4 February 2022

Mr Joe Kelly MP
Member for Greenslopes
Chair, Mental Health Select Committee
Parliament House
George Street
BRISBANE QLD 4000
Via: mhsc@parliament.qld.gov.au

Dear Mr Kelly,

headspace submission: Inquiry into the opportunities to improve mental health outcomes for Queenslanders

headspace National welcomes the opportunity to provide input to the Mental Health Select Committee's considerations as part of its inquiry into the opportunities to improve mental health outcomes for Queenslanders.

Attachment 1 provides detailed responses to each of the Committee's Terms of Reference and reflects input from headspace National and the headspace Centre Network.

About headspace

headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to 12–25-year-olds across the country. The headspace platform provides multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study across a range of services.

The core of the headspace service offerings is the network of headspace centres contracted through Primary Health Networks (PHNs).

Comprising the largest national network of youth mental health services, headspace has more than 150 centres embedded in local communities across metropolitan, regional and remote areas, online and phone support services through eheadspace, and also supports young people in school settings. This includes 30 centres in Queensland.

While the Australian Government is the majority funder through the federal Department of Health, headspace is also funded by a number of state governments to deliver various programs supporting young people in their jurisdictions.

Central to the headspace centre model is the concept of place-based collaboration. Each centre is run by a local agency which is commissioned by the regional PHN in each location. A consortium of local service providers, influencers and community members come together to guide and nurture their local headspace centre, ensuring that the service is deeply embedded within the local system and community.

headspace offers a unique platform that can be leveraged to achieve integrated, holistic and responsive supports for young people experiencing mental illness. An integrated approach is necessary to improve the efficiency and effectiveness of services that can be hard for young people to access and navigate.

Our advice to the Select Committee

The Committee's Terms of Reference are wide-ranging and cover many important considerations. Our submission responds to each of the Terms of Reference, comprising insights, observations, and opportunities to improve mental health services for young Queenslanders.

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Real opportunities exist to equip the system to better meet service demand, streamline access and support transitions between services utilising a 'no wrong door' approach, build real continuity of care through dedicated and integrated funding and place a much greater focus on young people's and family/carer's participation.

In particular, headspace highlights the following priority needs for the Committee's consideration:

- **a greater focus on prevention and early intervention**. Communities in rural and remote Queensland often have no services providing prevention and early intervention mental health services. Young people experiencing mental ill health risk going undiagnosed and/or unsupported during a formative stage of their lives.

  headspace provides a unique youth mental health service platform. The opportunity exists to further leverage this platform to harness cooperation and collaboration particularly at the local level.

- **an integrated, connected, sustainable and long-term solution to meet the needs of young people with more complex and or severe needs**. Where primary care is available, there are often insufficient specialist services to refer individuals with more complex needs. This is particularly the case for the 'missing middle' – individuals who need more support than primary care can provide, but whose conditions are not serious enough to access hospital and health services' Child and Youth Mental Health Service.

  This requires clear referral pathways and supports for young people with severe and complex mental health conditions to access specialist services in each locality.

- **improved vertical and horizontal integration of services and supports.** The challenge of supporting young people with more complex and or severe needs requires both state and Federal governments to integrate, align and coordinate their existing services, to close the growing gap that exists between primary and specialist services by enabling greater integration between headspace and Child and Youth Mental Health Services. Greater coordination across primary, secondary and tertiary systems is required to provide young people and their families with access to the care and support that they need regardless of which level of government funds it.

  At the same time, horizontal integration is necessary to ensure that the service system can respond to the unique, holistic needs of every individual, so that they experience continuity of care through an efficient and connected support platform.

  Integration is best achieved by building on locally embedded service platforms that are attuned to community needs. Investment must facilitate stronger connections, collaborative practice, and sharing of resources and accountability for outcomes. Careful consideration should be given to how any new initiatives connect into, and enhance, what already exists. Governments must strive to avoid creating further fragmentation or implementation burdens within a system under significant and growing pressure.

- **significant investment in a sustainable, multi-disciplinary workforce.** In common with many health and social care service sectors, mental health is facing acute workforce shortages and long-term under-resourcing at a time when demand and complexity are growing year-on-year. There is a particular need for a secure and ongoing supply of appropriately qualified youth mental health professionals and specialists, as well as non-clinical youth workers, to address the current and continuing shortage – which directly impacts on the quality and accessibility of services.

Not only is the headspace platform an integral part of the mental health system, headspace is also an example of mental health reform in action. Having established a national service sector within a decade, headspace is uniquely placed to provide insights and learnings to inform future reform in mental health. The success of headspace's establishment can be attributed to some important principles, the most important of which is partnership with young people, their families, carers and friends in design, planning, delivery and governance of headspace centres and services.

Other key headspace principles are: the importance of brand traction to facilitate help-seeking and access; family and community inclusive practice; a focus on the 'whole person' rather than the disease (through our four pillars); diverse service offerings which reflect the needs and preferences of the young people; and a collaborative, place-based approach to establishment based on leveraging existing community strengths.

The Select Committee's inquiry and its recommendations will provide the opportunity to position Queensland to lead the way for reforms and improvements to ensure all Queenslanders, and particularly young people, can access the support they need, when and where they need it.

We would welcome opportunity to meet with the Select Committee to provide additional insights into the challenges and opportunities identified in our submission.

Yours sincerely,

Jason Trethowan
Chief Executive Officer

Attachment 1

headspace response to terms of reference: Inquiry into the opportunities to improve mental health outcomes for Queenslanders (responses to specific terms of reference)

a) The economic and societal impact of mental illness in Queensland

50% of mental disorders develop before the age of 14 years and 75% by age 24 years.[1] At least 1 in 4-5 young people will experience mental ill-health in any given year.[2] Therefore, it is reasonable to conclude that a substantial share of the economic burden of mental disorders relates to disorders that first emerge early in life.

The onset of mental illness peaks in adolescence and early adulthood, which is a critical developmental period for education, employment and interpersonal or relational outcomes. The persistence of mental ill-health through the prime years of productivity and economic participation can significantly increase the lifetime risk of poor health, social, education and employment outcomes.

The economic impacts of mental disorders in youth can endure well into life-stages at which mental ill-health represents relatively lower proportions of the prevalent health burden.

A 2009 study of the economic impact of youth mental health (12–25-year-olds) in Australia found that the annual cost was more than $10.6 billion nationally ($13.58 billion in 2022 prices).[3] Productivity costs including employment impacts, absenteeism, presenteeism, premature death, and search and hiring costs were found to constitute more than 70% of these costs.

In 2012, the Inspire Foundation and Ernst & Young calculated the cost of mental health for young men in Australia was $3.27 billion ($3.88 billion in 2022 costs).[4] This included:

- premature mortality costs (32.3% of total costs)
- employment costs (24.3%), including personal leave, reduced personal income and reduced earnings due to lower education
- health costs (17.0%)
- disability costs (11.4%)
- justice system costs (8.0%), including direct costs and lost income
- unemployment costs (7.0%), including lost income and welfare benefits.

The 2009 study estimated that these costs are largely borne by individuals (61.6%), with governments (31.1%) and employers (7.2%) accounting for the remainder.

Lost productivity is one of the greatest contributors to the burden of disease of mental illness, and the onset of mental ill-health usually occurs when the foundations of employment are laid down through education and early work experiences. Disengagement from study and work at this time of life has major, ongoing, negative consequences for economic and social participation throughout adult life.

Australian research supports the importance of early intervention in holistic care including mental health care and educational/vocational support; a person unemployed for one year has more than a 50%

[1] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602.
[2] Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public health challenge. Lancet. 2007;369(9569):1302-13
[3] Access Economics. The economic impact of youth mental illness and the cost effectiveness of early intervention. Canberra; 2009.
[4] Degney J, Hopkins B, Hosie A, Lim S, Rajendren AV, Vogl G. Counting the Cost: The Impact of Young Men's Mental Health on the Australian Economy. Inspire Foundation; 2012.

chance of becoming long term unemployed (two years or greater) and, after a second year of unemployment, there is a six out of 10 chance of remaining unemployed for an additional year.[5]

Investing in youth mental health has lifetime benefits and represents significant value for money – supporting young people to achieve mental health and wellbeing ensures they can participate fully in work and study and avoids future health system costs.

[5] Davidson P. Did 'Work First' Work?: The Role of Employment Assistance Programs in Reducing Long-term Unemployment in Australia (1990-2008). Australian Bulletin of Labour. 2011;37(1):51.

(b) The current needs of, and impacts on, the mental health service system in Queensland

In 2021, headspace centres in Queensland provided more than 97,000 occasions of service to 23,488 young people.

headspace centres in Queensland report that many young people are unable to access the mental health services and supports they need identifying the following priority needs:

- **a greater focus on prevention and early intervention**. Communities in rural and remote Queensland often have no services providing prevention and early intervention mental health services for young people, including few with access to headspace centres. With many of these communities also struggling to attract and retain GPs, people experiencing mental ill health risk going undiagnosed and/or unsupported.

  headspace provides a unique youth mental health service platform. The opportunity exists to further leverage this platform as a means to harness cooperation and collaboration particularly at the local level. To achieve this consideration could be given to departments providing services to children and young people being encouraged or required to engage with the headspace network, to maximise the potential for, and investment in, holistic prevention and intervention activities.

- **an integrated, connected, sustainable and long-term solution to meet the needs of young people with more complex and or severe needs**. Where primary care is available, there are often insufficient specialist services to refer individuals with more complex needs. This is particularly the case for the 'missing middle' – individuals who need more support than primary care can provide, but whose conditions are not serious enough to access hospital and health services' Child and Youth Mental Health Service.

  This requires clear referral pathways and supports for young people with severe and complex mental health conditions to access specialist services in each locality.

- **improved horizontal and vertical integration of services and supports**. The challenge of supporting young people with more complex and or severe needs requires both state and Federal governments to better integrate and coordinate their existing services, to close the growing gap that exists between primary and specialist services – including, by enabling greater integration and referrals between headspace and CYMHS.

- **greater strategic alignment particular between and among commissioning and delivery organisations.** headspace centres also experience significant variation in organisation and practice across hospital and health services and PHNs, which makes access and referral pathways hard to navigate. It also impacts on local and regional service engagement. Some centres report success in establishing relationships and collaborative programs with local Hospital and Health Services (HHSs), but this tends to happen where there is just the headspace centre and one specialist service operating in a smaller community.

  More commonly, headspace centres struggle to develop and navigate relationships with multiple PHNs and HHSs, and report disjointed communication and referral pathways.

  Geographical fragmentation of commissioning under PHNs also creates inequity and inefficiencies across the state. Individual PHNs may be engaging in similar initiatives to others in the state, such as funding additional complex or advanced care programs. But these are often developed and organised independently of each other, risking duplicative re-invention rather than sharing across PHNs or between hospital and health services.

- **greater investment in mental health.** Mental health struggles to compete with physical health in funding allocation by some HHS's. This has caused under-investment, and in some cases, disinvestment, in some CYMHS services – such as in Brisbane Metro South where there has been a reduction in clinicians in the CYMHS service despite significant population growth – with headspace centres experiencing additional demand and increased complexity as a result.

- **opportunity to leverage a more integrated whole of Queensland government response**. Disconnection is also evident between state government departments, and there is opportunity to

better serve and support individuals experiencing mental ill health and comorbidities through cross-portfolio strategic policy.

The Department of Education's $100m Student Wellbeing Package initiative to increase the wellbeing workforce in the Queensland's school system is a welcome and valuable investment, but has exacerbated acute workforce shortages, with services across health, social and education sectors competing for staff.

There is significant potential to better organise policy and resources around the pathways of young people with mental health needs who come into contact with multiple services. These young people face life challenges that are complex and interrelated, but system responses are siloed and perpetuate mental ill health within cycles of disadvantage.

This is particularly relevant for individuals who have experienced trauma or crisis, and regularly come into contact with the Department of Youth Justice and Department of Child Safety. These young people need government agencies to work in a more strategic way to support them – which in turn relies on a shared ownership and whole-of-government response that facilitates integrated policy, commissioning and service responses.

(c) opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services

a. across the care continuum from prevention, crisis response, harm reduction, treatment and recovery

Major reviews of Australian mental health systems at the national and state level report systems and services that are siloed, fragmented, and hard for clients and even providers to navigate.

There is both opportunity and need to increase holistic, multi-disciplinary, wrap-around support that responds to individuals' needs and circumstances across ages and stages of life – ensuring people can access the right support, when they need it and how they want it.

This must start in the formative years if our young people are to benefit from economic and social participation over their life. With three quarters of mental health disorders emerging before the age of 25, concerted action early in life is the key to shifting Queensland's mental health trajectory.

Three-quarters of all mental health issues emerging before the age 25.[6] Suicide is the leading cause of death among young people – responsible for more than 40% of deaths among aged 15–24-year-olds.[7] The COVID-19 pandemic has had a significant and continuing adverse impact on the mental health of young people. Therefore, young people need access to resources and support to build their mental health literacy, resilience, wellbeing skills and habits, and the confidence to seek help when they need it, and services to be accessible to them when they do so.

headspace provides evidence-based and high impact early intervention services to support the health and wellbeing of young people aged 12–25 years. Support covers mental health, physical and sexual health, alcohol and other drugs, and work and study. Our aim is to ensure young people can get timely access to the services they need through the medium of their choice – in-person (via 150 headspace centres across Australia), or online by video, webchat, email or website.

Our integrated services, which model the holistic, multi-faceted support that underpins a responsive service system model, comprises:

headspace centres: The headspace network of around 150 centres (by the end of 2021) are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across four core streams: mental health; physical and sexual health; alcohol and other drugs; and work and study. Centres are locally adapted and maintain local networks. A headspace follow-up study found that young people attending headspace centres reported headspace had helped them:

- better understand their mental health problems (86%), develop the skills to deal with them (80%), and feel supported in managing them (85%)
- reduce the impact of their mental health issues on their life (78%)
- improve their general wellbeing (82%)
- be more confident (75%)
- feel more hopeful for the future (80%)
- be more socially active (70%) and feel more connected to their social network (72%).[8]

[6] Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593-602. https://doi.org/0.1001/archpsyc.62.6.593

[7] Department of Health (2020). A report detailing key themes and early findings to support initial advice of the National Suicide Prevention Adviser. https://www.health.gov.au/sites/default/files/ documents/2020/11/report-detailing-key-themes-and-early-findingsto-support-initial-advice-of-the-national-suicide-prevention-adviserreport-detailing-key-themes-and-early-findings-to-support-initialadvice-of-the-national-suicide-preventio.pdf

[8] headspace (2019). headspace centre young person follow up study. headspace.

Community awareness: Guided by local Youth Reference Groups and centre staff, Community Awareness Officers at each headspace centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at headspace. This is done through: running events; a local website, Facebook and Instagram pages; engaging schools, sports clubs and community organisations; engaging local newspapers and radio on youth mental health problems; and localising national campaigns.

Digital Mental Health Programs and resources: headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators. Young people can create their own account on the headspace platform to access personalised services, information and support. Users can build their own personalised mental health toolkit, and access safe and supportive online community chats, and 1-on-1 direct support with a clinician. For professionals and educators, headspace's online portal provides free access to a diverse range of evidence-based research, practice guidance and learning resources.

eheadspace: our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.

headspace campaigns: campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know headspace is a safe and trusted place they can turn to in order to support their mental health.

headspace in schools: Through evidence-based mental health promotion, prevention, early intervention and postvention services, headspace delivers key initiatives designed to support the mental health and wellbeing of school communities.

Schools are a key platform for the provision of mental health services that engage children, young people, and families along the continuum of intervention for health and wellbeing. Not only are schools well-accustomed to supporting students' learning and developmental needs, they also help students to develop resilience, social and emotional health, and confidence in seeking services and treatment. For these reasons, schools have long been regarded as suitable environments for implementing suicide prevention initiatives for vulnerable young people.[9] Over recent decades, schools have also become recognised as important sites for postvention[10], which involves responding to the mental and physical health and wellbeing of students and staff, both immediately following a suicide and in the longer term.

Supporting schools Australia-wide, particularly those in rural and regional areas, headspace's Mental Health in Education Program adopts a whole school approach to equip young people, their parents and the broader school community with knowledge, skills and tools to support young peoples' mental health and build the support structures needed so they can seek help when they need it.

Be You seeks to equip Australian early learning services and schools with the skills and strategies they need to support every child, young person and staff member to achieve their best possible mental health. Having launched in November 2018, Be You is already in 65% of Australian schools.

headspace School Support also provides evidence-based training, information and resources, and intensive support that assists secondary schools across Australia to prepare for and recover from suicide, through the delivery of evidence-based gatekeeper training using the Skills-based Training on Risk Management (STORM) approach and workshops that focus on: building staff capacity around issues of suicide; developing school policies and procedures around suicide; developing an Emergency Response Plan; and assembling and managing Emergency Response teams.

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[9] Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. *A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people.* Crisis. 2013;34(3):164-82.
[10] Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. *A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people.* Crisis. 2013;34(3):164-82; Hazell P, Lewin T. *An evaluation of postvention following adolescent suicide.* Suicide Life Threat Behav. 1993;23(2):101-9; Poijula S, Dyregrov A, Wahlberg K, Jokelainen J. *Reactions to adolescent suicide and crisis intervention in three secondary schools.* Int J Emerg Ment Health. 2001;3(2):97-106

Vocational supports: headspace centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in headspace centres.

headspace Work and Study (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.

headspace Career Mentoring connects young people aged 18-25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities. 59% of young people who weren't working gained a job during their time with the service.

A headspace follow up study of young people attending headspace centres found 80 per cent of young people reported positive impacts on their work and study situation, highlighting that the services they had received had helped them to better understand how their mental health issues were impacting on their work and study (83%), how to reduce those impacts (76%), and building the confidence to better manage their work and study situation in the future (76%).[11]

b. across sectors, including Commonwealth funded primary care and private specialist services, state funded specialist mental health services, non-government services and services funded by the NDIS

Facilitating, cross-sector service models is essential to ensuring people can access the right support, when they need it and how they want it. There are opportunities to use funding and commissioning strategies to invest in cross-sectoral, multi-disciplinary service provision capable of responding to diverse, individualised needs.

Participation in education or employment is a strong protective factor for young people's mental health. Conversely non-participation is a major risk factor.[12] Young people who are disengaged from employment and education are at increased risk of long-lasting negative outcomes including socio-economic exclusion, welfare dependency, and poor mental health.[13] [14]

headspace Work and Study is an example of an effective, cross-sectoral service model that responds to individual need. The program provides clinically integrated mental health and vocational support to young people whose mental health is a barrier to work and study. Provided via the phone, video conferencing, online messaging and email, hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months. hWS has been found to be an effective, efficient, appropriate, and scalable service for supporting at risk young people to engage in work and study. [15]

In addition to functioning as a standalone program to support disengaged young people, headspace Digital Work and Study complements support offered through the IPS Program operating in 50 headspace centres, helping to increase throughput of young people into vocational support. Crucially, it encourages access and expands help seeking by giving young people greater scope to access a personalised vocational worker through the medium of their choice: in-person through IPS or online through headspace Digital Work and Study.

Another necessarily cross-sectoral service model is demonstrated in headspace's community suicide postvention planning initiatives. headspace has a strong track record providing responses to

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[11] headspace (2019). headspace centre young person follow up study. headspace

12 Holloway, E., Rickwood, D., Rehm, I., Meyer, D., Griffiths, S., & Telford, N. (2017). "Non-participation in education, employment, and training among young people accessing youth mental health services: demographic and clinical correlates." Advances in Mental Health 16(1): 19-32.

[13] Powell, A., Salignac, F., Meltzer, A., Muir, K., & Weier, M. (2018). Background report on young people's economic engagement. Sydney, Centre for Social Impact, UNSW.

14 Gore, F.M., Bloem, P.J., Patton, G.C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S.M., & Mathers, C.D. (2011). "Global burden of disease in young people aged 10–24 years: a systematic analysis." The Lancet 377(9783): 2093-2102.

15KPMG (2020). Digital Work and Study Services Evaluation For the Department of Social Services. Perth.; Rickwood, D., Kennedy, V., Miyazaki, K., Telford, N., Carbone, S., Watts, C., Hewitt, E. (2021). "An Online Platform to Provide Work and Study Support for Young People With Mental Health Challenges: Observational and Survey Study." Journal for Medical Internet Research, Mental Health. **8**(2):e21872

communities across Australia impacted by increased suicide risk and death. Since 2014, through delivering community postvention response services, headspace has been able to identify and track changes in trending risk data for communities. This in turn allows headspace to identify regions and communities that are at high or emerging risk of suicide events, and would require intensive, targeted, rapid response community support (postvention).

headspace is currently seeking funding opportunities to extend access to two cross-sectoral postvention programs developed in 2020 and 2021:

- the NSW Government funded headspace, working in partnership with Lifeline, to establish 12 Community Wellbeing Collaboratives in communities at high risk of suicide, as one of the Government's Towards Zero Suicides initiatives. This collaborative impact approach engages appropriate local and regional organisations across health, social services, education and government sectors to develop contextualised suicide response and support plans. Planning in advance of increased community suicide risk allows for local capacity building and preparedness, including establishing effective ways of responding, working together, and communicating away from the intensity of crisis.
- headspace partnered with Universities Australia to develop a *Responding to Suicide: A Toolkit for Australian Universities*, a tailored mental health literacy framework to help university staff identify indicators of mental health issues, and supporting training and implementation workshops for university staff, which have been well-received with long waiting lists.

Since opening the first headspace centre in South Melbourne in 2006, headspace has grown into a national network of centres embedded in metropolitan, regional, rural and remote communities in every Australian state and territory. It has been our definitive experience across the country that integration to provide high quality and responsive treatment and support is best achieved by building on locally embedded service platforms that are attuned to community needs.

Investment must facilitate stronger connections, collaborative practice, and sharing of resources and accountability for outcomes. Careful consideration should be given to how any new funding, programs or initiatives connect into what already exists, and how they will enable the best possible synthesis of expertise and allocation of resources in response to community needs: creating additional capacity, reducing demand and delivery pressures, and enhancing access, safety and quality of care.

For example, headspace centres in Queensland are already involved with informal collaborations between Queensland Health's youth mental health and AOD network of funded services; there is great potential to more strongly integrate the headspace service offering and trusted brand to support more holistic and 'seamless' multidisciplinary support and intervention to young people.

It is imperative that governments strive to avoid creating further fragmentation or complexity that makes it even harder for people to navigate and access the help they need, or that increases implementation burdens within a system under significant and growing pressure.

(d) the experiences and leadership of people with lived experience of mental illness, problematic substance use and suicidality and their families and carers

Reform of mental health systems and services for young people will only work if undertaken with young people at its core. Lived experience and peer support is an important element of service design and planning; youth mental health services should be youth-focused – designed with young people, for young people.

Young people, their family and their friends are engaged at all levels to help ensure headspace provides quality services. Through participation, we recognise that young people, their family and friends are the experts about their own lives and have the right to be actively engaged in the issues that affect them.

headspace services prioritise the active and continuous engagement of young people in service governance, design, development, delivery and evaluation, as well as in their own care. Participation of young people in decision making is critical in ensuring that headspace keeps young people at the centre of the organisation so that services can continue to be responsive to young people's needs and preferences. Through youth participation, headspace acknowledges the expertise young people have in relation to matters that impact their health and wellbeing, the fulfilment of their potential and their right to partake in decisions that affect them. Over time this builds trust and mutual respect, and ensures headspace services remain credible, acceptable, appropriate and responsive to their needs. This in turn makes young people feel welcome, comfortable, safe, respected, valued and understood.

headspace is proactive in providing opportunities for young people to guide headspace direction and ensuring voices that have historically been overlooked are heard. Engagement starts at the headspace centre, with local reference groups advising services and supporting community engagement. At headspace National, engagement includes: the headspace Youth National Reference Group (hY NRG), who guide headspace policy, governance, services, campaigns, peer support, and program design; two youth advisors who sit on the headspace Board; and Centre Youth Reference Groups that engage on service design, delivery and evaluation across Australia.

Most young people between 12–25 years of age either live with family or friends or maintain strong connections with them. Family members and friends usually play a pivotal support role to enable the health and wellbeing of young people. Therefore, family and friends' participation and support is an important component of the headspace model.

Continued strong family support is pivotal to a young person's health and wellbeing[16] and young people are most likely to talk to family as the first step in help-seeking.[17] Family is often the first to notice behavioural changes that may signal the onset of a mental health concern. More than 40% of young people who engage with headspace services access them via a referral or recommendation from family.[18] Australian young people are most likely to seek informal support, with 72% seeking help from parents or guardian/s or friends.[19]

Involving family in a young person's care acknowledges the important role they play in providing emotional and practical support for young people experiencing mental health (and any co-occurring) difficulties.

headspace also recognises that families play a valuable role in supporting the mental health and wellbeing of their young people. headspace has established mechanisms to support the central and continuous involvement of family in the governance, design, development, delivery, evaluation and continuous improvement of headspace services, including through a National Reference Group, and family and friends' participation groups at many headspace centres.

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[16] Radovic A, Reynolds K, McCauley H L, Sucato GS, Stein BD, Miller E, *Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives*. Journal of Paediatrics. 2015;167 (4). 911-8
[17] https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/adolescent-help-seeking
[18] headspace centre client data 2013-2020 shows that almost half of young people are most influenced by their family or friends to attend headspace, primarily family.
[19] Mission Australia Youth Survey 2020

(e) the mental health needs of people at greater risk of poor mental health

The burden of disease caused by mental ill-health in young people is alarmingly high and growing; young people are seeking help at an unprecedented rate with rising levels of complexity and acuity.

Young people's experience of mental health is unique, their help-seeking is fragile and improving outcomes has a lifetime benefit

Young people's experience of mental health is unique and help-seeking behaviour by young people with mental health issues is extremely fragile. In a recent survey of young people, almost half said that if they were experiencing a personal or emotional problem, they would deal with it on their own.[20] Help-seeking behaviour is also a greater issue for young men, Aboriginal and Torres Strait Islander young people, LGBTIQA+ people, rural and remote young people, and young people from migrant and refugee backgrounds.[21] If young people find the courage to seek help for a mental health issue and they do not have a positive experience they are highly likely not to seek help again.[22]

Young people who are members of the headspace Youth National Reference Group describe some key barriers to accessing mental health services that explain fragile help-seeking:

- there can be a lack of accessible information, specific to young people, about mental health and related support services
- there is stigma around talking about and identifying with mental ill-health
- accessing the mental health system is scary, and confusing to access and navigate
- the mental health system is adult centric and not designed with young people in mind
- many young people have had negative experiences with mental health services.

Mental ill-health is more prevalent in Australia's young people than any other age group

The incidence of mental ill-health in Australia is highest amongst young people aged between 16 and 24, with one in four young people experiencing symptoms.[23] This group has an increased risk of comorbidities, including drug and alcohol issues, lifelong social exclusion, and economic marginalisation if mental health issues are not addressed.[24] Suicide is the leading cause of death for people aged between 15 and 24, accounting for one-third (36%) of deaths amongst people in this age group.[25] The leading causes of burden of disease in 15–24-year-olds are:

- suicide and self-inflicted injuries (8.4%)
- anxiety disorders (7.5%)
- depressive disorders (6.8%)
- alcohol use disorders (5.6%).[26]

Suicide prevention policy and programs have been delivered nationally, and through state and territory governments, for almost two decades in Australia, starting with the world leading Youth Suicide Prevention Policy in 1995. While much has been delivered and achieved through these

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[20] Colmar Brunton (2018). Australian youth mental health & well-being survey 2018. Unpublished.
[21] Rickwood, D, Deane, F & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? Medical Journal of Australia 187(7), 35.
[22] Rickwood, D. et al. (2005). Young people's help-seeking for mental health problems. 4(3) Australian e-journal for the Advancement of Mental Health, 218.
[23] Australian Bureau of Statistics (2008). National survey of mental health and wellbeing: summary of results, 2007. Australian Bureau of Statistics.
[24] Burns, J. and Birrell, E. (2014). Enhancing early engagement with mental health services by young people. Psychology Research and Behaviour Management. Psychology Research and Behavior Management 2014:7 303–312.
[25] Australian Government Department of Health (webpage accessed 2020). Suicide prevention. Commonwealth of Australia. Retrieved from: https://www.health.gov.au/health-topics/suicide-prevention
[26] Australian Institute of Health and Welfare (2018). Australia's health 2018. Australia's health series no. 16. Australian Institute of Health and Welfare. Retrieved from https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true.

efforts, a recent ABS release of suicide data showed that suicide remains the leading cause of death among young people aged 15-24 years (and adults aged 25-44 years).[27]

Australia has a crude rate of youth suicide of 12.1 per 100,000[28], which is higher compared to other countries with similar economic prosperity (as measured by gross domestic product per capita), including Canada (11.2 per 100,000), Sweden (8.9 per 100,000) and the Netherlands, (5.9 per 100,000).[29]

In Queensland, the suicide rate per 100,000 people aged 5-17 years in 2020 was higher than the national average. The rate of increase from 2013-2020 was greater than any other Australian jurisdiction except the ACT.[30]

In addition, suicide attempts and self-harm are up to 20 times more common than suicide and are the primary risk factor for future suicide. Many more young people think about or attempt suicide. The most recent Australian Child and Adolescent Health and Wellbeing Survey found that in the past 12 months 7.5% of young people aged 12-17 years reported having considered suicide and 2.4% (or approximately 41,000 Australian adolescents) had made an attempt. A further 10% reported having self-harmed in their lifetime[31] and the last decade saw a significant spike in hospital admissions for self-harm among young women aged 15-19 years.[32] Data captured through headspace School Support shows that:

- headspace school support service responds to 4-5 deaths a week (across Australia), with a notable increase in requests for support from primary schools.
- the majority of suicide deaths responded to by headspace School Support in 2012-2018 were for students in year 10 (27%) and year 11 (28%) and incidents peaked in mid-late October each year. 2% of suicide deaths were among primary school aged children.

Addressing youth mental ill-health is complex and requires a holistic, integrated approach

There has been significant investment in support for young people aged 12 to 25, including a large expansion in services through headspace. However, there remains a shortfall in the supply of services for young people across the system, as demand for mental health services, and resulting increases in acuity thresholds to be able to access them, has resulted in long waiting lists for services and many young people missing out on care. This particularly includes the 'missing middle' who have mental health and wellbeing challenges that are too complex for primary care alone but are not complex enough to meet the threshold for treatment, care and support at the area level from specialist services.[33]

These young people are falling between gaps in the system that need to be addressed through better integration of supports and services.

Young people tell headspace they need affordable, approachable, easy-to-reach mental health services that provide support tailored to their individual needs. Young people need a 'soft entry point' to the mental health system – one that is non-stigmatising, welcoming and holistic. The key factors that influence whether a young person is likely to seek help include awareness of mental health issues, and availability of and access to appropriate services. Research indicates that a young person is more likely to seek help if they have positive past experiences and a supportive network of family

[27] ABS. 3303.0 Causes of Death, Australia, 2020: Table 1.4 Underlying cause of death, Leading causes by age at death, numbers and rates, Australia, 2020
[28] ABS 2021, 'Intentional self-harm (suicide)' [data set], Causes of Death, Australia, 2020. In Report on Government Services 2022 Part E, Section 13: Services for mental health (Table 13A.53), accessed at https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/services-for-mental-health.
[29] World Health Organisation. WHO Mortality Database. Geneva, Switzerland: WHO; 2016.
[30] ABS 2021, 'Intentional self-harm (suicide)' [data set], Causes of Death, Australia, 2020. In Report on Government Services 2022 Part E, Section 13: Services for mental health (Table 13A.54), accessed at https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/services-for-mental-health.
[31] Lawrence D, Johnson S, Hafekost J. The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health; 2015.
[32] AIHW. Suicide and hospitalised self-harm in Australia: trends and analysis. Canberra: Australian Institute of Health and Welfare.; 2014.
[33] Witness Statement of Professor Patrick McGorry AO, to the Royal Commission into Victoria's Mental Health System, 2019

and friends.[34] A major barrier to young people seeking help for mental illness is the stigma associated with mental health issues.[35] Additional barriers include poor mental health literacy, access to mental health services – particularly in rural and remote areas – and concerns about cost and confidentiality.[36]

headspace offers a unique, evidence-based model of care, providing holistic, integrated model for youth mental health in Australia. It was purposely designed to counteract the barriers young people typically face in seeking help.

headspace has been specifically designed by young people, for young people. It is intended to overcome the known barriers to access that young people face. Young people report that the following things are important to them in relation to their experience engaging with headspace:

- knowing they won't be turned away (92%)
- welcoming and safe space (91%)
- free or low cost (90%)
- knowing service was youth friendly (87%)
- easy to get to (84%)
- being able to be connected to other services if needed (84%)
- having all needs met is one location (83%).[37]

headspace improves mental health outcomes for young people

High numbers of young people access headspace centres, many of whom report high or very high levels of psychological distress at their first visit (74.2%).[38] Their net gain in wellbeing – considering young people who improved their levels of psychological distress experienced a decline or remained the same over the course of their treatment at a headspace centre – is estimated to be worth $2.2 billion over the last five years.[39]

60.4% of young people accessing headspace services between 2015 and 2019 experienced a statistically significant improvement in their psychological distress levels and/or in their social and occupational functioning, as measured by K-10 and/or Social and Occupational Functioning Assessment Scale (SOFAS). 38.1% reported an improvement in their K-10, while 40.4% reported an improvement in their SOFAS.[40] Analysis by headspace found that 68% of young people who attended five or six sessions at headspace experienced a significant improvement in either K-10 and/or SOFAS.[41]

A headspace follow-up study found that young people had reported improvements in psychological distress while at headspace, and maintained or showed continued improvement in clinical and wellbeing outcomes after exiting headspace services – up to two years later.[42]

> "Going to headspace was literally a turning point in my life… I can barely describe the change in my day to day thinking and mental health. Yes I still have bad days, but it's just that: a bad day. Tomorrow is another one. And the fact that I learnt to do this self sufficiently. I went from

[34] Gulliver, A, Griffiths, K & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review'. BMC Psychiatry 10, 113.
[35] Ibid.
[36] Ibid.
[37] Colmar Brunton (2020). headspace Community Impact Research. Unpublished.
[38] Hifferty, F. et al. (2015). Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program. University of NSW.
[39] Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.
[40] Ibid.
[41] headspace unpublished service data, 2013-2018.
[42] headspace (2019). headspace centre young person follow up study. headspace.

trying to [take my own life] and being an absolute emotional mess with no hope to just enjoying every day and being at peace." (QLD, female, aged 23)[43]

The most common primary diagnoses for headspace clients are anxiety disorders (23.4%) and major depressive disorders (20.7%).[44] After having received care at a headspace centre, young people experiencing anxiety disorders and major depressive disorders had a net gain in wellbeing worth an estimated $2.2 billion over five years.

Priority populations require a more targeted approach

As the Productivity Commission noted[45], certain groups of people are more susceptible to mental ill-health including Aboriginal and Torres Strait Islander peoples, LGBTIQA+ people, rural and remote young people, Culturally and Linguistically Diverse (CALD) people, and young men. headspace targets and reaches these often hard-to-reach groups as a priority.

headspace is working hard to ensure our services are culturally appropriate for priority populations, who are disproportionately impacted by mental ill-health. Inherent in the headspace model is the requirement for headspace centres to be using data and engagement to identify and respond to the needs of their local community – and in particular local priority populations.

headspace is accessed by diverse and hard-to-reach young people, many of whom are over-represented in mental health statistics and less likely to seek help. headspace is achieving higher engagement of a number of priority groups in headspace centres compared to the relative Australian population:

- 38% of headspace clients lived in regional or remote areas (well above the national population proportion of 27% of all young people who live outside metropolitan areas) (ABS, 2016)
- 24% of headspace clients identified as LGBTIQA+ (which compares to national estimates of 4% of males and 6% of females identifying as non-heterosexual) (Wilsom & Shalley, 2018)
- 9% of headspace clients identified as Aboriginal or Torres Strait Islander (compared with 2016 census data which found that 4.5% of Australians aged 12–25 years identified as Aboriginal or Torres Strait Islander) (ABS, 2016).

For many decades Aboriginal and Torres Strait Islander people and communities have argued for accessible and appropriate mental health care to address the enduring mental health impacts of intergenerational trauma as the result of colonisation, racism, dispossession, discrimination, and marginalisation.[46] There is a direct relationship between poor mental health and wellbeing, and lack of access to land, culture, identity, self-worth and the breakdown of traditional kinship structures and roles within communities.[47] First Nations young people are vulnerable to a lifetime of mental health concerns due to early and disproportionate exposure to risk factors.[48]

One in three Aboriginal people experience high or very high levels of psychological distress (about 2.5 times the non-Aboriginal rate), and a third have been diagnosed with a mental or behavioural condition.[49] Self-harm emergency department admissions are four times the rate of the general population. The national suicide rate for Aboriginal people is estimated to be twice the rate of the

[43] Ibid
[44] headspace (2019). Annual Report 2018-19. headspace.
[45] Productivity Commission (2019). Mental Health, Draft Report Volume II. Commonwealth of Australia. Pg. 121.
[46] Productivity Commission Mental Health Report 2020, Vol.2; Swan and Raphael (1995) *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy: National Consultancy Report*; Paradies, Harris and Anderson (2008), *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No.4; Herring and others (2013) *The Intersection of Trauma, Racism, and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust*, Australian Social Work, 66.1; Victorian Aboriginal Community Controlled Health Organisation (2020) *Balit Durn Durn Report*
[47] *Balit Durn Durn Report*, 2020
[48] Gee (2016) *Resilience and Recovery from Trauma among Aboriginal Help Seeking Clients in an Urban Aboriginal Community Controlled Health Organisation*
[49] Royal Commission into Victoria's Mental Health System (RCVMHS) (2021) Final report, Vol. 3; *Balit Durn Durn Report*, 2020

general population, and generally occurs at much younger ages.[50] Loss of cultural connection has been identified as an important factor in youth self-harm and suicide in First Nations communities.[51]

The proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress rose from 28.4% in 2012 to 34% in 2020.[52] In a national survey, Aboriginal and Torres Strait Islander young people reported more and deeper challenges than their non-Indigenous peers, including being less likely to feel happy or very happy with their lives. A higher proportion (47.1%) reported having been treated unfairly in the past year compared with non-Indigenous young people (33.6%). Over half said the reason was race/cultural background.[53]

However, mental health services are accessed at low rates by Aboriginal and Torres Strait Islander young people, relative to their level of need.[54] 77% of Indigenous people aged 18-24 experiencing poor mental health have not seen a health professional.[55]

The principle of accessibility must be at the forefront of culturally appropriate models improving Aboriginal and Torres Strait Islander experiences with mental health and suicide prevention services.[56] However, First Nations young people are often disadvantaged in that they are not able to access appropriate services.[57] These young people are more likely to access – and will experience better outcomes from – services that are respectful and culturally safe places.[58]

[50] https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-deaths-suicide-in-aboriginal-and-torres-strait-islander-people; Department of Health and Human Services, *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027*.; Department of Health and Human Services, *Victoria's 10–Year Mental Health Plan: Victorian Suicide Prevention Framework* 2016–25.
[51] Silburn et al, (2014) 'Preventing suicide among Aboriginal Australians', *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*
[52] Brennan, N., Beames, J. R, Kos, A., Reily, N., Connell, C., Hall, S., Yip, D., Hudson, J., O'Dea, B., Di Nicola, K., and Christie, R. (2021) *Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020*. Mission Australia: Sydney, NSW
[53] Tiller, E., Greenland, N., Christie, R., Kos, A., Brennan, N., & Di Nicola, K. (2021). *Youth Survey Report 2021*. Sydney, NSW: Mission Australia.
[54] Cox Inall Ridgeway (2020) *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework*.
[55] RCVMHS (2021) Final report, Vol. 3; *Balit Durn Durn Report*, 2020
[56] Australian Parliament Select Committee into Mental Health and Suicide Prevention 2021 Final Report, para.3.127
[57] Westerman and Vicary (2004). *"That's just the way he is": Some implications of Aboriginal mental health beliefs*. Australian e-journal for the Advancement of Mental Health, Vol 3, Issue 3; Hunter (1993) *Aboriginal Mental Health Awareness: An overview, Part II*. Aboriginal and Islander Health Worker Journal 17(1): 8-10.
[58] Cox Inall Ridgeway (2020)

(f) how investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support

Investing in prevention and early intervention results in improved outcomes and represents significant value for money

As noted by the Productivity Commission,[59] investing in youth mental health has lifetime benefits and represents significant value for money. This includes supporting young people to increase their participation in the economy through engagement with study and employment, as well as avoiding costs associated with loss of wellbeing. For this reason, investment in youth mental health offers significant value for money in terms of likely outcomes.

Deloitte Access Economics estimates that activities through headspace contributed around $230 million to Australia's gross domestic product (GDP) in 2018-19 and its contribution to improving outcomes for young people resulted in net benefits of around $18 million through employment and almost $450 million through social outcomes. In addition, the value of young lives saved through headspace is between $31.2 million and $49.4 million. Fewer individuals also require informal care, saving between $122.1 million and $193.5 million.[60]

> "Improved mental health outcomes translates into significant wellbeing, employment and productivity benefits… and evidence suggests headspace clients have improved mental health outcomes", Deloitte Access Economics 2019

Greater investment in prevention and early intervention is critical in terms of making inroads into the incidence of mental ill-health in young people. This can help to address young people's mental health issues before they progress to more serious and longer-lasting conditions[61], given:

- many young people do not seek help
- young people's help-seeking behaviour and engagement in services is fragile
- mental health issues in young people can persist into adulthood, resulting in chronic morbidity
- the nature of young people's mental health problems are not fixed - they may first present with sub threshold symptoms which then resolve, become threshold for diagnosis, change symptoms etc.

Mental ill-health reduces the likelihood of being in paid employment,[62]or completing secondary or tertiary education.[63] Ensuring young people can participate in the economy to their full potential leads to economic benefits now and in the future in terms of actual and potential increases in productivity. Young people are more able to engage in work as a result of improved wellbeing and functioning. This brings broader benefits to the economy due to higher rates of both:

- labour force participation – through more young people joining the labour force and seeking employment
- productivity – through greater ability to concentrate or focus while at work for those employed, and through fewer mental-health related absences

From 2015 to 2019, headspace clients who are employed reported being able to work for an average additional 8.2 days annually at the end of their treatment compared to the start of their treatment due to reduced absences – resulting in an additional 39,713 days worked per annum on average. The effect of presenteeism – headspace clients working more effectively while at work – is estimated to

[59] Productivity Commission. (2020). Mental health – Inquiry report. Commonwealth of Australia, pp.172, 178-180
[60] Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.
[61] Senate Committee on Mental Health (2006). A national approach to mental health – from crisis to community: First report. Commonwealth of Australia.
[62] Butterworth, P., Leach, L.S., Pirkis, J. and Kelaher, M. (2012). Poor mental health influences risk and duration of unemployment: a prospective study. 47(6) Social Psychiatry and Psychiatric Epidemiology 1013.
[63] Leach, L.S. and Butterworth, P. (2012). The effect of early onset common mental disorders on educational attainment in Australia. 199(1) Psychiatry Research 51.

increase productivity between 0.6% and 1.2% in a given year, equivalent to an additional 6,873 to 11,056 days worked per annum.

It is estimated that over the last five years, headspace clients more fully engaging in the workforce through increased productivity and participation increased GDP by between $74 million and $100 million in net present value (NPV) terms (in 2018–19 dollars). This is up to an additional $100 million than what would have otherwise been the case if those clients did not report any positive change in their work and mental health outcomes.[64]

Opportunities to respond to youth suicide, suicide-related behaviours and self-harm

Health systems

One of the most significant risk factors for suicide and suicide-related behaviour is an experience of mental ill-health, yet young people with complex and severe mental health conditions are often unable to access the expert and specialist mental health care they need. There also needs to be a 'no risk is too little' approach, just like the 'no wrong door' approach for those with more complex needs, who need help now.

It is particularly alarming that the rates of suicide have increased so dramatically in young women, a group who are known to present to mental health services in greater proportions than young men, and in much greater numbers to hospitals after an episode of self-harm. Given this, there are some emerging questions about their experience of help-seeking and how successful they have been at getting the help that they need.

It is critical to ensure this early and immediate access to mental health care for young people who are at risk or engaging in self-harming behaviours. However, as demonstrated through the data on waitlists at headspace and wait times for eheadspace, significant investment is needed to increase service capacity if we are to ensure no young people who could potentially be at risk fall through the cracks. The evidence shows that even a small amount of investment during this 'waiting period' can be hugely beneficial to reducing suicide attempts[65], as the individual still receives care in the form of support and monitoring, while waiting for ongoing clinical support.

Points of presentation and discharge at hospitals and emergency departments are also critical and it is now widely acknowledged that the period following discharge from psychiatric inpatient care or admission for a previous suicide attempt carries a very high risk for suicide or further attempts.[66]

In addition, standards of care for young people who present to hospital after self-harm or a suicide attempt urgently need to be improved. Orygen found some instances of alarmingly poor responses to young people presenting with self-harm in emergency departments and hospitals.[67] These responses often lacked compassion and were sometimes antagonistic and harmful.

> *A doctor asked me if I was doing it for sympathy. A doctor! You'd think he would be someone who would know better.* Young person[68]

Emphasis needs to be placed on investing in programs and initiatives that assist people at these points. There has been modelling done about investment in suicide responses and initiatives, and evidence supports that the best return on investment occurs in the most high-risk areas (for example emergency departments and post-treatment).[69]

The Gold Coast Mental Health and Specialist Services (GCMHSS) Zero Suicide Strategy is a welcome, systemic approach to suicide prevention through training and capacity-building within the

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[64] Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished
[65] Page A, Taylor R, Gunnell D, Carter G, Morrell S, Martin G. Effectiveness of Australian youth suicide prevention initiatives. Br J Psychiatry. 2011;199(5):423-9.
[66] Suicide Prevention Australia. Position Statement: Mental Illness and Suicide. 2009.
[67] Robinson J, McCutcheon L, Browne V, Witt K. Looking the other way: Young people and Self-harm. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health; 2
[68] Ibid.
[69] Cosgrave EM, Robinson J, Godfrey KA, Yuen HP, Killackey EJ, Baker KD, et al. Outcome of suicidal ideation and behavior in a young, help-seeking population over a 2-year period. Crisis: The Journal of Crisis Intervention and Suicide Prevention. 2007;28(1):4-10. 2018;27(10):1295-304.

health sector. It promotes stronger and more consistent practice across assessment, treatment planning and risk formulation, based on an evidence-led Framework. The Framework has been successfully implemented and embedded in a number of headspace centres in Queensland. headspace is working with Professor Anthony Pisani, Associate Professor of Psychiatry and Paediatrics at the Center for the Study and Prevention of Suicide at University of Rochester, whose research informed the Zero Suicide Strategy to explore further application across other centres in the headspace network.

Integration

As outlined in above, there is both opportunity and need to reduce siloing and fragmentation of mental health and related social support systems, so that individuals can more readily access the supports that meet their specific and holistic needs without having to re-tell their story or be passed between sectors and services.

There are a range of domains where service integration can take place –

- Vertical integration: integration across primary and secondary care
- Horizontal integration: integration across social support sectors, which may include health, education, social and justice services
- Longitudinal integration: integration across the course of life, spanning paediatric care into adult services

There is an opportunity for the Queensland Government to work with headspace to achieve greater vertical integration between primary care and specialist mental health services, so that young people can readily access care that addresses their unique health and wellbeing needs, and experience continuity of care as the level and nature of their clinical needs change over time.

In parallel with stronger integration between child and adult state mental health services, this would enable us jointly to improve people's access to the appropriate level of care, and increase the efficiency of service delivery and client pathways within joined-up, individualised care and support.

Stronger integration also remains a priority for headspace. The headspace Strategy 2021-24 is particularly aiming to:

- ensure that support is available to young people across all four streams (mental health, general health including sexual health, alcohol and other drugs and work and study) in headspace centres across the country, with AOD and vocational support being the most essential areas for further investment and effort.
- build 'One headspace': rather than having to navigate various service offerings – sometimes explaining their needs multiple times and waiting too long for help – our goal is to ensure young people can access the right support, when they need it and how they want it.

Education settings

As outlined in section (c) above, investment in early intervention – including earlier in the life course– is foundational to social and economic participation.

Continuing the expansion of mental health education and skill development in schools, such as through the Mental Health Education Program and Be You initiatives outlined above - is one of the most cost effective and impactful investments that can be made. There is an opportunity for the Queensland State Government to endorse the Be You initiative as a birth-to-18 years approach to prevention, crisis response, harm reduction, treatment and recovery.

While headspace continues to grow its service offering for young people aged 12-25, we note that 50% of mental health disorders arise before the age of 14 (Kessler et al., 2007), yet there is limited support available to support the mental wellbeing of young children. As the National Mental Health Commission reported: "There remains a critical gap for children aged from birth to 12 years, both for the child and for parents who need to be supported to maximise their child's development and wellbeing" (National Mental Health Commission, 2014).

Due to the unpredictable and irregular occurrence of suicide events, the challenge remains of how to provide flexible and responsive support to school communities to prepare, respond to and recover from a death by suicide of young people. Of particular concern is the increasing number of suicides and suicide attempts among primary school students. While there is a scarcity of evidence around the causes and appropriate responses to self-harm and suicide, there is growing evidence of a strong correlation between exposure to suicide/suicide attempts in young people and their own suicidal ideation and behaviour in subsequent years.

International research indicates that young people are particularly susceptible to suicide contagion[70], and that schools are a common setting for youth suicide clusters.[71] This has reinforced the need for effective and quality-assured postvention services in school. The shift has also been supported by research highlighting that student services' supports are a popular and easily accessed source of help for young people.[72] This is particularly important given the reluctance of young people to seek help from services, especially young people who are experiencing risk factors[73]. Postvention in a school setting also serves the best interests of young people by enhancing their traditional support networks and ensuring that disruptions to routines are minimised.

Evidence is now emerging to suggest that suicide prevention programs can be delivered safely in schools if done so carefully.[74] Orygen's report Raising the Bar for Youth Suicide Prevention[75] highlighted a number of studies that show training students how to identify and respond to suicide risk in oneself and others has the potential to improve knowledge, confidence, attitudes, and help-seeking intentions. There also appears to be emerging evidence for the cost-benefits of these educational and training-based programs[76] and school-based suicide prevention programs when calculated against a willingness to pay.[77]

The headspace School Support service has developed a national postvention service model in response to the growing evidence of suicide attempts and deaths by suicide among young people. The service model provides a comprehensive range of tools and services throughout the stages of response and recovery, delivered to schools at the front-line.

Technology

Online services are increasingly being used by young people including those at risk of, or considering, suicide. As such, many mental health and suicide prevention services are now reaching more young people through: TeleWeb services (including crisis support such as Kids Helpline and Beyond Blue); web-based information; directed self-help through web programs or apps; online counselling; and through social media platforms, which are particularly relevant for young people.[78]

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[70] Swanson SA, Colman I. *Association between exposure to suicide and suicidality outcomes in youth.* CMAJ. 2013;185(10):870-7; Cox GR, Robinson J, Williamson M, Lockley A, Cheung YT, Pirkis J. *Suicide clusters in youth people: evidence for the effectiveness of postvention strategies.* Crisis. 2012;33(4):208-14; Robinson J, Too LS, Pirkis J, Spittal MJ. *Spatial suicide clusters in Australia between 2010 and 2012: a comparison of cluster and non-cluster among young people and adults.* BMC Psychiatry. 2016;16(1):417

[71] Haw C, Hawton K, Niedzwiedz C, Platt S. *Suicide clusters: a review of risk factors and mechanisms.* Suicide Life Threat Behav. 2013;43(1):97-108.

[72] Robinson J, Yuen HP, Martin C, Hughes A, Baksheev GN, Dodd S, et al. *Does screening high school students for psychological distress, deliberate harm, or suicidal ideation cause distress – and is it acceptable?* Crisis. 2011;32(5):254-63.

[73] Rickwood DJ, Mazzer KR, Telford NR. *Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood.* BMC Psychiatry. 2015;15:40

[74] Robinson J, Bailey E, Spittal M, Pirkis J, Gould M. Universal Suicide Prevention in Young People: An Evaluation of the safeTALK Program in Alice Springs High Schools. Final Report to the Lifeline Research Foundation. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.; 2016.

[75] Robinson J, Bailey E, Browne V, Cox G, Hooper C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health; 2017.

[76] Ashwood J, Briscombe B, Ramchand R, May E, Burnam M. Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST). RAND Health Quarterly. 2015;5(2).

[77] Ahern S, Burke LA, McElroy B, Corcoran P, McMahon EM, Keeley H, et al. A cost-effectiveness analysis of school-based suicide prevention programmes. Eur Child Adolesc Psychiatry. 2018;27(10):1295-304.

[78] yourtown. Preventing Suicide by Young People: Discussion Paper. Boystown; 2015.

> *Young people are already engaging so much with Instagram, Facebook, Snapchat, WhatsApp etc and so I think the solution lies within the current platforms as opposed to creating something completely new.* Young person[79]

To date, limited evidence has been published on youth-specific technology-based suicide prevention interventions or the cost-effectiveness of online suicide prevention interventions. Some studies have shown effects on a range of outcome measures including an increase in help-seeking attitudes and intentions, and a decrease in suicidal ideation and a decrease in stigma.[80] [81] Social media presents particular opportunities and challenges/risks when delivering suicide prevention interventions[82], yet young people regularly use these platforms. As such, there is an urgent need for more research on how social media can be safely utilised in suicide prevention interventions.

Coordination of responses within communities

Where services and referral pathways exist, there is often fragmented communication between schools, health services and the community, as well as among health services themselves. Notably, Commonwealth, state and local boundaries frequently confound coordination efforts. For young people, there is an opportunity to establish a coordinating function that helps bring together the emergency departments, headspace centres, first-responders, schools, and other state-funded clinical care providers in a community to support young people overcome suicide. Prioritising the enhancement of communication channels between key stakeholders is required in responding to serious mental health concerns to ensure an integrated care coordination approach occurs across education and health settings.

Technology shouldn't only be viewed in terms of how it can assist help-seekers, it should also be investigated as a tool to assist those helping young people, including to help them share information and referrals and manage young people's needs in a more coordinated and effective way. Where possible, access to services such as telehealth and face-to-face support should be provided conjunctly, particularly in rural, remote and high-risk settings.

Investment is needed in cross-sector service models and partnerships to ensure the diverse needs of Aboriginal and Torres Strait Islander young people are met in a culturally safe way. For headspace, as an example of a mainstream health service, sustainable and genuine partnerships between local headspace centres and Aboriginal community-controlled health organisations would work toward ensuring First Nations young people are supported in the communities within which they belong. Investment in genuine partnerships would also support and strengthen, rather than compete with or duplicate, existing local services and programs.[83]

For Aboriginal and Torres Strait Islander young people, the Central Australian Aboriginal Congress provided headspace with this recommendation:

> *"Strengthening community-led initiatives to reduce the rates of suicide requires recognising the impact of colonisation, intergenerational trauma and loss of control. This includes supporting community control of Aboriginal services and programs, connection to family, community, country, language and culture and support for trauma-informed services, healing programs, culturally secure SEWB programs and, where appropriate, Aboriginal families living on country."*

[79] Robinson J, Bailey E, Browne V, Cox G, Hooper C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health; 2017.
[80] King CA, Eisenberg D, Zheng K, Czyz E, Kramer A, Horwitz A, et al. Online suicide risk screening and intervention with college students: A pilot randomized controlled trial. Journal of Consulting and Clinical Psychology. 2015;83(3):630-6.
[81] Robinson J, Hetrick S, Cox G, Bendall S, Yuen HP, Yung A, et al. Can an internet-based intervention reduce suicidal ideation, depression and hopelessness among secondary school students: Results from a pilot study. Early Intervention in Psychiatry. 2014:No Pagination Specified.
[82] Robinson J, Cox G, Bailey E, Hetrick S, Rodrigues M, Fisher S, et al. Social media and suicide prevention: a systematic review. Early Interv Psychiatry. 2016;10(2):103-21.
[83] Department of Health. (2015). Implementation plan for the National Aboriginal and Torres Strait Islander health plan 2013–2023. *Commonwealth of Australia*.

This recommendation is supported by research which demonstrates that improvements in mainstream service delivery for First Nations young people and communities occurs through ongoing community partnerships, including those with Aboriginal community-controlled organisations and Elders.[84]

Effective current programs and interventions, and opportunities to strengthen economic and social outcomes of existing programs

Australian governments have recognised the impact of mental ill-health on education and workforce participation, and have implemented a number of measures across education, employment services, mental health service delivery and social services. Notably, given the social and economic benefits of employment and education for young people with mental ill-health, some youth mental health platforms (like headspace and headspace Youth Early Psychosis Program) have been specifically developed to create integrated pathways, a holistic focus, and include vocational supports within their services.

> *"I talked to a university counsellor who was pretty helpful, she said she couldn't really do much for me but referred me on to a headspace centre. After seeing my local headspace I slowly started getting better. And as a result of accessing support graduating with distinction and then making it into a Masters course"* - Young person

Access to effective psychological care

A 2009 evaluation found that approximately 50% of young people believed that headspace had improved their ability to go to school, work, TAFE or university, or find work. However, this "improved willingness to engage with work or education was largely attributed to psychological support received through headspace, rather than support from the vocational service providers".[85]

A subsequent evaluation in 2015 also found that among young people attending headspace with significant psychological distress, the improvements in their mental health had positive benefits on their social and economic participation, with days out of role (in study or work) decreasing from 7.6 to 3.1 days per month.[86] Again, with only 1% of headspace clients accessing the service for vocational support, these results are indicative of good quality clinical care, supports, and decreasing psychological distress, therefore improving the likelihood of engagement in education and employment.

Vocational support

One of the four core streams of the headspace model is vocational support.[87] This is a unique feature of the headspace youth mental health platform, which responds to an indisputable need for tailored, youth-specific alternatives with soft entry points to clinical and vocational assistance for young Australians living with mental health challenges who are at very high risk for ongoing welfare dependency and social isolation.

Traditional vocational and educational funding streams are not suitable because they are limited in their reach or not suited to the unique needs of this cohort (e.g., by having a disability focus). To attempt to fill this large service gap, headspace has been progressive in developing innovative programs introduced in part (a): IPS; hW&S, and the Digital Industry Mentoring Service.

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[84] Wright, M., Getta, A. D., Green, A. O., Kickett, U. C., Kickett, A. H., McNamara, A. I., & O'Connell, M. (2021). Co-designing health service evaluation tools that foreground first nation worldviews for better mental health and wellbeing outcomes. *International journal of environmental research and public health*, *18*(16), 8555.
[85] Muir K, McDermott S, Gendera S, Flaxman S, Patulny R, Sitek T, et al. Headspace Evaluation Report Sydney, NSW: Social Policy Research Centre: University of NSW; 2009.
[86] Hilferty F, Cassells R, Muir K, Duncan A, Christensen D, Mitrou F, et al. Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program. Sydney: Social Policy Research Centre, UNSW; 2015.
[87] Rickwood D, Paraskakis, M., Quin, D., Hobbs, N., Ryall, V., Trethowan, J., & McGorry, P. Australia's innovation in youth mental health care – the headspace centre model. Early Intervention in Psychiatry. 2018(doi:10.1111/eip.12740):1-8.

The IPS employment services model is an effective and cost-effective way to increase workforce participation among young people experiencing mental ill-health, and divert them from the Disability Support Pension.[88]

Young people who access IPS are more likely to gain employment and maintain employment for at least 26 weeks, than young people who utilise Disability Employment Services (DES) and jobactive. Additionally, IPS clients achieve strong mental health outcomes with an estimated 80% achieving a significant decrease in psychological distress and/or a significant increase in social and occupational functioning and/or quality of life (KPMG, 2020).

hW&S is delivered via phone, webchat or web conferencing and has provided an option for young people who don't have access to the IPS centre trial, are in regional areas or unable to access face-to-face support. With clinical collaboration, the service combines mental health and employment support. 72% of young people completing 10 support sessions achieved a work or study outcome in the program.[89] Additionally, 82% felt that the service helped them to understand how mental health and wellbeing issues were impacting on their work and study situation.

> *"The Digital Work and Study Service greatly improved my work situation by providing me with effective strategies and skills relating to resume writing and interviews that have allowed me to remain consistently employed at various workplaces over the past year"* - Young person

Increasing a focus on mental health in tertiary education settings

There is a major opportunity for a more concerted focus and investment to deliver the components of the National University Mental Health Framework. There is also a need to develop tailored approaches to respond to the diverse range of private higher education providers and VET providers, including TAFEs.

In Australia, there has not been an economic cost-benefit study of investing in tertiary student mental health. However, a study in the United States found a social return of $6.49 on every $1 spent by the government on prevention and early intervention in college student mental health.[90] This was based on mitigating against course incompletion, loss of future workforce potential and downstream mental health system costs. The report highlighted that for the community college students (where we can draw the closest parallels with Australian TAFEs), the net benefits were estimated to increase to $11.39 for each dollar invested.

Universities are unique educational settings and play a key role in shaping and supporting students' mental health and wellbeing. There is generally a greater onus on the student to take responsibility to remain engaged in their studies than in secondary schooling. There are cohorts of international and domestic students with limited local family support. University studies can occur at a time of great transition and change for individuals, be that leaving secondary school, leaving countries or familiar settings, or returning to study after years in the workforce or raising families.

Since 2008, universities have also seen a massive growth in undergraduate students coming from marginalised communities. Between 2008 and 2018, Aboriginal and Torres Strait Islander students more than doubled; enrolments of students from low socio-economic backgrounds increased by 66%; there was a 139% growth in students with disability; and enrolments of students from regional and remote areas increased by 48%. Statistically these groups are more likely to experience mental health difficulties and may also require different approaches in supporting their mental health[91]. According to "Under the radar: the mental health of Australian university students" more than half of tertiary students aged 16–25 years reported high or very high psychological distress while 35.4% had thoughts of self-harm or suicide[92].

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[88] Orygen Youth Health Research Centre. Tell them they're dreaming: work, education and young people with mental illness in Australia. 2014.
[89] Kennedy V, Miyazaki K, Carbone S, Telford N, Rickwood D. The Digital Work and Study Service: Final Evaluation Report. Melbourne: headspace National Youth Mental Health Foundation; 2018.
[90] Ashwood J, Stein B, Briscombe B, Sontag-Padilla L, Woodbridge M, May E, et al. Payoffs for California College Students and Taxpayers from Investing in Student Mental Health. California: RAND Corporation; 2015.
[91] Universities Australia and headspace, 2021 *Real Talk.*
[92] Orygen, The National Centre of Excellence in Youth Mental Health. *Under the radar. The mental health of Australian university students*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2017.

In 2020, headspace partnered with peak body Universities Australia (UA) to design, deliver and implement the Universities Postvention Toolkit. This is an evidence-informed toolkit that is created specifically for universities in assisting to help keep their communities safe and supported following a death by suicide. It provides clear, practical guidance for universities in managing a traumatic event in the weeks and months following a death. headspace delivered workshops implementing the toolkit to 140 senior leaders in universities providing specialist advice on developing institutional suicide response plans, the appropriateness of language and how to communicate about a suicide. In 2021 headspace in partnership with Universities Australia, designed a carefully tailored mental health literacy framework and is delivering 60 accompanying workshops for Australian university staff that help them notice changes in a person's mood or behaviours, start a conversation about mental health, and provide appropriate support.

Better support for parents and carers

Continued strong family support is pivotal to a young person's health and wellbeing[93] and young people are most likely to talk to family as the first step in help-seeking.[94] Family is often the first to notice behavioural changes that may signal the onset of a mental health concern. More than 40% of young people who engage with headspace services access them via a referral or recommendation from family.[95] Australian young people are most likely to seek informal support, with 72% seeking help from parents or guardian/s or friends.[96]

There is growing evidence that depression and anxiety disorders in young people can be prevented.[97] Research has also identified risk and protective factors for adolescent depression and anxiety problems[98], including some that are potentially modifiable by parents.[99] Importantly, preventive parenting interventions have demonstrated benefits that last up to 20 years after the intervention.[100]

Parents have an important influence on young people's risk for internalizing problems.[101] They benefit from receiving support and resourcing for their caring roles.[102] However, there is a lack of accessible, cost-effective depression and anxiety prevention programs for parents of adolescents.[103] Most existing interventions designed for parents of adolescents target behavioural problems such as substance use and risky behaviours not directly related to internalising disorders like anxiety and depression.[104]

A growing body of evidence is showing that a systemic approach to clinical care that includes the family will improve the mental health outcomes and overall wellbeing for young people.[105]

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[93] Radovic A, Reynolds K, McCauley H L, Sucato GS, Stein BD, Miller E, *Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives*. Journal of Paediatrics. 2015;167 (4). 911-8

[94] https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/adolescent-help-seeking

[95] headspace centre client data 2013-2020 shows that almost half of young people are most influenced by their family or friends to attend headspace, primarily family.

[96] Mission Australia Youth Survey 2020

[97] Fisak BJ, Richard D, Mann A. *The prevention of child and adolescent anxiety: a meta-analytic review.* Prev Sci. 2011 Sep;12(3):255–68; Merry SN, Hetrick SE, Cox GR, Brudevold-Iversen T, Bir JJ, McDowell H. *Psychological and educational interventions for preventing depression in children and adolescents.* Cochrane Database Syst Rev. 2011 Dec 07;(12):CD003380.; Yap MB, Morgan AJ, Cairns K, Jorm AF, Hetrick SE, Merry S. *Parents in prevention: a meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18.* Clin Psychol Rev. 2016 Oct 21;50:138–158.

[98] Cairns KE, Yap MB, Pilkington PD, Jorm AF. *Risk and protective factors for depression that adolescents can modify: a systematic review and meta-analysis of longitudinal studies.* J Affect Disord 2014 Dec;169:61-75; Beesdo K, Knappe S, Pine DS. *Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V.* Psychiatr Clin North Am 2009 Sep;32(3):483-524

[99] Yap MB, Pilkington PD, Ryan SM, Jorm AF. *Parental factors associated with depression and anxiety in young people: a systematic review and meta-analysis.* J Affect Disord 2014 Mar;156:8-23; Pinquart M. *Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: a meta-analysis.* Marriage Fam Rev 2016 Oct 14;53(7):613-640.; Schleider JL, Weisz JR. (2017) *Family process and youth internalizing problems: a triadic model of etiology and intervention.* Dev Psychopathol 2017 Feb;29(1):273-301

[100] Yap MB et al, 2016, op.cit.

[101] Yap MB et al, 2019 op.cit

[102] Baker D, Burgat L, Stavely H. *We're in this together. Family inclusive Practice in mental health services,* Orygen 2019

[103] Yap MB et al, 2019 op.cit

[104] Sandler IN, Schoenfelder EN, Wolchik SA, MacKinnon DP. (2015) *Long-term impact of prevention programs to promote effective parenting: lasting effects but uncertain processes*. Annu Rev Psychol 2011;62:299-329

[105] Productivity Commission, 2020 https://www.pc.gov.au/; State of Victoria, Royal Commission into Victoria's. Mental Health System, Interim Report, Parl Paper No. 87 (2018–19)

headspace currently offers 'Tuning into Teens', a group parenting program to help parents understand and respond to their teenager's emotions and teach their teenage children to express their emotions in healthy and positive ways. The program positively impacts parenting behaviours and anxiety and depressive symptoms in teens up to 9 months after program completion.[106]

In addition, headspace is partnering with Monash University to jointly design and pilot an eheadspace-specific version of their 'Partners in Parenting' (PiP) [107] and Therapist-Assisted Online Parenting Strategies (TOPS) [108] programs. These have been developed as a stepped-care approach to prevention and early intervention of depression and anxiety in children and adolescents, by building the skills and confidence of parents.[109]

Additional support for Aboriginal and Torres Strait Islander communities

As outlined in part (e), First Nations people continue to experience poor mental health and barriers to access at much more significant levels than the general population. Their experiences of marginalisation and intergenerational trauma necessitate investment in more accessible, culturally safe and appropriate services to support Aboriginal and Torres Strait Islander communities, particularly in regional and remote locations across Australia.

Actions could include:

- opportunities and incentives for peer-based workers to attain additional qualifications
- localised and relevant cultural awareness training for all workers
- support workers to introduce and practice cultural healing
- build a stronger outreach workforce for better engagement
- increase workforce understanding and capacity to bring together cultural and clinical approaches in the development of a care plan.

The Queensland government should also place an emphasis on culturally safe care for clients from refugee and migrant backgrounds, where community-controlled or other specialist organisations could play a similar role and workforces could be enhanced.

[106] Kehoe CE, Havighurst SS, Harley AE. (2013) *Tuning in to teens: improving parent emotion socialization to reduce youth internalizing difficulties.* Soc Dev 2013 Oct 15;23(2):413-431.
[107] Yap MB et al, 2014, op.cit.
[108] Yap and others, 2019, op.cit.
[109] Sarah Pheik Hoon Khor, Catherine Margaret Fulgoni, Deborah Lewis, Glenn A Melvin, Anthony F Jorm, Katherine Lawrence, Bei Bei, Marie Bee Hui Yap (2021) *Short-term outcomes of the Therapist-assisted Online Parenting Strategies intervention for parents of adolescents treated for anxiety and/or depression: A single-arm double-baseline trial.* Aust N Z J Psychiatry. 2021 Jul 7;48674211025695.

(g) service safety and quality, workforce improvement and digital capability

Service safety and quality

headspace is committed to consistently providing and cultivating an organisational environment of continuous quality improvement. The Board, Chief Executive Officer and the Executive have responsibility for strategic management, planning, implementation and monitoring of quality activities within the organisation. An annual Quality Plan describes the actions required and ensure achievement of our strategic and operational quality objectives.

Quality is achieved when:

- vision, mission, values, plans, policies and actions are integrated and aligned
- staff, consumers, stakeholders and the community are engaged
- resources are appropriately aligned
- plans, priorities, actions and achievements are reviewed, and learnings applied
- results are achieved in line with performance measures, key performance indicators and the expectations of staff, consumers, stakeholders and the community
- it embodies our commitment to reflective practice and continuous improvement.

To ensure safe, high-quality services, both strategic and operational planning should include the ongoing development and implementation of continuous improvement strategies which are aligned to strategic directions, risk management, performance management, knowledge management and project/program management systems.

As outlined above, and in line with our core principles of participation and inclusion, headspace is also committed to providing culturally safe and appropriate., particularly for Aboriginal and Torres Strait Islander young people who disproportionately experience mental ill health and barriers to accessing support.

Policy and service responses designed to support the mental health of Aboriginal and Torres Strait Islander people must align with holistic concepts of social and emotional wellbeing and be able to respond to the diversity of lived experience and priorities within different First Nations communities. Failure of services to provide culturally appropriate, place-based care can add to the distress and trauma that Aboriginal people can experience.[110] First Nations young people are more likely to access - and will experience better outcomes from - services that are respectful and culturally safe.[111] Feelings of safety and comfort are associated with strong visual representations of culture and community, welcoming and casual environments, soft entry points, First Nations staff, and spaces that provide privacy and protect against shame.[112]

Workforce improvement

Attributes needed in the youth mental health workforce

The National Youth Mental Health Workforce Strategy (2016-2020) developed by Orygen outlines four key domains for an effective youth mental health workforce. These are:

1. A capable and skilled clinical and non-clinical youth mental health workforce which can provide young people with emerging mental health problems with early detection, and evidence-based responses that are appropriate to their needs, circumstances and age group.
2. A sustainable, secure and ongoing supply of appropriately qualified youth mental health professionals and specialists to address the current and continuing shortage of specialist workers within the youth mental health workforce.

[110] Cox Inall Ridgeway (2021)
[111] Cox Inall Ridgeway (2020)
[112] Cox Inall Ridgeway (2021)

3. A culture of innovation and continuous improvement which is embedded across the youth mental health workforce. This includes building collaborative partnerships between researchers, evaluators and service deliverers to ensure effective and rapid knowledge transfer and translation.

4. A responsive, collaborative and flexible youth mental health workforce that is enabled to provide shared and integrated care for young people.

Current workforce issues in youth mental health

There is significant variability in terms of who the workforce is, which differs depending on state/territory, PHN, or federal) level. How a service is commissioned will affect how they prioritise their service delivery and what kind of workforce they will need to deliver those services. This means that the focus remains on fitting help-seekers into the existing framework of services, and there is not enough emphasis on providing the evidence-based care that they need.

Whilst work by the National Mental Health Workforce Strategy Taskforce was due to be completed last year, there is currently no Australian government strategy or framework to support the development of a mental health workforce that can meet the needs of the Australian community now and into the future. A national focus and approach to: a) addressing workforce shortages and b) describing the configuration and capabilities required for an effective and efficient mental health workforce is urgently needed.

Attracting people to new youth mental health services in Australia has had mixed success, with recruitment of youth workers and allied health staff, especially psychologists, being relatively more successful than recruitment of GPs and psychiatrists.[113] At present the headspace centre network is hamstrung by limited access to a workforce capable of delivering the evidence-based care that is required to ensure that young people are mentally healthy and able to participate both socially and economically. The 2018 national survey of headspace centres showed that 87% of centres have difficulty attracting and retaining staff. Even in regions where a sufficient private practitioner workforce exists, the ability to increase the workforce to meet demand is often hampered by the physical size of the centre, which is unable to accommodate additional workers.

In particular the headspace network has had difficulty with:

- attracting GPs: 27% of centres reported that they didn't have access to a GP, and for those centres that did, most had a GP presence for fewer than 15 hours per week
- attracting GP registrars – only a handful of GP registrars are currently placed in centres
- limited access to telepsychiatry outside of rural and remote locations
- the significant national dearth of appropriate workforce in healthcare roles from Aboriginal and/or Torres Strait Islander and refugee and migrant backgrounds to deliver culturally appropriate services for these population groups.
- accessing private practitioners in outer regional, rural and remote areas. In addition, there is a large body of literature about why people leave the mental health workforce. Commonly cited reasons for high staff turnover in the mental health sector include:
- remuneration issues in the sector and job insecurity resulting from short term contracts
- limited access to professional development, lack of career paths and professional recognition[114]

[113] Carbone S, Rickwood D, Tanti C. Workforce shortages and their impact on Australian youth mental health service reform. Advances in Mental Health. 2011;10(1):92-7.
[114] ConNetica. Queensland NGO Mental Health Sector Workforce Profile & Analysis Report 2009. 2009.

- excessive workload[115], burnout and high rates of absenteeism due to perceptions of system failure.[116]

"Youth Mental Health Practitioner roles are very difficult to recruit appropriately experienced staff with the right attitude/right fit for the service in regional remote area. Funding provided currently does not cater to the salary levels with additional benefits needed in our region. Increased resourcing to address need for more Aboriginal staff and build the capability of the Aboriginal workforce (through generous PD/training benefits) - including MH [mental health] trainees would be of high benefit" - service provider

Addressing urgent workforce challenges and gaps

Addressing urgent workforce challenges and gaps is critical to ensuring:

- young people have timely access to the support and early intervention they need to be mentally healthy and engaged in their communities
- the youth mental health sector is well placed to respond to increasing demand and future reform priorities.

The Australian Government has recognised this through funding headspace's Early Career Program in the 2021-22 Commonwealth Budget. With this funding headspace is offering placements to two cohorts of social work, occupational therapy and psychology, students and graduates. Students and graduates undertaking these placements will be supported by clinical supervision and professional development.

Social work and occupational therapy as well as psychology masters and PhD students (provisionally registered) and graduates (2-year program) are all capable, within their scope of practice and under supervision, of providing a range of evidence-based interventions at headspace. This means that in addition to building the youth mental health workforce that Australia needs for the future, this program is delivering a major uplift in service capacity and support for young people now.

The headspace Early Career Program is being rolled out progressively over three tranches, with Queensland, Victoria, Tasmania and Western Australia in Tranche 1 (calendar year 2022).

Opportunities to build and support the youth mental health workforce

Address funding inadequacies

One reason that the community youth mental health sector struggles to attract and retain staff concerns the inadequacies in the funding models. In particular, the limited amount of core operational and infrastructure funding, and a need to operate from a 'no gap' or low cost offering for young people to address any financial barriers to accessing care, make it difficult for youth mental health services such as headspace to:

- compete with private provider organisations (who charge private fees, deliver shorter consultations and, due to the more significant financial investment on behalf of the person accessing treatment, have fewer 'do not attends' impacting on MBS claims)
- provide long term job security (due to short term funding contracts).

There is a need for:

[115] Workplace Research Centre. Identifying patterns to skills growth or skills recession: Decisions for workforce development in the community services and health industries. Surry Hills NSW: Community Services and Health Industry Skills Council; 2008.
[116] Andrews G, Titov N. Changing the face of mental health care through needs-based planning. Australian Health Review. 2007;31:S122-S8

- longer funding cycles for community government funded youth mental health services from both Commonwealth and state and territory governments
- annual CPI increases built into funding
- increased operational funding to build the required 'wrap around' supports and integrated models of care that include AOD and vocational and provide more opportunities for professional development
- greater funding provision through the MBS to deliver family engagement sessions, secondary consults to support professional development, and telepsychiatry outside of remote and rural areas where difficulties accessing psychiatrists are evident.

"The funding model […] directly impacts on the outcomes of the centre: a) we cannot compete with wages/salaries of other mental health services, b) we cannot offer an incentive that wage/salary will increase after 12 months − because funding is unknown, c) employee numbers are not high enough for this location and for the number of occasions of service that continue to increase, d) current funding (which has remained the same for a number of years) means we have to cap the staff numbers" - headspace centre

Provide greater incentives

Funding shortfalls in mental health have also made it difficult for youth mental health services to provide other incentives for employment, such as paid professional development. In the GP context, only a handful of centres have senior GP roles that support workforce development − including GP recruitment, induction, support and retention. This problem is compounded by limited capacity for centres to capitalise on existing GP skills, for example, in training GP registrars and participating in service delivery planning and clinical governance. There is a need to trial various financial and other incentive approaches, such as gap payments, to supplement the private practitioner model in headspace centres. This will:

- allow headspace centres to top-up fees for bulk-billed sessions − to be a more viable and competitive employer
- support the integration of private practitioners in team meetings/case reviews and care coordination – to provide more comprehensive care to young people with complex needs, to support those in between intake and other sessions, and provide better coordination for young people
- provide access to supervision and secondary consultation support mechanisms out of clinical sessions − to foster greater support and team integration
- support private practitioners to better integrate into the headspace centre workforce (e.g., by providing funding for their time to contribute service planning and clinical governance) in order to enhance primary care delivery
- encourage GP/psychiatrists/psychiatry registrars to work in areas and locations of workforce shortage, in particular rural and remote areas and in headspace centres. A national program is required which could include:
- establishing more regional training hubs to better coordinate training opportunities and build local training capacity
- funding to support additional places and training, research or study bursaries for medical registrars and early career psychologists targeted specifically to rural areas and/or headspace centres.

"Obtaining practitioners is the most difficult aspect of the recruiting in this centre. This can be attributed partly to location but also to the structure of session payments and arrangements. If there was more stable permanent payment type structure this would be a big help to solving the demand issues" - headspace centre manager

Training and professional development

The youth mental health workforce has variable skills and competencies, and these strongly depend on what settings they work in and what professional and clinical accreditations they have. In addition, we believe that it is not necessary for highly qualified clinicians to deliver low intensity support services, and that these could be delivered by a trained community workforce, especially in services that could provide supportive coaching by those with lived experience, including the use of digital platforms.

There is currently a limited view on what constitutes 'workforce development'. It is often considered to be achieved through participation in a one to two-day training workshops that are restricted within that time period to providing a broad theoretical overview and some key tools useful to providing support to this area. Often there is little follow-up training or the ability to provide a mentoring or supervisor service to those individuals who are the only person providing that service in their setting or who don't have additional support to implement their knowledge successfully.

There is also a tension between pre-service training and on-the-job training, where some providers expect a minimum amount of knowledge and experience, but don't provide support to continue to develop these skillsets. There have been instances where training is funded and provided to the workforce in order to specialise in an area of service delivery. If this is coordinated and delivered alongside regular duties, this can have a beneficial effect of providing the ongoing support and mentoring necessary to embed the skills and competencies developed from training. This supports a more incentivised approach to training that creates a workforce with standardised knowledge and practices. This on-the-job training must be specific to the setting and provide an overview of the system in which the employees operate in.

headspace is currently implementing a national Early Career Program (student and graduate placement program). With funding as part of the 2021-22 Commonwealth Budget, headspace will offer placements to two cohorts of psychology, social work and occupational therapy students and graduates. Students and graduates undertaking these placements will be supported by with clinical supervision and professional development. headspace's Early Career Program may provide a helpful model for broader workforce training activities.

Supporting an Aboriginal and Torres Strait Islander and refugee and migrant background workforce

There is an opportunity to build the capacity and capabilities of the youth mental health workforce to respond to the preferences, needs and unique circumstances of Aboriginal and Torres Strait Islander young people and young people from refugee and migrant backgrounds. These include:

- including cultural training requirements into contractual agreements for all youth mental health and wellbeing funded programs and services
- including cultural security training, social and emotional wellbeing perspective and trauma-informed training
- additional and long-term funding targeted at building the Aboriginal and Torres Strait Islander and refugee and migrant youth mental health and wellbeing workforce, such as traineeship opportunities for young people. For example, the headspace Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program has built the Aboriginal and Torres Strait Islander youth mental health workforce, reached Aboriginal and Torres Strait Islander young people in rural and remote areas, and increased the involvement of Aboriginal and Torres Strait Islander young people in the design and delivery of mental health services
- funding community liaison and youth worker roles to support the growth of cross-sector and inter-agency partnerships to expand outreach and engagement with Aboriginal and Torres Strait Islander young people and young people from migrant and refugee backgrounds and their respective communities
- establishing and formalising mechanisms for youth mental health services to work with Aboriginal Health Services – providing young people with an entry point through these services if that is their preference.

Building and supporting a peer workforce

The peer workforce has become integral to an effective youth mental health system, with the National Mental Health Commission identifying that an increase to the number of mental health peer workers is an immediate priority.[117] In addition to improving empowerment, social functioning, empathy, hope and reducing stigma, a review of mental health peer support found reduced admission rates and longer community tenure, with one peer outpatient program resulting in a 50% reduction in rehospitalisation. In the first three months of an Australian mental health peer support service, one study found that 300 bed days were saved, equating to $93,150 saved after project costs of approximately $19,850.[118] The social benefits and the costs averted from hospitalisation and acute care solidify the role of the peer workforce in a cost-effective mental health care.

Peer support programs also align with the social and emotional wellbeing needs of First Nations young people by destigmatising help seeking and facilitating access to information and support as a soft entry point.[119]

Given the identified need and growth of the workforce, there is a strong need to support and retain youth and family peer workers. Consultations with youth peer workers identified the need for clearer role definition, professional development through peer-led training and supervision, and enhanced job security for the workforce.[120] headspace is undertaking work to expand the peer support workforce, and to provide them with online training and development. It has also developed peer support guidelines and implementation supports for headspace centres.

Digital capability

To offer needs-focussed support, mental health services should aim to provide people with timely access to quality support whoever they are, wherever they are, through the medium of their choice: in person, phone, video, webchat, email and website. Having done so, they should be able to access high quality, evidence-based, safe and inclusive support. This required the stronger integration of digital and in-person services, across the stepped care continuum, both to enable access and choice, and to enhance service quality and efficiency.

The COVID-19 pandemic has highlighted the importance of building alternatives to in-person support into the mental health system. The pandemic increased the urgency for integrating digital and in-person modes of access but has also provided an impetus to build system preparedness for diversifying service delivery options.

Increasing the availability and appropriate use of telehealth

Increasing the availability and appropriate use of telehealth will be critical to meeting the national mental health needs in Australia. It is important that national guidelines around appropriate use of telehealth enable flexibility for both the service provider and the client seeking the service. Major providers, such as headspace, should be funded to ensure people are offered the choice between in-person and telehealth options.

The extension of some COVID-19 related MBS items that provide for the use of telehealth for mental health care is welcome and should become a permanent offering in the mental health system. Around 90% of full-time equivalent psychiatrists are employed in major cities. For this reason, telehealth services are one of the main ways that a person living in rural and remote areas can access psychiatry services.

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[117] National Mental Health Commission. The National Review of Mental Health Programmes and Services. Sydney: NMHC; 2014

[118] Lawn S, Smith A, Hunter K. Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. Journal of Mental Health. 2008;17(5):498-508.

[119] Cox Inall Ridgeway (2021)

[120] Fava N, O'Bree B, Randall R, Kennedy H, Olsen J, Matenson E, et al. Building a strong and supported youth peer workforce. In: Fong T, Stratford A, Meagher J, Jackson F, Jayakody E, editors. Peer Work in Australia: A New Future for Mental Health: Flourish Australia; 2018.

headspace Telepsychiatry provides services to young people accessing headspace centres in rural and remote Australia, few of which have access to on-site psychiatrists. These services are all bulk billed in recognition of the difficulty young people have in paying out-of-pocket expenses.

headspace online supports

headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.

Young people can create their own account on the headspace platform to access personalised services, information and support. Users can build their own personalised mental health toolkit where they can design their own avatar and collect and save resources that are helpful to them. The account provides access to safe and supportive online community chats that provide a means to connect with other young people, family and friends with similar experiences, and to 1-on-1 direct support with a clinician.

Online and telephone counselling may overcome barriers to help seeking, such as the stigma and embarrassment that some people experience with face-to-face counselling. It can also offer services where face-to-face services are limited or not available.

eheadspace provides online and telephone support and counselling to young people 12-25 and their families and friends. The service was first established as an online support for drought reform measures in parts of Western Australia in July 2010. Twelve months later the service was expanded and rolled out nationally including the introduction of a telephone support service.

eheadspace provides confidential and free online and telephone support to young people experiencing mental health issues, as well as their family and friends. Support is available through email, live webchat, group chat and a 1800 telephone line. Young people can access a youth mental health professional when, where and how it suits them. Like headspace, eheadspace offers a stigma-free, 'no wrong door' youth focused, family inclusive approach.

By providing support online, eheadspace reaches people who may not otherwise seek help. 40% have never seen a mental health professional before and 71% have never accessed a headspace centre before contacting eheadspace. This is a particular opportunity in Queensland, where many communities have limited access to a headspace centre or other mental health services. Online or telephone access is the primary feasible opportunity for many regional and remote communities.

As outlined above, digital delivery is also a core element of headspace Work and Study and the Industry Mentoring programs that provide integrated mental health and vocational support.

For professionals and educators, headspace's online portal provides free access to a diverse range of evidence-based research and practice guidance.

Health professionals can download clinical practice guidelines, research and information summaries about the prevalence, onset, risk factors, assessment and treatment for common mental health issues in young people, as well as printable fact sheets to share with young people and family and friends supporting young people. They can also access our clinical research database to find published studies (controlled trials and systematic reviews) of treatment and prevention strategies for mental health and substance use problems in young people. The database includes research published from 1980 with new research added annually.

headspace provides school educators with the professional learning, tools and resources to support young people, family, friends and carers, as well as access to research and evaluations of school-based programs and interventions. Schools can also access suicide prevention, postvention and response support through the site.

(h) mental health funding models in Australia

Structural and funding changes needed to address demand, severity and complexity

Funding arrangements

Funding structures should be designed in a way that recognises the role of universal and secondary public health interventions, reducing strain on more expensive tertiary health services.

Funding mechanisms in primary care are a continual topic of discussion, including in the Productivity Commission's Draft Report. The Grattan Institute suggests that 'funding, organisation and management of primary care has not kept pace with changes to disease patterns, the economic pressure on health services, and technological advance'.[121]

Existing headspace funding arrangements have been established to enable equitable access to mental health support for young Australians. Current arrangements see Federal Government funding provided to PHNs for regional decision-making to support contextual, regional headspace centres. headspace clinicians can see young people through mental health treatment plans (MHTP) funded through the MBS. headspace centres are also funded through a range of grants and opportunities provided by PHNs. This highlights that headspace is a core foundation at the local level to build on other youth mental health initiatives requiring the engagement of young people.

There are numerous challenges caused by current funding arrangements for headspace. For example, there are limits on the number of sessions through the MHTP, and there is no funding to enable family and friends support or participation in treatment. Further, current funding arrangements are contributing to the existence of the 'missing middle' because services are almost entirely unfunded to provide services to this group. Combined these funding issues lead to a range of unintended consequences, including that young people 'ration' their 10 visits allowed through the MHTP, as opposed to accessing services as needed.

In the context of a disparate mental health system, as noted by the Productivity Commission the broader mental health system remains fragmented. Short term funding agreements in community mental health and psychosocial services are leading to 'short termism', including introducing a degree of uncertainty in terms of the longevity of programs. This can lead to concern in consumers and staff alike, as was noted by the Productivity Commission, 'based on short contract cycles, which make it harder to deliver quality services on a continuous basis to people'.[122] Services should be commissioned in a way that reduces young people's access barriers, enables better transition between services, and does not involve 'reinventing the wheel' or duplication of effort and cost.

Commissioning

headspace centres provide local youth mental health services, supported by a national body that oversees quality and supports capacity building, and overcomes fragmentation of services.[123]

The current approach provides certainty for young people in that they know and trust headspace, as well as supporting the attraction and retention of youth mental health clinicians who are provided some assurance in terms of the permanency of their employment.

Another reason behind the initial establishment of headspace was the recognition that existing primary care and specialist mental health systems were failing young people because they were not youth-friendly environments.[124] Each headspace centre provides young people with an avenue to seek help in a non-stigmatising way. This model gives them agency, it empowers them, and builds their capacity to understand their own mental health and take ownership of their treatment and recovery. Empowering young people in this way leads to improvements in their mental health, as well

[121] Swerissen, H., Duckett, S. and Moran, G. (2018). Mapping primary care in Australia. Grattan Institute.
[122] Productivity Commission. (2020). Mental health – Inquiry report. Commonwealth of Australia, pp.839-843.
[123] NSW Department of Health, NSW (2014). State Health Plan: Towards 2021. New South Wales Government.
[124] McGorry, P. et al. (2007). headspace: Australia's National Youth Mental Health Foundation — where young minds come first. Medical Journal of Australia 187 (7): S68.

as providing broader social capital benefits. headspace is unique in providing a platform for young people in a way not possible via alternative commissioning models.

Funding reform is also needed to incentivise the integrated, holistic support system that we have argued for above, there are significant challenges with integration, given the complexity of domains to support youth mental health. No single organisation or entity is responsible for integration, and accordingly clear accountability and roles will be required across different services and organisations. As outlined above, funding arrangements also create challenges to integration:

- Funding models do not encourage integrated service provision (primary-secondary; across social support sectors; or across life course)
- There is a lack of sustainable funding for multi-disciplinary approaches to complex care
- Short term contract lengths and funding cycles limit stable and sustainable service delivery models, recruitment and retention
- Inefficiency driven by complex and inconsistent commissioning activities

(i) relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report

Productivity Commission Mental Health Inquiry recommendations

To improve mental health and wellbeing services for young people headspace **notes and supports** calls made by the Productivity Commission for governments to:

- clearly articulate the role of schools and educational institutions in promoting wellbeing and preventing mental health and support them to navigate and access evidence-based policies and supports.[125]
- do more to enable young people with mental ill-health to remain engaged in tertiary education – "this may include actions around encouraging students to seek help (reducing stigma, encouraging disclosure), adequately resourcing counselling services, providing training and guidance to staff in contact with students, providing additional support to international students, and adopting a whole-of-institution approach"[126].
- increase the provision of evidence-based support and education programs for parents, expand the provision of evidence-based online parenting programs, and increase community and health professionals' awareness of such resources.[127]
- make sure mental health services are able to meet local needs[128] and can be readily ramped up and down as needs change.[129]

headspace **endorses** the Commission's prioritisation of reforms that:

- provide follow-up care for people after suicide attempts
- empower Aboriginal and Torres Strait Islander communities to prevent suicide
- expand supported online treatment and access to mental healthcare via telehealth
- expand the individual placement and support program for people with mental illness

Finally, headspace notes that the Productivity Commission emphasised particular reforms that will benefit young people, that closely reflect the programs and initiatives that headspace has highlighted in this submission:

"A number of the Productivity Commission's priority reforms warrant government attention on the basis of the estimated improvement likely in the quality of life for people, particularly reforms to:

- help schools support the social and emotional wellbeing and mental health of their students
- augment community ambulatory services
- meet gaps in demand for psychosocial supports
- adopt family and carer inclusive practices."[130]

[125] Productivity Commission (2019). Mental Health, Inquiry Report. Commonwealth of Australia. p193
[126] Ibid, p262-281.
[127] Ibid, p213.
[128] Ibid, p1225.
[129] Ibid, p166.
[130] Ibid, p.15

Royal Commission into Victoria's Mental Health System recommendations to improve mental health supports to young people

To improve mental health and wellbeing services for young people headspace **notes and supports** calls made by the Royal Commission for:

- community-based care, where people access treatment, care and support close to their homes and in their communities, with formal pathways between different types of services.[131]
- collaboration across governments and sectors to respond to the varied factors that shape people's mental health and wellbeing, such as education and justice settings, workplaces and social networks.[132]
- vertical integration of services providing different levels and intensity of support, recognising that consumers' needs will often change over time.[133]
- horizontal integration of services, whereby community mental health services encompass a broad range of support and service providers, and primary and secondary services, to provide holistic care and support.[134]
- equitable and inclusive services that are safe, tailored and localised, supporting those who may be experiencing disadvantage.[135] This particularly includes culturally appropriate, family-oriented, social and emotional wellbeing services for Aboriginal children and young people.[136]
- a sustainable workforce that is large, diverse, and with increased support for workforce wellbeing and practice, learning and professional development activities[137]
- commissioning and contracting to encourage more integrated service delivery for people living with mental illness, and those in the 'missing middle'. [138]
- age and developmentally appropriate treatment, care and support will be provided, and strict age-based eligibility will be removed, as will rigid geographical catchments.[139]

headspace notes that the Royal Commission called for a dedicated child and youth mental health system.[140] This includes a new service stream for young people aged 12-25, with youth services being reformed and expanded.

Such a reform reflects our response in section (b) above, recognising that: young peoples' experience of mental health is unique; mental illness is most prevalent in this age group; and addressing their needs is complex and requires a holistic approach – but that investment in prevention and early intervention amongst our young people has the greatest potential to reduce demand on more costly, specialist services, and increase their social and economic participation across their life course.

[131] Royal Commission into Victoria's Mental Health System (2021), Final Report, Vol. 1: Summary and Recommendations, p.20
[132] Ibid., p.30
[133] Ibid.
[134] Ibid., p.24
[135] Ibid., p.25
[136] Ibid., p.21
[137] Ibid., p.25
[138] Ibid., p.24
[139] Ibid., p.21
[140] Ibid., pp.20,21,25