

batyr's Productivity Commission Draft Report

Submission

January 2020

CONTENTS

- Introduction
- Draft recommendations and requests for information from the Productivity Commission Draft Report and batyr's responses
- Written response to Commissioner Abramson's questions at the Canberra Hearing of the 15th of November 2019
- Closing remarks

INTRODUCTION

In 2019, batyr submitted a submission to the Productivity Commission based on experience working with young people since 2011 which included input from several batyr speakers with lived experiences. batyr has trained over 750 young people to learn how to share their stories of hope and resilience in the community and have reached over 200,000 people with these stories through our structured school, university, workplace and community programs.

The findings from the Productivity Commission draft report indicate that investing in the mental health of Australians is a smart and important investment. It also clearly points to the pivotal role we can all play in taking us in the right direction; whether you're a teacher, a friend, a parent, a colleague, a boss, a classmate, or the government.

batyr welcomes The Social and Economic Benefits of Improving Mental Health draft report and, with it, acknowledges that behind the recommendations, the data and the numbers are real people and communities affected by mental ill-health, who need the support of the whole nation. Good mental health supports economic participation and productivity over the long-term but that significant changes to our current system and a greater focus on prevention and early intervention are key in improving mental health outcomes.

In order to achieve these outcomes, batyr outlined three areas of focus in its submission to the Productivity Commission:

- Prevention and education to reduce stigma
- The power of sharing lived experience to create behavioural change
- Community building to increase social inclusion and reduce isolation of young people.

batyr has identified key recommendations and areas requesting further information in the draft report and has outlined responses below.

INFORMATION REQUEST 3.1 — EDUCATION ACTIVITIES THAT SUPPORT MENTAL HEALTH AND WELLBEING

“We are seeking information or methodologies that would help us to estimate the cost of activities undertaken by educational institutions in supporting mental health and wellbeing of students.”

When considering the costs associated with mental health and wellbeing, various factors need to be considered. At a prevention level, batyr suggests investments should be made in a split between program implementation and indirect mental health support. When considering program implementation, the key priorities are: safety and impact. The safety of programs dealing with the sensitive topic of mental health and wellbeing is paramount and at the core of the batyr model.

Allowing for space and funding for program design that is research informed and generated is crucial. Collaboration will allow for a financially sustainable model with research institutions continuing to partner with program delivery organisations. These partnerships can allow for experts to focus on their specialisations that can compliment each other. For example, organisations focussing on program delivery or youth engagement can focus on that area and researchers can focus integral research. Working together but recognising each others strengths is important. Streamlining funding and resources across various organisations where possible is also recommended.

Impact is another key element to consider when informing cost associated with mental health and wellbeing program implementation. Based on the research by Dr Patrick Corrigan on stigma reduction, a peer to peer model of education has the highest impact. This is at the core of the batyr program methodology and requires high levels of investment in training and development, both for Speakers and Facilitators of programs. Impact must be measured through engagement and behavioural change to ensure a high return on investment.

As a case study, the batyr@school program suite has an operational cost of \$3000 per program for 60 - 90minute programs in schools. This cost is broken down into a contribution from school stakeholders (\$700) and support through funders (\$2300). A fee for service model ensures investment and value placed by stakeholders in the program and assists with program sustainability. This operational cost considers: staffing, program design, training, ongoing support and administrative costs.

Considering non-program related financial investment in mental health interventions, batyr would suggest focusing on stakeholder interpretation of value. In 2019, batyr ran focus groups for University students as part of the Orygen National Mental Health Framework for Universities. This research revealed that a high level of value is placed by consumers (University Students) on indirect mental health support. i.e. gym memberships, student groups, open spaces on campus. Anything that contributed to a sense of belonging and community where individuals felt valued was championed.

In terms of understanding where to go to determine cost of activities undertaken by educational institutions, the Commission can turn to Be You’s Program Directory that outlines programs for schools or early learning services and includes the associated prices.¹

DRAFT RECOMMENDATION 5.9 — ENSURE ACCESS TO THE RIGHT LEVEL OF CARE

¹ <https://beyou.edu.au/resources/tools-and-guides/about-programs-directory>

“The Australian, State and Territory Governments should reconfigure the mental health system to give all Australians access to mental healthcare, at a level of care that most suits their treatment needs (in line with the stepped care model), and that is timely and culturally appropriate.”

A more holistic approach needs to be included where the community plays a role in supporting people in seeking mental health care. Education programs that normalise help-seeking like batyr’s standard program could be used to positively influence help-seeking rates. 10.2% of the general population seek help for mental health disorders out of 20% of the population who have a mental health disorder.² There is still a large gap in help-seeking behaviours. Investing in educating young people, parents and teachers on the various types of services and care available can also increase their ability to access the right level based on their needs and the knowledge they have. This can include educating young people on the range of options that exist across preventative measures (including self-care initiatives), interventions (face to face, online, telephone, group, individual etc.) and more acute services (such as inpatient care). In 2017, a randomised control trial was conducted on the batyr@school program that educates young people on mental health, stigma, services available to them in addition to hearing from a young person share their story about accessing support. Findings show the program led to an increase in attitudes and intentions to seek help from a professional, which was sustained at 3 months.³

Furthermore, with support from the National Mental Health Commission, a thematic analysis was conducted on 83 stories that are shared by young speakers at batyr’s school and university programs. Ensuring access to the right level of care for young people was a key contributing factor in almost all stories to young people’s sustained recovery. Additional points are:

- Finding an effective professional/s who offered support was identified in almost all stories (95 per cent) as pivotal to the young people’s sustained recovery.
- The importance of these professionals underlines the need to:
 - ensure that young people understand that they have choices when it comes to selecting and ‘staying the course’ with a therapist
 - manage expectations that not all healthcare professionals are adept at working with young people
 - understand that at different points in one’s recovery, different healthcare professionals will be required to continue improving health and wellbeing.⁴

batyr also recognises the importance of giving all young people access to culturally appropriate care. Through batyr’s work with international students, a common theme shared is that language is often a barrier to accessing care. In Australia, the language used to talk about mental health may not exist in other countries. An example shared by multiple young people was that they experienced a fear about seeking

² AIHW, Mental health services in Australia, web report, 9/10/2019, accessed on 13/11/2019 at <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/summary-of-mental-health-services-in-australia>

³ Hudson, J. & Ingram, V., Stigma Reduction and Help-Seeking in Australian Classrooms, Centre for Emotional Health, Macquarie University, 2017.

⁴ Mendoza J and Wands, M. Being Herd Stories – Analysis, Insights and Recommendations ConNetica. Coolum Qld. October 2019.

professional support due to feeling their English was a barrier and they would be misunderstood. Furthermore, clinical advice may not be culturally sensitive. One example shared with batyr recently by an international student was that their therapist suggested cutting off communication with their family due to pressure they were feeling. The young person did not feel their therapist understood the cultural factors within their family and that simply cutting off communication was not an option. Having patient and well trained professionals who allow individuals time to process their thoughts and translate is important. Additionally, professionals require adequate training and experience to understand that words in English used to describe emotions may not translate easily into the young person's native language.

DRAFT RECOMMENDATION 11.4 — STRENGTHEN THE PEER WORKFORCE

“Governments should strengthen the peer workforce. In the short term (in the next 2 years) The National Mental Health Commission should, when submitting its finalised national guidelines on peer workers to governments for approval in mid-2020, recommend how the guidelines should be supported by work standards for particular areas of practice. The National Mental Health Commission should, by the end of 2019, submit a recommendation to the Australian Government on how to establish of a professional organisation to represent peer workers. This should include advice on how governments should, if at all, make a financial contribution, such as by providing seed funding to establish the professional organisation.

In the medium term (over 2 – 5 years) The Australian, State and Territory Governments should, in consultation with stakeholders, develop a program to educate health professionals about the role and value of peer workers in improving outcomes. The program will need leadership to improve workplace cultures. The Australian Government should, in consultation with State and Territory Governments and other stakeholders, commission a national review to develop a comprehensive system of qualifications and professional development for peer workers. This should consider how peer worker qualifications would be recognised as prior learning for health professional qualifications.”

In 2018 with the support of the NSW Government under Tania Davies' appointment as NSW Minister for Mental Health, batyr were funded to develop a digital peer support program '*batyr2peer*' which supports young people during hospitalisation for mental ill-health. The program aims to improve the inpatient experience and is specifically designed to provide hope for a young person during hospitalisation for mental illness, through the power of storytelling in a relatable way. The program is comprised of a video series, a clinician/peer worker debriefing workbook, and a takeaway with practical tips for the young person. This involves a three part video series that focuses on different stages of hospitalisation; early admission, mid-admission & discharge.

batyr are currently running two pilot projects at Brolga Child & Adolescent Unit at Hornsby Hospital and Gna Ka Lun Unit at Campbelltown Hospital. This program is showing positive results towards providing peer workers with a support tool that enables them a structured program to utilise in their role. It allows them to develop better relationships with the young people they are supporting and proved to enable them to have meaningful conversations with the results from batyr's feedback survey showing the videos were effective in facilitating a valuable discussion for the peer worker with 82% of young people.

“batyr's Digital Peer Support program provides a formal context and structure for peer support, and catalyses recovery-oriented discussions”. - Peer Worker

By providing peer workers structure to their role and support that will allow them to excel, it will improve the outcome of the young person in care. The *batyr2peer* program addresses a number of topics (as

below) relating to the peer workforce discussed in the draft report and we support further development in this area:

- As reported above, programs such as batyr2peer provide a clear context and structure for peer support, which will help reduce role confusion.⁵
- Further research and investigation into the program will help credit the importance of peer support and the value of a relatable lived experience voice.⁶
- By providing this resource digitally the program not only has the potential for a much greater reach and impact, and allows access to the voice of a lived experience peer to those who previously may not have had access, but it also reduces the risk of re-traumatisation and burnout to the individual sharing their story and experiences.⁷

DRAFT RECOMMENDATION 11.6 — MENTAL HEALTH SPECIALISATION AS A CAREER OPTION

“Governments and specialist medical colleges should take further steps to reduce the negative perception of, and to promote, mental health as a career option. In the short term (in the next 2 years) The Australian, State and Territory Governments should, in collaboration with specialist medical colleges, act to reduce the negative perception of, and to promote, mental health as a career option by: exposing health students and practising health professionals to people with a mental illness (and their carers) outside a clinical environment to help break down negative perceptions rebalancing where trainees undertake clinical placements and internships to a more representative mix of settings, including in the private sector and settings other than inpatient units.”

Stigma around mental health is something that likely feeds negative perceptions of careers in the mental health sector. batyr recommends that stigma reduction activities in education settings such as universities and high schools can help reduce those negative perceptions and promote mental health as a career option. These programs could also target early career health professionals.

At batyr, our speakers share lived-experience stories that focus on the process of help-seeking, and many of them highlight the critical role that mental health professionals played in their recovery. Some highlight how a psychologist, a mental health worker, a counsellor, or a psychiatrist fundamentally changed, and in some cases, saved their lives. In a thematic analysis of our speakers’ stories, a quality therapeutic relationship was found to be a key element to recovery and wellbeing. 95% of the young peoples’ stories indicated that finding effective professionals to support them was pivotal to sustained recovery.⁸ batyr recommends leveraging the voices of young people in any further steps to promote the importance of effective mental health professionals and the power that they have to potentially change lives.

Through running batyr programs at universities, a common story has been that students and many employees in health-related faculties and professions experience significant pressures. Balancing their mental health with the expectations in their profession can be challenging. This includes hearing many stories about health professionals experiencing mental ill-health feel strong levels of stigma, especially if they require support or time off. Addressing these pressures and the supports available for health professionals can help reduce these negative perceptions and can contribute to promoting mental health as a viable and positive career option.

⁵ Productivity Commission 2019, Mental Health, Draft Report, Canberra, p.391

⁶ Productivity Commission 2019, Mental Health, Draft Report, Canberra, p.392

⁷ Productivity Commission 2019, Mental Health, Draft Report, Canberra, p.392

⁸ Mendoza J and Wands, M. Being Herd Stories – Analysis, Insights and Recommendations ConNetica. Coolum Qld. October 2019.

DRAFT RECOMMENDATION 13.3 — FAMILY-FOCUSED AND CARER-INCLUSIVE PRACTICE

“Family-focused and carer-inclusive care requires mental health services to consider family members’ and carers’ needs and their role in contributing to the mental health of consumers.”

Family/carers often act as anchor people for those suffering or recovering from mental ill-health and play an integral part of a person’s journey and recovery. We need to equip them to be the best possible support for a young person, whilst also maintaining their own wellbeing.

batyr are currently working with the NSW Government to determine the next stage of our **batyr2peer** program (as explained above). This stage is envisaged to not only support an extension of the pilot projects at the current two inpatient units for an additional 12 months, but a research and evaluation component, as well as a new component to the program which will support the development and creation of a family/carer resource. This will provide a holistic approach to care and not only empower the family/carer of a young person hospitalised for mental ill-health to provide the crucial support required for the young person in care, but will also encourage family/carers to play an active role in the maintenance of their own wellbeing and to actively access the support available to them.

The additional developments to the program address a number of topics discussed in the report:

- It provides carers support services that are accessible, effective and designed with input from carers and allows them the chance to use their experiences to help others.⁹
- The program has also proved to facilitate valuable discussions between the peer-worker/clinician and young person, and will be designed to provide the same outcome for the family/carer and young person. It will allow an opportunity for open discussions between the young person and their carers, equip family/carers with a greater understanding of what a young person in care is going through, support families to work through family conflict, and strengthen relationships that can help with a young person’s recovery.¹⁰

RECOMMENDATION 14.3 — STAGED ROLLOUT OF INDIVIDUAL PLACEMENT AND SUPPORT MODEL FOR YOUTH EMPLOYMENT

“The Individual Placement and Support (IPS) model of employment support should be extended beyond its current limited application through a staged rollout to (potentially) all State and Territory Government community mental health services, involving co-location of IPS employment support services. The Commission is seeking further feedback on whether this should occur through partnerships between dedicated IPS providers and community mental health services, or direct employment of IPS specialists by community mental health services.”

batyr supports the recommendation for the staged roll out of the Individual Placement and Support (IPS) programs for young people experiencing mental ill-health with an effort to increase their participation in education and work. As is the case with all of batyr’s programs, we encourage the meaningful participation of youth in the design and implementation of any model serving young people. The IPS core practice

⁹ Productivity Commission 2019, Mental Health, Draft Report, Canberra, p.457

¹⁰ Productivity Commission 2019, Mental Health, Draft Report, Canberra, p.494

principles of attention being given to participant's preferences and individualised support particularly reinforce batyr's experiences of supporting young people not in education, employment or training (NEET) through its Being Herd Pathways (BHP) program. In regards to this recommendation, batyr offers the following insights based on engagement with this demographic.

Although basing work plans on individual preferences is key, determining those preferences can be a challenge in itself. Based on batyr's experience, the majority of NEET young people engaged in the BHP program are unsure of what their preferences for work actually are. To enable young people to become more aware of their preferences, BHP participants have found it helpful to reflect on their specific strengths and what sort of roles and industries might be well suited to these strengths. Participants have appreciated reflecting on the type of work they would find meaningful, noting a lack of motivation as one of their biggest barriers, therefore the thought of doing something purposeful and aligned with strengths is motivating in itself. batyr has also found that young people are more likely and comfortable to explore their preferences if the nature of the discussion was free from any pressure and facilitated by a peer rather than a clinician or employment service provider.

Increasing confidence is also key to ensuring young people take the next steps on their path to securing employment or training. Confidence is increased in a number of ways, however predominantly it is by hearing the experience of a relatable peer with a similar lived experience of mental ill-health and disengagement with work or study that helps them to see that they can overcome their present challenges. One participant explained the impact of hearing a lived experience speaker by saying: *"Being Herd Pathways boosted my confidence so much! Before I went I wasn't sure how I'd go working again but it helped me realise that it was ok for me to have bad days and it was ok for me to feel nervous. After the course I was able to tell my (at the time) future employer that I struggle with mental health."* batyr encourages the future IPS programs use of lived experience speakers who are trained to share their story in a safe and effective way and focus on building confidence in young people to fulfill their goals.

batyr would welcome the opportunity to be involved in the recommended further implementation of the IPS program as a key stakeholder who would collaborate with organisations such as Headspace, already engaged in the IPS trial. This would allow for the wealth of experience batyr has gained in reaching NEET young people and training and supporting lived experience speakers to enhance the current program.

DRAFT RECOMMENDATION 17.3 — SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM

"Governments should develop a comprehensive set of policy responses to strengthen the ability of schools to assist students and deliver an effective social and emotional learning curriculum."

Social and emotional learning early in a young person's life is paramount to investing in their future as an individual and for the broader community. Schools are the gateway to providing early support and prevention but are often relied on without the proper support, training or resources to best deal with it. Programs need to be effective and accessible for educational institutions, however they also need to be relevant and engaging for students to have the desired impact.

As highlighted in this report, cultural and societal barriers remain a contributing factor to increased stigma in the context of mental health. This is compounded by the costs associated with effective mental health

and wellbeing programs in schools, which aim to address challenges in an engaging and accessible way for young people.

As is also mentioned in this report, the pressures on school counsellors and wellbeing staff to meet the emotional and mental health needs of their students, remains a constant challenge with demand often outweighing capacity.

Through batyr's experience of running preventative mental health programs in schools across five states, we are aware that cost is a continuous barrier for public schools, particularly in regional and remote areas, where stigma and 'rural stoicism' remain a prevalent barrier to seeking help.¹¹ Thus, we strongly support this recommendation.

Feedback from these schools highlight limited or no budget allocated for mental health and wellbeing programs, despite the prevalent need for increased support and accessibility to programs which educate and empower students with the skills and knowledge to look after their mental health. Furthermore, relatable programs widen the context of support services available to students, which in turn facilitates an increased holistic response to the mental health needs of students and alleviates pressures on internal school staff.

batyr programs aim to do just that, with the power of our educational mental health programs facilitating change in reducing stigma, and increasing help-seeking behaviours of young people. We hear this from students who attend our programs and hear from relatable, lived experience speakers: *"It has changed my perspective on mental health and hearing real stories from the people themselves has such a huge impact on everyone in this room."* Year 11 student, NSW. Recent feedback from the Head of Wellbeing at a school in regional NSW, highlighted our programs as *"connecting with kids like no other program I've seen, [they] energise...and change mindsets"*. This is the kind of movement we need.

A recent thematic analysis of our speaker stories highlighted it is imperative that all schools have in place evidence-based social and emotional learning programs from K-12. The study found a mix of examples of existing proactive school policy and practices, in addition to policies related to bullying, the stress of exams and the development of mental-ill health. Schools having in place social and emotional learning programs and policies to support the development of personal resilience, coping skills and interpersonal effectiveness is required.¹² The global evidence to support such a recommendation is robust. batyr can act as an advocate both along and in collaboration with partner bodies for this to be the reality for every Australian student.

Perhaps the most pressing support we can provide which aligns with this recommendation comes from student driven initiatives aimed at bringing our programs into their schools. In 2019, students from a school in NSW recognised the importance of having fun, educational mental health programs at their school. To overcome the barrier of school budget allocation, students entered a team in the SMH half marathon to raise money to fund one of our mental health programs at their school. This example is not in isolation; young people are driving change, but they, and schools, need more support to ensure cost does not discriminate in the context of mental health and emotional learning of students.

¹¹ Hoolahan B (2002) 'The Tyranny of Distance'. Issues that impact on mental health care in rural NSW. NSW Centre for Rural and Remote Mental Health, Orange, NSW.

¹² Mendoza J and Wands, M. Being Herd Stories – Analysis, Insights and Recommendations ConNetica. Coolum Qld. October 2019.



In addition, feedback we receive from many schools is that it can be difficult to know what external mental health programs to select for their school. Policy that can clear confusion on what programs for schools are available and accrediting a selection of best practice programs can help school professionals feel more confident in what they are welcoming into their school. This can also help them maximise their limited time taking part in accredited programs as teachers. As an example, feedback batyr received from running student programs was that teachers wanted to be a part of this conversation to also ensure they were better equipped to support their students. batyr developed a teacher accredited program (NESA & TQI) to fill this need and help teachers feel more confident in what program to select in the market and to know they are spending their time with the benefits of meeting their professional accreditation requirements.

Be You's Program Directory has a list of various programs for schools, but educating schools on using this directory will also be helpful. Additionally, organisations that have different offerings, focus areas and target audiences need to work together to map program content against one another, ensure language is consistent and safe and provide sequential program learning outcomes. Considering most of the groups delivering programs are charities, the limited resources to allow for this to happen can make this challenging. batyr recommends an investment into these organisations to resource appropriately this collaborative work to reduce challenges for schools in selecting programs and to ensure better outcomes for students, teachers, parents and communities.

DRAFT RECOMMENDATION 17.5 — WELLBEING LEADERS IN SCHOOLS

“All schools should employ a dedicated school wellbeing leader, who will oversee school wellbeing policies, coordinate with other service providers and assist teachers and students to access support.”

Having seen the challenges first hand when schools do not have a designated wellbeing leader, batyr fully supports this recommendation. These challenges are highlighted particularly in the context of implementation of mental health and wellbeing initiatives; without a key leader driving them, it can cause delayed decision making, compromises in positive outcomes for students, disjointed communication and a siloing of service providers. It can also cause a loss of priority and focus on wellbeing policies and initiatives in a school. It is worth noting that if staff are assigned to wellbeing within schools, they often have many other competing responsibilities. Having a wellbeing leader solely responsible for the above would mitigate these challenges.

Take the batyr chapter program as an example; a student led initiative, designed to equip a group of student leaders to become mental health advocates in their school community. We are working with a school in regional NSW, who are passionate about mental health and who have a dedicated, enthusiastic group of students ready to run with it. However, due to competing demands on the teacher facilitating the program, there have been several delays in commencing the student chapters and extra pressure added to that teacher's workload. Should the school have a designated wellbeing teacher with targeted mental health responsibilities, it could be argued that the chapters would be underway with good momentum behind them, enabling all students in the school to be benefitting from positive conversations and a change in the culture around mental health. It also could alleviate the pressure on the teacher and help spread the responsibility.

In addition, having an identified wellbeing leader is important, however what is more important is investing in engaging an entire school community. Equipping a community with the skills to look out for themselves and each other and be educated on mental health and supports available can contribute to

creating shifts in attitudes, cultures and behaviours. A wellbeing leader can coordinate initiatives, but ensuring every person is championing mental health education and positive attitudes is imperative.

INFORMATION REQUEST 18.2 — WHAT TYPE AND LEVEL OF TRAINING SHOULD BE PROVIDED TO EDUCATORS

“What type and level of training should be provided to teaching staff to better support students’ mental health and well-being?”

batyr runs a BOSTES TQI and NESA accredited Teacher Professional Development program for high school teachers and are exploring its relevance and effectiveness for university teaching staff.¹³ It is a two-hour workshop for over 20 teachers where we provide training with practical strategies to school staff on how to support their students and empower them to seek help. Programs involve sharing lived experiences of students and teachers can work together with batyr to develop strategies for supporting their students. Centralising this is hugely important for the work of training teachers to better support young people. batyr would be happy to share more details with the Commission so that they can understand what options exist already and whether they can be operationalised for this use in the future.

INFORMATION REQUEST 18.2 — STUDENT MENTAL HEALTH AND WELLBEING STRATEGY IN TERTIARY EDUCATION INSTITUTIONS

“The Australian Government should amend the Higher Education Standards Framework (Threshold Standards) 2015 and the Standards for Registered Training Organisations (RTOs) 2015 to require all tertiary education institutions to have a student mental health and wellbeing strategy. This strategy would be a requirement for registration and would be assessed by the Tertiary Education Quality and Standards Agency or Australian Skills Quality Authority as part of the registration process.”

In 2017, Orygen released the “Under the Radar” report, which noted that more than half of tertiary students aged 16-25 years reported high or very high psychological distress. In addition, 35.4% of students had thoughts of self-harm or suicide.¹⁴ Alongside the significant personal toll, mental ill-health can detrimentally affect student’s academic performance and welfare, hence noting the need for guidance on how best to provide support.

In consultation with university and mental health sector experts, Orygen is currently leading the development of an Australian University Mental Health Framework.¹⁵ This will identify best practice in responding to mental ill-health of university students. batyr is involved in this development through participating in the Steering Committee, Expert Working Groups and through facilitating focus groups with university students nationwide.

¹³ <https://www.batyr.com.au/batyr-responds-to-the-call-of-teacher-mental-wellbeing/>

¹⁴ 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.

¹⁵ <https://www.orygen.org.au/Policy/University-Mental-Health-Framework>



batyr also has partnerships with ANU, UniSA and UTS that involves a batyr staff member on campus to support wellbeing initiatives at the universities. This involves running structured batyr@uni programs to reduce stigma for uni students and educate them on where to reach out for support at this stage in their lives. This also involves recruiting and training an exec of uni student volunteers who run events to engage students in positive conversations on mental health and to help them feel connected to a community of students when at times university can feel isolating. These partnerships, including running programs with various other universities and TAFE have demonstrated the ability for tertiary institutions to work successfully with external providers who can relieve the load on wellbeing departments. It can also allow for advocating for appropriate services on and off campus based on the needs and wait times of services so students feel more likely to seek help and know where to go.

Through batyr's work with tertiary institutions, young people often indicate a preference for a student-centred, stepped care approach, incorporating co-design and empathy at the forefront of the conversation. This approach includes both the internal university and wider non-university communities. Furthermore, batyr recommends the wider mental health sector needs to work together to connect students to support throughout their journey which can assist students during and beyond their life at university. Additionally, peer to peer models like the batyr@uni model is proven to increase credibility between university students and peers with lived experience. By seeing a peer similar to them, uni students often report feeling more confident to reach out and part of a community.

Additionally, the thematic analysis report on stories from batyr speakers included recommendations on school and university supports, policies and programs. One recommendation from the researchers suggests batyr working with Universities Australia to develop and improve guidance documents and resources for the sector based on the experiences of young people at university. Including in policies details around special provisions for exams and assignment extensions in addition to intervention services is important.¹⁶ Furthermore, investing in peer to peer models at all tertiary education institutions to complement and improve existing university initiatives is recommended for the future of the tertiary space.

DRAFT FINDING 19.2 — THE ROLE OF WORKERS COMPENSATION IN ADDRESSING MENTAL HEALTH

“Workers compensation arrangements can most effectively deal with mental health claims and improve outcomes for employers and employees by providing for: early intervention early treatment successful return to work.”

In batyr's most recent internal team engagement survey, over 80% of batyr employees indicated they had a lived-experience of mental ill-health, either personally or with a close friend or family member. This is something that as an organisation we take great pride in, and through our organisational policies, build a workplace culture that can support people dealing with mental ill-health.

One key element of these policies is Wellbeing Leave. Wellbeing Leave, which is inclusive of Personal, Sick and Carer's Leave, can be taken by staff to proactively look after their wellbeing, without requiring evidence to approve the leave. Staff are encouraged to take a 'Wellbeing Day' to look after their mental health if they are having a difficult time, to help to reset and focus on self-care. Feedback from staff has been that the flexibility to take Wellbeing Leave has been important to them feeling supported at work and

¹⁶ Mendoza J and Wands, M. Being Herd Stories – Analysis, Insights and Recommendations ConNetica. Coolum Qld. October 2019.

encouraged to think more deeply about what they need to do for their mental health. In our most recent staff survey 94% of the batyr team indicated that batyr is a supportive place to work for those with a lived experience of mental ill- health. One team member said: “batyr does wellbeing way better than any other previous workplace of mine. We should be loud and proud of this!”

DRAFT FINDING 20.1 — NATIONAL STIGMA REDUCTION STRATEGY

“Social exclusion is strongly associated with poor mental health. People with mental illness are more likely to be socially excluded, and people facing social exclusion for other reasons are likely to subsequently experience poor mental health. People likely to experience both social exclusion and poor mental health include those on lower incomes and with poor access to material resources, single parents, Aboriginal and Torres Strait Islander people, people who live in public rental accommodation, and people who do not complete secondary school.”

Stigma remains one of the largest barriers to help-seeking. According to SANE’s “A Life Without Stigma” report, only about 22% of young people with mental ill-health seek help.¹⁷ Furthermore, a recent joint survey by Mission Australia and Black Dog Institute found that two of the three most commonly cited barriers that prevent young people from seeking help centre around stigma, specifically embarrassment and fear. The other barrier was a lack of support.¹⁸ Stigma, in particular self-stigma, is a key theme that stems through the more than 750 stories batyr has heard from young people through ‘Being Herd’ workshops where young people are trained to learn how to share their stories safely. This has also been a theme through conversations had at batyr school and university programs with over 200,000 students around the nation.

batyr welcomes a national stigma reduction strategy that encourages collaboration across multiple organisations and highlights best practice at a global level. batyr believes there is immense value in championing lived experience speakers in this process. Storytelling has been proven to be a powerful mode of stigma reduction. Additionally, disclosing lived experiences through educational programs can contribute to feelings of empowerment due to the role of advocating and can reduce self-stigma.¹⁹ Independent research as well as impact reports conducted by batyr, through Macquarie University indicate that batyr’s peer to peer model of storytelling reduces stigma associated with help-seeking attitudes and that this impact is sustained after a 3 month period post intervention.²⁰

Furthermore, through the Being Herd workshop specifically, feedback from participants indicate that learning to share their stories has led to reductions in self-stigma. This has contributed to greater self-confidence, self-acceptance and improvements in wellbeing. Allowing for opportunities for young people to experience reductions in self-stigma can help invest in their lives in the long-term. This can also contribute to reducing costs to Australia’s economy and productivity. Additionally, looking at the stories from batyr speakers and investing in future research has the potential to inform policy and services, which will be important to see change.

¹⁷ SANE Australia 2013. A life without stigma: A SANE Report. SANE Australia

¹⁸ Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., and Werner-Seidler, A. (2019) Can we Talk? Seven Year Youth Mental Health Report - 2012-2018. Mission Australia: Sydney, NSW.

¹⁹ Corrigan, P.W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure and strategies for change. The Canadian Journal of Psychiatry 57(8), 464-469.

²⁰ Hudson, J. & Ingram, V., Stigma Reduction and Help-Seeking in Australian Classrooms, Centre for Emotional Health, Macquarie University, 2017.

Encouraging collaboration and mapping of program impact across multiple service providers is also important. More investment into preventative education at all levels of society is needed in order to have a holistic community approach to stigma reduction. From youth to gatekeepers and industry professionals, stigma needs to be addressed with cultural, interpersonal and individual approaches. Mental health organisations, service providers, educational institutions and the Government need to work together to provide integrated solutions for schools.

When considering a national strategy, taking into account approaches that can be tailored for various communities is necessary. We have seen through our programs at batyr that what works in metropolitan cities may not necessarily work in regional and remote communities. Even communities in close proximity such as Western Sydney and the Northern Beaches have various cultures that need to be considered. Investing in building communities for young people to feel connected to others will have positive impacts in all regions. Connection is an important piece no matter the context. There are a large amount of volunteer run organisations, in particular in regional and rural areas (volunteer emergency services, SES, Rotary, Lions Club, church and religious groups, sport clubs, CWA etc.) that have dual purposes of helping others, while contributing to a sense of belonging to those who serve in them. While looking at an approach that takes into account all of Australia, recognising these differences and identifying ways of addressing diverse communities through connection and reducing isolation will be imperative.

In addition to the above points, through batyr's expertise in empowering lived experience speakers, we have been partnering with groups nationally and internationally to support organisations in training young people with lived experience to share their stories in their communities and to participate in advocacy roles. In responding specifically to the point in this draft recommendation that is: "rely on the leadership and direction of people with lived experience, including as national ambassadors for mental health", there are a few elements that should be considered when relying on the leadership of people with lived experience:

- **Compensation:** ensuring the expertise of people with lived experience is remunerated fairly is important to ensure this perspective is valued and not taken advantage of. A few examples of how this occurs across various organisations is: The National Mental Health Commission has a Paid Participation Policy that can be a guide on remuneration. batyr also pays all speakers an hourly rate for their involvement sharing their story and for preparation and reflection before and after sharing their story at programs. Other organisations provide gift vouchers depending on the involvement.
- **Diversity in advocates & experiences:** when including the involvement of people with lived experience and having national ambassadors, it is important a diverse group of perspectives and experiences is chosen. Many youth advocates get involved in ambassador groups across several organisations which is a highlight of collaboration, however this can cause limitations in the amount of peoples' perspectives being heard. Looking at getting new individuals in the conversation is important while ensuring those who take part as ambassadors on a regular basis across the sector are supported is needed. Additionally, having a mix of experiences with mental ill-health is important. This includes perspectives from carers, those without a diagnosis, individuals with acute or complex mental illnesses and those with experiences considered less acute. If we want to reduce stigma across the country, involving people who don't have a mental illness is important too. Through the thematic analysis on batyr's speakers, an anchor person who showed unconditional love was a key feature in their recovery. Sharing the stories and views of anchor people and finding ways to highlight how we can support each other is also needed.

- **Stories of hope and resilience:** Common feedback batyr has heard from many of the 200,000 students reached through programs is that it is important to hear real stories from peers. Many young people share they are used to hearing negative stories about mental health. Sharing stories that talk about positivity, hope, help-seeking and what worked in helping someone take charge of their wellbeing is integral to seeing shifts in attitudes associated with mental health. Stories of hope and resilience can model to others that it is possible to get through tough times, remind us that people care, and find ways to manage your mental wellbeing.

‘How has batyr engaged and recruited NEET youth through its BHP program?’

LESSONS FROM BEING HERD PATHWAYS: ENGAGING YOUTH NOT IN EDUCATION, EMPLOYMENT OR TRAINING

In response to a question from Commissioner Abramson about how we attracted and recruited youth not in employment, education or training (NEET) to our partnership program with the NSW Government, the Being Herd Pathways Program, please find below our lessons learnt during this program around recruitment and attraction of NEET youth.

The BHP program has engaged with 113 NEET young people from Western Sydney and the Central Coast of NSW. This program is sponsored by the NSW Department of Education as part of their Youth Employment Innovation Challenge. batyr won the innovation challenge due to its expertise in young people’s mental health stories and plans to leverage this experience for the benefit of NEET young people.

To engage with this hard to reach group, batyr has used three main approaches to frame its efforts to recruit and attract NEET youth. Sitting across all three is the central role that lived experience stories play in helping young people reach out for help and empower themselves to train and ultimately get employment. These three pillars are:

- Collaborating with existing services
- Marketing and digital advertising
- Community events and expos.

74% of BHP participants were engaged through collaboration with existing services. batyr has found that the services already most connected with the NEET demographic are youth, indigenous, homelessness and employment services. The BHP program collaborates with over 160 such organisations to identify youth most in need of support with mental ill-health and employment and co-run BHP workshops for NEET young people. The peer led model of the BHP workshop has increased the appeal for young people and increased engagement of existing NEET clients with their services. Advertising the benefits of the program including the availability of free food has also been helpful. Some coaching by batyr staff to service provider staff has also proved essential in ensuring that each young people is spoken with individually, making them feel comfortable to attend BHP workshops and troubleshooting their individual barriers.

16% of BHP participants were reached through marketing and advertising efforts. Particular attention has been needed to be given to joining, posting and responding in different local community forums on facebook in targeted areas. The topics of these groups ranged from job-seeking, job-posting, youth, special interest/recreation groups and young parent groups. It was soon realised that specific communications would need to be done that connect with parents of NEET youth. Targeted advertising on facebook, snapchat and instagram using demographic indicators has also proved helpful. Additionally, genuine engagement of this demographic has been important. Investing in being a brand that young people can relate to, while holding storytelling by peers central to everything we do has helped create trust and engagement in participants.

Opportunities to engage face to face with young people were also found to be invaluable, with 8% of BHP being reached through face to face engagement with staff at events or through previous participants. This

was done through having stalls or just participating at community events, job fairs, traineeship and school leavers expos and encouraging previous BHP participants to reach out to their friends. Additional events were attended for young people related to their interests in gaming and sport.

CLOSING REMARKS

batyr welcomes the opportunity to provide greater insights for the recommendations. We are excited to see prevention, the power of lived experience and stigma reduction initiatives as key features in the draft report.

To add to the responses in this report, there are three key areas batyr recommends considering:

- Investing in further research for engaging preventative education programs is imperative. Programs that are designed in a way to be genuinely engaging will increase impact, inclusivity, and outcomes.
- In order to increase the chances of research on programs translating into practice, it is important that researchers and program delivery organisations work closely together. Working collaboratively to identify evidence based methods and programs that work in real environments with real people can create more opportunity for programs to be delivered on scale and in an impactful way.
- Investing in innovation and trying bold ways of reaching young people is necessary. Creating environments and opportunities for organisations to try new things and take calculated and safe risks will help break new ground. As an agile organisation, trying new ways of reaching young people (face to face and through technology) has been pivotal to seeing batyr's results over the years and is needed to continue to build momentum. batyr welcomes the opportunity for innovation in the future.

We thank the Productivity Commission for the opportunity to submit these responses and are looking forward to continuing to work towards supporting as many young people as possible to live healthy, thriving lives.