

Introduction

The Draft Report on mental health is a significant and insightful piece of work and we are greatly encouraged by the holistic approach that the Productivity Commission (the Commission) has taken to understanding mental health and how mental ill-health can best be prevented and supported.

The Commission has understood the scale of the issue in terms of prevalence rates, service gaps and unmet need, as well as how the current mental health system is geared towards supporting crisis and severe mental health needs rather than prevention and early intervention. It has accurately highlighted the lack of coordination within the mental health system, and how socio-economic issues – such as unemployment and homelessness – detrimentally affect mental health, requiring appropriate mental health support integrated within employment or housing services, and/or service coordination between these systems and the mental health system.

Given our work, the Commission's understanding that mental health issues often surface in childhood, adolescence and early adulthood and that prevalence rates are highest amongst young people¹ is particularly welcome. If Australia is to prevent and significantly reduce mental ill-health then it must focus on meeting the needs of children and young people. To this end, the Commission's recommendations in relation to social and emotional wellbeing checks for 0-3 year olds, greater and more consistent mental health education and support at school and increasing the provision of acute and non-acute beds for young people and online mental health support are particularly positive steps.

However, there are several areas that we would encourage the Commission to explore in more detail, which include:

- **Addressing the underlying factors that contribute to the development of mental ill-health and suicidal ideation amongst children and young people**, such as domestic and family violence, poverty, parental mental illness and alcohol and drug use, family separation and conflict, absentee parents and bullying. We would like to see the Commission consider how best to support children and young people and their families to address the complex, and often interrelated, root causes of mental health issues. Indeed, we believe that the Commission has a significant opportunity to prompt real action in this area, action which ultimately will reduce the considerable costs in terms of poor life outcomes for disadvantaged groups and of public funds currently spent across a range of government departments to support their needs over their lifetimes.
- **Providing mental health education and support to children and young people and their parents confronted by deep and persistent disadvantage**, and who find engaging with school and other formal services challenging. Providing such services at school is important for many students and parents, but will ultimately fail to support the most vulnerable and disengaged students and parents, and therefore, we would like to see a greater focus on what can be done to effectively engage with them in their communities.

¹ Aged 16-25 years olds

- **Checking and monitoring the social and emotional wellbeing of children throughout their school careers**, at key milestones and amongst the whole population to avoid stigmatisation and to ensure students receive the mental health support they require whenever issues develop. This approach would also be of particular help to children and young people at risk of disengaging from school by enabling the identification of issues and provision of support early.
- **Developing a national navigation online portal for children and young people** (and other specific populations such as First Australians) to best encourage their access and accommodate their needs. We believe an online portal for this group would be best developed by youth specialist providers such as KHL, Reachout and Beyond Blue conjointly with young people themselves. Our view is that Head-to-Health is too generalist and cannot effectively engage or provide support with high risk populations, such as young people and First Australians.
- **Facilitating the streamlining and coordination of service provision amongst specialist youth providers** by developing a federated network of providers with agreed referral processes and case management protocols, and supported by a more equitable distribution of government funding that reflects current individual levels of service demand and response.
- **Identifying, developing and embedding mental health interventions to better support children and survivors of domestic and family violence**, including within the legal, housing and welfare systems.
- **Increasing the capacity of employment support services to better engage and support jobseekers with undiagnosed mental health issues** as part of a system of approaches that includes Individual Placement and Support programs, designed to support a range of needs and capture those people who might be disinclined to access mental health services, and vice versa.
- **Shifting the current system towards a more balanced provision of prevention and early intervention services and acute care**. Change is difficult to implement and with the system so heavily skewed towards acute and crises services, and severely underfunded, greater emphasis on prevention and early intervention will be challenging without the injection of significant bridging funds.
- **Funding national mental health services** – such as Kids Helpline and Lifeline. We would like the Commission to consider how national services can best be funded to minimise unnecessary time and energy being expended on State based negotiations.
- **Building on the work of individual State Mental Health Commissions and the National Mental Health Commission as experts in the area to increase the profile and focus of mental health within the health system**. Giving Mental Health Commissions the authority to commission and implement mental health programs through PHNs and to hold commissioning and services to account would be an alternative approach to the Renovate

and Rebuild models suggested, without unnecessarily creating further organisations or bureaucracy, or diverting funds away from direct service delivery.

We provide further detail in relation to these points in our submission, as well as some additional commentary and feedback on many of the Commission's recommendations. We also share details of **yourtown's** newly developed Lived Experience Network, which consists of young people with lived experience of suicide, who would be willing to talk to the Commission on areas relating to youth suicide prevention.

The Draft Report is a tremendous first step to making Australia's mental health system fit-for-purpose, and we look forward to the Final Report and working towards its implementation with government and community and support services.

yourtown services

yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and young people. Established in 1961, **yourtown's** mission is to enable young people, especially those who are marginalised and without voice, to improve their life outcomes.

yourtown provides a range of face-to-face and virtual services to children, young people and families seeking support. These services include:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs for youthful offenders and Aboriginal and Torres Strait Islander specific services
- Accommodation responses to young parents with children who are at risk and to women and children seeking refuge from domestic and family violence
- Young Parent Programs offering case work, individual and group work support and child development programs for young parents and their children
- Parentline, a telephone and online counselling and support service for parents and carers'
- Mental health service/s for children aged 0-11 years old, and their families, with moderate mental health needs
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to violence.

Kids Helpline

Kids Helpline (KHL) is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and via real time webchat. In addition, the Kids Helpline website provides a range of tailored self-help resources. Kids Helpline is staffed by a paid professional workforce, with all counsellors holding a tertiary qualification.

Since March 1991, children and young people have been contacting Kids Helpline about a diverse group of issues ranging from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

In 2018, Kids Helpline counsellors responded to over 140,000 contacts from children and young people across the nation, with an additional 843,753 unique visitors accessing online support resources from the website. During 2018, Kids Helpline made its 8millioneth contact response.

yourtown submission

Our submission works consecutively through the Draft Report and we provide feedback to sections and/or recommendations where relevant.

2. Australia's mental health

The Commission has identified many key groups that are disproportionately affected by mental ill-health including young people, Aboriginal and Torres Strait Islanders, the LGBTI community and people living in rural and remote locations in Australia. However, we would encourage the Commission to also specifically consider how mental ill-health intersects with intergenerational disadvantage, and what can be done to better prevent the development of mental health issues amongst disadvantaged groups by tackling the complex and interdependent issues affecting them, such as parental low education attainment and unemployment, mental illness and/or drug and alcohol abuse, homelessness and family violence.

We see how deep and persistent disadvantage detrimentally affects the children, young people and parents with whom we work in many different aspects of their life – resulting in poorer education, employment, social and other life outcomes – and how it frequently culminates in or compounds mental health issues in children and parents. For the children, young people and parents with whom we work, mental ill-health presents in a range of severity from low-level but continuous stress, anxiety and low self-esteem to moderate and severe conditions. Regardless of severity, we see how poor mental health affects a student's ability to engage at school, a young person's capacity to find employment and a parent's ability to access the support they need to effectively parent their children.

As a multifaceted and complex problem, we appreciate that considering intergenerational disadvantage in this inquiry is no small task, and hence why the Commission has identified it as a significant issue contributing to mental ill-health but not ways to address it. We know that there is no one intervention, approach or principle that will alleviate intergenerational disadvantage. To disrupt cycles of disadvantage, a combination of different universal and targeted interventions accommodating children, families and communities and tailored to a range of needs are required (for more on this please see our 2018 submission to the Select Committee on Intergenerational Welfare Dependence²). However, doing so would save significant resources in terms of government funding and community services and support across the board.

Indeed, investing in this relatively small cohort of families would not only be beneficial to the life outcomes of these individual families and the wellbeing of their communities, but also would save precious public resources. With this in mind we believe that this inquiry presents Australia with an opportunity to better support our nation's most disadvantaged families by designing and developing a targeted and intensive, joined-up government approach to addressing the causes of

2

https://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Intergenerational_Welfare_Dependence/IGWD/Submissions

mental ill-health amongst this population. We therefore urge the Commission to more fully consider and address this challenge in its Final Report.

In addition, we believe that survivors of domestic and family violence should be recognised as a group who have significant mental health support needs. Domestic and family violence typically causes significant mental health issues for those directly targeted and for those witnessing it (often children), whilst perpetrators commonly have undiagnosed mental health conditions. Better mental health support to all stakeholders affected by this issue is needed. In addition, educating the legal workforce about the relationship between family violence and mental ill-health is of particular importance given that, as a result of the family violence they have experienced, survivors frequently have mental health issues that are used against them by perpetrators when seeking to gain access to children or when proclaiming their innocence in courts. We would therefore like to see a specific area in the Commission's report and recommendations that seeks to identify interventions to better support the needs of those affected by domestic and family violence, including interventions targeting the legal, housing and welfare systems.

3. What mental ill-health and suicide are costing Australia

yourtown would strongly encourage the Productivity Commission to quantify the lifetime impacts of a poor transition from school to tertiary studies or work due to mental health given, as the Commission indeed states, that not participating in education and work during the ages of 18-24 strongly influences a person's economic and social participation and lifetime outcomes.

We believe that undertaking this piece of work would have significant value in evidencing the importance of shifting the system towards prevention and early intervention and for the need to better support the mental health needs of children and young people - particularly those who are disadvantaged - including through the provision of appropriate levels of welfare support. A key barrier to implementing all of the Commission's recommendations will be finding the political will. Therefore, quantifying these costs in monetary terms will act as significant leverage to gaining support for change amongst governments and political parties.

4. The way forward – creating a people-oriented system

We are supportive of the Commission's blueprint of the development of a 'people-oriented' system. We would only add, however, that given the distinct needs of children and young people – but also of Indigenous peoples, LGBTI and CALD groups - that the vision more explicitly encompasses the need to deliver a range of different services using a range of channels that are tailored to the unique needs and preferences of varying community groups to encourage greater access to, and better support from, mental health treatment and support.

5. Primary mental healthcare

We support the recommendations in this section. In particular, we strongly welcome the move to trialling and evaluating greater access to additional sessions of MBS-rebated psychological

therapy as children and young people and parents frequently flag the waiting lists and costs related to accessing this support as a significant barrier to accessing treatment.

5.2 Matching consumers with the right level of care.

yourtown strongly agrees that there are significant opportunities in the use of less costly digital therapies, online information and education, self-management tools and telephone support within the mental health system. In our experience, they are resources and supports that particularly appeal to children and young people who have no or little knowledge of the mental health system or who are struggling to access support in their local communities. Indeed, we have a wealth of experience in developing these resources, and fully agree that they have an important role in meeting mental health needs and gaps.

Below, we explain the many important and distinct roles that Kids Helpline (KHL) plays in Australia's mental health infrastructure (see Appendix 1: Key Insights 2018, Appendix 2: KHL role in the mental health system and Appendix 3: KHL case studies) to demonstrate how digital and phone therapies meet need currently.

Delivered by tertiary qualified and youth specialist counsellors 24/7, KHL performs both generalist and specialist roles in Australia's mental health systems. KHL:

- performs a **preventative role** in motivating children and young people to talk about issues early given they can call KHL 'any time, any reason', and therefore, about issues that intersect with their mental health (e.g. bullying, family violence, child abuse). It thereby promotes wellbeing, encourages help-seeking and facilitates early referral to intervention supports.
- acts as a '**front door**' for children and young people in need of mental health support, which they can easily access as it is free and provided in three different modes (phone, webchat and email) and helps them to navigate the system by sign-posting and referring them to community services (e.g. headspace, GP and emergency) as well as additional KHL services (e.g. digital health resources, the Niggle app and KHL Circles).
- enables children and young people with emerging or undiagnosed mental health needs '**soft entry**' into the mental health system so that clients can anonymously talk to a counsellor in a less confronting and more comfortable way and even test the service by calling about any random issue or 'their friend', thereby psycho-educating them and preparing them to access formal services.
- provides a **safety net** to those children and young people with diagnosed mental health needs who are unable to access mental health support after hours, due to long waiting lists or given the lack of services available to them (e.g. they live in rural and remote communities or have CALD backgrounds) and ensures they do not slip through the system cracks by '**holding**' them until they are able to access services in the community. The safety net KHL plays is particularly evident during school holidays, when students cannot access support from school, and KHL counsellors manage many more clients who require referral to external agencies due to the severity of their issues (e.g. duty of care);

- **case manages** children and young people with complex diagnosed mental health needs, which includes undertaking assessments, case planning, safety planning, goal-setting, undertaking case reviews, coordinating support services around them, referring them to other services, organising and participating in multidisciplinary case teleconferences (with GPs, psychiatrists and psychologists) and again, referring them to KHL Circles if appropriate.

It is worth noting, therefore, that the figure the Productivity Commission cites in its Draft Report of between 200,000-400,000 people receiving support over the phone is under-estimated as it includes only Beyond Blue and Lifeline. In 2019, KHL responded to 148,349 contacts (although we were unable to respond to 150,959 more attempts to contact us due to lack of resources), 72,587 of whom were seeking counselling support and 72,481 of whom were seeking information, referral or other support. The top counselling concerns related to mental health (26%), emotional wellbeing (21%), suicide-related (14%) and self-harm/self-injury (7%). We also had 843,753 unique visitors to the KHL website and 2,912,200 page views.

Furthermore, although more costly to deliver than telephone (as it takes more time), we are increasingly seeing more children and young people choose to contact us through webchat - at least for their initial contact - as it is a mode they feel more comfortable using to test the service and they tend to move to phone when they have established rapport and trust with our counsellors.

Although face-to-face support delivered by adults that children and young people trust, or grow to trust, will remain a vital part of the mental health system, we also see KHL playing a vital role for children and young people who might not engage at school or who are mistrustful of formal services and reluctant to access them. For example, we will soon be delivering contingent counselling support to NSW schools who do not have school counsellors, and we would be keen to consider what additional roles KHL might play more formally to support local community services. Indeed, with headspace and Lifeline and regularly referring their clients to KHL due to their service eligibility restrictions (e.g. length of call time restrictions and no case management capability for the former and age restrictions for the latter), we would like to map, formally embed and record these referrals and pathways into the new system and ensure that they are considered by all stakeholders in the development of Mental Health Treatment Plans.

In addition, it is important to note that with events such as the bushfires children and young people often seek and require immediate support for their concerns. Funds for services supporting the medium to long-term mental health effects of the bush fires are important, but a service such as KHL is required to sit alongside them to accommodate these more pressing concerns that children and young people will be experiencing.

6. Supported online treatment

We fully support Recommendations 6.1 and 6.2 and a move towards integration and promotion of online treatment into the stepped care system. Whilst, as explained in section 5 above, online treatment is part of the system currently, we agree that other services and the system will fail to appropriately support people without increasing it.

For children and young people in particular, online services are an integral part of their lives and as digital natives it is natural for them to seek to access services in this modality. Online treatment helps young people, and particularly disadvantaged children or children in remote and rural areas, overcome an array of access issues including stigma, geography, confidentiality concerns, mental health issues themselves (e.g. depression and anxiety) and poor mental health literacy, cost of service and travel. That is why we have developed Circles, a social media platform in the support and treatment of young people with mental health issues, from early stage to crisis.

Following a pilot and testing phase, Circles has been developed as a social network to provide peer-to-peer group support and counselling for 13-25 year olds, in order to provide national long-term support of mental health problems. Purpose built, it is a mental health social network that is safe, free and private, and that delivers counselling 24/7 support to young people.

Once fully evaluated, the expected outcomes and benefits of Circles are to attract any young person from anywhere in the country, with any mental health concern, to a combined professionally trained counsellor+peer support group available through smart phone or computer at any time, in order to tackle and reduce the long-term national burden of chronic mental health problems. Through accessing both formal support, that they may find difficult to access in their communities, and the support of their peers who are experiencing similar issues to them, we see that Circles could have significant benefits for children and young people in rural and remote communities.

Circles is unlike any other online mental health intervention in that it contains the features of all popular social media tools (e.g. posting of videos, pictures, music, social networking games and chat functions), but without the inherent privacy and confidentiality risks of other generic social media platforms, which are understood to deter children and young people from using them. It provides professional, group counselling services anonymously within the Circles social network, at any time, whilst vigilantly monitoring discussion boards to ensure peer exchanges and engagement are positive. Circles provides the added attraction of remaining anonymous online and to the peer support group, thereby overcoming any stigma attached to accessing support. At the same time, every client is asked to sign up with an individual counsellor who knows their details to optimise their safety and wellbeing throughout their interaction with Circles.

Although we are awaiting the full evaluation results of Circles, to date, the views and experiences of children and young people accessing it have been positive. The latest evaluation data of Circles showed that there were reductions in mental health symptoms in clients with moderate to severe mental health needs including in depression (by 42%), anxiety (by 37%) and stress (by 62%). In addition, we have received the following feedback about their experiences of Circles from young people presenting with suicide ideation on a daily basis and we will gather further evidence about whether and how Circles can be used to effectively provide support to high risk groups as the service develops:

Having a group of similarly aged people who are going through similar struggles as myself - having them there for me, along with the counsellors to talk to and console

really was invaluable. I will miss this, and it gave me much more of a reason to not kill myself, through checking in with everyone at least once each week.

This was a brilliant service. It was so wonderful to be anonymously connected to other people whom I could reach out to for support, and comfort. I felt safe, and needed. I haven't felt like that in a while.

There are so many major benefits to Circles, so many youth just like me need this life-changing service.

7. Specialist community mental health services

We strongly welcome the Commission's identification of the significant gaps in mental health provision for the 'missing middle'. As we outlined in section 5, KHL plays an important role in providing a safety net for many of these young people and 'holds' them until they can access community support. However, we would like the Commission to specifically consider in this section how specialist community mental health services can better support children under 12 who cannot access headspace or any other community services due to age and illness severity eligibility criteria.

8. Emergency and acute inpatient services

As the Commission recognises, at some level Emergency Departments will always be accessed by those with severe mental health issues and at crisis and we therefore support the efforts suggested to make Emergency Departments more suitable environments for all those with mental health conditions, including children and young people. However, we strongly support efforts to move access to support away from Emergency Departments – particularly given the nature of mental illness – and agree that people with mental health issues would be much better served outside the hospital environment.

We also strongly support Draft Recommendation 8.2 that all child and adolescent mental health beds are separate to adults. We are too often aware of young people being inappropriately supported in adult wards, which given the vulnerability of these young people, is simply unacceptable and must not be allowed to continue.

10. Towards integrated care: linking consumers and services

We strongly support Draft Recommendation 10.1 and would extend the idea of facilitating better exchanges of information between consumer assistance telephones more widely. We therefore recommend also establishing agreed referral processes and case management protocols to support the streamlining and coordination of service provision amongst specialist youth providers by developing a federated network of providers. This would include providers such as KHL, Reachout and headspace. However, inequities exist in current levels of demand and funding across service providers, with the distribution of government funding amongst providers not necessarily

reflecting current levels of individual service demand and response. Therefore, we recommend that this initiative needs to be predicated on a more equitable distribution of government funding amongst providers linked to individual service demand and response levels.

In relation to Recommendation 10.2, we agree that online platforms to help consumers and service providers navigate the mental health systems are needed. However, given the range of consumer needs, it is simply not possible that Head to Health in one single format can be an effective tool to service all consumers across the nation. Children and young people, First Australians, LGBTI and CALD groups all have distinct communication and accessibility needs and help-seeking preferences that need to be accommodated in the design of an online navigation platform. Currently, KHL invests considerable resources to ensure its website and resources are child and youth friendly, including through ensuring that children and young people have the opportunity to directly input into their design and development.

Therefore, we recommend that a series of national online platforms be designed and developed for specific population groups, hosting a complementary suite of resources and sign-posting users to the resources of specialist providers. This would both reduce duplication of resources amongst providers and help young people identify where they need to go for help with their concerns. We would also suggest that specialist community providers – such as KHL, Reach Out and Beyond Blue in the youth space - collaborate with the population groups in question to lead the design and development of these platforms.

We also agree that single care plans would improve the care journey experience and outcomes of mental health clients, as well help **yourtown** staff accommodate the needs of our KHL and face-to-face clients and ensure that their identified needs and strengths are appropriately shared with other organisations without clients having to retell their stories. However, to facilitate this change in practice current State and Commonwealth privacy legislation needs to be reviewed and modified.

II. Mental health workforce

Implementation of the Productivity Commission's recommendations will necessitate a significant and rapid increase in Australia's Counselling, Psychology and Psychotherapy workforce.

Even before the Commission's recommendations were released, the Australian Government's Job Outlook (<https://joboutlook.gov.au/>) forecast "very strong" growth in the number of people working (in their main job) as Counsellors, Psychologists and Psychotherapists. The Counselling workforce is expected to increase from 25,900 in 2018 to 30,500 by 2023. Job Outlook projects around 22,000 job openings, or 4,400 vacancies per year, between 2018 and 2023.

The number of Psychologists and Psychotherapists is expected to increase from 37,500 in 2018 to 48,800 by 2023. There are likely to be around 38,000 job openings for Psychologists and Psychotherapists over this period (or 7,600 vacancies per year).

With the workforce set to expand rapidly, **yourtown** believes that it would be helpful to develop an industry workforce plan by government, mental health employers, workers and users, which would set out the training requirements, standards and competences that graduates will need to meet.

12. Psychosocial support

Although many of the psychosocial supports **yourtown** delivers are self-funded, some governments contribute to KHL (currently NSW, Qld, NT and WA together fund 12% of KHL, with NSW government's contribution becoming available in the near future). The difficulty with accessing government funding and short-funding cycles are a key driver behind why we seek to self-fund and therefore guarantee the sustainability of our services. We would therefore fully support Recommendation 12.1 to extend the contract length for psychosocial supports to a minimum of 5 years to support continuity of service and service planning, and indeed would urge governments to take this approach to funding for all essential services that non-government organisations deliver.

13. Carers and families

We welcome the Commission's call for greater provisions for carers and families of people with mental ill-health and particularly those that acknowledge and seek to support the hidden children and young people who have to care for their parents and other family members with mental illnesses. Caring for a parent is a significant ask of a child, and no young person should have to take on this responsibility without support.

As the Commission acknowledges, it can be difficult for schools to identify children who need support particularly as young people are likely to conceal their caring responsibilities. However, we know through our work that young people will open up and seek support through adults that they trust. Hence, any new supports provided to young people at school must be adequately resourced to enable such relationships to develop (e.g. a teacher already stretched and with competing priorities will not be an appropriate school wellbeing leader).

14. Income and employment support

For many years now and alongside many peer organisations, **yourtown** has continued to call on the Federal Government to reform jobactive given that it does not, and cannot in its current form, appropriately respond to the needs of the most disadvantaged jobseekers, including those people with mental ill-health. As the Commission's Draft report identifies, inadequate support from employment services for mental health issues is of particular concern as substantial evidence shows employment is beneficial to mental health and conversely that unemployment has a significant detrimental effect on mental health.

As a youth specialist provider of jobactive and as set out in our initial submission to the Commission, the prevalence of mental health issues amongst our 9,000 jobactive clients is striking and yet jobactive staff have to support up to 125 clients on a weekly basis with few financial resources they can access for additional support measures. Mental health issues are of particular concern for our

clients who are long-term unemployed and hence – again as discussed in our first submission - we are piloting and evaluating **your job, your way** an intensive employment support model with a caseload of 25 clients that is specifically designed to ensure clients' mental health issues are supported, as well as the other complex challenges clients may have such as low literacy and numeracy skills and behavioural issues, and practical issues such as having no driving licence that are barriers to employment.

Based on our significant experience and expertise in this field, we support many of the recommendations in this area including:

- **14.1 Assessment tool for jobactive and DES participants should be more relevant to job seekers with mental illness.** However, whilst improving the JSCI is important, as we have repeatedly fed back to employment service reviews, if the assessment is to uncover the real issues that the jobseekers faces then so too is ensuring that the assessment is undertaken face-to-face and by someone that the client knows and trusts. Our clients see the current JSCI as a hurdle to accessing income, as that is their immediate priority when contacting Centrelink. Hence, in addition to not knowing the Centrelink staff member, they will also not want to present with their issues for fear of causing delays to accessing their income or complicate the process in other unforeseen ways. An improved assessment questionnaire and assessment process is needed.

Furthermore, it will not be sufficient to simply develop an improved assessment or diagnostic tool. Appropriate support and referral pathways will need to be in place to ensure jobseekers' mental health needs are effectively met. In our view, this would be assisted by the provision of funding for the placement of specialist mental health practitioners within jobactive programs. Their role would be to upskill and increase the capacity of jobactive staff to appropriately support people with mental health concerns, and furthermore, they would provide a direct case management and counselling response. We note the Commission's finding that employment consultants should be placed in mental health services. However, we believe that significant numbers of people in jobactive programs have undiagnosed mental health conditions and so would not necessarily be attending mental health services. Our proposed initiative, if adopted, would provide a more comprehensive approach and is complementary to the findings of the inquiry.

In relation to the Recommendation's suggestion that a new instrument for predicting employment likelihood be developed, we would like to know more about this instrument and why it is needed. For example, we would not support a new instrument such as this that might support perverse incentives for not placing or working with a jobseeker given their predicted employment likelihood score, or that is used to penalise clients in some way.

- **14.2 Draft recommendation 14.2 – tailor online employment services.** We support this recommendation as long as the intent is providing clients with the most appropriate support, not saving money. We know that clients with complex barriers to employment do require face-to-face support – indeed engaging with our staff members face-to-face is an important part of getting them employment ready and responding to their self-esteem and anxiety issues. That said, online support can be an effective complement to face-to-face services and,

for example, may be a useful tool and first step in building a client's confidence to enable them to effectively engage with face-to-face support. Indeed, we are currently considering how we can deliver our Circles program (see section 6 on support online treatment for more details about this program) to our jobactive clients.

- **14.3 - Staged roll-out of individual placement and support.** We support the concept of Individual Placement and Support (IPS) employment services and see that they could play an important part in working with clients who have diagnosed, severe mental health conditions. However, some jobseekers will not access mental health services – due to stigma, because they do not have a diagnosed mental health condition or do not realise they have mental health issues, whilst the IPS approach requires that employers are responsive to supporting employees with their mental health needs, which may not be feasible in all localities. We therefore believe that the system needs, and that there is room for, an array of different models to meet the range of needs and preferences that jobseekers have.

your job, your way is being evaluated and is likely to be of significant benefit to those who are seeking access to income support or who are keen to get a job and we would therefore advocate for different models of employment services – such as **your job, your way** – to be trialled, funded and delivered.

- **14.4 – Income support recipients' mutual obligation requirements.** We would strongly support the provision of greater flexibility in the application of the Target Compliance Framework given the inherent complexities of poor mental health that can prevent jobseekers from meeting compliance targets and engaging with the service.

In relation to Job Plans, we would highlight that currently they are very prescriptive and do not give clients and employment consultants much room for personalisation. As a result clients tend to view them as forms they must complete rather than something they own or is useful to them. We would ask that a review of the content of the form be undertaken before assessments are made to see whether employment service providers are meeting their obligations to provide them.

15. Housing and homelessness

yourtown welcomes the Commission's focus on housing and acknowledgement of its importance both in promoting the recovery of people from mental illness, and being a cause of poor mental health. We support the recommendations within this section but would also like to see specific mention of the housing needs of survivors of domestic and family violence. Given the mental health issues that survivors typically have as a result of the abuse they have experienced or witnessed, it is imperative that governments do more to ensure that on leaving an unsafe environment due to domestic and/or family violence, mothers, children and their pets have appropriate accommodation options to cover their short and long term needs.

16. Justice system

Our clients interact with justice system as offenders, as victims of crime and as people seeking access to justice. Our experience of work with them reflects the Commission's findings that there is high prevalence of mental health issues amongst those in contact with justice system and that this can be in part explained by the multiplicity of social determinants that confront them and compound poor mental health.

We support the Commission's Draft Recommendation 16.2 in relation to increasing support for the police but would like to see it include specific consideration of how the police can better understand and support the mental health issues survivors and perpetrators of domestic and family and violence experience, with whom the police frequently interacts. We would also like to see more trauma-informed approaches in policing in dealing with incidences involving domestic and family violence survivors and First Australians more broadly.

We also support Draft Recommendations 16.2 on applying mental healthcare standards in correctional facilities, 16.3 on conducting mental health screening and assessment of individuals in correctional facilities to inform resourcing, care and planning for release and 16.4 on improving support to incarcerated Aboriginal and Torres Strait Islanders. However, given that the Commission has identified some important findings about the justice system and mental health - for instance regarding how prevention and early intervention can help reduce contact with the criminal justice system, that effective police responses rely on the availability of mental health services in the community and that integrating health and legal services show promise in helping people access legal support early to thereby reduce risks to mental health - we would like to see the Commission develop some recommendations in these areas, at the very least recommending that government commission further research into these areas.

17. Early childhood

yourtown is excited by many of the Draft Recommendations set out in this section and commend the Commission's recognition and approach that mental health issues must be tackled early, requiring better support and education to children and young people, teachers and parents.

We welcome Draft Recommendation 17.2 and its focus on preschool children and families. However, we would like to see the expansion of early childhood checks to preschool fit into a bigger piece of work and model that sees the social and emotional development of children and young people screened at key milestones in their school careers. In doing so, where issues arise - whether they be, for example, trauma-related through family conflict, violence or abuse or related to bullying and their relationships with their peers - children and young people can receive the support they need, when they need it. Screening whole populations in this way will help normalise issues and prevent the stigmatisation of the resulting support children and young people and their families receive.

As a provider of social and emotional learning programs to school (KHL@school), we support the proposal (within Draft Recommendation 17.3) that state and territory departments of education use the national guidelines to accredit social and emotional learning programs delivered in schools.

We particularly welcome the proposal that state and territory departments of education should review the funding for outreach services supporting students who have disengaged from education due to mental illness to return to school, and that services should be expanded such that they are able to support all students who are at risk of disengagement or have disengaged from their schooling. We would like to see the departmental policies put in place for outreach services to proactively engage with students and families referred to them include an early intervention approach. There are key flags along students' careers that signal that they are starting to have issues – that today are too frequently overlooked by schools – and, hence, there is significant scope to identify and support students much earlier on. Screening at key milestones as we suggest above could play an important part in helping to identify earlier students at risk of disengaging from school.

We also welcome Draft Recommendation 17.5 that all schools should employ a dedicated school wellbeing leader. However, we would like to see specific mention of the role this leader will have in engaging and developing strategies to support the most vulnerable students who are confronted by intergenerational disadvantage and those at risk of or who have disengaged from school.

18. Youth economic participation

We support the recommendations concerning increased support to students in the tertiary education sector. In relation to the 18.1 Information Request, we are currently working with Bupa, in relation to how Circles might be used by international students in tertiary education, who commonly find it difficult to access the key mental health support they need.

19. Workplaces

yourtown strongly support all efforts to normalise poor mental health and thereby reduce stigma surrounding it. The workplace is an important context to target reduction of mental health stigma and we support the proposed changes, including to work health and safety laws and codes of practice on employers in relation to duty of care.

20. Social participation and inclusion

yourtown supports the Commission's recommendations in this section. However, whilst the Commission has found that socioeconomic disadvantage is a major barrier to social participation, and is strongly associated with mental ill-health, we do not see a corresponding recommendation to address this issue. As previously mentioned, we know there is no quick fix to intergenerational and socioeconomic disadvantage but, as previously mentioned, we feel that the Commission is uniquely placed to make significant headway on this issue by making some strong recommendations to tackle disadvantage in this inquiry.

21. Suicide prevention

Following our research with children and young people about suicide, which we outlined to the Commission in our initial submission, **yourtown** has developed a Lived Experience Network of young people with a lived experience of suicide - be that having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide. Today, we have five young people aged between 19- 28 who have undertaken a two-day training course with Roses in the Ocean in how to present their personal experiences to advocate on the issue.

To date, members of the Lived Experience Network have presented their stories to a group of around 30 Lasallian educators, and the effect that sharing their stories can have on the practice of gatekeepers such as teachers was clear in the feedback that we received from the educators. The young people are now developing their stories for sharing online and will also work with our KHL counsellors and other service staff to ensure that their personal insight improves our work.

Through working with these impressive and generous young people, we have been struck by a common theme - that school was often;

- a trigger for their suicidal ideation;
- a place where their mental health issues developed or were compounded (through bullying for example);
- a place where they did not feel supported (again for issues around bullying that they felt were simply ignored by teachers); and/or
- a place where they or their friends were inappropriately supported - through highly impersonal risk-management strategies, through teachers taking no personal responsibility for ensuring students with thoughts of suicide actually received the support they needed or following a friend's suicide in their school.

In telling their stories, these young people emphasised the variation in support that they received as they moved between different schools. Hence, we would urge the Commission to consider how schools and teachers can specifically better support children and young people who experience suicidal ideation or are affected by suicide in other ways consistently across the nation. Over the course of the year, the members of our Lived Experience Network will speak at public events on their experiences, and would be willing to speak to the Commission if an opportunity arises.

24. Funding arrangements

yourtown's Kids Helpline (KHL) is a national service and, for this reason, we believe it should attract national funding that would be more efficiently and equitably allocated by the Federal Government. Currently, KHL is 69% self-funded through our Arts Union, donors and grants, 2% comes from corporate donor sponsorships, 17% comes from the Federal Government and 12% from NSW, NT, Qld and WA governments (with NSW government's contribution becoming available in the near future). Securing the funding we currently do is an industry in itself and we would therefore urge the Commission to endorse streamlined approaches to funding of national services by Australian governments to maximise efficiencies in negotiations and planning. However, whilst it makes more sense for the Federal Government to distribute funding for national

services, we are currently exploring ways of working with PHNs to ensure their specific, localised needs are being met through, for example, establishing local protocols and different ways of working and delivering the service.

Rather than endorse the Renovate or Rebuild models that the Commission has outlined, **yourtown** is in favour of a system that prioritises the following principles in its development:

- **Optimisation** – of the existing structures, expertise and relationships the system has in place including of the National and State Mental Health Commissions, PHNs and LHNs. We believe that Commissions are well placed to take on more authority and responsibility to ensure that the profile of mental health is raised, mental health services improved and support increased in the wider health sector.
- **Streamlined and integrated** – the mental health system in Australia is already crowded and confusing in terms of which level of government or body has responsibility and authority for it and so we favour a system that does not further complicate it. With mental health and health needs and services closely aligned, we fear that their formal separation in commissioning may make providing seamless and integrated care more difficult.
- **Cost-effective** – the development and running of new bodies to commission mental health services would be expensive and the bureaucracy and energy involved in the initial set-up may be an unnecessary distraction to delivering the mental health system needed.

Furthermore, we believe that the Rebuild state-based model would lead to sector inefficiencies caused by the funding process as it would:

- Curtail funding of national services (e.g. Beyond Blue, Butterfly Foundation, KHL, Lifeline and On the Line) as these national agencies would need to individually negotiate with six states and two territory governments for funding;
- Limit the dissemination of innovation as advances in service delivery in one jurisdiction may not be readily shared across the country, and;
- Fragment planning for the provision of mental health services nationally.

24. Monitoring, reporting and evaluation

With a team of 13 staff members in-house responsible for our strategy and research, **yourtown** is a strong believer of data collection, research and evaluation as an integral part of effective service design and delivery. We therefore strongly welcome the Commission's proposal to fully embed and optimise data, monitoring, evaluation and research into the mental health system and thereby ensure that it is not only accountable to the public but also continually improving client experiences and outcomes.

In terms of data gaps, we would ask that data on suicide attempts and deaths be recorded nationally so that research can be more effectively undertaken to identify suicide prevention and early intervention services, as well as the services required to best support people who may not suicide but are clearly in high levels of distress.

As stated in the previous section (23. Funding Arrangements), we would support increasing the powers of the National Mental Health Commission and feel its expertise and resources are currently underutilised. We would therefore support a move to give it responsibility for overseeing the monitoring and reporting relating to mental health reforms.