

batyr's Submission to the Mental Health Select Committee's Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders

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Introduction

The last few years have been confronting for Queenslanders. From the devastation of the bushfires across the nation in 2019–2020, followed by floods and a global pandemic. Young peoples' lives have shifted notably, and continue to shift as restrictions change across Australia (Australian Government, 2021). COVID-19 is causing a generation-defining disruption, which will have a multifaceted, disproportionate, long-term effect on young people's lives. This has been felt throughout QLD, particularly through the recent intensity of COVID-19 and the disruptions to another school year before it has even begun. A focus on mental health and suicide prevention by Queensland Parliament is urgently welcomed by batyr.

batyr is a for-purpose, preventative education mental health organisation driven by young people, for young people. Since 2011 we have been delivering high impact, evidence-based programs in schools, universities and communities to reduce stigma and improve help-seeking. This has involved reaching over 303,000 young people across QLD, NSW, VIC, ACT and SA via more than 450 school and university partners.

This submission will outline:

- Impacts on the mental health of young people in QLD and insights into the mental health system
- Opportunities for improvement and investment into:
 - Prevention to reduce the prevalence and impacts of mental ill-health and the demand on services
 - Harnessing lived experience and the leadership of young people to reduce stigma
 - Building strong, resilient communities

Impacts on the mental health of young people in QLD and insights into the mental health system

The following areas have been highlighted as those that are creating detrimental impacts on young people and communities:

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Fear, anxiety and stress exacerbating mental ill-health for young people

Young people are struggling with stress, anxiety, fear and feelings of isolation through the pandemic. Expectations by the majority of the country and state were that Australia would be less affected by COVID-19 in 2022. With the requirement to delay schools opening across QLD this year, and a lack of clarity on return to school plans two weeks out before the expected return date, stress and confusion has been caused for students, parents and teachers. Vulnerable young people and families are being further impacted. For example, some young people ineligible for vaccines and those living with immunocompromised family members are experiencing greater fear and stress as they prepare to return to schools.

Young people's mental health continues to be significantly worse than pre-pandemic, even as other groups begin to recover (Bindle & Gray, 2021). Young people in QLD have experienced a great deal of unknowns over the last 2 years, which have been exacerbated at the end of 2021 and the start of 2022 due to the worsening of COVID-19 in the state. [In a 2021 analysis of lived experience stories shared on batyr's OurHerd storytelling platform, 'fear' was the most significant contributing factor to young people's adversity.](#) In particular, fear of change and uncertainty, fear of the unknown, and fear of judgement and discrimination. With considerable unknowns for the year ahead and lack of clarity on what to expect, these fears are intensifying and increasing experiences of stress and mental ill-health. Considering that across the lifespan, mental health conditions already peak between 15-24 years of age (ABS, 2018), these factors are creating greater risk for young people.

We have also seen added pressure for teachers adapting to these changes. With the additional stressors teachers are experiencing while they support students, it has been difficult for staff to take on organising initiatives or incursions that can support student wellbeing. This is placing even greater pressure on teachers who are navigating the mental health impacts students are experiencing.

Increased demand on services and supporting young people too late

Stigma, under-resourced communities and other barriers to accessing quality information and services, stop young people from getting the right support and taking charge of their mental health before they are in crisis. The Productivity Commission's Inquiry report in 2020 found that 'mental illness often emerges in childhood and adolescence, but children and young people face substantial barriers to accessing treatment and support' (Productivity Commission, 2020). [The Final Report by the Prime Minister's National Suicide Prevention Advisor, Christine Morgan, made it clear that we are intervening too late, when people are already at crisis point](#) (Australian Government, 2020).

A lack of investment and attention placed on preventative measures and community based initiatives is causing worsening mental health. Many young people are not receiving support until they are in a crisis. This is causing lower quality of life, decreased productivity, absenteeism from school and work, and increased demand on services that cannot keep up. The implications of this ripples across communities and is felt across a lifespan.

We have heard young people share about longer than usual wait times to access professional

support over the last 18 months. Even for young people receiving support, there are questions on the quality of that support. We have spoken to young people who said that they are continuing with psychologists or clinicians who aren't right for them because they know they won't get help for months if they go back on a waitlist.

We have also been reminded about the diversity that exists across QLD. At times it can be felt that a singular lens is being placed on what the needs of young people look like and what services are available based on what is happening in metropolitan areas, such as Brisbane. We have heard examples of some remote communities not even having access to ambulances in their town, with the next town being hours away. This would be the same for scarce mental health services, especially a lack of youth friendly services. Visible examples of recovery and open conversations on mental health are limited, creating deeper rooted levels of stigma, shame and discrimination felt by young people.

Opportunities for improvement and investment

The below outlines three recommendations for how we can address the aforementioned challenges and create positive, long lasting change for Queenslanders:

Focus on prevention to reduce the prevalence and impacts of mental ill-health and the demand on services

Prevention and early intervention are critical to turn the tide on young people needing crisis care, and to improve outcomes, not just for them, but for communities, the mental health system and the economy.

The Productivity Commission's Inquiry Report identifies 'prevention and early help for people' as a key priority reform area that needs addressing. Our experience has shown us the importance of educating and equipping young people early on with skills and knowledge to live mentally healthy lives. These skills will follow a young person into the future and be applicable across all aspects of their lives, including education, employment, and relationships. **By having the ability to identify not only symptoms of mental ill-health early, but the ways they can be addressed that give a young person options that work most effectively for them, this can give power to young people, reduce rates of worsening mental ill-health, and lead to healthier futures.**

Investing in preventative activities such as social and emotional learning and mental health literacy increases social and cognitive skills, academic and occupational performance, physical health and quality of life (Salazar de Pablo G. et al., 2020). These investments also get young people the support they need, reducing the burden on the system by lowering presentations and severity of mental ill-health, and reducing suicides.

Young people need support to manage their mental health before they reach crisis point. They need the knowledge and tools to be supported where they are in a way that works for them. This prevention focus is essential to easing health system pressure so that services are there when people really need them.

Harnessing lived experience and leadership of young people to reduce stigma

Research into the most effective ways of reducing stigma indicates that [hearing stories of lived experience from a relatable, credible peer has a powerful impact on stigmatised attitudes](#) (Corrigan, et al., 2012). It is this model that sits at the core of batyr's work. batyr trains young people who have a lived experience of mental ill-health how to share their personal journey, drawing out the hope, positivity, strength and resilience in their stories. We then take these young people into schools and universities alongside trained facilitators, to share their story in a safe environment through engaging programs. Hearing a peer be vulnerable builds a unique connection between everyone present and acts as a catalyst to change attitudes and improve help-seeking within communities.

In recent years, the sharing of lived experience has been recognised in Australia and around the world as an increasingly important, complementary aspect of mental health treatment and recovery. [As the National Suicide Prevention Adviser's final advice identified there is a compelling need to shift the focus on how we address mental health in Australia](#). The report identified a clear role and importance of leveraging lived experience in the early prevention of mental ill-health. We know from experience that young people take action to seek help more when they receive information shared by peers, in a relatable and safe way rather than by information shared by adults (such as teachers and parents).

Through this youth-led model, we can see the greatest shift in attitudes, help-seeking, and culture. Additionally, it enables young people to see examples of hope, resilience and recovery. Recently, an evaluation was completed on batyr's OurHerd digital storytelling platform where young people learn how to share their lived experience stories safely and have access to hundreds of stories from peers. The evaluation report indicated that hearing stories that share knowledge about self-care strategies, accessible services and diversity of experiences supports learning about self-care that can be incorporated in a young person's life (WSU, 2021). This is particularly important when the current education and mental health systems focus on treatment and acute care rather than equipping young people with the skills at an early age to manage their wellbeing effectively. By developing resilience and coping skills early on, it can prevent young people from experiencing mental illness or require professional help, leading to a healthier generation of people and reduced pressures on the systems around them. batyr also recommends the mental health sector works collaboratively with other sectors, such as education, to create more opportunity for reaching young people early on.

We have also seen first hand the powerful ability that exists to [learn directly from young people on integral information that can shape the mental health system](#). This includes the barriers they are experiencing to support, what is contributing to mental ill-health, what actually works, and what we can do differently. There is great value in the creation of leadership roles for youth advocates to work directly with Queensland Parliament to provide insights that can maximise positive outcomes for everyone. This will not only lead to effective changes for the mental health system, but will create efficiencies for decision makers and greater returns on investment that meet the needs of young people faster and further into the future. Working with thousands of young Queenslanders every year, batyr is happy to help support pathways for Queensland Parliament to work with trained young people who can fast track improvements for the system.

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Investing in initiatives like batyr that promote lived-experience to reduce stigma and promote self-care and help-seeking, in addition to investing in youth leadership will be integral in creating meaningful change.

Building strong, resilient communities

Through an analysis of 83 young people's stories through batyr, we learned that an anchor person was one of the most critical factors that contributed to a young person's recovery. Additionally, we recently saw that 73% of the lived experience stories analysed via the OurHerd digital platform indicated the **most common contributing factor to recovery was unrelated to professional services**. Talking with friends, self-acceptance, self-worth and connection with family were examples of what played key roles in someone's experiences navigating difficult times. It is often teachers, parents, friends, coaches and colleagues that act as key supports in a young person's life. **By investing in community based initiatives that educate individuals on how to support themselves, one another and foster positive conversations on mental health, we can address preventable mental ill-health**. Young people will not need to rely on accessing professional help later on in life, services will not be in demand and quality of life will improve.

Since 2011 batyr has been delivering community based peer-to-peer programs in schools, universities and communities. This involves programs for year cohorts, parents and teachers to ensure not only young people, but adults in their lives are equipped with the skills to create mentally healthy environments, and provide support. Through a randomised control trial by Macquarie University, we saw these programs led to reductions in stigma towards others and improvements in attitudes to seek help from professionals, which were both sustained 3 months after the program. We have also seen high levels of student engagement with 79% of students indicating they felt highly engaged through the program. Through the delivery of community based programs, young people are able to be reached en masse and earlier in life to prevent mental illness down the track or a reliance on services. Investing further in community based programming can continue these impacts, and save on the cost of lost productivity and mental illness into the future.

Conclusion

batyr is grateful for the Mental Health Select Committee inquiring into the opportunities to improve mental health outcomes for Queenslanders. Young people have been identified as a priority population that need to be an important part of this conversation. Although there is work to be done, there is great opportunity to create sustainable and meaningful change. This will particularly be the case if we can invest in working with communities and young people to inform decisions and maximise impact. We are happy to provide additional comments or input from young people as the inquiry progresses.

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