SUBMISSION TO THE INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

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ABOUT THIS SUBMISSION

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (five headspace centres), supports the professional development of the youth mental health workforce and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

Orygen welcomes the opportunity to make a submission to the Mental Health Select Committee's inquiry into the opportunities to improve mental health outcomes for Queenslanders. Orygen notes that the Terms of Reference for this inquiry has considerable alignment with the scope of the recent major reviews conducted by the Australian Government's Productivity Commission into Mental Health and Royal Commission into Victoria's Mental Health System. Orygen provided detailed submissions into these processes and would encourage the Mental Health Select Committee to access both submissions here:

Orygen and headspace National submission to the Productivity Commission into Mental Health

Orygen submission to The Royal Commission into Victoria's Mental Health System

Within the scope and timeframes available to respond to this Select Committee inquiry, Orygen has focused this submission particularly on:

- The economic and social impact of mental ill-health among young people.
- The evidence for cost-effectiveness in youth mental health care and treatment.
- The need for redesigning the community, specialist and acute mental health system to a youth (12-25 years) model and ensure it includes the integration of evidence-based digital platforms with face-to-face services.
- The need for protecting and increasing investment in community-based youth mental health services to address the missing middle in the system.
- The need for partnership and leadership of young people the Queensland youth mental health policy, services and programs.

SOCIAL AND ECONOMIC IMPACT OF MENTAL ILL-HEALTH FOR YOUNG PEOPLE IN QUEENSLAND

Young people are disproportionately impacted by mental ill-health, which is a primary reason for the significant social and economic impacts of mental ill-health. Half of all mental ill-health onset occurs before the age of 15, and three quarters occurs by the time a person is 24 years old.(1) Mental ill-health is the leading cause of disability in young people (10–24 years), accounting for 45 per cent of the overall burden of disease in this age group.(2) Suicide is the leading cause of death among young Australians,(3) for which mental ill-health is a risk factor.(4) For every 100,000 young Queenslanders (15-24 year old), 19.2 die by suicide.(5) This is above the national average of 14.2 for this age group,(6) and almost doubles Victoria's rate of 10.1.(7)

Mental ill-health begins at a pivotal point of a person's life and at a time when young people are engaged in education, establishing career pathways, transitioning to living independently and establishing vital social relationships. Without appropriate support and early intervention, mental ill-health impacts trajectories across the lifespan for individuals, their families, their communities and governments. These impacts include unemployment, underemployment, social exclusion, poor physical health, substance abuse and premature mortality.(8, 9) Compared to their peers, young people with mental ill-health are nearly twice as likely not to be in education, employment or training.(10)

In addition to the considerable personal difficulties for people without appropriate support for their mental ill-health, societies and governments also pay the price for the lack of early, sustained and recovery-focused responses. There are losses to social and economic contribution, as well as the additional costs associated with delayed care, which is harder to access, requires longer periods of care, is more likely to be delivered in hospital, and is more expensive to provide. Additionally, without adequate and early support for young people who need it, there can be additional costs associated with imprisonment, confinement, taxes foregone and benefits paid. Given the disproportionate impact and the opportunity to alter lifelong trajectories, appropriately supporting the mental health of young people requires significant and dedicated focus and investment.

YOUNG PEOPLE IN QUEENSLAND AND THEIR MENTAL HEALTH AND WELLBEING

YOUNG QUEENSLANDERS

It is estimated that 931,022 young people (12-25 years old) live in Queensland,(11) which is projected to increase to between 1.05-1.12 million by 2030.(12) Young Queenslanders (12-25 years old) make up approximately 21.0 per cent of all young Australians.(13) Approximately half (50.9 per cent) of young Queenslanders (10-24 years old) live within Greater Brisbane,(14) and an annual youth survey found that 9.7 per cent of young people in Queensland identified as living with a disability.(15) An estimated third (28.37 per cent) of Australia's Aboriginal and Torres Strait Islander young people (10-24 years old) live in Queensland, and over half (55.56 per cent) of Queensland's Aboriginal and Torres Strait Islander population are under 25.(16)

Mental health is a major concern for young people in Queensland. Mission Australia's annual youth survey reported that:

- coping with stress and mental health were the top two concerns of young Queenslanders. The concern has increased, with over a third (34.6 per cent) of young Queenslanders identifying that mental health was one of the top issues facing Australia, compared to 29.2 per cent the year before.

- over half of young Queenslanders felt that mental health was a barrier to achieving their study or work goals, which was the most frequently listed barrier, above academic ability and COVID-19.
- of the young Queenslanders that felt they had been treated unfairly in the past year, 27.3 per cent felt that it was due to their mental health.
- a quarter (23.4 per cent) of young Queenslanders reported feeling lonely all or most of the time over a four week period.(15)

COVID-19 may have exacerbated mental health issues for young Queenslanders. While some young Queenslanders enjoyed remote learning and had an increased appreciation for friends and family, other young Queenslanders reported that lockdowns had stopped them from seeing friends and enjoying recreational activities, and that remote learning was difficult.(17) Kids Helpline indicated that they had answered 44 per cent more contacts from Queensland young people between Jan-Aug 2021 than the same period in the previous year.(18) In this period, Kids Helpline recorded an 80 per cent increase in enacting duty of care interventions for young Queenslanders, with 31 per cent of those in response to suicide attempts.

MENTAL HEALTH SERVICE ACCESS IN QUEENSLAND

A high-level summary of Queensland's mental health system data is provided below, with a focus on youth mental health data where available.

RECEIVING CARE

- In 2019-20, Queensland had the second highest rate of people receiving Medicare-subsidised mental health services (11.2 per cent).(19)

SPECIALISED MENTAL HEALTH SERVICES

- In 2018-19, a higher proportion of young people in Queensland (15-24 years old) accessed specialised clinical mental health care from public services (3.9 per cent) than the national average (3.1 per cent).(20)
- However, less than half (47.8 per cent) of Queenslanders aged between 18-24 years old reported a positive experience of admitted mental health care, compared to 69.8 per cent in NSW. Similarly, 58.9 per cent of Queenslanders under 18 reported positive experiences of admitted mental health care compared to 65.0 per cent in NSW.(21)
- In 2018-19, Queensland's recurrent expenditure per capita on specialised mental health services was $241.28 in constant prices, the lowest of all states and territories.(22)

SECLUSION AND RESTRAINT

- In 2019-20, Queensland has the second highest rate of seclusion events (10.1 per 1,000 bed days), higher than the national average (8.1).(23) In the same year, Queensland reported higher rates of physical restraint (11.3 per 1,000 bed days) than the national average (11.0).(24)

EMERGENCY DEPARTMENTS

- For every 10,000 Queenslanders aged 12-17 years old, 141.2 attended an emergency department with a mental health presentation in 2019-20, below the national average for this age range (147.7).(25) However, for every 10,000 young adults in Queensland (18-24 years old), 228.8 attended an emergency department with a mental health presentation, compared to a national average of 209.3 for this age group.

CURRENT SERVICE NEEDS OF YOUNG PEOPLE IN QUEENSLAND

Young people require broad, integrated and youth-friendly services to ensure that their unique needs are met. Young people are less likely to seek help for mental health issues than other age groups.(26) despite experiencing the peak of mental ill-health onset. Additionally, the transition to adulthood is dynamic, requiring unique and broad supports, such as assistance with vocational goals or adjusting to living independently. It is essential that youth mental health models of care support young people to effectively navigate transitioning to adulthood while experiencing mental ill-health, which is internationally recognised as a speciality that requires its own services and skillset.(27) These factors require the mental health system to provide care and pathways that are fit-for-purpose and aligned to their unique needs.

Some of the underpinning principles of mental health service models are not age-specific, such as a 'no wrong door' approach, providing evidence-based supports, and person-centred, culturally safe and trauma-informed care. However, a number of principles may be particularly relevant to youth-specific models of care, such as:

- **Shared decision making**, which supports young people to be involved in decisions about their own care by providing them with the best available evidence and how it may align with their preferences. This may be particularly important to young people, who have not traditionally been provided autonomy in their own healthcare.
- **Family-inclusive practice**, which considers how families or other support people may be best included in supporting young people.
- **Youth and family lived experience engagement**, which ensures that services and supports are designed and shaped by people with similar experiences to people accessing services.
- **Digitally enhanced care**, recognising that young people may benefit from the integration of technology and clinical services.
- **Linkages with education providers and relevant services**, ensuring that young people are provided with support for their mental health, vocational goals, finances and housing.

ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE

Aboriginal and Torres Strait Islander young people do not always have access to culturally safe services. In addition to ensuring that all services are culturally safe, dedicated focus and resourcing is required for social and emotional wellbeing initiatives and services that are led and delivered by Aboriginal and Torres Strait Islander people.

A number of Queensland-specific and national strategies have developed models and recommendations for the social and emotional wellbeing of young people, in partnership with Aboriginal and Torres Strait Islander young people.(28) These recommendations should be considered in the current inquiry, alongside dedicated consultations with Aboriginal and Torres Strait Islander organisations.

In Victoria, the Royal Commission made recommendations to restore and promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander people including:

- enable Aboriginal and Torres Strait Islander people to design culturally safe community gatekeeper training for suicide prevention;
- establish two co-designed healing centres;
- resource infant, child and youth mental health services to provide support Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHO) with primary and secondary consultation and shared care;
- resource ATSICCHOs to commission delivery of appropriate and family-oriented social and emotional wellbeing services for children and young people;

- resource Victoria's equivalent of the Queensland Aboriginal and Islander Health Council to work in partnership with infant, child and youth mental health services to design and establish an appropriate and family-oriented social and emotional wellbeing service for young people requiring intensive supports;
- expand social and emotional wellbeing teams to ensure statewide coverage with dedicated recurrent funding;
- provide scholarships to social and emotional wellbeing staff to obtain clinical mental health qualifications; and
- recurrent funding to Victoria's equivalent of the Queensland Aboriginal and Islander Health Council to develop, host and maintain a new Aboriginal Social and Emotional Wellbeing Centre, in partnership with services who have Aboriginal and Torres Strait Islander mental health clinical and research expertise. This service will provide planning and development, workforce development, guidance and practical tools, and develop and disseminate research on wellbeing models.(29)

Orygen recognises that: a) Queensland may already have in place a number of these priorities and initiatives; and b) that the best approach to restoring, maintaining and promoting social and emotional wellbeing for First Nations peoples and communities in Queensland will be one that is determined by these communities.

RURAL AND REMOTE YOUNG PEOPLE

Young people in regional and remote areas may be overexposed to structural and economic factors that impact their mental health.(30) Young Australians (4-17 years old) outside of greater capital cities are more likely to experience mental ill-health, anxiety disorders, conduct disorder, self-harm, suicidal ideation and engage in suicide-related behaviour.(31) Compared to Australians in other state or territory regional areas, people in regional Queensland were the least likely to report that their community supports their quality of life into the future and were more likely to feel that the liveability, friendliness and local landscape was declining.(32)

Long-term mental health workforce issues such as recruitment and retention are more pronounced in rural and remote areas,(33) making access inequitable. Queensland is the second largest Australian state by area, creating geographic barriers to workforce deployment and how services are delivered.(34) A 2021 survey of 681 health professionals and managers in the primary care workforce in rural and remote Queensland identified that:

- the psychology workforce had the highest workforce gap rating of all disciplines, largely due to the lack of workforce, long wait times, and the cost of services; and
- mental health services had the highest service gap rating of all primary care services, primarily due to high demand, limited community-based services, poor continuation and coordination of services, lack of workforce, cost of service, lack of bulk-billing services, and lack of prevention, promotion and early intervention.(35)

Opportunities exist to support mental health in rural and remote areas. Victoria's Royal Commission has recommended that mental health services operating in rural and regional communities receive additional funding to support geographically isolated or smaller communities.(29) Additionally, the Royal Commission recommends trialling two new digital service initiatives that meet the needs of rural and regional areas, but acknowledges that technology should augment and improve the use of services and supports rather than replace them. It also recommended a multifaceted Mental Health Workforce Rural Incentive Scheme to recruit and retain staff, which goes beyond financial incentives to include professional development and career advancements.

YOUNG PEOPLE REQUIRING TARGETED APPROACHES

Some young people are at a greater risk of experiencing mental ill-health and are not routinely provided with integrated or coordinated care by the mental health system. Young people with particular backgrounds or experiences may benefit from targeted approaches that address their specific needs, such as:

- Young people with experiences of trauma;(36)
- Young people with alcohol and other drug use;(37)
- Culturally and linguistically diverse young people;(38) and
- Young people with experiences of out-of-home care.

More information about young people with contact with the justice system and young people with experiences of homelessness are described below. *Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023,* highlighted in particular the need for coordinated, cross portfolio responses to support the needs of these cohorts (albeit not only focused on youth). Orygen supports the priorities and directions within the Strategic Plan, and in the sections below also highlight some of the recommendations from the Victorian Royal Commission that are worth considering in the Queensland context.

YOUNG PEOPLE WITH CONTACT WITH THE JUSTICE SYSTEM

A number of opportunities exist to better support young people in contact with the justice system who are less likely than their peers to have accessed mental health services.(39) The prevalence of mental ill-health increases the further a young person becomes involved with the justice system. Four out of five young people (14 to 21 years) in detention have a diagnosable mental health disorder.(40)

Youth-specific models of support exist. In 2019, Orygen worked closely with Correct Care Australasia to develop the Custodial Forensic Youth Mental Health Service, a specialist service to support children and young people on remand or sentenced in youth justice centres. Support includes assessment, case management, therapeutic work and discharge planning. Victoria's Royal Commission recommended expanding specialist youth forensic mental health programs across the state for young people in contact or at risk of being in contact with the youth justice system.(29)

Opportunities to develop diversion options to early interventions for young people following initial encounters with the justice system have the potential to improve mental health outcomes and reduce future justice involvement. Trials in Australia and international programs provide examples of new diversion options away from youth justice and to psychosocial services that could be incorporated into Queensland's *Transition 2 Success* program.

Recommendation: That the Queensland Government consider diversion pathways from youth justice to psychosocial services.

YOUNG PEOPLE WHO HAVE EXPERIENCES OF HOMELESSNESS

At least 4,454 young Queenslanders (12-24 years old) were estimated to be experiencing homelessness in 2016, and 8,081 young Queenslanders (15-24 years old) accessed specialist homelessness services in 2016-17.(41, 42) Mental health is a risk factor that can lead to young people experiencing homelessness, particularly for people with more complex mental ill-health.(42) Additionally, young people experiencing homelessness have an increased risk of experiencing mental and physical ill-health, social disengagement and alcohol and other drug use.(42)

Integrated service approaches are needed to support young people experiencing homelessness and mental ill-health, as well as supportive housing. Victoria's Royal Commission recommended that:

- people experiencing mental ill-health are recognised as a priority population in social and affordable housing strategies to ensure that they receive an adequate proportion of social and affordable housing;
- mental ill-health is included as a reason for priority access to housing;
- 500 new medium-term (up to two years) dwellings are created to support young people experiencing mental ill-health (aged 18-25); and
- supported housing homes are appropriately located, delivered in a range of housing configurations, and accompanied by a range of appropriate multidisciplinary mental health supports.(29)

Action 9.4 of the recently released *Queensland Housing and Homelessness Action Plan 2021-25* recognises the interdependency between mental health, homelessness and housing need.(43) In order to support this action, we recommend that the Queensland Government consider introducing program changes in line with the recommendations of the Victorian Royal Commission.

Recommendation: That the Queensland Government increase integrated services, supported housing and affordable housing for young Queenslanders experiencing homelessness.

STRENGTHENING QUEENSLAND'S MENTAL HEALTH SYSTEM FOR YOUNG PEOPLE

Orygen recognises the significant achievements made in Queensland to build an integrated and coordinated system of mental health and alcohol and other drug care across state-funded community, specialist, residential and inpatient services.

Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023, developed by the Queensland Mental Health Commission, further provides a clear blueprint for a holistic and whole of government approach to supporting the wellbeing of Queenslanders, incorporating actions and responsibilities for policy areas that strongly intersect with mental health including housing, education, workplaces and the justice system.

The Strategic Plan also recognises the importance of ensuring there are supports, services and interventions across the system that are targeted at preventing or intervening early in mental ill-health, with schools and community-based organisations and services recognised as key enablers, particularly for young people. Orygen supports this focus and recommends that youth-specific service models and community-based service provision are strengthened and protected in further mental health system reform in Queensland.

In particular, it is important that the Queensland mental health system continue to evolve to respond to:

- gaps in care for young people;
- changing preferences and expectations of young people (including integration with digital technology); and
- the emerging scientific evidence for a shift to a 'youth mental health service paradigm' which provides seamless care for young people across the ages of 12-25 years.

BUILD A YOUTH (12-25 YEARS) MENTAL HEALTH SYSTEM

For many young people, the end of adolescence is characterised by a number of significant transitions and life changes, such as education and employment transitions, living independently, gaining financial independence and navigating the healthcare system. These transitions can involve a change in support people and wellbeing strategies, as well as new stressors in a young person's life.

Systems with varied age-based criteria add complication and confusion for young people navigating their care. Research has highlighted that the transition from Child and Adolescent Mental Health Services (CAMHS) or Child and Youth Mental Health Services (CYMHS), where the services typically cease at age 18 years, to adult mental health services can be a point of high risk and disruption for adolescents and their families. Evidence from Australia, Canada, the UK, and the United States has consistently confirmed that it is very difficult to provide coordinated and integrated youth mental health services during this period of transition.(44)

Many of Queensland's youth mental health primary intervention services, community treatment programs, community support services, community bed-based services and hospital bed-based services have varied age requirements.(45) Currently, Queensland's CYMHS support young people in community, specialist and acute services from birth to 18 years old, with some services considering an extension to 21 years old based on a person's developmental age. Assertive treatment and mobile outreach and day programs are provided to 13-18 year olds, while step-up-step-down and residential rehabilitation services are available for 16-21 year olds. In primary care, headspace services across Queensland provide support for 12-25 year olds. Inconsistent service eligibility for young people can make it difficult to build referral pathways and integrated services.

Further, fracturing mental health care between paediatric and adult services also creates a dangerous and unnecessary transition point for young people. Although theoretically eligible for entry to the adult mental health system at age 18 years, most young people often find themselves 'not unwell enough' to access care, or the care on offer is alienating and inappropriate as adult services are ill–equipped to provide the youth-focused care required. Inpatient care is particularly concerning, with young people placed in wards with adults or with individuals who can be experiencing specific mental health conditions and symptom severity that can be confronting, distressing or remove a sense of hope for many young people for whom this is their first inpatient admission and experience of a severe episode of poor mental health. In this system, young patients fail to engage and exit care resulting in poor outcomes and dangerous consequences.

Victoria's Royal Commission noted that conflicting age boundaries added to disruption in treatment, requiring young people to retell their experience and access services that are not always aligned to their needs.(29) This led to a recommendation that state services adopt an age-based system for infant, child and youth mental health and wellbeing, which includes a service stream of ages 0-11 and 12-25,(29) with age boundaries and transitions to be applied flexibly in partnership with young people and their families, carers and supporters.

"Age and developmentally appropriate treatment, care and support will be provided, and strict age-based eligibility will be removed. One responsive and integrated infant, child and youth mental health and wellbeing system will be established to provide developmentally appropriate treatment, care and support for newborns to 25-year-olds." (pp 21, Executive Summary)(29)

Seamless pathways and coordination are key to this new youth service stream, with a focus on integration between Local Mental Health and Wellbeing Services (many of which will be delivered by headspace centres) and Youth Area Mental Health Services (a redesigned model of state-funded specialist care). The new system will include the development of formal partnerships, step-up and step-down referral pathways, shared staff and infrastructure, and co-location between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services.

Further, the Royal Commission also recommended that the Victorian Government:

- work with the Commonwealth Government to agree on strategies for better integrating headspace centres with higher intensity services in their areas; and
- work with the Commonwealth Government, headspace National and Primary Health Networks to ensure that Infant, Child and Youth Area Mental Health and Wellbeing Services become the preferred providers of headspace centres where they exist or are established in Victoria.

Orygen strongly supports moves to redesign state-funded community, specialist and acute services to provide a single system for 12-25 year olds and would encourage the Queensland Government to investigate a similar approach for the state.

The Royal Commission recommendations relating to the approaches for integration with the primary care system also merit consideration, but would require further testing with key stakeholders, including the Commonwealth government, headspace National and headspace providers, and monitoring implementation in Victoria.

Recommendation: That the Queensland Government deliver a statewide youth mental health system that provides evidence-based, effective and continuous mental health services for 12-25 year olds across all stages of ill-health.

ADDRESS THE 'MISSING MIDDLE' IN COMMUNITY-BASED MENTAL HEALTH CARE

One of the biggest challenges for the mental health system in Queensland, as it is in other jurisdictions, is the gap in the system for those people who are too unwell for primary care, but not unwell enough for state-based services. They may have accessed services in the past year, however, these services were not able to deliver either the duration of care or level of specialist care appropriate for more complex and serious mental ill-health.

Orygen has previously described the missing middle as not only those who have not received any mental health care for their needs, but also those who:

- are currently accessing primary care services such as headspace, but are underserved as they require more specialist care and expertise, particularly for specific diagnoses;
- are on long waiting lists for services, particularly in primary care (a situation that has been exacerbated by the mental health impacts of the COVID-19 pandemic);
- have exhausted the sessions of their Mental Health Treatment Plan and still require support, which is unavailable in the community;
- have seen a GP but do not or cannot follow through with a Mental Health Treatment Plan to see allied health professionals (due to geographic or financial barriers); and
- have accessed inpatient/community-based state-funded care but are discharged too early, with these services not able to deliver the duration of care needed due to demand pressures.

In his appearance at the Select Committee hearing in January 2022, Ivan Frkovic, Queensland Mental Health Commissioner, highlighted that, at present, state mental health funding in Queensland remains largely imbalanced toward the acute end of the system and that the surge in mental health presentations over the years (exacerbated during the pandemic) has seen the acute system raise its access threshold to support those with the greatest needs, typically at their crisis point, with the emergency department now the default front door into the system. This is an experience shared across many jurisdictional mental health systems in Australia. Outside of this, the majority of people seeking mental health support are provided with triage and referral onto long waiting lists as the 'defacto intervention'.

To achieve seamless care for young people, there is a need to bolster and protect resourcing and capacity for both the current services and for a community-based tier that can fill the gap for young people with more complex and serious mental health issues, taking pressure off both the primary and tertiary ends of the system.

The Queensland Alliance for Mental Health (QAMH) identified on the announcement of this inquiry that the not-for-profit community mental health sector is well-placed to offer these services, but requires more resources to do so. QAMH also pointed to data indicating that, at present,

Queensland's non-Government community mental health sector "has one of the lowest funding per capita of any state or territory despite its diversity and geographical challenges".[1]

While increasing funding for not-for-profit community mental health services is broadly supported by Orygen, it is important that there are sufficient community-based services with clinical expertise, as well as those providing other psychosocial supports. To address the unmet need of young people falling into the missing middle of the system, Orygen would recommend developing and strengthening a tier of community-based multidisciplinary services designed and developed with and for young people aged 12-25 years. These services need to include clinical and psychosocial supports, as well as strong pathways and case coordination to primary/tertiary services and other social and economic supports required for holistic care, including housing, social and employment/education services.

Community-based mental health services also provide the best opportunity to address the service shortfall in rural areas of Queensland. Young people outside major metropolitan areas struggle to access the same level of support services as young people in urban areas and rates of access to Medicare-subsidised mental health services per population decrease significantly with rurality (79). In rural and remote areas, the distance to any kind of service, particularly one that caters for youth mental health, can be prohibitive (80).

While digital and online services are providing some opportunity to extend service delivery to both people in rural/regional areas and young people, they are not the panacea and work best when provided in conjunction with face-to-face supports. Bolstering community mental health services (or building on existing community health infrastructure with mental health capability in rural and regional communities) can provide this face-to-face support with additional specialist clinical expertise made available through telehealth and other digital interventions (described in more detail below).

Recommendation: That the Queensland Government build, bolster and protect community-based youth mental health services with a particular focus on responding to gaps in the system for young people with more complex and serious mental health issues.

DIGITAL INTEGRATION WITH FACE-TO-FACE SERVICES (NOT SUBSTITUTION)

The Productivity Commission into Mental Health final report(46) and the Royal Commission into Victoria's Mental Health System(29) both highlighted the importance of increasing the use of digital modalities in service delivery. The Royal Commission identified that the future system will be enabled through digital technology and recommended that this should be a core feature of the new contemporary system (Recommendation 60), while the Productivity Commission report identified that supported online mental health treatment complements other treatments people may choose and improves the person-centred focus of the mental health system. The Productivity Commission recommended that the Australian Government expand the capacity of supported online treatment services (Recommendation 11).

Orygen supports these recommendations and any associated actions to increase funding to expand supported online treatment for people with mental illness, with the qualification that these services are provided based on the choice of the service user and that they need to be integrated with face-to-face care and not seen as an adjunct, an 'either/or', or as purely a cost-saving measure. As well as increasing awareness of digital supports, integration will require policy changes; providing clinical service staff training, support, and incentives to encourage their clients to make use of these platforms; and providing financial and policy support for platform developers and services to integrate these platforms.

[1] https://www.qamh.org.au/media-release-media-health-inquiry-dec032021/

Mental health service innovation

The current COVID-19 pandemic has expedited the digital transformation of mental health service delivery across Australia, with care being more readily provided by telehealth, videoconferencing and other internet applications. Now that the capabilities and infrastructure have been developed and implemented to deliver services and treatment through a digital environment, it is highly likely that the advantages of these will result in their continued use into the future.

Digital technologies and engagement are fundamental to the way young people in particular access information and support. This has been well recognised by youth mental health researchers and service providers. The adoption of new and emerging technologies has proved advantageous in not only providing young people with choice and more readily accessible mental health care (particularly where there are geographical barriers), but has also assisted in addressing escalating levels of service demand and workforce challenges.

Augmenting face-to-face care with digital solutions

Orygen has spent more than 12 years progressing the area of digital mental health research. Its technology division, Orygen Digital, achieves this through a multidisciplinary team of 80+ spanning 15 professions, including researchers, clinicians, computer scientists, designers, creative writers, comic developers, vocational experts, project and change management teams and experts in human computer interaction. The team has developed the Moderated Online Social Therapy (MOST) platform as an advanced and evidence-based digital solution that:

- provides instant access to clinician-supported online support, including self-help resources and networks of peers and clinicians;
- integrates digital care with face-to-face clinical services for young people with more moderate to complex mental health needs;
- provides ongoing access to support once face-to-face care has ceased, to avoid relapse or increase the duration of time between relapses; and
- can be accessed 24/7 from a range of devices including iPads, mobile phones and computers, providing both client (young person) and clinician user interfaces.

MOST in action

Over the past two years Orygen Digital has had funding committed or announced to implement MOST in youth mental health services in Victoria, Queensland, the ACT and NSW. Approximately 95 per cent of Victorian youth mental health services now offer MOST, following a successful 18 month roll out across that state. With young people using MOST in Victoria already reporting statistically significant improvements in wellbeing, distress, anxiety and stress.

Recently, Queensland Health and the Children's Hospital Foundation funded Orygen Digital to implement MOST in Queensland as a two-year pilot (Q-MOST), which will include up to seven Hospital and Health Services (HHS) and up to 13 stakeholder partners (e.g. headspace Centres within these HHS regions). The first services went live in late December. Brisbane South PHN has also signed a funding agreement to establish MOST in four services within their catchment area early this year. In addition, MOST will become available in selected ACT and NSW youth mental health services in the coming months. .

A flexible model has been negotiated with services that allows young people to access MOST. Under this model, young people can access MOST from their first point of help-seeking (triage) with an eligible service, right through to post-discharge. To support this approach, Orygen Digital:

- Uses the access teams and triage teams in services as the conduit for young people to access the platform immediately at the time of help-seeking (once determined to be a client of the service)

- Provides access to the platform for all young people currently on wait lists for headspace and state-funded mental health services (in many instances wait list time can exceed six months)
- Trains clinicians to support existing and ongoing clients to engage with the platform to provide continuous, integrated care
- Provides human clinical and moderation support for an estimated eight hours per day of support to young people (noting that many MOST platform features are available 24 hours a day). Young people will continue to have access to the platform after leaving formal involvement with their centre or service (i.e. as they step-down from face-to-face care).

Recommendation: Pending outcomes from the Q-MOST trial, the Queensland Government should consider scaling up implementation to achieve coverage across all youth mental health services in the state.

INCREASE FUNDING FOR EARLY INTERVENTION AND YOUTH MENTAL HEALTH

While population health, prevention and early intervention are key priority areas outlined in t*he Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023,* investment in youth mental health programs, services and scaling up innovative pockets of early intervention approaches in Queensland is still not at the level required to achieve large scale systemic change and ongoing impact.

There is substantial evidence available on the cost-effectiveness of prevention and early intervention in mental ill-health among young people. These approaches present the best opportunity to reduce the economic burden of mental ill-health over the lifespan. This evidence is strongest in the areas of early psychosis, where economic evaluations and expert opinion position early intervention in psychosis as unequalled as a model to reduce psychological distress and economic burden, however the economic evidence is developing and supportive across other mental health conditions (47, 48). Now, young people and their communities need targeted action and adequate investment into youth and early intervention services.

Orygen's submission to the Royal Commission into Victoria's Mental Health System recommended a significant uplift in the funding provided to mental health system, with a new financial and governance model to ensure it can meet the needs of the 3 per cent of the population experiencing severe mental illness, as well as a proportion of those with moderate/complex conditions.

Within that, Orygen called on the Victorian Government to prioritise investments in clinical specialist community-based youth mental health care and develop new funding models that put the young person at the centre to ensure they were provided with the level of care they needed for the duration that it was required to achieve clinical and functional recovery.

Orygen also recommended that the Victorian Government direct clinical community-based youth mental health funding to agencies that can scale up their existing enhanced primary youth mental health care offerings. Priority should be given to contracting non-government organisations and not-for-profits with demonstrated capability in running youth mental health services, such as those that currently operate a well-performing headspace centre.

Recommendation: That the Queensland Government increase investment in prevention, early intervention and community-based youth mental health programs and services.

BUILDING THE YOUTH MENTAL HEALTH WORKFORCE

Queensland have recognised the need to undertake mental health workforce planning; design and define roles for the workforce; and recruit, retain and strengthen the workforce.(34) A dedicated process is needed to ensure that the unique needs of the youth mental health workforce are met. Despite the scale and extent of mental ill-health in young people, there are known difficulties in

recruiting health professionals with the required skillset and interest in working with young people.(49) A number of opportunities exist to address workforce issues in youth mental health.

TRAINING AND DEVELOPMENT

Orygen's recommendation for Queensland to design state-funded support to provide care for 12-25 year olds will require a workforce skilled to provide youth-friendly care. Across a broad range of youth mental health professions, there is a need for youth mental health pre-service training, incentivised training, retraining mental health professionals in youth mental health, and developing ongoing training and professional development. The youth mental health workforce requires an understanding of youth-specific issues and best-practice in mental healthcare, and regular training opportunities allow the workforce to develop the necessary skills and competencies. For example, youth mental health clinicians will require an understanding of the lives of young people, how to provide family-inclusive care, working with education providers, understanding vocational goals, shared decision making with young people and providing digitally enhanced care.

SUPPORTING THE YOUTH PEER WORKFORCE

As a proportion of the mental health workforce, Queensland has double the national average consumer and carer staff than the national average in specialist mental health services, with 125.0 FTE consumer worker staff and 59.4 carer worker staff per 10,000 mental health care provider FTE in 2018-19, compared to national averages of 61.6 and 26.6 respectively.(50) Additionally, the peer workforce in Queensland are supported by a peer workforce support and development framework,(51) and Queensland Mental Health Commission's framework for the lived experience workforce.(52) The Royal Commission into Victoria's mental health system recommended the expansion and support of lived experience workforce, including services coproduced and delivered by the lived experience workforce.(29)

While the peer workforce are supported by state-specific frameworks, the unique needs of youth peer workers are not currently addressed. Youth peer workers face amplified and additional issues, such as ageing out of their roles, which has impacts of training, retention and career development.(53) The support and development of the youth peer work requires unique focus and consideration.

PARTNERING AND LEADERSHIP FROM YOUNG PEOPLE WITH A LIVED EXPERIENCE OF MENTAL ILL-HEALTH

Guiding documents acknowledge the critical nature of supporting and embedding lived experience partnerships and developing lived experience leadership roles to design and implement mental health reform. The Productivity Commission recommended that state and territory governments establish a clear and ongoing role for consumers and carers to be involved in all aspects of mental health system planning, design, monitoring and evaluation.(46) This is also reflected in Queensland's mental health, alcohol and other drugs strategic plan, which is underpinned by the guiding principle of valuing lived experience.(54) The strategic plan highlights the importance of systemically involving people with a lived experience in policy, planning and governance.

Lived experience involvement can include, but should not be limited to, peer work roles. Lived experience partnerships and leadership should be essential to the design and monitoring of all mental health related projects, which can include prevention, promotion and intervention activities. These roles help to ensure that their unparalleled insight and knowledge is embedded into the systems that support them.

People with a lived experience of mental ill-health have varied experiences of the mental health system, and youth participation requires dedicated resources, funding and consultation in both system-wide reform and in the design, delivery and development of youth-specific projects or services.

Orygen has developed some principles and advice on enabling young people to engage in lived experience partnerships and roles.(55, 56) For example, enabling participation should involve:

- removing any financial barriers to participating, such as transport costs;
- flexibility and awareness of the time and energy constraints of young people's education and employment requirements, which may involve planning for partnership initiatives outside of school hours or peak study periods;
- appropriate remuneration to recognise that many young people are engaged in casual employment and may be attending meetings at a financial cost;
- more than one young person, recognising the diverse experiences of young people; and
- dedicated youth-friendly staff to enable and support these opportunities.

The Royal Commission into Victoria's mental health system recommended the development of a new agency led by people with a lived experience to develop and deliver training and resources for lived experience-led organisations, to develop and deliver peer-led services, and to facilitate and the development of system-wide roles for the full participation of people with a lived experience.(29)

Recommendation: That the Queensland Government commits to partnering and providing leadership roles to people with a lived experience in all areas of delivery and reform with dedicated consultation and leadership roles for young people in both system-wide and youth-specific design, implementation and delivery.

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