



KYDS would like to thank the Productivity Commission for the opportunity to provide input into *the inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth*.

Our submission is structured using the maximum of 3 topic areas that is requested in the online submission form.

Rather than revisit the well documented costs to society when mental health issues are not addressed, we have elected to focus our submission on the opportunities to enhance delivery of effective mental health services in a cost-effective way.

KYDS Youth Development Services Inc. (KYDS) has provided early intervention services and free youth mental health counselling in northern Sydney for 15 years. Hence, our submission is focused primarily on dedicated **youth mental health services**. Given that the majority of mental health difficulties are identified in adolescents this would seem to be an important place to start when thinking about supporting economic participation and enhancing productivity and economic growth. We also know that if young people and their families have positive experiences of engaging with dedicated mental health services, that they will be more inclined to engage with mental health services in adulthood, at the point when difficulties arise, rather than delaying treatment. Seeking treatment earlier has significant health and economic benefits for the individual and society more broadly.

## Prevention and Early Intervention

One of the keys to prevention and early intervention is the de-stigmatization of mental health issues. When youth access effective evidence-based mental health education programmes and counselling support early, the cost of the intervention is less and young people build skills and resilience that will support their efforts to navigate life's challenges.

KYDS provides free counselling services to youth (12-18 years). In the 6-month period from July to December 2018, 59% of the young people who accessed our service were not yet in the clinical or sub-clinical zone for anxiety and depression (RCADS was used to gather this data). Young people are increasingly well educated about mental health and are conscious of periods when they notice a shift in their own vulnerability. Fortunately, this data shows that there is a readiness amongst many to reach out early and access support. The accessibility of services like ours ensures that young people can develop skills and resilience early and may help to offset the possibility of more chronic and/or enduring mental health difficulties developing in the future. KYDS also has a relatively low DNA (Did Not Arrive) rate of less than 5%, which we believe in part reflects the young person focused atmosphere of the team. Another factor to consider is that young people who access supports earlier might have higher levels of motivation to engage in treatment, as they are less emotionally overwhelmed and distressed, than young people who are suffering with more severe and enduring mental health illnesses.

At the same time, we have noted 6 barriers (*several of which are also described in the 2015 Evaluation of Headspace Impact Report "Is Headspace making a difference in young people's lives?"*) that affect ease of access and therefore the cost-effective provision of effective services:

1. Youth and parent perceptions about the potential impact of a mental health plan on employment prospects and health insurance premiums
2. Consumer Confusion about Mental Health Services
3. Geographic Inaccessibility of Services for Youth
4. Limited Hours of Operation
5. Waiting Lists
6. Limitations of Mental Health Care Plans when more than 10 sessions are required due to complex presentations.

Ideas to overcome these barriers are highlighted in each section below.

### **1. Youth and parent perceptions about the potential impact of a mental health plan on employment prospects and health insurance premiums**

At KYDS, we are grateful when families obtain mental health plans because this assists us to fund the service. However, we have noted that many of the families of the youth who access our services are reluctant to obtain a mental health plan because they or their parents fear that the record of a mental health plan may impact their employment prospects (particularly with organisations like Defence, Police, APS or as a pilot) or health insurance premiums.

Many argue that these fears are based on a myth and that there is no need for youth (or their families) to fear consequences of obtaining a mental health plan because this information is confidential and protected by privacy legislation. Indeed, it could be argued that youth who are self-aware enough to identify their own mental health vulnerability and seek assistance are likely to gain skills and resilience that will enhance their future work performance and employability.

Regardless of whether these perspectives represent fear or reality, KYDS feels it is important that this widely held perception is addressed so that barriers to access to service are removed.

#### **Ideas that could be considered include:**

- Government to engage in discussions with Defence, Police, APS, airlines to **clarify hiring processes and confirm that mental health history does not impact on employment prospects.**
- Government to engage with the insurance industry to **ensure that a history of seeking support for periods of stress, grief, anxiety or depression will have no negative impact on insurance premiums.**
- **Education campaign** to focus on the following message:
  - ***Humans move in and out of poor mental health over our lifetimes in the same way as we move in and out of good physical health.*** Many people aren't aware that 45% of people are likely to have a mental health condition at some point in their life (*State of the Workplace Mental Health Report by Beyond Blue and TNS Global*)
  - ***Self-awareness and the willingness to seek support in periods of vulnerability is a trait that should be admired by all employers*** because when we engage with support early on we can

develop the skills to build resilience and get back on track. This mindset would also normalise that in the majority of cases, recovery and returning to good mental health is the most likely outcome of engaging with effective support services at an early stage.

- ***Provide concrete factual information about hiring policies of organisations*** (like Defence, APS, Police, airlines etc.) – assuming it is confirmed that the hiring policies of these organisations do not discriminate on the basis of mental health history.

## 2. Consumer Confusion about Mental Health Services

In each geographic area, there are typically many organisations that provide youth mental health services for a diverse range of issues and demographic groups. Young people and their families frequently do not have the capacity to conduct the research needed to understand which mental health provider is most appropriate for their needs and circumstances. This difficulty is compounded by family vulnerability. The skill often required to navigate the system and make enquiries carries economic costs for workplaces while distracted parents/carers seek the most appropriate support. Similarly, if there is a delay in accessing service because a young person is struggling to find the most appropriate support for their needs, there is a risk that their mental health deteriorates further in the interim and the cost of service delivery is therefore greater.

### **Ideas that could be considered include:**

- **Education Campaign to support the community to self-refer**
  - Providing an online guide to accessing local mental health services, courses and workshops that are distributed through all school communities within their geographic area.
  - Signs displayed at all GPs pointing to this online guide to accessing local youth mental health services.
- **Case Managers to facilitate connection with appropriate services.**
  - This needs to occur in a way that limits the number of times that young people and families are required to tell their story before they reach a clinician who will be offering the required support/intervention. Young people are clear that telling their story to multiple professionals on the way to accessing a service is one of their biggest frustrations and a reason for non-engagement as they experience this as not being listened to.
  - Funding for social workers and mental health nurses to be accessible in local communities so that they can conduct a comprehensive mental health assessment and fulfill an ongoing case management role for young people and their families (particularly those with complex needs).
  - Case managers could be based in local medical centres to ensure that young people who seek support are more likely to be quickly connected with that support. It would be interesting to research:
    - What percentage of GP referrals to mental health support are acted upon?

- Whether GPs feel they have the time and skills needed, and receive sufficient compensation to conduct a comprehensive mental health assessment and provide appropriate referrals?
- Whether GPs feel they have the time to follow up and ensure that young people are receiving effective support?

It seems logical that the introduction of case managers is also likely to be a more cost-effective model than the current costs associated with GPs fulfilling this role.

### **3. Geographic Accessibility and Emotional Safety of Services for Youth**

Young people are more likely to access mental health services when they are easily accessible in their local area and/or by public transport and where the services hold their needs in mind.

In terms of geography young people are not always able to rely on parents to drive them (in two income families) and/or they may wish to access support without discussing with their parents. Much youth mental health funding is currently directed towards Headspace which has been situated in major centres. However, there are significant geographic gaps between these centres; both within major cities and of course in regional areas. The introduction of funding for additional counsellors in schools will certainly assist to bridge the gap.

Young people also want to have the experience that the clinicians they are working with care about what happens to them. Many services make no attempt to follow-up when a young person misses an appointment or find out ways to support a young person to attend a service when they have felt emotionally overwhelmed by their distress. Some young people may even have a sense of organisational relief when the young person does not come back, as these services themselves are often overwhelmed. Creating an atmosphere of emotional safety and building in a degree of flexibility and responsiveness into youth mental health services is likely to increase a sense for young people that the service they are engaging with is accessible.

#### **Other Ideas that could be considered include:**

##### **○ Hub and Spoke Model of Service Provision**

Major mental health centres could offer outreach services in a range of local locations (perhaps in appropriately resourced Community centres and halls) on a couple of afternoons each week and on weekends. This would ensure that these facilities are utilised more extensively, while also minimising the costs associated with service delivery.

##### **○ E-Counselling Services**

Funding for the provision of online counselling services that enable youth to access a consistent practitioner at scheduled appointment times in an online mode (phone or video conference). This would provide an alternative and cost-effective method of service delivery that enables youth to access counselling support from their own home, while also generating savings in the costs of space required to deliver counselling services. A blended mode of service delivery (initial face to face appointment/s in hubs with follow up appointments online) could also be considered.

- **Government Funding for Local Service Providers**

Small, cost effective local non-profit organisations often fill geographic gaps in service provision. At the same time these organisations are often financially vulnerable because they rely largely on inconsistent philanthropic donations, fundraising events and grant applications to charitable foundations.

#### **4. Hours of Operation of Service Providers**

When a young person needs to be taken to counselling appointments during school hours, they miss school work and often find themselves navigating the embarrassment (that unfortunately many still feel) of explaining to teachers and friends where they are going. This can affect their willingness to seek support. There are also economic costs associated with parents needing to take time out of their work day to take young people to appointments.

**Ideas that could be considered include:**

- **Funding to Extend Hours of Operation of services (to include evenings & weekends)**

#### **5. Waiting Lists**

Many funded mental health services (including those for youth) have significant waiting lists. Similarly, many private practitioners are booked for months in advance. When a young person decides to seek support, it is important that support is available in a timely manner so that the mental health of the young person does not deteriorate further while waiting for support. It is also important at there is some triaging of the criticality of the need so that young people in crisis are not overlooked while on a waiting list.

**Ideas that could be considered include:**

- **More funding for counselling so that waiting lists can be reduced**
- **Funding for community-based case management roles (as outlined in a section above) to assess needs, provide appropriate referrals and follow up to ensure effective support has been provided**

#### **6. Limitations of Mental Health Care Plans when more than 10 sessions are required due to complex presentations.**

As has been outlined in other submissions there is no recourse to access more than 10 mental health sessions under the mental health care plans. This is highly limiting for young people and families where there is a complex presentation. We also believe that in working with young people, wherever possible and appropriate part of the recommendation of Mental Health Care Plans should involve working with appropriate family members and that this be done in consultation with the young person.

## Youth Mental Health (including schooling systems)

In addition to the issues described above that highlight the barriers to access (and some potential cost effective solutions), it is important that further consideration is given to the factors that can undermine the effectiveness of youth mental health services, including the **Role of Family and Community Systems**.

Young people are significantly influenced by their family & peer group. During counselling, clients will make plans to change their thinking and/or behaviours and if these changes are not appropriately reinforced by family and friends, it can be hard to maintain the gains. In many cases, family and social systems can often unintentionally undermine the changes made during counselling.

The Evaluation of Headspace Impact Report noted that 65% of young people who sought help with relationship problems were struggling with relationships within their family. It is very hard difficult to help them to resolve these issues without the involvement of their families.

Investments in working holistically with families and communities are likely to increase the effectiveness of any funded intervention and therefore the return on investment of the funding provided.

### Ideas that could be considered include:

#### ○ **Funding for Family Therapy Services**

The provision of family therapy services through youth mental health centres would support youth focused engagement with the broader family system and increase the likelihood that the changes in thinking and behaviour that the young person is seeking to make are appropriately reinforced at home. Appropriate support could also then be provided in situations where the conflict between parents and the young person is contributing to mental health issues for the young person and/or is undermining gains made.

#### ○ **Funding for Family Dispute Resolution Services**

Long term entrenched conflict between parents is noted as a significant contributor to poor mental health outcomes for young people. Indeed, many young people seeking counselling support identify the conflict between their separated parents and the changes associated with family separation as a factor contributing to their distress. Mediation services could be provided at youth mental health services as well as in Family Relationship Centres, facilitating Child Inclusive Practices within Family Dispute Resolution (FDR) processes more frequently.

#### ○ **Funding for Professional Development for Teachers**

Many teachers find themselves in an 'accidental counsellor' role as they educate and mentor our youth. When teachers feel unqualified to provide appropriate basic mental health support to youth their own mental health can also be impacted. Basic training in mental health first aid/accidental counsellor knowledge and skills would increase the likelihood that counsellors, parents and teachers can work together effectively to support the changes that a young person is seeking to make.

## Other

Given that the remit of the Productivity Commission is to focus on *improving mental health to support economic participation and enhancing productivity and economic growth*, it is worth considering the approach that is taken by mental health services to measuring:

- the effectiveness of the interventions that are used
- the costs of service delivery of these interventions

At present there is no consistent approach to measurement of these dimensions. This makes it very difficult for government departments and philanthropic foundations to assess applications for funding in a cost-effective way. Likewise, it is currently difficult to directly evaluate the return on investment of mental health plans when client clinical outcomes aren't assessed.

Many non-profit organisations find it difficult to devote resources to an evaluation of their services when this would mean re-directing resources from service provision. Similarly, many private providers are focused on providing quality services and maximising billable hours; not on measuring the effectiveness of their interventions.

### Ideas that could be considered include:

- **Establishing a task force of mental health practitioners and academics to define a universal system for measurement of outcomes**

Undoubtedly it would be challenging to design a 'perfect' system to evaluate the return on investment. However, even an imperfect system that is used consistently, is likely to assist government and other funding providers to make sensible informed decisions.

At KYDS, we currently use the following combination of measures. This selection reflects the best efforts of volunteer energy in a non-profit organisation to research appropriate measures. However, we would be grateful for guidance from experts regarding the 'best' possible selection of measures.

#### ➤ **Service Usage Data**

- # of referrals and # of referrals that convert to clients; # on the client waiting list and length of time on the waiting list; # of appointment cancellations, # of hours of meaningful client contact per practitioner, average # of counselling sessions per young person.

#### ➤ **Cost Per Occasion of Service**

- At KYDS, this is currently \$235. We are aware that other organisations also calculate a cost per occasion of service. However, we do not know whether we are each including the same costs (eg management overhead) and therefore whether it is possible to make useful comparisons.

#### ➤ **Clinical Progress**

- The **Revised Children's Anxiety and Depression Scale (RCADS)** is a 47-item, self-report questionnaire that is used to measure the frequency of various symptoms of anxiety and depression. The parent version of the tool is also used where possible.

- The survey is administered at the first/second appointment and at the conclusion of the counselling process.
  - Reporting will include - percentage of young people who were never clinical and clients who recovered or who showed significant improvement.
- **Young Person’s Perception of the Outcomes of the Counselling Process**  
KYDS clients will be regularly asked to reflect on their experiences and rate how they feel they have been doing individually, interpersonally, socially and overall - using the **Outcomes Rating Scale (ORS)**.
- **Young Person’s Rating of their experience of Individual Counselling Sessions**  
KYDS clients will be regularly asked to rate their experience of each session - including their relationship with their counsellor; whether goals/topics they want to focus on are addressed and whether the approach/method is a good fit for their needs – using the **Session Rating Scale (SRS)**.
- **Overall Client Satisfaction**  
At the conclusion of the counselling process, all KYDS clients will be asked to complete the **YES – Your Experience of Service** client satisfaction survey for Community Managed Organisations (CMO).

In conclusion, we would be willing to talk further with the Productivity Commission about any of the ideas that are outlined briefly in the sections above.