needs. In addition, primary health care has responded to lockdown by providing online consultations and significant virus testing.

However, the pandemic has not only demanded more of health services in terms of meeting physical health needs but also mental health needs, which it has been responsible for triggering and compounding. Our Kids Helpline service has experienced a 36% increase in demand to the service in April and May, **with considerable increases in mental health and suicide-related concerns.**¹ Contacts have shared their anxiety about the pandemic and its impact on their daily lives, whilst others have had existing mental health concerns and issues triggered and compounded by it. Many children and young people have contacted Kids Helpline owing to the **closure of their face-to-face support services, and/or as they have been unable to employ their usual coping strategies.**

Some contacts have called Kids Helpline having lost employment due to the COVID crisis, expressing concern about how to meet their immediate financial needs as well as despair about what effects the pandemic will have on their future career. These concerns have a significant impact on the mental health of young people too, as will the continued effects of the economic downturn, which are most detrimentally affecting young people. In addition, the young people we support in our employment and education programs have had difficulty continuing to engage with services given their lack of digital equipment and/or skills, again with consequent effects on their mental health and wellbeing.

Many of the mental health issues that the pandemic and lockdown have created for many young people, have long been issues for specific cohorts of young people, with the pandemic further exacerbating them. Hence, **we see an opportunity presented by the pandemic,** and by the Australian and Queensland's acknowledgement of and response to mental health issues during this time, to consider and address the rising mental health concerns of our youngest generation.

¹ When compared to figures covering the same period in 2019.

In our submission, we present our insight into the challenges that the pandemic and the lockdown has had on our clients in relation to mental health, alongside the Queensland and Australian Governments' responses and our recommendations for future policy directions and investment.

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
- Parentline, a telephone and online counselling and support service for parents and carers
- Employment and social enterprises, which support young people into employment, including programs for youthful offenders and Aboriginal and Torres Strait Islander specific services.
- Education engagement programmes supporting young people at risk of disengaging from formal education early.
- Accommodation responses to young parents with children who are at risk and to women and children seeking refuge from family and domestic violence
- Young Parent Programmes offering case work, individual and group work support and child development programs for young parents and their children
- Mental health service/s for children aged 0-11 years old, and their families, with moderate mental health needs

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 2019, Kids Helpline counsellors responded to nearly 150,000 contacts from children and young people across the nation, with an additional 1,414,591 unique visitors accessing online support resources from the website. During 2018, Kids Helpline made its 8 millionth contact response.

yourtown submission

Our submission draws from our Kids Helpline service insight on mental health concerns, and includes discussion of the Queensland and Australian Government's responses so far to the mental health issues that young people have experienced, and our recommended policy solutions to ensure young people receive the support they need.

Mental health

It has been evident across the globe that the effects of the pandemic have been detrimental to the mental health of many people, both young and old, as they seek to manage the impact of the virus itself and the social and economic implications of its management. Indeed, given the important and distinct roles that Kids Helpline plays in the nation's mental health infrastructure supporting children and young people, we have seen firsthand the repercussions that the pandemic is having on the mental health of the nation's youngest generations and have sought to meet their continued and escalating needs.

- **Kids Helpline during the pandemic: 36% increased demand**

Contacts to Kids Helpline over April and May 2020 have increased when compared to the same period last year by 36% overall, with attempts to the service standing at 85,481 in 2020 compared to 62,661 in 2019 over the same period. In addition, when looking at data from April 2019 compared to April 2020, counselling contacts have seen large **increases in contacts about concerns relating to mental health and emotional wellbeing** as set out below.

| Concern | April and May 2020 | April and May 2019 | % Increase |
|--------------------------|--------------------|--------------------|------------|
| Mental health concerns | 4,479 | 3,230 | 39% |
| Emotional wellbeing | 3,827 | 2,526 | 52% |
| Suicide-related concerns | 2,243 | 1,774 | 26% |

Mental health concerns were the most common counselling concern in April and May 2020 for two age cohorts of Kids Helpline contacts – those aged 13-18 (2,439 contacts) and those aged 19-25 (1,429 contacts). When looking at the nature of their concerns, or their sub-concerns, the multi-faceted role that Kids Helpline plays in supporting children and young people with both undiagnosed and diagnosed mental health needs is evidenced.

The top three sub-concerns for those aged 13-18 were:

1. Seeking support and/or strategies to manage established disorder or diagnosis (1,132 contacts, 46% of mental health contacts from this age group),
2. Mild, emerging or occasional symptoms or concerns (undiagnosed) (673 contacts, 28% of mental health contacts from this age group), and
3. Substantial or significant mental health symptomology (undiagnosed) (480 contacts, 20% of mental health contacts from this age group).

Similarly, the top three sub-concerns for young people aged 19-25 were:

1. Seeking support and/or strategies to manage established disorder or diagnosis (964 contacts, 67% of Mental Health contacts from this age group),
2. Mild, emerging or occasional symptoms or concerns (undiagnosed) (173 contacts, 12% of Mental Health contacts from this age group), and
3. Substantial or significant mental health symptomology (undiagnosed) (151 contacts, 11% of Mental Health contacts from this age group).

The nature of the sub-concerns reveals Kids Helpline's many roles in the mental health system, including:

- Its **prevention role** within, and role as a '**front door**' to, the mental health system. Given young people can contact Kids Helpline 'any time, any reason' using three different modes (phone, webchat and email), counsellors can assist by talking to children and young people early and helping them to articulate and identify their needs and navigate the mental health system to access support before they escalate. There have been many new contacts during the coronavirus crisis who have articulated increased anxiety or early symptoms of depression, and counsellors have talked through coping strategies with them, referred them to appropriate services or encouraged them to make contact with Kids Helpline again.
- Its role as '**soft entry**' into the mental health system for those contacts displaying significant but undiagnosed mental health symptomology. Kids Helpline enables soft entry into the mental health system owing to the nature of its delivery and the ability to remain anonymous when contacting it if preferred. This role has been particularly helpful at a time when the pandemic has compounded or triggered mental health issues for many contacts
- Its role as a '**safety net**' and case manager to those children and young people with diagnosed mental health needs and who are unable to access their support after hours, due to long waiting lists, lack of available services – or as in current times – when face-to-face services are not in operation. There have been many contacts during the pandemic who have found that their normal coping strategies are no longer available, their mental health support services are closed or the anxiety that the pandemic has produced in them has left them less resilient to deal with their existing conditions. Kids Helpline has clearly played an important role in filling these increased service gaps and holding these clients until 'normal' life resumes.

Many of the children and young people who contacted Kids Helpline during April and May discussed the impact of COVID-19 on their lives (2,661 contacts, 9% of all contacts). Some young people contacted us as they were worrying about and struggling with the impact that the pandemic and its response was having on their daily lives - whether that be in relation to their school or university closing, not being able to do team sport or go to the gym, not being able to see their family, friends or boyfriend/girlfriend and, in some extremely worrying cases, having to deal with increased, existing parental abuse and family conflict.

There were vulnerable unemployed young people calling us who have been made unemployed due to pandemic or were already unemployed and are struggling with/worrying about how to pay rent or whether they will ever find work. Some young people told us about how their family was

already struggling due to the bushfires and now their parent/s are desperately trying to find work or access income. Others had concerns about the pandemic's impact on their future, on Australia and/or on the planet.

Additionally, some young KHL clients called us as the current pandemic is compounding or triggering existing mental health issues, such as anxiety, depression, self-harm, eating disorders, and suicidal ideation, as they find the normal coping strategies are no longer available, additional support services are closed or the anxiety that the pandemic has produced in them has left them less resilient to deal with these existing conditions.

UNICEF Australia in April 2020 also undertook research with just over 1,000 children and young people aged 13 to 17 years about the effects of COVID-19 and the national response on them.² In response to questions on access to psychological and wellbeing support, the survey found that: 22% of respondents were unsure if the support options that existed before the pandemic response still applied; 24% felt isolated and unsure about the support options available outside family/carers, and 30% reported that social distancing rules had negatively impacted on their ability to access support outside the family unit.

- **Kids Helpline during the pandemic: increasingly severe needs**

In addition to increasing demand, counselling contacts to Kids Helpline have included **increases in some of the most serious concerns relating to mental health, including those related to suicide.**

Counselling contacts relating to suicide increased by 26% in April and May 2020 when compared to April and May 2019, a rise from 1,774 contacts to 2,243 contacts.

The largest increase in suicide-related counselling concerns during this time have related to the 13-18 year age group, with their top three sub-concerns being:

1. Suicidal thoughts or fears (1,072 contacts, 80% of Suicide related contacts from this age group)
2. Concerned about another person (156 contacts, 12% of Suicide related contacts from this age group), and
3. Immediate intention (93 contacts, 7% of Suicide related contacts from this age group)

As a result of escalating needs, between 1 January and 30 April 2020, Kids Helpline **initiated 17% more actions to keep a child or young person safe in relation to a suicide attempt**, some 138 actions compared to 118 last year. Actions included duty of care notifications, safety planning and case-management and conferences with external services.

Furthermore, Kids Helpline recorded a considerable increase in contacts about child abuse, which resulted in **43% more actions undertaken by counsellors in relation to child abuse** between 1 January and 30 April 2020.

² <https://www.unicef.org.au/our-work/unicef-in-emergencies/coronavirus-covid-19/young-people-survey-australia>

- **The digital divide**

The transition of many services to online delivery in response to COVID-19 restrictions assisted children and young people to continue to access the support they need, continue with their education and engage with a range of other activities important for their health and wellbeing and development. However, for many children and young people confronted by deep and persistent disadvantage, difficulties in accessing online services – or digital exclusion – were compounded by the lock down. This was the case for young people engaged in our education engagement and employment programmes in South East Queensland (Youth Engagement Programme, YEP and Get Set For Work, GSFW) and South Australia (Flexible Learning Options, FLO).

Given that; online delivery will be an important part in health responses to future waves or disasters of this nature; cohorts of children and young people are responsive to digital mental health services and; Queensland is a large state tasked with meeting the health needs of those in remote and rural locations too with which digital services could help, we set out the access issues that confronted our clients below:

- **No access to a laptop, tablet or PC.** Many young people participating in our education engagement programs do not have any appropriate devices at home on which they could work (including for program, school or TAFE work), particularly those from large families. They only have mobile phones, and often old phones that are incompatible with new apps or function poorly, while some do not have smart phones. Many of the schools we work with did not have laptops to lend to our clients or did not provide as the young people had in the past lost a cord or damaged them, or schools simply did not have enough, and our staff assisted in a number of different ways to ensure that our clients did not miss out.
- **Limited or poor internet access.** The households of our clients do not all have Wi-Fi or access to unlimited internet data, whilst public places providing free WIFI access were closed. Some clients, particularly those who live in rural areas, do not have good internet reception and cannot download certain school/program activities such as videos, whilst software such as Zoom takes up significant amounts of data. We assisted clients with unlimited internet access by providing them with OPTUS sim cards with data credit and providing them with tablets with internet connections. In addition, protection was put in place to ensure only suitable websites could be accessed.
- **Digital literacy issues.** Whilst young people are digital natives in relation to smartphones, social media apps and games, in many cases that does not correspond to having the digital literacy to engage in other online programs. Our staff had to help many young people download and use software relating to school or yourtown program (e.g. email, Teams, Zoom). Often staff had to coach them through using online platforms and even with tasks such as the activation of sim cards as they struggled with instructions.

- **Lack of suitable environment.** Sadly too many of our clients do not have suitable home environments in which they could undertake their work, and too many had issues of family violence and conflict to manage.
- **Kids Helpline's response to the challenges of the pandemic**

The conduct of an essential service such as Kids Helpline requires clear strategies to ensure that the workforce can be fully operational. To help alleviate the high levels of anxiety many staff felt due to the increased demand and on personal wellbeing due to the pandemic, we developed a second, makeshift counselling centre at our head office in Brisbane and increased the number of counsellors who could work remotely. We also had to ensure that counsellors felt supported to manage stress and anxiety related to higher contact volumes, and therefore, equipped Kids Helpline shift and practice supervisors with webcams so they could regularly check-in with counsellors and undertake practice supervision and virtual debriefs with counsellors and support them during high-risk contacts.

In keeping with our Kids Helpline approach to support, we also swiftly developed, and continue to update and develop, a **whole suite of new online resources** about COVID-19 (<https://kidshelpline.com.au/coronavirus>) given that the needs of many children and young people can be adequately supported through appropriately tailored online information and support resources.

We have had **more frequent contact with other health and social services** since the commencement of the pandemic due to increased client referral and case management, but also as we have been sharing the lessons and experiences of our organisation, staff and clients with them. For example, the National Online Telephone Support Services (NOTSS) network at the start of the lockdown began to meet every week, and we are now meeting every two weeks. We have found that all those involved in the network are finding these more frequent meetings a useful way to share information and learnings, and we have shared how we approached remote working and the new processes and protocols we have put in place to support this, as well as the many benefits we have noted from remote working (e.g. counsellors not having to attend the office for night shifts and lower absenteeism).

In addition, given the demand on Kids Helpline and our experience working in this area with children and young people, we recognised early in the lockdown that online digital support services had an important role to play in response to meeting their rising mental health needs. Hence, we **tailored our ongoing program Circles**, which delivers online peer-to-peer support and counselling to groups of children and young people, to meet the specific needs of 496 young people during lockdown. We delivered two 'My Circles', one to a cohort aged 13-17 years old and another to a cohort aged 18-25 years old. The programs attracted new clients in addition to supporting those clients who interact with Kids Helpline occasionally. Critically, the programs provided much needed additional support and intervention service for clients of other services, which may have closed due to the pandemic. Nearly half of these Circles clients (47%) were receiving counselling support outside of Kids Helpline, a third were currently taking medication for a mental health

diagnosis, and eighty seven percent (87%) reported moderate to severe psychological distress on the CORE-10 with 38% reporting severe distress.

In the review of My Circles, nearly a quarter (23%) of Kids Helpline Circles participants reported being highly socially isolated with poor support networks and nearly half (44%) perceived low social support from their family. Participants who completed both assessment time points reported better engagement with family support post program, with 63% reporting moderate or high family support compared with 50% at time point 1. These participants also displayed reduction in distress levels on the CORE-10. Fifty-five percent (55%) of participants agreed that they felt their overall mental health had improved as a result of their involvement in My Circles and 77% agreed that they felt more empowered to tackle the challenges that confront them.

- **Government responses to mental health needs amongst children and young people during the pandemic**

The Queensland Government's relatively **decisive action** and leadership on addressing the crisis combined with its work with the Australian and other state and territory governments eased anxiety the population has experienced in relation to COVID-19. Furthermore, there was early recognition of the detrimental impact that the response to the pandemic and the lockdown would have on the **nation's mental health**.

On 29 March, the Australian Government announced \$1bn additional financial support for a range of support services including those targeting mental health. Recognising that more children and young people would turn to Kids Helpline during this time, these funds included \$2m for Kids Helpline. The funding enabled us, together with new funds from the New South Wales and Victorian Governments, to recruit more counsellors and, as a result, were able to increase Kids Helpline responses by 20%, an additional 5,214 more contacts, during April and May 2020.³ Additionally, the funds enabled the purchase of additional remote working kits to facilitate greater numbers of remote working opportunities for counsellors.

In addition, the **National Cabinet** gave its critical commitment to supporting and responding to the National Mental Health and Wellbeing Pandemic Response Plan - a comprehensive and vitalising plan for the sector that has long-been needed - and committed an additional \$48.1M investment in support of its priority actions.⁴ The appearance of the CEO of the National Mental Health Commission and National Suicide Prevention Adviser to the Prime Minister, Christine Morgan, alongside the Prime Minister during national briefings about the response to the pandemic, helped to raise the profile of this policy area.

Christine Morgan launched the **National Mental Health and Wellbeing Pandemic Response Plan** (the Plan) on 15 May, which was co-led by the Victorian, New South Wales and the Australian governments on behalf of the state and territory governments. It is a plan that we strongly support and we are impressed by its acknowledgement of how crises such as the coronavirus pandemic,

³ This percentage and increase is based on the comparison of the April and May 2019 number of responses to April and May 2020.

⁴ <https://www.mentalhealthcommission.gov.au/getmedia/1b7405ce-5d1a-44fc-ble9-c00204614cb5/National-Mental-Health-and-Wellbeing-Pandemic-Response-Plan>

and its economic and social fallout, impact on the mental health and wellbeing of the population. Such is the Plan's scale and suggested pace, that it can be suggested that the mental health sector has in many ways benefited from the crisis in that long, unaddressed mental health system issues are being - finally and appropriately - accelerated, prioritised and acted upon.

The National Mental Health and Wellbeing Pandemic Response Plan

The connections that the Plan has made to the pandemic and Australian governments' response to it (such as family conflict and violence, unemployment, homelessness, financial difficulties, and use of alcohol and drugs) and both the short-term, long-term and compounding effects on mental (ill) health and suicide are welcome. The plan is also welcome for recognising that the intersection and interaction of these issues require a comprehensive and holistic system approach.

However, whilst we strongly acknowledge and support the need for a specific plan to respond to rising mental health owing to COVID-19, it must be noted that these issues are not unique to the pandemic. These interrelated and persistent social and economic issues have long confronted individuals, families and communities across the nation and detrimentally affected their mental health.

The Plan's underpinning principles

We also strongly support the Plan's underpinning principles, such as participation and the need to embed lived experience in the design, development and implementation of solutions. Following our research with children and young people about suicide,⁵ **yourtown** has developed a Lived Experience Network of young people with a lived experience of suicide - be that having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide. Today, we have five young people aged between 19- 28 who have undertaken a two-day training course with Roses in the Ocean in how to present their personal experiences to advocate on the issue and who would be keen to speak about their experiences with the Committee if requested.

The Plan's ten priority areas

- **1.1.2 Implementing new models of care**

In relation to the implementation of new models of care, we strongly support the need for increased provision of digital mental health services. Research, including our own, shows that children and young people are particularly responsive to digital mental health support, and a significant and increasing cohort of Kids Helpline clients choose to connect with it digitally.⁶ However, we also know as discussed above - and are involved in an ARC research project looking into this issue - that there is a digital divide within Australia amongst children and young people. Some children and young people whose families do not have access to digital devices, who live in rural and remote areas with poor digital connection or who have parents who are not digitally

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

⁶ E.g. Pretorius C, Chambers D, Coyle D Young People's Online Help-Seeking and Mental Health Difficulties: Systematic Narrative Review J Med Internet Res 2019;21(11):e13873 URL: <http://www.jmir.org/2019/11/e13873/>

literate, are unable to or struggle to access digital support services – yet they are cohorts who would arguably most benefit from being able to access support online. Any plan to increase digital support services must therefore go hand in hand with investment into supports for disadvantaged families and communities to enable them to be able to connect digitally.

- **1.1.6 Meeting the needs of vulnerable populations**

We particularly welcome the Plan's identification of the need to focus on meeting the needs of vulnerable populations, including children, young people and their families, Aboriginal and Torres Strait Islander Peoples, people experiencing family, domestic and sexual violence, LGBTI people, CALD groups and those living in rural and remote communities. These are all population cohorts that we identified to the Productivity Commission in its inquiry on mental health as being high-risk and in need of increased specialist support.⁷ We would add to this list children, young people and families affected by intergenerational disadvantage, who often are confronted by interrelated and complex deep and persistent social and economic issues that detrimentally affect their (mental) health.

A focus on children and young people is particularly important given that, whilst mental health issues can affect anyone from any background at any stage in their life, they typically start in people's younger years. Half of all lifetime mental illnesses develop before the age of 14,⁸ and 75% of all mental health problems first appear before young people reach 25 years old.⁹ In Australia, one in seven students aged 4-17 years have experienced a mental disorder in the previous 12 months,¹⁰ 1 in 10 adolescents have engaged in self-harming,¹¹ whilst suicide is the leading cause of death of children and young people.¹²

By targeting the mental health needs of children and young people that have surfaced due to the pandemic with effective policies and interventions, there are significant opportunities 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. 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.¹³ Since mental health issues can impede education (including attainment and school engagement¹⁴), employment and relational outcomes, it is critical that more is done to support the mental health of our younger generations to prevent lifelong issues from developing with increasing levels of social exclusion.

⁷<https://www.yourtown.com.au/sites/default/files/document/2.%20Preventing%20suicide%20by%20children%20and%20young%20people.pdf>

⁸ 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).

⁹ Australian Institute of Health and Welfare (2014). *Australia's Health 2014*. Canberra: (Cat. no. AUS 178).

¹⁰ 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>

¹¹ 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.

¹² Australian Bureau of Statistics (ABS) data on Causes of Death, Australia, 2017.

¹³ 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.

¹⁴ E.g. Orygen Youth Health Research (2014) *Tell them they're dreaming: Work, Education and Young People with Mental Illness in Australia*.

- **1.1.10 Strong governance and integrated coordination**

yourtown collects significant data in relation to contacts to Kids Helpline and works with a number of different referral organisations in supporting our clients. We have long advocated for national facilitation and coordination of national datasets and nationally agreed indicators on mental health to inform effective decision-making and service and system design and development. We welcome the Australian Government's response during the pandemic to collect and use existing datasets, such as Kids Helpline, to monitor and inform response to the arising issues. Currently, we provide Kids Helpline contact data every week to the Department of Health and to the Australian Institute of Health and Welfare to inform the Australian Government's continued response to the pandemic.

- **Supporting young people with mental health needs: what needs to change**

Given the scale of the effects of the pandemic and the resulting economic downturn on the mental health of our youngest generation, **we call for the development of a national strategy to address the specific mental health needs of children and young people.** We see this crisis as an opportunity to address many long-standing issues that have prevented all young people from reaching their potential and contributing in ways they would like to society.

Recommendations

Recommendation 1. That the Queensland Government work with its National Cabinet colleagues to develop a specific strategy to address the mental health needs of children and young people, designed to support them through the pandemic and the economic downturn, in future disasters and into the future.

Recommendation 2. That the Queensland Government prioritise its mental health response and service development in relation to the needs of children and young people, including those under 12 years old.

Recommendation 3. That the Queensland Government maintain and advocate at National Cabinet for an adequate funding base dedicated to digital mental health supports, such as Kids Helpline and Circles, and prioritisation of investment into strategies to support increasing digital access and literacy of vulnerable cohorts of children, young people and their families .

Recommendation 4: That the Queensland Government work with its National Cabinet colleagues to develop national strategies to ensure that no child or young person is unable to access appropriate digital devices, or access free unlimited internet access if they do not have the resources to afford them.

Recommendation 5. That the Queensland Government advocate for a review of the school curriculum in relation to digital learning at school to ensure that it accommodates the needs of vulnerable students.