



WITNESS STATEMENT OF GEORGIE HARMAN

I, Georgie Harman, Chief Executive Officer, of Beyond Blue, GPO Box 1883, Melbourne, in the state of Victoria, say as follows:

Background

- 1 I am currently the CEO of Beyond Blue. I have been in this role since May 2014.
- 2 Prior to this role:
 - (a) Between 2012 and 2014 I was the Deputy CEO of, and helped establish, the National Mental Health Commission.
 - (b) From 2006 to 2012 I was a senior executive at the Commonwealth Department of Health & Ageing, during which time my portfolio responsibilities included national policy and programs in mental health, suicide prevention, substance misuse, tobacco control, cancer, chronic diseases and management of Australia's blood supply. I also led national reforms to lift Australia's organ and tissue donation rates.
 - (c) I have worked in the HIV/AIDS sector in Australia and in the UK.
- 3 I am also:
 - (a) a Board Director of Mental Health Australia; and
 - (b) a member of several advisory bodies and alliances in the mental health and suicide prevention sectors.
- 4 I am giving evidence to the Royal Commission on behalf of Beyond Blue and I am authorised to do so.
- 5 I have previously signed a witness statement to this Royal Commission on 1 July 2019 (**my first witness statement**), and gave evidence at the Royal Commission's public hearings in July 2019. At Attachment GH-1 of my first witness statement is an outline of what Beyond Blue does.

Digital technology

Digital and telephone services provided by Beyond Blue

6 Beyond Blue currently provides the following digital and telephone services:

- (a) The **Beyond Blue website** has a large range of mental health and suicide prevention resources with information and tools to help people recognise, manage and recover from high prevalence conditions. This includes over 200 resources on anxiety, depression and suicidality, which can be accessed free of charge around the clock by individuals, organisations and health professionals.
- (b) The **Healthy Families** website includes specific perinatal, parenting and resilience-building resources to equip parents and carers with information and knowledge to support mentally healthy children and young people.
- (c) Beyond Blue launched the **Heads Up** online workplace portal in 2014, in partnership with the Mentally Healthy Workplace Alliance. This interactive website has free resources for both employees and employers to assist with building, maintaining and monitoring mentally healthy workplaces for all. Over time, the resources have been tailored to specific workplaces including police and emergency services agencies, health services and small businesses. The Heads Up content includes an electronic newsletter for over 13,000 subscribers, e-learning modules, and webinars which can be accessed live or at a later time.
- (d) The **Beyond Blue Support Service** connects people with a mental health professional, who focuses on addressing a person's immediate concern through brief counselling, information and referral support. The free service has telephone, email and webchat channels. A dedicated, time-limited COVID-19 Mental Wellbeing Support Service has recently been established with funding from the Commonwealth Government.
- (e) The **Beyond Blue online forums** provide a safe and secure platform for community members to connect and discuss their challenges, concerns, fears, coping strategies, wellbeing and recovery tips, and offer anonymous peer to peer support. Additional support is provided by a small team of moderators and trained Community Champions who draw on their lived experience. The forums are backed up by a clinical governance and safety framework where referral or crisis interventions are required.
- (f) **Be You**, the Commonwealth-funded national education initiative, evolved from separate programs including KidsMatter, MindMatters, headspace School Support and ResponseAbility. These programs are now integrated into a whole-of-education online professional development and support platform, from early childhood through to secondary school. The continuing education platform offers

educators (from pre-service students to principals) across Australia links and pathways to evidence-based tools and programs, communities of practice and referrals to more specialist mental health services when required.

- (g) Beyond Blue's **NewAccess** low intensity coaching service is currently running in 17 sites around the country, including Gippsland, to support people with mild to moderate mental health conditions. The NewAccess service involves up to six Cognitive Behaviour Therapy (CBT) sessions, including via telephone or video options. Clinically-validated recovery rates of around 70 per cent are achieved across all methods of engagement.
- (h) Over Beyond Blue's two decades of operation, greater community advocacy and cultural and behaviour change to reduce stigma and discrimination has contributed to the expansion of **Blue Voices**, our online community of people with a lived experience of anxiety, depression and/or suicidality. An increasing number of Victorians have joined Blue Voices to provide expert insights and feedback, share their stories and inform Beyond Blue's services, projects, campaigns and resources. There are around 2,300 Blue Voices members from Victoria, about one third of the national membership.
- (i) The **BeyondNow** suicide safety planning app guides people to make a personalised safety plan, that is always with them and can be shared with others. Last year we revamped the app based on user feedback, to make it even more accessible. Upgrades incorporated feedback from the LGBTIQ+ and Aboriginal and Torres Strait Islander communities. The app has recently been adapted to reflect COVID-19 circumstances and physical distancing restrictions.
- (j) The **Check-In app** supports young people to start a conversation about mental health and wellbeing. The app is promoted online, using sharable video content featuring young people sharing their own experiences with managing their mental health, and talking with other people whose mental health they were concerned about. The Check-In app has been downloaded 34,800 times nationally since it was released in 2016.
- (k) Finally, our growing **social media base** provides a vital role in helping us get reliable information out to the public about how to invest in their mental health and wellbeing and where to get support. It is also an incredible resource for campaigns, including stigma reduction, and building mental health literacy. Increasingly Beyond Blue shares and amplifies other organisations' initiatives.

The impact of digital revolution on the mental health of Victorians

- 7 Technology is changing almost every aspect of life in the 21st century, and our mental health and wellbeing is no exception. At Beyond Blue, digital engagement has allowed us to reach many Victorians with the information and support they need to experience their

best possible mental health and to prevent suicide. I can illustrate this with a few key figures from different areas of our work.

- 8 The digital revolution has enabled Beyond Blue to provide more Victorians with **access to content and advice** to look after their mental health and address stigma and discrimination. Our online audience has grown significantly. There were 2,532,000 online sessions by people in Victoria across all Beyond Blue websites in 2019.
- 9 There are now many Victorians seeking **evidence-based advice** to protect their mental health. During **Beyond Blue's Anxiety campaign** in 2019, there were 407,492 visits to the Anxiety section of the Beyond Blue website by people in Victoria. The **Mum's Mental Health checklist** (Edinburgh Post Natal Depression Scale) was completed 13,155 times by people in Victoria during 2019.
- 10 More people are receiving **direct mental health support** from trained professionals, mental health coaches and peers. For example:
 - (a) In 2019, Beyond Blue received 42,303 contacts from Victorians to our **Support Service**, including growing numbers of people engaging through web chat.
 - (b) There were 447,040 Victorian visitors to the moderated **online peer forums**.
 - (c) There were 30,321 downloads of the **BeyondNow suicide safety planning app** nationally in the same year. There have been 51,499 safety plans completed nationally since the app was launched in 2016.
- 11 The digital age has also **increased community engagement through social media**. Beyond Blue now has a daily audience of around 880,000 followers across our social media platforms. This provides an opportunity for the community to interact with Beyond Blue, and also share experiences and resources with each other.
- 12 In recent years, Beyond Blue has seen increasing participation by workforces such as Victorian educators and aged care workers in our **online professional development training**. At 31 May 2020, there were 43,991 individuals, 722 early learning services and 1,669 schools in Victoria (around three quarters of all schools in the state) registered with Be You (described above). Beyond Blue has also developed the Professional Education in Aged Care (**PEAC**) program, an online learning program for staff in Residential Aged Care Facilities. PEAC was accessed by 1,891 people in Victoria in 2019.
- 13 During the initial weeks of the COVID-19 pandemic (from 6 March to April 8), the **Beyond Blue website** received more than 168,000 page views from people seeking information to help them to manage their mental health and wellbeing during the pandemic. This included more than 10,000 views in 24 hours on 26 March. From its launch on 6 April to 29 June, Beyond Blue's dedicated **COVID-19 Mental Health Support Service** (for further

information, see paragraph 146), has had over 507,000 unique visitors. Over that same period, the **Beyond Blue online peer forums** received more than 880,000 page views, with over 42,000 views and nearly 750 posts in relation to the dedicated thread 'Coping with the Coronavirus outbreak'.

How Beyond Blue's service offerings have changed over the last decade

- 14 Beyond Blue was established 20 years ago, with a focus on raising awareness of and reducing stigma about depression. Anxiety was added to our mission in 2005, and the first phone information line was opened in 2006. Now, in 2020, almost all aspects of Beyond Blue's services have grown with greater community engagement and with an increased focus on telephony and digital solutions and platforms.
- 15 Beyond Blue has responded to growing demand for trusted and reliable information and support for depression, anxiety and suicidal behaviour, both in Victoria and nationally. An increasing awareness of the prevalence and impact of mental health conditions has resulted in more people seeking help for common conditions like anxiety and depression. In recent years, Australia has continued to make progress to reduce the stigma associated with these conditions. This has contributed to more people seeking support earlier, before their mental health deteriorates and the impact on their day to day lives becomes more acute. As a result, our digital content has expanded to include a greater focus on protecting mental wellbeing and promoting resilience.
- 16 When Beyond Blue opened its first information line in 2006, it was a telephone-based referral service. As the demand for support increased, the service expanded to short-term counselling and capitalised on new 'online chat' technologies. In 2013, the **Beyond Blue Support Service** was launched, with trained counselling support accessible via telephone, email and webchat.
- 17 Beyond Blue's content was expanded to include a focus on wellbeing to support people to self-manage their mental health in July 2019. The **Personal best** microsite has easy-to-read, engaging article-style content on wellbeing, focused on supporting individuals and supporting others. To date, Personal best has received 440,000 visits from people in Victoria.
- 18 The Beyond Blue **online forums** were launched in 2013 and provide a safe online space for advice and support. In the beginning, all forum posts were individually moderated, creating delays in posting that negatively impacted forum user experience. When we realised that the vast majority of posts did not require such manual intervention, we developed a new technology-driven moderation system with complex rules that automatically scans the content of all posts and analyses that content for different risk levels, including clinical risk. Depending on the risk level, the post is either approved for

posting, held for manual review, or escalated to a clinician for immediate action. Since then, the forums have grown each year, now connecting more than 400,000 Victorians annually (2019) with other people who have similar experiences, in a safe, anonymous online space. Beyond Blue's research shows 67 per cent of people felt less anxious or depressed after using the forums. One in four users visiting the forums seek help for suicidal thoughts or self-harm.

- 19 The rapid adoption of mobile phones and other handheld devices over the past 10 years has changed when, where and how people can access information. In 2013, 25 per cent of visitors were accessing the Beyond Blue website on a mobile/tablet device. In 2020, this is 67 per cent of all visitors. The **Beyond Blue website** has evolved to enable more people to use the information and services via mobile devices, with a greater variety of digital content and more bite-sized information for improved accessibility. In addition, our range of digital self-management tools has been expanded, to enable more people assessing and monitoring their own mental health using online checklists and apps.

The changing way in which people access information on mental health

- 20 When Beyond Blue was launched in 2000, mental illness and mental health were not routinely or openly discussed, with secrecy and sometimes shame associated with common mental health conditions like depression and anxiety. Twenty years later, people are increasingly speaking up about their own mental health and encouraging others to seek help when they need it.
- 21 The digital revolution has shifted the way in which information is created, received, collected and shared. It has also enhanced the ways people can interact with each other and broader communities, with a potential 24-hour cycle of connectivity and more consumer choice than ever. These trends have changed how Beyond Blue reaches out to support people, how they reach out to us, and how they interact with each other.
- 22 More people are using the internet to get trusted information about mental health, rather than only having to seek advice directly from a professional.
- 23 However, it does require us to improve the connections between online platforms and more traditional forms of service delivery when people do need more individualised, specialist support.
- 24 As to future trends:
- (a) We expect the key drivers of acceptable, available and accessible online support will include expanded digital technologies and greater consumer choice, control and personalisation, which will be informed by the community's needs. As our work continues to reduce stigma and discrimination, and encourage more people

to proactively look after their mental health and seek support early, we anticipate more people will access information on prevention and early intervention – such as promoting children's mental health (in education settings, supported by **Be You**), perinatal support (with **Healthy Families** resources) and more people will be able to access help early for mild to moderate conditions, with programs like **NewAccess**.

- (b) We also expect that Beyond Blue's programs and services will continue to be shaped by the popularity of mobile devices, and the increasing demand for apps and digital resources which users can tailor to their needs. We are exploring the best ways to offer people more choice and greater control over the support for their mental health, and more ways to share their own information, while also protecting their privacy. We also anticipate more opt-in supports and follow-ups for people who access our services, such as enhanced digital check-ins, customising apps and more ways to connect with peer-to-peer support like the **online forums** and **Blue Voices**.
- (c) Beyond Blue is committed to utilising new digital technologies which can support people to manage their mental health and wellbeing. We will also seek to help people to manage the potential challenges of the digital revolution. The fast-paced, 24-hour cycle, social media-driven digital world can be overwhelming and exhausting for some and leave others behind. We will consider those who may lack the digital resources, skills or confidence to connect with online mental health support, and ensure our programs and services are acceptable, available and affordable for everyone.
- (d) In the future, we expect to help more people with the information and advice that can help them to achieve their best possible mental health, and to develop longer term relationships with the community. There are now many individuals, schools, workplaces and communities actively working to promote and protect mental health. More work is yet to be done, but there is a solid foundation and exciting opportunities to leverage strong community support and digital technologies. We will also continue to be informed by the community about what they need to further prevent and better respond to anxiety, depression and suicide in the digital age.

- 25 As to Beyond Blue, our next three-year strategy will see us implement a new digital strategy and reform how we operate and work. We know from community feedback that Beyond Blue's various entry points, such as our website, can be overwhelming to navigate sometimes, and the various services and supports we offer are not as connected as we would like them to be. We envision an idea of Beyond Blue being a 'big blue door' – an entry point that's easy to find and everyone can enter and find something helpful behind it. Right now we offer advice, support services, information and tools to help

people to take the next step to recovery, but we need to do better than that. We want to bring these services together into a new digital platform, working in partnership with others who offer different but complementary services and support options. For example, we know that SANE Australia has fantastic content and their own online chat forums, which are specifically designed for people living with severe and complex mental health needs.

- 26 We will develop an integrated online platform to create better choice and a more personalised experience for people who connect with us and our supports, through a range of channels. We will leverage current and emerging technology to provide the community with easy to access information and tools, developed in partnership with the community, sector and leading experts. A better online platform will make it easier for people to find what they need, whether that is provided by Beyond Blue or others. We will of course continue to connect with people through our face to face services, at events, with our resources and through our Speakers, Ambassadors, BlueVoices and volunteers. No matter how people connect with Beyond Blue – whether in-person or digitally – our aim is to connect them with services, tools, advice and information relevant to their lives and their needs.
- 27 Digital thinking will help to reduce barriers such as access, affordability and convenience and challenge the current paradigms of a provider-led system. That's not how the world works anymore: in every part of our lives, we are online, and the COVID-19 pandemic has accelerated this and proven we can adapt. In saying this, we need to remain conscious of digital inequities and accept that telehealth and digital mental health services are not the silver bullet, but must be part of the solution to system reform and to improve population mental health.
- 28 Our strategy is to ensure that our response is always community centric, responds to data and insights, is faster and more agile. For example, we know that if there is a significant traumatic event that is reported in the media or happens in the community, that there will be an increase in demand for our services. Past examples include the death of Robin Williams, where we saw a record number of contacts, the recent bushfires, and events relating to child sexual abuse and family violence. In responding to these spikes in demand, we roster more counsellors to be on shift, brief our community champions and online moderators, and communicate proactively with the community.

Key features of digital resources to support people to access information on services

- 29 It's important that digital resources are available to the whole population, not just those who have a mental health issue. Some of the key benefits of digital approaches apply to people who may be in distress, those who do not have a clinical diagnosis, those who experience mild to moderate symptoms over the short to medium term, or those who may

not identity as having a mental health condition. Supporting families and carers of people with a mental health condition is also critical. Targeting resources only to people who identify as living with mental illness or a mental health issue could result in many people missing out and potentially contribute to stigma. We recommend taking a population approach to helping people stay mentally healthy and facilitating recovery if they do become unwell.

30 Research commissioned by Beyond Blue suggests the following are key considerations for people using digital resources for their mental health:

- (a) Personal connection and human interaction are important, so we need to find ways to link personal responses to digital resources (this could be online – e.g. forums – or in person – e.g. GP referral).
- (b) People in distress need a simple user interface that helps them to find reliable information easily, so co-design and user testing are critical.
- (c) People in different demographics need to be catered for differently (e.g. age groups, culturally and linguistically diverse communities) so we need to consider how to match digital pathways to group characteristics. A one-size-fits-all approach doesn't work.
- (d) People may be seeking information based on symptoms and feelings rather than conditions, so searches and navigation need to take this into account. One of the ways that Beyond Blue is addressing this is through a mental health continuum approach, which asks people how they are feeling and functioning instead of seeking a diagnosis.
- (e) People seeking support need timely and relevant responses, so personalisation and feedback loops are important for maintaining connection and building trust.
- (f) Connecting information to taking action can be difficult, especially where this shifts between online and in-person, so referral processes between digital and human services should be smooth, timely and reliable.
- (g) Data security is vital to retain people's trust, so systems and processes must balance privacy, interoperability and user autonomy.

Strengths and limitations of current digital resources

31 Some sources of information about mental health (e.g. Beyond Blue, Black Dog Institute, Heads Up, Healthy Families, Head to Health) have become trusted and widely used. There is also an array of online resources targeted at different cohorts (e.g. ReachOut, headspace, Emerging Minds) and for people with different mental health conditions (e.g. SANE, Butterfly Foundation).

- 32 However, we still have a long way to go before we reach the full potential of the digital environment. Most current resources are still limited to one-way information provision or fairly basic self-assessment routines. They aren't particularly well connected to each other and their connection to services and supports that are not online is often limited to listing phone numbers or other contact details. So, we have a largely passive system that lacks the ability to tailor personalised responses or better connect people in either the digital world or their local communities.
- 33 Our national infrastructure for digital services has been tested more than ever during the COVID-19 crisis. Beyond Blue was able to adapt services and programs to online delivery, and shift quickly to a working from home environment but, even for us, it has been clear that not all internet connections are equal. In the 21st century, digital inclusion is a key measure of social inclusion and our digital resources are only as good as people's access to them and confidence using them.

How digital resources can be used to support people from diverse communities to access information on mental health services

- 34 People's engagement with digital channels often replicates the patterns that occur in the rest of their lives, so communities built on common characteristics or interests are mirrored in the digital world. A key difference is that digital communities don't face geographic limitations, so smaller groups can become much larger when extended across the globe, which can be especially affirming for minority groups.
- 35 There are two paths to connect diverse communities to the mental health information and supports they need: the first is to build cultural competence and safety into mainstream services, and the second is to use mainstream services to help communities develop their own tailored resources. Pursuing both paths is ideal because it gives people choices.
- 36 Having resources in different languages continues to be challenging, as does ensuring that digital solutions are accessible to people of all abilities. However, these considerations are a vital part of making our solutions work for everyone. This is addressed in more detail below from paragraph 111.
- 37 In 2013, Beyond Blue commissioned several research projects on reducing stigma.¹ One of these investigated the effectiveness of an online intervention for refugee men who

¹ Beyond Blue, 'Reducing Stigma in Men' <<https://www.beyondblue.org.au/about-us/about-our-work/our-work-with-men/reducing-stigma-in-men>> (accessed 30 June 2020).

experience PTSD. The research revealed that the program both encouraged more men to seek help and reduced the incidence of self-stigma.²

How digital technologies can help people stay well and understand their needs

- 38 We should take full advantage of the wide reach of digital technologies to help people better understand and invest in their mental health. We can think of this in three categories: giving people the information and tools they need to stay mentally healthy; helping with early identification of emerging mental health issues, encouraging and facilitating help seeking as early as possible; and recovery support, for people who might live with mental health conditions for longer periods and can benefit from drawing upon resources that help them to sustain their best possible mental health and life. Across all categories, it is important to consider how we can help people directly, along with helping people to support others.
- 39 The first category is about public health promotion and prevention. While not all mental health conditions are avoidable, there is much that we can do to protect our mental health: eating and sleeping well, maintaining good work/life balance, keeping socially connected, practicing mentally healthy habits like mindfulness or meditation. We've been encouraging people to take 30 minutes a day to be physically active. Why not apply the same guide to investing in our mental health? Digital technologies have great potential for spreading this message and helping people to act on it. The growing number of mindfulness and mood tracker apps illustrates this.
- 40 In the second category, we need to do much more work. Early identification and encouraging people to seek help needs to go beyond simple checklists and a recommendation to see your GP or call a helpline. While these things are helpful, digital technologies offer far greater potential to capture personalised data, identify patterns over time and more actively link people (with this information and their permission) to the support they need in a timely manner. It also provides an opportunity to put people at the centre of their mental health, rather than relying on a provider-centric service system.
- 41 The third category is exemplified by the peer support that people offer each other on the Beyond Blue Forums, where we see hundreds of interactions every day between people who may be experiencing their first symptoms and those who have been affected by enduring and complex mental health challenges for many years. Our forum structures and moderators make it clear that what works for one person doesn't necessarily work for everyone. However, knowing that someone else has been on a similar journey,

² University of New South Wales, 'Online program helps traumatised refugees overcome mental health stigma' <<https://newsroom.unsw.edu.au/news/science-tech/online-program-helps-traumatised-refugees-overcome-mental-health-stigma>> (accessed 30 June 2020); Angela Nickerson et al, "Tell Your Story": a randomised controlled trial of an online intervention to reduce mental health stigma and increase help-seeking in refugee men with posttraumatic stress' (2020) 50(5) *Psychological Medicine* 781.

especially if they have come through it to a place where they are doing well, can be very comforting and inspiring.

Supporting people to self-manage their illness in the community through digital services

- 42 Self-management is the bottom level of the stepped care approach to mental health.³ It is the foundational element of a population approach and should be seen as including promoting good mental health, as well as tackling early indications of distress or mild mental health issues. Given the right environment, supports and tools, many people can successfully stay mentally healthy through self-management. Digital services are especially appropriate for this level of intervention because they are accessible to large segments of the population, benefit from economies of scale, and are proven to be effective in managing mild symptoms.
- 43 To get the most from digital self-management, the following should be taken into consideration:
- (a) People need access to digital tools. Digital exclusion takes many forms (e.g. lack of internet access and affordable data, low speed or unreliable connections, lack of or out of date equipment, digital illiteracy, and the cost of hardware/software/digital subscriptions), all of which can be barriers to people getting the support they need.
 - (b) People need to know which tools are effective. This is where some form of standards or accreditation may be helpful, as well as good assessment routines that match people's level and type of need to the right digital solution.
 - (c) There need to be clear and simple pathways to 'step up' to the next level of care, low intensity interventions, if self-management proves to be insufficient. Beyond Blue's experience with NewAccess as a low intensity support shows both how this could work but also that there are several barriers to overcome (see paragraph 72 for more detail).
- 44 Beyond Blue is currently engaged in a research partnership to test an online portal (eClipse⁴) that facilitates access to clinically proven programs for mental health and substance use issues. It is a self-help program that helps people find their way directly to online programs and apps. Central to the success of the portal is engagement with service providers in the mental health and drug/alcohol sectors to create a pathway to care.

³ Australian Government Department of Health. *PHN Mental Health Flexible Funding Pool Programme Guidance: Stepped Care*, Canberra: Australian Government Department of Health; 2019.

⁴ eClipSE, <<https://eclipse.org.au/>> (accessed 30 June 2020).

Barriers preventing people from using digital resources, and how they could be overcome

- 45 The Productivity Commission Draft Report found that people were generally open to using the internet to find information about mental health, but many preferred face-to-face contact for support and treatment.⁵ Where this preference relates to uncertainty about the effectiveness of digital solutions, accreditation schemes, potentially supplemented by awareness and behaviour change communications, may help to increase consumer confidence.⁶ Beyond Blue has been part of the Australian Digital Mental Health Services Project since 2019 and is now involved in pilot testing for the draft National Safety and Quality Digital Mental Health Standards.⁷
- 46 ABS data shows that 2.58 million Australians do not have internet access. The 2019 Australian Digital Inclusion Index reported that the digital divide is increasing, with people on the lower end of the socioeconomic spectrum scoring much lower than their more advantaged counterparts.⁸ Even when there is internet access, unreliable connections or poor performance may limit the application of online tools.⁹
- 47 In some cases, equipment may not be available, the person may not have the technical proficiency to use online tools or they may lack the level of literacy required.
- 48 The Productivity Commission received strong feedback that digital solutions should be one of a range of options available to people and that the determining factor should always be user choice.¹⁰

How self-help digital mental health resources can refer individuals to other services if their needs change

- 49 Digital mental health resources should always contain information to help people self-assess and 'step up' to other services when needed. One of the challenges here is that there isn't currently a single point where someone can go to find the range of support services available. In many cases, the next point of referral is to a GP, which is often the most appropriate step, but there are other options such as support groups and online peer forums that are often missed. Head to Health only covers digital services funded by the Commonwealth Government, which leaves much of the digital ecosystem missing. Finding the right self-help resource may be just the first problem. If you need something

⁵ Productivity Commission Inquiry into Mental Health Draft Report, October 2019, p.269-270.

⁶ Productivity Commission Inquiry into Mental Health Draft Report, October 2019, p.270-271.

⁷ See Australian Commission on Safety and Quality in Health Care, 'National Safety and Quality Digital Mental Health Standards' <<https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>> (accessed 30 June 2020).

⁸ Thomas, J, Barraket, J, Wilson, CK, Rennie, E, Ewing, S, MacDonald, T, 2019, *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019*, RMIT University and Swinburne University of Technology, Melbourne, for Telstra.

⁹ Productivity Commission Inquiry into Mental Health Draft Report, October 2019, p.271-272.

¹⁰ Productivity Commission Inquiry into Mental Health Draft Report, October 2019, p.268-269.

more, you will be back searching multiple sources to try and find the best fit for your situation.

- 50 At the user's instigation and with their full knowledge and agreement, it may be helpful for information collected by digital tools to be provided to other services. This may help people to avoid repetitive assessments and other similar information gathering, and also enable them to provide new information at any time.
- 51 Information sharing rules and processes that have been recently examined in Victoria in relation to children and family violence may provide useful precedents for consideration under mental health.¹¹

Future digital opportunities

Opportunities for digital technology in helping people find, access and receive mental health services

- 52 The Australian Academy of Technology and Engineering predicts that over the next decade, transformations in digital health will include:
- (a) the replacement of paper files by secure electronic health records;
 - (b) health professionals sharing patient information through universally accessible software;
 - (c) big data enabling accurate monitoring and prediction of population health trends;
 - (d) precision medicine becoming more common, with prevention and treatment targeted to individuals;
 - (e) increased affordability of genetic testing and screening for preventable disease;
 - (f) smart devices, mobile health and telehealth – all linked through a digital health record – will enable a real-time holistic picture of a person's health; and
 - (g) technological solutions to the problems of distance and mobility will enable affordable healthcare access for more Australians, when and where we need it.¹²
- 53 At Beyond Blue, our digital vision focuses on delivering more personalised engagement and connection to the services and supports people need over time and as their circumstances change. We are already a first point of contact for many Australians who trust us to deliver reliable information and advice about mental health, but we know we can do more than just provide good information. We want to explore the possibilities of

¹¹ Victorian Government, 'Information sharing and MARAM reforms' <<https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>> (accessed 30 June 2020).

¹² Australian Academy of Technology and Engineering, 'Health technology report' <<https://www.atse.org.au/research-and-policy/big-issues/helping-australia-get-technology-ready/health-technology-report/>> (accessed 30 June 2020).

deeper engagement with those who want more from us. And as we get to know more about the people who access our services, we'll be able to deliver even better results both individually and collectively.

How services offered through digital technology could complement traditional service delivery options, and limitations and challenges to this

- 54 Digital solutions offer several complementary advantages:
- (a) Provided there is reasonable digital literacy (or support), availability of devices and data, and good internet infrastructure, distance from the person to the service provider need not be a barrier. This is particularly important for people in rural and remote areas where access to specialists might require hours of travel time each way.
 - (b) In some cases, part of the therapeutic engagement can be completed on a digital platform, reducing the time and cost associated with billable clinical hours. Information provision and online assessment processes are examples of this.
 - (c) Because digital solutions are highly scalable at comparatively low cost, universal coverage can be achieved much more easily than when relying on just face to face interactions. This is particularly useful for the large proportion of people who are well and want to proactively invest in their mental health to stay that way, for people who may be at risk but not yet showing significant symptoms, and for those with less complex needs.
 - (d) Digital solutions can also be used to collect data accurately, especially wearable devices that can track physical activity and sleep, both of which are contributors to mental wellbeing.
 - (e) Emerging technologies, such as machine learning and artificial intelligence, can be used to analyse large amounts of data for patterns to help triage needs, connect people with the right level of support and inform prevention, treatment and support plans.
- 55 In addition to the various aspects of digital exclusion, which significantly limit access to the benefits of digital health care, there are also cultural and individual characteristics that can constrain the possibilities of the digital environment.
- 56 Some of this may stem from a lack of trust in digital technologies. Many people just prefer to talk to a person about their mental health. Telehealth, including videoconferencing, can provide a bridge in many cases. It's likely that the increase in use of these technologies due to COVID-19 will shift longer term usage patterns across the community.

- 57 The other key challenge relates to data sharing and privacy. This has cultural, technological and legislative elements that all need consideration if we are to make the most of digital health supports.

Workforce

The impact of digital opportunities on traditional workforce roles and identity

- 58 A lot has changed over the past decade. There is growing recognition that digital opportunities can be used to complement, augment and enhance current workforce roles by providing new ways to treat and support, monitor progress and receive information, alongside existing practices.
- 59 Telehealth consults and video conferences by doctors, nurses and mental health professionals are enabling greater accessibility and responses to people in rural and regional areas, where there is a lack of physical services.¹³ COVID-19 has also demonstrated how telehealth and video conferencing can be rapidly used at scale.
- 60 A 2010 systematic review 'What about Telepsychiatry' noted the usefulness of video conference for diagnosis, treatment and follow-up of patients in remote areas but also suggested the main barrier to successful telepsychiatry implementation is professional acceptance.¹⁴ However, since then telehealth activity has been increasing, with psychiatry in particular showing high proportional uptake.¹⁵
- 61 The use of digital applications also allows professionals to extend the reach of their services to people who have severe and complex needs arising from physical and/or psychosocial disabilities which may prevent them from attending face-to-face services.¹⁶
- 62 Pathways to seeking clinical care may come initially from engagement with digital products. There is evidence that digital technology can also be a first step for someone towards engaging with traditional face to face services.¹⁷ This might be particularly helpful

¹³ Bradford, NK., Caffery LJ., Smith AC., (2017) Telehealth Services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability, in *Rural and Remote Health* 16; Oct- Dec; 16(4): 3808. Epub 2016 Oct 17.

¹⁴ Garcia Lizana, F & Munoz-Mayorga, I, (2010) What about Telepsychiatry? A systematic review in *Primary Care Companion J Clin Psychiatry*. 2010; 12(2): PCC 09m00831.

¹⁵ Wade, V Soar J, Gray L. Uptake of telehealth services funded by Medicare in Australia. *Australian Health Review: a publication of the Australian Hospital Association* 2014; 38 (5): 528-532. <http://dx.doi.org/10.1071/AH14090>.

¹⁶ *National Mental Health Commission response to the Productivity Commission (2019) Draft Report on Mental Health*, p11.

¹⁷ Christensen, H & Hickie, I, (2010) Using e-health applications to deliver new mental health services in *Med J Aust* 192: S 53-s56.

for capturing those hard to reach groups who don't traditionally engage well with services.¹⁸

The impact of digital opportunities on the quality of therapeutic connections

- 63 There is some evidence that digital tools can strengthen and augment the therapeutic connection between consumers and service providers leading to increased engagement and adherence with treatment.¹⁹ Their use can complement rather than replace the face to face experience of a trusting and supportive interaction and may include sharing information outside of appointments in a timely manner.²⁰

Factors impacting on healthcare professionals using digital technology in service provision

- 64 Increasing the evidence base of the clinical value of digital technologies may encourage uptake by practitioners. An evidence review check by the Sax institute, commissioned by Beyond Blue in 2018, revealed that internet and mobile-app delivered interventions were effective for managing mild to moderate depression and anxiety.²¹
- 65 Mental health organisations working together with the community, governments, researchers and developers in a collaborative and coordinated way to generate new models and technological offerings could help to address some of the current fragmentation and provide better foundations for future uptake. This requires strong sector leadership and champions to promote the therapeutic value of digital interventions.
- 66 In a recent submission to the Medicare Benefits Scheme (MBS) review, Beyond Blue proposed greater use of digital solutions that are flexible, cost effective and person-driven. GPs can and should be incentivised to refer into online services that can be guided or self-administered.²² So far, integration of some of the digital tools with face to face intervention has been slow. This needs to be advanced for healthcare professionals to feel more confident and be encouraged to increase their use.²³

¹⁸ Hickie, I., Davenport, T., Luscombe, G., Moore, M., Griffiths, K. & Christensen, H., (2010). Practitioner-supported delivery of Internet-based cognitive behaviour therapy: evaluation of the feasibility of conducting a cluster randomised trial. *The Medical Journal of Australia*, 192 (11 Suppl),S 31-S35.

¹⁹ Hensen, P, Wisniewskis, H, Hollis, C, Keshavan, M & Touros, J, in *BJ Psych Open* 2019 Jan 5 (1): e 15 Published online 2019 Jan 29. doi: 10.1192/bjo.2018.86 Ncbi.nlm.nih.gov/pmc/articles/PMC6381418.

²⁰ Torous, J & Hsin, H, (2018) Empowering the digital therapeutic relationship: virtual clinics for digital health interventions *npj Digital Medicine* 1, Article number: 16 (2018).

²¹ *Beyond Blue's response to the Report from the Mental Health Reference Group to the Medicare Benefits Schedule Review Taskforce*, June 2019, p10.

²² *Beyond Blue's response to the Report from the Mental Health Reference Group to the Medicare Benefits Schedule Review Taskforce*, June 2019, p11.

²³ The Sax Institute, *Strategies for adopting and strengthening e-mental health, prepared for the Mental Health Commission of NSW*, October 2014.

- 67 Technological and resource challenges that exist in some geographical areas may be a source of discouragement for professionals and end users. Governments need to support the infrastructure and referral structures for expanded telehealth to be effective and efficient as recommended in the recent Productivity Commission draft report.²⁴
- 68 Clinician awareness and training programs are vital to inform and support the role of eHealth in routine practice and to guarantee consumers are directed to appropriate technological interventions. Critically, while government recognition of the benefits of eHealth within the health care system is important, this recognition may be meaningless without sustained funding and for continuing development to ensure that health interventions keep pace with emerging technology.²⁵
- 69 Perhaps another factor that may lead to an increased uptake in online therapies relates to the flexibility and agility that digital options can provide at times like the current COVID-19 pandemic. In China, as with many parts of the world, online psychological counselling services have been widely established by mental health professionals to provide free 24-hour services. Online self-help interventions including cognitive behavioural therapies for depression, anxiety and insomnia have been developed. In addition, several artificial intelligence programs have been put in use as interventions for psychological crises.²⁶
- 70 Upskilling and on the job training delivered by professional associations are needed to help increase professionals' confidence and capabilities in effectively using technology in their practice. Useful resources recently developed by professional bodies such as the Royal Australian College of General Practitioners (**RACGP**), including a telehealth video consultations guide, will assist GPs in private practices. Similarly, in response to COVID-19 and the recent changes to MBS, the Royal Australian and New Zealand College of Psychiatry (**RANZCP**) has released a range of resources on their website to help psychiatrists who may be using telehealth for the first time.

Steps taken by Beyond Blue to help the workforce adapt their practice to incorporate technology

- 71 The main way that Beyond Blue has assisted individuals and workforces to adapt and adopt technology in their work is through tailored training packages:
- (a) Be You is a professional learning package for educators from early learning onwards. Because it is an online platform, it can be accessed at any time and

²⁴ Productivity Commission *Inquiry into Mental Health Draft Report*, October 2019, rec 5.7, 7.2.

²⁵ Nicholas, J, Huckvale, K, Larsen ME, Basu A, Batterham P, Shaw F 7 Sendi S (2017) Issues for eHealth in Psychiatry: Results of an Expert Survey in J Med Internet Res. 2017 Feb 28; 19 (2): e55
ncbi.nlm.nih.gov/pubmed/28246068.

²⁶ Liu, S, Yang, L, Zhang, C, Xiang, Y, Liu, Z, Hu S, Zhang, B (2020) Online mental health services in China during the COVID-19 outbreak, published online Feb 18, 2020 – [www.thelancet.com/psychiatry](https://doi.org/10.1016/j.thelancet.com/psychiatry)
[https://doi.org/10.1016/](https://doi.org/10.1016/j.thelancet.com/psychiatry)

learning progress is saved, so that modules can be completed over longer time periods. Modules are also non-linear, so that educators and services can start at a point that best suits them. To increase uptake, the modules have been aligned to professional development frameworks for educators in every Australian state and territory.

- (b) The PEAC program is an e-learning program for staff in residential aged care facilities. The self-directed learning program has been developed to increase the knowledge and confidence of staff to detect and manage anxiety and depression (and suicide risk) among residents in aged care facilities and community settings. This was funded by Beyond Blue and developed by the National Ageing Research Institute following a 2010 research project scoping the education and training needs of staff working in aged care.
- (c) Online training for NewAccess coaches is being developed with Flinders University to help with the scaling up of the program. This training incorporates the use of digital technology for use in telehealth services.

Innovation

Enabling and incentivising innovative mental health service models responsive to consumer needs

72 Beyond Blue's experience delivering NewAccess over the past decade may offer helpful insights into what is required to enable and incentivise novel mental health service models that meet consumer needs.

- (a) **Adaptation of a proven model:** NewAccess is based on the successful Improving Access to Psychological Therapies (IAPT) program in the UK. Feasibility and clinical efficacy of adapting the model to the Australian context was conducted over three years, in three trial sites, in partnership with Flinders University. Independent evaluation was conducted by Ernst & Young showing Australian trials to outperform IAPT significantly in terms of recovery rates.²⁷ Crucially the program was shown to be appropriate and effective in the Australian environment and meeting a previously unmet need in the mental health system. A multi-site cohort study showed reliable recovery rates in both depression (68%) and anxiety (95%) symptoms at posttreatment assessment.²⁸

²⁷ Ernst & Young. (2015). *Beyondblue NewAccess Demonstration Independent Evaluation - Summary of Findings*. Accessed 28 May 2019 at: https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0353_beyondblue-newaccess-demonstration-independent-evaluation.pdf?sfvrsn=7e1050ea_0.

²⁸ Michael Baigent, David Smith, Malcolm Battersby, Sharon Lawn, Paula Redpath & Alicia McCoy (2020): The Australian version of IAPT: clinical outcomes of the multi-site cohort study of NewAccess, *Journal of Mental Health*, DOI: 10.1080/09638237.2020.1760224.

- (b) **Financing development and sustainability:** Beyond Blue initially committed significant funding to develop NewAccess in partnership with philanthropic sources, in particular The Movember Foundation. While the Commonwealth Government has since committed some funding for low intensity services to be commissioned through PHNs, there is no ongoing funding source for the model development, monitoring program integrity, quality improvement and evaluation. This continues to be funded by Beyond Blue and our philanthropic partners.
- (c) **Policy and service funding frameworks:** While the overarching national policy framework supports a stepped care approach to mental healthcare, the implementation of stepped care funding has so far failed to match the high prevalence of mild to moderate conditions. Instead, most funding continues to be driven by interventions at the crisis end of the system that prioritise the most severe and complex cases.
- (d) **Community acceptance:** The uptake of new models depends on establishing public trust, which may require a large-scale communication and behaviour change efforts sustained over time and through multiple channels. NewAccess has demonstrated that short-term, targeted campaigns can be successful but universal coverage will require much more significant support.
- (e) **Clinical acceptance:** The IAPT program in the UK is clinically accepted because the treatment used (low intensity Cognitive Behavioural Therapy) is recommended by the National Institute for Clinical Excellence for treating anxiety and depression. However, clinical acceptance of the NewAccess model in Australia is still low. We know that clinical endorsement of NewAccess will be an enabler to ensuring the model is responsive to consumer needs. An important strategic objective for Beyond Blue is further research that validates the clinical efficacy of low intensity Cognitive Behavioural Therapy, as well as reputable economic research showing it is a cost-effective treatment.
- (f) **Workforce and training:** Enabling a new and innovative service model may require different workforce capabilities. For example, the NewAccess workforce is specifically trained to deliver low intensity interventions, with seven weeks of intensive training prior to engaging clients, then ongoing training and supervision over 12 months. We know this complements the existing specialist skillsets in mental health, including that of psychiatrists and psychologists, who can then be freed up to concentrate on more intensive and complex cases.

Beyond Now

- 73 Another response is Beyond Now, a safety planning smartphone app developed by Beyond Blue with input from people with lived experience of suicide and mental health

professionals. The app allows individuals to create a structured and personalised plan to identify warning signs of an impending crisis, coping strategies, and reasons to live.

- 74 Early research indicates that Beyond Now contributes significantly to reductions of severity and intensity of suicidal ideation and increases in suicide-related coping.²⁹
- 75 The key challenge in developing and enhancing services of this type at scale is the format itself. Digital tools are not static, they require ongoing investment and development in upgrades, research and targeted marketing to ensure they stay relevant, effective and available to audiences who most need them, particularly in geographic areas where hospitalisations for intentional self-harm far exceed the national average.

Structures and requirements needed to accelerate innovation in mental health care

- 76 Innovation needs to be targeted at known gaps in the system and in the evidence base. Because innovation is resource intensive and proper evaluation takes time, incentives will need to be in place to ensure that innovation can be pursued in a sustainable way.
- 77 Co-design principles should be in place from the beginning to ensure that innovative models meet genuine gaps and use approaches that are attractive to people that need them. Involvement of people with lived experience must continue through the life of the project, including in governance, implementing improvements and evaluation.
- 78 The evaluation process should be planned from the beginning with engagement from funders, evaluators, the service provider and people with lived experience.
- 79 Successful projects need to be scaled up and integrated within wider service systems. Running short term, small scale pilots that never reach scale despite positive evaluations becomes a significant disincentive to further innovation.

How the system can help facilitate partnerships between government, private and NGO partners, health services and consumers to develop innovative service offerings

- 80 In recent years, there have been new collaborative models developed that are designed to encourage innovation (e.g. Collective Impact, social impact bonds). One of the key things these approaches reveal, is the enormous pressure on innovative enterprises to demonstrate success. Yet, a major influence on innovation is being allowed to try new things and fail. Effective collaboration and innovation are difficult, resource intensive and carry a real risk of failure. This doesn't mean that we shouldn't do such things, but that we need to engage in an honest assessment of the conditions and criteria for success.

²⁹ Melvin, G., Gresham, D., Beaton, S., Coles, J., Tonge, B., Gordon, M., & Stanley, B. (2018). Evaluating the feasibility and effectiveness of an Australian safety planning smartphone application: a pilot study within a tertiary mental health service. *Suicide and Life-threatening Behaviour*, 49(3), 846-858.

This may mean we need to consider learnings, failures and partial successes, rather than only looking at outcomes.

- 81 In regard to collaborative governance, a key consideration is understanding the power dynamics: do all stakeholders have an equal say in setting the goals, assessing progress and suggesting improvements? A successful Victorian example can be seen in the Go Goldfields Alliance, which adopted a non-hierarchical, flexible governance model based on the Collaborative Table approach.³⁰ While Go Goldfields is a place-based initiative, similar governance principles could be applied to digital offerings.

The role of people with lived experience in the co-production of digital technologies in mental health

- 82 People with lived experience must have a central role through all phases of digital product development – from identifying needs, to design, testing, evaluation and continuous improvement. This principle also applies to the wider digital agenda, as we think about the market as a whole; interoperability, data sharing and privacy considerations; how the usage patterns with digital products impact on connections with other service types; accessibility and market gaps.
- 83 It's also important to consider the views of people who might be excluded from digital projects. Introducing digital solutions into the mental health ecosystem will have an impact on more traditional services, so we should ask whether this increases or decreases accessibility, especially for people whose life situations make them more vulnerable.

Public health and prevention

Examples of innovative approaches to mental illness prevention or promotion of good mental health

- 84 Research commissioned by Beyond Blue in 2018 revealed a lack of services or programs with **prevention** of anxiety and/or depression as their focus.³¹ The prevention gap is significant for mental health, though it is common to physical health as well. Given the longer timeframes and the number of people required to demonstrate preventive efficacy, it is often much easier to get funding for a treatment program, so the evidence base reflects this bias.
- 85 However, Beyond Blue does have some positive examples of mental health **promotion**, using a settings-based approach, that do show the potential of this approach. Our work

³⁰ Go Goldfields Alliance Evaluation Report 2012-2014.

³¹ Kay-Lambkin F, Gilbert J, Pedemont L, Sunderland M, Dalton H et al. (2018). *Prevention and early intervention for people aged 18 and over with, or at risk of, mild to moderate depression and anxiety: An Evidence Check rapid review brokered by the Sax Institute for Beyond Blue*. The Sax Institute, Sydney.

in education and workplace settings share a common vision of investing proactively in good mental health on individual and community levels.

86 Some of the features of these examples are as follows.

Education settings

87 Early childhood education and schools offer ideal settings for promoting healthy behaviours early in life. The benefits of this extend beyond educators and students, to parents, families and the broader school community.

88 Be You, the national education initiative funded by the Commonwealth, is a good example of an innovative mental health promotion platform. Designed to support educators to foster mentally healthy learning environments, it provides a framework to create positive, inclusive and resilient early learning and school communities where every child, young person, staff, and family member can achieve their best possible mental health.

89 A recent evaluation of the first nine months of implementation found that Be You had:³²

- (a) increased awareness among educators and education settings about children's mental health;
- (b) increased insight into child behaviour and how to respond to it;
- (c) supported development of a common mental health language among educators; and
- (d) created confidence in discussing mental health with colleagues, children, young people, and families.

90 These findings demonstrate that Be You supports early learning services and school communities to build and maintain mentally healthy learning environments. Such settings allow children, young people and their families to build resilience and mental health literacy that will set them up for life.

Workplace settings

91 Given how many hours most Australian adults spend at work, workplaces also offer an important setting for mental health promotion and stigma reduction. Being part of a mentally healthy workplace is important for everyone's wellbeing.

92 Beyond Blue was a founding member of the Mentally Healthy Workplace Alliance, which comprises national business peaks, unions, the mental health sector, government and regulators. The Alliance's priority in recent years has been advocating for the

³² Deloitte Access Economics. (2020). *Implementation evaluation report*. Unpublished.

establishment of a National Workplace Initiative, which received federal funding (\$11.5 million) in 2019/20 for four years.

- 93 The National Workplace Mental Health Initiative is being led by the National Mental Health Commission with the support of the Alliance to provide simple, trusted, practical advice and support to every Australian workplace.
- 94 The initiative will focus on providing several key components:
- (a) Useful national workplace mental health resources that detail what works and a clear, step by step, process for action. Existing resources will be used wherever possible, rather than creating new content.
 - (b) Simple, practical implementation guidance material to assist workplaces to convert their mental health strategies into action.
- 95 These examples stand out for several reasons:
- (a) **Settings-based approaches** provide benefit to whole groups and populations of people and do not discriminate based on location or type of school/workplace. For instance, some of the most engaged Be You schools are in highly disadvantaged areas.
 - (b) **Co-design** has been integral. In workplaces, that co-design process extends beyond workplaces and employees and crucially engages unions, regulators, and people with an experience of mental illness. Likewise, educators and education departments and other experts were involved throughout the development of Be You.
 - (c) These examples build on a **known evidence base**. Rather than creating more content, the focus has been on making this information easily accessible, practical and applicable.
 - (d) Both approaches are **complementary to state and territory frameworks, regulations** and activities. For workplaces, the National Workplace Initiative will complement work health and safety laws and regulations, to support workplaces to best meet their legal obligations as well as build mentally health environments. The Be You framework complements state-based frameworks for health and wellbeing, providing a flexible and practical approach for educators, early learning service and school leaders to implement a whole learning community approach to address children and young people's mental health.

The extent to which the examples can be adopted in Victoria

- 96 In Victoria, Be You is already well supported. 1,669 primary and secondary schools - around three quarters of all schools in the state - 722 learning services and 43,991

individuals have registered to participate in Be You (May 2020). The Victorian Government could go further and endorse Be You as the foundational mental health initiative in schools and actively promote it in state-based education strategies and school wellbeing frameworks, including the Framework for Improving Student Outcomes.

- 97 As the National Workplace Initiative is developed, the Victorian Government can support its adoption by:
- (a) engaging in consultations to ensure the initiative is well designed, promoted and implemented in the state; and
 - (b) ensuring the Government's own workforce initiatives complement, rather than duplicate, the initiative.

How mental illness prevention and mental health promotion should be tailored for different age groups

- 98 There is compelling evidence for taking a lifespan approach to mental health prevention initiatives. Ultimately the foundations for good mental wellbeing are laid down in the early decades of life and we know that around 50 per cent of mental health conditions arise before the age of 14 and around three-quarters before the age of 25.³³ Priority needs to be given to prevention initiatives during the antenatal, childhood, adolescent and young adult period, although prevention initiatives are needed across the whole lifespan.³⁴
- 99 At Beyond Blue, we are taking a leading role in preventing mental illness and promoting mental health from an early age. This is demonstrated through the following initiatives.

Perinatal mental health promotion

- 100 Support for families during pregnancy and the pivotal first 1,000 days of early childhood, has the greatest potential to impact health and wellbeing throughout our lives.³⁵ Beyond Blue's 'Healthy Families' website promotes mental health and wellbeing in the perinatal period, with resources and strategies to support good mental health at this time.

Be You

- 101 Be You, delivered in partnership with headspace and Early Childhood Australia, provides a national framework and professional development package to support schools and

³³ Kessler, RD et al. (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Archives of General Psychiatry, 62: p. 593-602.

³⁴ VicHealth. Focusing on prevention A joint submission to the Productivity Commission inquiry into mental health. April 2019.

³⁵ Murdoch Children's Research Institute (2018). *The First Thousand Days – Our Greatest Opportunity: Policy brief*. Accessed at: <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/1803-CCCH-Policy-Brief-28.pdf>.

early learning services to promote mental health, intervene early and prevent and respond to critical incidents, including suicide.

Centre of Research Excellence in Childhood Adversity and Associated Depression and Anxiety

- 102 Adverse childhood experiences and trauma have lifelong effects with child maltreatment accounting for between 16 to 33 per cent of depression, anxiety and self-harm in Australian adults.³⁶ Preventing adverse childhood experiences and other conditions that negatively impact mental health can fundamentally shift Victoria's mental health trajectory. In recognition of this, Beyond Blue, in partnership with the National Health and Medical Research Council, is funding the Centre of Research Excellence in Childhood Adversity and Associated Depression and Anxiety. The world first centre brings together researchers spanning paediatrics, education, psychology, psychiatry, population health, and health services research to look at which interventions are most likely to be effective in reducing adverse childhood experiences.

Older people

- 103 The physical and social changes that come with ageing can leave older people vulnerable to poor mental health. It's important that older people also have age and culturally appropriate mental health promotion interventions available to them.
- 104 Beyond Blue's PEAC e-learning program promotes the mental health and wellbeing of older adults through a capacity building approach. The online program aims to educate staff working in residential and community aged care settings about anxiety and depression in older people.

How mental illness prevention and mental health promotion should be tailored for communities experiencing disadvantage or poverty

- 105 Mental illness prevention approaches must consider the uneven distribution of risk and protective factors, including socioeconomic disadvantage.³⁷ The social determinants of health are particularly influential (e.g. unemployment, poor education, inadequate housing) and should be prioritised.
- 106 A mix of public education, skill-building programs, organisation-level change, community mobilisation and public policies that promote environments conducive to mental health is

³⁶ Moore, S.E. et al. (2015). Burden attributable to child maltreatment in Australia. *Child Abuse and Neglect*, 48: p. 208 – 220.

³⁷ VicHealth. Focusing on prevention A joint submission to the Productivity Commission inquiry into mental health. April 2019.

required to ensure that we target both the broader population and communities experiencing disadvantage.³⁸

107 Broadly, the evidence indicates that mental health promotion efforts tailored for these communities need to consider:

- (a) Reach and accessibility – communities may face poorer access to mental health professionals and services that typically support health promotion campaign materials, messaging and information.
- (b) Education levels.
- (c) Literacy levels.
- (d) Health literacy.

How mental illness prevention and mental health promotion should be tailored for people living in different parts of Victoria

108 While it has been reported that the prevalence of mental illness does not differ substantially between urban and rural areas across Australia, the impact of mental illness is far greater in rural and remote communities.³⁹ The prevalence of suicide in Australia's rural and remote communities is greater than that of major cities and as remoteness increases, so too does the rate of suicide.⁴⁰

109 There are unique challenges impacting mental health in rural and remote Australia, which need to be addressed when developing mental health promotion initiatives. For example, people in rural and remote areas experience unique circumstances such as flood, fire, drought, as well as economic variability and population decline, which can impact on their health and wellbeing.⁴¹ Loneliness and social isolation are acute issues which can be

³⁸ Ibid.

³⁹ Commonwealth of Australia, 2018. The Senate – Community Affairs References Committee. *Accessibility and quality of mental health services in rural and remote Australia*, December 2018. Accessed on 21 October 2019 at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report.

⁴⁰ Australian Government (2019). *Australian Government response to the Senate Community Affairs Committee Inquiry report: Accessibility and quality of mental health services in rural and remote Australia*, April 2019.

⁴¹ Commonwealth of Australia, 2018. The Senate – Community Affairs References Committee. *Accessibility and quality of mental health services in rural and remote Australia*, December 2018. Accessed on 21 October 2019 at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report.

particularly challenging for young people growing up in regional areas.⁴² Rates of smoking, risky drinking and illicit drug use are also higher.⁴³

- 110 Leveraging opportunities to connect people, whether through digital means or in person, is an important consideration for mental health promotion in regional and rural areas.

How mental illness prevention and mental health promotion should be tailored for people with diverse needs

- 111 There is extensive evidence that mental health care should be tailored for people with diverse needs, and this is no different for mental illness prevention and mental health promotion initiatives.⁴⁴

- 112 The evidence emphasises that tailoring mental health promotion efforts requires an understanding of:

- (a) Language – ensuring appropriate translation of concepts and messages is fundamental.
- (b) Cultural values, beliefs, religion – the concept of mental health means different things in different cultures.
- (c) Experience – pre-migration experience and/or trauma experiences.
- (d) Stigma – differences in cultural explanations and perceptions surrounding mental health.
- (e) Gender, identity and sexuality.

Evidence on how to reduce stigma around mental illness

- 113 Beyond Blue's position statement on stigma and discrimination outlines a range of practical ways to make change in these areas.⁴⁵ Broadly, the evidence on how to reduce stigma around mental illness points to three main approaches:⁴⁶

- (a) Educational – which includes providing information resources that challenge inaccurate stereotypes and replace them with correct information. This can be

⁴² Australian Government – Department of Health, 2018. *Senate community affairs references committee inquiry and report into the accessibility and quality of mental health services in rural and remote Australia – submission from the Department of Health*, May 2018.

⁴³ National Rural Health Alliance Inc, 2017. *Mental Health in Rural and Remote Australia – Fact Sheet*, December 2017.

⁴⁴ Australian Government, 'Fact sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds' <<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-multi-fact>> (accessed 9 April 2020).

⁴⁵ Beyond Blue, 'Reducing stigma and discrimination' <<https://www.beyondblue.org.au/about-us/position-statements-and-policy-submissions/stigma-discrimination>> (accessed on 30 June 2020).

⁴⁶ Corrigan, P.W., Morris, S.B., Michaels, P.J., Rafacz, J.D. & Rusch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric Services*, 63 (10), 963 – 973.

done using social media and traditional media campaigns, websites or flyers, as well as cultural mediums like films and books.

- (b) **Contact** – which focuses on interpersonal connection with people who've experienced a mental health challenge. This can occur in an unplanned way, such as meeting someone through family or friends, or through planned approaches where trained and supported lived experience speakers share their story with an audience.
- (c) **Protest** – which is about highlighting the injustices of stigma and requesting or demanding poor attitudes and behaviours are suppressed. Research shows this approach is not often successful in changing attitudes on its own, but it can be helpful when combined with contact approaches, particularly through social media. An example that illustrates this is from 2013, when people protested against a 'mental health patient' Halloween costume on Twitter. This led to retailers removing the costume from sale, apologising and donating to an anti-stigma campaign.⁴⁷

Particular approaches relevant for Victoria

114 Beyond Blue's current work reflects a multifaceted approach to stigma reduction in the Victorian community:

- (a) **Our Speakers Bureau** uses the contact approach to stigma reduction. Around 100 Victorian Beyond Blue Speakers share their personal stories of anxiety, depression and recovery to increase awareness, reduce stigma, encourage people to talk about how they are feeling and to take action to get help. Last year, we provided speakers for more than 400 events, including community forums, conferences, schools and community sports clubs across the state, reaching just under 70,000 audience members.
- (b) **Blue Voices** uses a contact approach and is Beyond Blue's online community reference group of people with a personal experience of living with or caring for someone with anxiety, depression or suicidality. Blue Voices members share their lived experiences and perspectives to inform Beyond Blue work, such as for campaigns, resources, project development, and research.
- (c) **Media, including social media**, combines an educational and contact approach to stigma reduction. Coverage, either through social or traditional media forms, is used to extend campaign reach; promote personal stories of hope, recovery and resilience; increase knowledge of mental illness; and enable conversations.

⁴⁷ Betton, V., Borschmann, R., Docherty, M., Coleman, S., Brown, M. & Henderson, C. (2015). The role of social media in reducing stigma and discrimination. *The British Journal of Psychiatry*, 206, 443 – 444.

- (d) **Behaviour change campaigns** employ an educational and contact approach and are underpinned by extensive research with people with lived experience and target audiences. Campaign messages have been used to cover a range of conditions, life stages, population groups and settings. Our 'Get to know anxiety' campaigns are well known and were developed to reduce stigma and encourage help-seeking behaviours. The most recent campaign, aired in 2019, focused on addressing self-stigma.
- (e) **Policy and advocacy** takes an educational and protest approach to reducing stigma at the community and societal levels. A focus for Beyond Blue's advocacy has been in reducing stigma and discrimination experienced by people applying for and claiming on insurance products.
- (f) **Our workplace program** encourages businesses of all sizes to adopt an integrated approach to workplace health and safety, which includes mental health. Businesses who adopt this approach should consider three components: preventing harm to mental health, promoting positive mental health, and supporting people with a mental health condition. The last component specifically focuses on mental health literacy and stigma reduction, supporting workplaces to play a role.

115 Another opportunity to address stigma in Victoria is through lived experience leadership. People with an experience of mental health conditions are drivers of social change and should be supported and empowered to challenge stigma at all levels. Programs should be developed that can provide peer mentoring, training, support and networking opportunities to empower and build confidence among emerging leaders. This can have a dual benefit by supporting recovery and improving social and economic outcomes.⁴⁸

Approaches to address self-stigma

116 Self-stigma can be particularly damaging. It can be described as negative self-talk which can lead to:

- (a) denial of symptoms;
- (b) rejection of treatment; and
- (c) self-isolation from potentially valuable social supports.⁴⁹

⁴⁸ Global Anti-Stigma Alliance (2015) 'Key Principles and Approaches' <<https://www.time-to-change.org.uk/sites/default/files/gasa%20leaflet.pdf>> (accessed 30 June 2020).

⁴⁹ Beyond Blue (2020) 'Stigma relating to Anxiety' <<https://www.beyondblue.org.au/the-facts/anxiety/stigma-relating-to-anxiety>> (accessed 30 June 2020).

- 117 Ultimately, it can result in poorer mental health outcomes. So, in addressing self-stigma, we should focus on these three factors.
- 118 Similar strategies to those used for stigma generally can be used to address self-stigma, with a focus on the way they are targeted. For instance, Beyond Blue's Anxiety campaigns have used messaging to build awareness among both individuals and the broader society to 'know when anxiety is talking'. Among individuals experiencing self-stigma, this approach aims to address their knowledge and understanding of symptoms. Reiterating the role that support and treatment can play in effectively responding to conditions is crucial for social and self-stigma. This is why our campaign messages are always accompanied by a call to action for individuals, including to speak to a GP, health professional or seek more information on options through our website.
- 119 The impact of self-isolation from social support can be detrimental for someone experiencing poor mental health. Sometimes the best approach focuses on building literacy among potential social supports to recognise this self-isolating behaviour and reaching out to family, friends and loved ones who may be in need.

How stigma can be reduced for health professionals, particularly paramedics and emergency workers

- 120 Stigma among health professionals not only affects a workplace, but it also flows on to the care that patients experience.
- 121 Beyond Blue's Police and Emergency Services project, which surveyed more than 22,000 workers, volunteers and family members, provided world-first data on levels of stigma. Broadly, the survey found most personnel did not hold stigmatising attitudes about their colleagues, but there were very high levels of shame and self-stigma.
- 122 Beyond Blue's work in hospital settings has shown similar results. Health professionals experience embarrassment and self-stigma about their own mental health, and these attitudes can impact on their treatment of patients.
- 123 Workplaces have an important role to play. Developing a workplace strategy that elevates mental health to the same level as physical health and safety can provide a framework to address stigma. It should:
- (a) promote the organisation's commitment to people who live with mental health conditions, ensuring leadership is shown at every level to build employee trust;
 - (b) go much further than fruit bowls and yoga to good job design, regular workload review, manager support and training, and policies and processes that address risk factors and enable protective factors;

- (c) identify mental health champions among staff, who are willing to share their personal stories and provide information and resources for others to increase knowledge about mental health and wellbeing; and
- (d) ensure education and resources provided to staff support both an understanding of conditions and treatment options, as well as stigma and its impact on help seeking.

The role of data and surveillance in promotion and prevention

- 124 Data and surveillance play a critical role in targeting, monitoring and evaluating promotion and prevention efforts.
- 125 Prevention efforts can be universal (for the whole population) or targeted (for groups at higher risk of mental health conditions).⁵⁰ For targeted interventions, data is required to understand groups of the population at highest risk of experiencing mental health conditions, in addition to geographical areas that experience worse mental health and/or have higher risk factors for mental ill health. This data is available through the Victorian Population Health and Burden of Disease surveys, which can be segmented to local government areas.
- 126 An evidence-informed approach to guide decisions about targeted mental health promotion and prevention strategies is imperative. Priority should be given to adopting evidence-based prevention programs, especially those that have positive results from randomised controlled trials and economic analyses.

Monitoring and evaluation

- 127 Monitoring and evaluating the impacts of prevention efforts, through surveillance, is crucial to determine whether we are making a difference. This could be achieved through research studies, data collection in key settings such as schools, workplaces and health sector services, as well as through whole-of-population surveys. This data should include monitoring or evaluation of risk and protective factors; changes in individuals' knowledge, attitudes, beliefs and behaviours; process changes in organisations' practices and policies; incidence and/or prevalence of key conditions; and data on morbidity and mortality.
- 128 Leading public health experts advocate that we need strategies to better monitor the impact of mental health prevention initiatives, through a comprehensive approach to surveillance, including:

⁵⁰ World Health Organisation (2002) 'Prevention and Promotion in Mental Health' <https://www.who.int/mental_health/media/en/545.pdf> (accessed 5 April 2020).

- (a) Repeating the National Survey of Mental Health and Wellbeing, which is just now being planned after more than a decade gap.
- (b) Regularly conducting the Australian Health Survey with the inclusion of anthropometric and biomedical measures.
- (c) Routine screening for and central reporting of comorbid conditions among individuals who live with a chronic disease and/or a mental health condition in all publicly funded, or subsidised, health and mental health services, using standardised and validated data collection and assessment tools.
- (d) For Indigenous health and wellbeing monitoring and evaluation, the Victorian Aboriginal Affairs Framework (VAAF) 2018-2023 brings together a comprehensive set of data and 111 measures that can help community hold government to account on whether our combined efforts are improving the lives of Aboriginal Victorians. Any monitoring or evaluation plan and its implementation should be inclusive of mental health and wellbeing measures outlined in the VAAF, along with considerations of Indigenous-led approaches to data monitoring, evaluation and Indigenous data sovereignty.⁵¹

129 The monitoring and evaluation of Beyond Blue's recent Anxiety Strategy (2017-2019) is an example of effective use of data in evaluating mental health promotion initiatives. The centrepiece of this work was a mass media behaviour change campaign which sought to increase public understanding and encourage action on anxiety. The campaign was informed by a Theory of Change model from the outset and a clear monitoring and evaluation plan. Outcome measures included reach, exposure and behaviour change measures. In particular, the evaluation showed the campaign to be successful in encouraging people to seek information and undertake self-management activities for anxiety, in addition to increased intention to seek professional support in the future.⁵²

Engaging the Victorian community in taking an active and shared responsibility for supporting mental health

130 A whole-of-community approach to prevention requires a mix of strategies at the individual, organisational and community level including public education/awareness; social marketing campaigns; personal skills-building programs; local community mobilisation initiatives; the creation of mentally healthy organisational and community environments; public policies; and services system reorientation initiatives.⁵³

⁵¹ Aboriginal Victoria, 'Victorian Aboriginal Affairs Framework 2018-2023' <<https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023/measure>> (accessed 30 June 2020).

⁵² Beyond Blue. Anxiety Strategy Evaluation 2017 – 2020 – draft (unreleased).

⁵³ VicHealth. Focusing on prevention A joint submission to the Productivity Commission inquiry into mental health. April 2019.

- 131 Initiatives to prevent mental health conditions need to leverage and complement efforts to prevent other chronic diseases. There are well-established, rigorously evaluated and successful whole-of-community approaches to chronic disease prevention that highlight the ingredients for success.
- 132 The Victorian Government's Healthy Together Victoria program, the state's flagship preventive health effort, provides a framework for successfully engaging the whole of the Victorian community (including businesses, organisations, schools, communities and individuals).⁵⁴
- 133 This framework shows that to achieve success the following principles should be adopted:
- (a) **Line of sight:** A line of sight provides a transparent view on how investment in policy is translated into measured health impacts, ensuring best value from every dollar spent on prevention.
 - (b) **Leadership for change:** Building a critical mass of leaders at all levels of the system (including senior managers, elected officials and mental health champions in our schools, businesses, workplaces and communities) is required to drive population change.
 - (c) **Prevention at scale:** Prevention is viewed as a system and prevention programs are delivered at scale across that system to impact the health and wellbeing of large numbers of the population in the places where they spend their time such as schools, workplaces and community organisations.
 - (d) **Collaboration for collective impact:** Long-term commitment is required by multiple partners, from different sectors, and at multiple levels, to ensure that actions are shared, mutually reinforcing, knowledge is co-created, and interventions are co-produced.
 - (e) **Embedded equity:** Health equity is at the heart of the system, and its interventions, to ensure the highest level of health for all.

Suicide Prevention

Systemic levers and structures for suicide prevention efforts

- 134 The reason for taking a systemic approach is that it helps us to put the person and their experience at the centre of the response. We want people to have options and pathways to the support they need as early as possible, so that a situation that starts with distress doesn't lead to the progression of symptoms or even suicide. That is why Beyond Blue advocates for an end-to-end system with multiple, accessible entry points that guide people from crisis to safety. A person who needs help should have an entry point that

⁵⁴ Victorian Government. Healthy Together Victoria: Creating a healthier Victoria (January 2015).

suits their needs, is always accessible and can link them to other supports they might need.

- 135 One of the key levers for creating an end-to-end approach to suicide prevention is a systemic approach to funding. Particular emphasis should be given to parts of the system that are currently under-developed or non-existent – such as a network of ‘safe haven’ cafes/spaces, residential settings, and suicide support groups – which can complement initiatives like aftercare that are well-established and moving into expansion phases. A systematic approach to funding could cure problems of duplication by creating incentives for community organisations to join their existing initiatives into the end-to-end system, while developing new services to fill gaps. For instance, the NSW Government has committed \$90 million over three years for nine ‘Towards Zero’ suicide prevention initiatives: zero suicides in care (\$10.2 million), aftercare (\$9 million), alternatives to the emergency department (\$25.1 million), improved collection and distribution of suicide data (\$1.95 million), postvention services for people bereaved by suicide (\$4.56 million), resilience building in local communities (\$8.175 million), enhancement to rural counselling (\$6.75 million), assertive outreach teams (\$21.35 million), and community gatekeeper training.⁵⁵
- 136 Another systemic lever is data collection. The suicide prevention sector is hampered by a lack of consistency and rigour in data collection across jurisdictions, and a disproportionate focus on suicide deaths. So much more of the suicide prevention ‘picture’ could be uncovered through systematic oversight of the numbers of people who think about, plan or attempt suicide, as well as those experiencing distress or psychological illness that may lead to suicidality. An end-to-end system of suicide prevention must collect data across the continuum – people who have attempted suicide, people experiencing suicidal ideation, and people in high levels of distress – and help us understand how people move between these points. A more centralised approach could also provide consistency in collection methodologies, including advice and recommendations on the types of tools and measures, by establishing reporting obligations for providers and organisations and publishing data publicly.
- 137 Finally, we must systematise our approach to research and evaluation, so that we can meaningfully assess what works, where further investment should flow, and how. Research in suicide prevention is largely programmatic (e.g. evaluations of individual initiatives), short term (e.g. rapid reviews to support funding proposals), focused on crisis and post-crisis interventions, and learnings are dispersed across universities, centres of best practice and individual organisations. A more joined-up end-to-end system would

⁵⁵ NSW Government (2019) ‘Towards Zero Suicide Initiatives’
<<https://www.health.nsw.gov.au/mentalhealth/resources/Factsheets/towards-zero.pdf>> (accessed 30 June 2020).

require us to integrate our knowledge, taking a broader and longer-term view of interventions, including preventive approaches.

Ways that governments, service providers and community organisations could work together in suicide prevention programs

- 138 Bringing together key stakeholders (people with lived experience, service providers, researchers) to work with government can help to overcome fragmentation. Because the problem of suicide crosses multiple ministerial portfolios and we are seeking more joined up solutions, overall responsibility must be linked to the highest level (i.e. premiers in the states, chief ministers in territories and the Prime Minister nationally). The public visibility and profile of the Prime Minister's Suicide Prevention Advisor, Christine Morgan, illustrates one way of bringing attention to the subject and focussing collaborative efforts. Another example is the South Australian Premier's Council on Suicide Prevention, led by John Dawkins, the Premier's Advocate for Suicide Prevention. The Council comprises sector experts in the areas of mental health and suicide prevention, including representatives from Primary Health Networks, local hospital networks, and voluntary groups. An equivalent body in Victoria – a Premier's Council on Suicide Prevention – could work closely with the federal Suicide Prevention Advisor and any other state/territory counterparts.
- 139 A Victorian Premier's Suicide Prevention Council could:
- (a) lead and monitor the implementation of state and national suicide prevention strategies by coordinating across ministerial portfolios, local government areas, local hospital networks, community organisations and peak bodies.
 - (b) create and oversee a sector-wide Community of Practice with plenary and program-specific streams, to enable the cross-pollination of ideas between organisations, providers and government. An example is the South Australian Suicide Prevention 'Network of Networks', an annual state-wide event bringing together Suicide Prevention Networks and key sector representatives. We recommend a rigorous and outcomes-focussed version of the Network of Networks, with more regular meetings, clear actions and enough funding to support the activities of these vital community volunteer programs.
 - (c) support the activities and distribute learnings from a dedicated suicide prevention stream within the proposed Collaborative Centre for Mental Health. A dedicated suicide prevention stream could drive policy development, research partnerships, and data collection across the spectrum of suicidal experience. The stream could also provide a mechanism for regular community input and feedback, to ensure the voices of people with lived experience have a key role in devising, shaping and organising strategies for suicide prevention.

- 140 To be fully effective, any mechanisms for cross-sector collaboration need to do more than simply provide advice. While responsibility for delivering on strategies and goals ultimately lies with the government of the day, collaborative bodies such as a Suicide Prevention Council should have an active role in pursuing shared goals, take accountability for actions and be appropriately resourced to deliver outcomes in accordance with their function.

COVID-19

Changes in demand for mental health services because of COVID-19

- 141 Since the start of the COVID-19 pandemic, Beyond Blue has seen a record demand across all our platforms. From 1 April to 28 June, across both the Beyond Blue Support Service and the COVID Service (for further information see paragraph 146), there were 76,705 contacts (calls, emails, and webchats), a **62 per cent increase** on the same period in 2019. What we have seen with COVID-19 is that it has affected everyone, in different ways – whether they are stuck at home and still have a job, where they are living home alone, or even where they are living in a shared house.
- 142 There have also been record increases in the completion of the Be You professional learning modules since COVID-19-related restrictions were put in place. In April 2020, there were over 28,000 modules completed, two and a half times more than the previous best monthly totals. Across the five Be You modules, those with a focus on “early intervention” and “crisis intervention” have the highest number of completions, which shows that a significant number of educators are focussing on ways to provide timely support, and how to recognise and respond to a critical incident.
- 143 What has been particularly interesting, though unsurprising to me, is that our online peer support forms, are approaching 900,000 page views since early April 2020. These include people who are not just living with existing mental health issues but new people – people perhaps thinking that they never thought they would ever have to contact Beyond Blue. We have seen people really struggling for the first time and we have noticed significant distress in those forums.
- 144 In particular, the themes as to what people are raising and talking about are shifting as the pandemic shifts. We noticed that in the early days, the strong themes were extreme health anxiety (thoughts that they or their family members were going to contract the virus, be seriously unwell or die). That has moved to concern about financial, economic and job stress. In the latter parts of April 2020, we also saw family stress, associated with schooling from home and people living on top of each other, having to juggle work, life, children and education. More recently we have started to see a real level of exhaustion. Notwithstanding the shifting of these themes, what we have seen consistently over the

last few weeks in March and April 2020 is a level of despair, fear and uncertainty, and even increasing discussion about suicide.

- 145 As to increasing suicidality, we have seen double to triple the number of people we are having to escalate to crisis services in any given month – so we’re seeing a level of acuity that we’re used to, but more of it. If we do see that someone is in imminent danger, we may contact emergency services (for example, on our forums, whilst people are anonymous, they have to provide us some information about themselves and agree to rules, such that if they are in a crisis situation we can contact emergency services).

Changes in mental health service delivery as a consequence of COVID-19

- 146 In March 2020 Beyond Blue proposed solutions to deal with the increasing demand for mental health support in light of the pandemic. As part of the Commonwealth’s initial \$74 million mental health package, Beyond Blue received \$10 million to create a dedicated national mental health support service related to the pandemic. The COVID-19 Mental Health Support Service (**COVID Service**)⁵⁶ was built and launched in partnership with Medibank Health Solutions and Accenture. The COVID Service sits alongside Beyond Blue’s other services. It provides easy links to regularly updated digital content and tools, and addresses themes that we know people are talking about – such as staying connected despite physical distancing, strategies for small business owners, the importance of self-care for health workers and ways to stay positive if someone has lost their job. There is also a counselling phone line and web chat staffed by trained mental health professionals and easy links to our online forums. Given the demand for the COVID Service, it was built and launched in eight days; a new service like this would normally take months to create.
- 147 Beyond Blue’s Support Service continues to operate and many people will continue to pick up the phone to us. We create warm transfers to the COVID Service – we don’t want people to be told to hang up and call a different number instead.
- 148 As at 30 June, the COVID Service has seen almost 11,000 individual counselling sessions nationally (35.7% were from Victoria), and over 880,000 engagements with the online forums. We’ve had more than 507,000 unique users access Beyond Blue’s dedicated Coronavirus website.

Longer term opportunities for new approaches to service delivery in light of COVID-19

- 149 What we know is that life as we knew it will not be the same for quite a while. Combined with a profound social and economic dislocation, we expect to see a very long mental

⁵⁶ Beyond Blue, ‘Coronavirus Mental Wellbeing Support Service’ <<https://coronavirus.beyondblue.org.au/>> (accessed 30 June 2020).

health curve. The scale of employment shock and its impact more broadly is still unclear, but could potentially be one of the largest in Australia's history according to the Grattan Institute.⁵⁷ We need to think about how we plan for that, but also how we learn from the more positive opportunities that have come of this.

- 150 What Beyond Blue is particularly concerned about are the economic impacts on mental health and wellbeing: unemployment, insecure employment, poverty, and in particular the effects on young people and people already facing situations that make them more vulnerable to the negative economic impacts of COVID-19.⁵⁸ Every response measure that focuses on employment and training is also a mental health measure and support services. We need to be very targeted to address these realities.
- 151 At the same time, however, we know that we are thinking and talking about things that will also protect mental health and wellbeing: community resiliency, being a good neighbour, redefining "essential workers", flexible ways of working, the importance of connectedness, setting new routines, eating well and nutritiously, maintaining as much physical exercise as people can, the importance of good sleep and avoiding the overuse of alcohol. Many people are having these conversations, but in a different context. In a sense, the pandemic has fast-tracked and broadened these important discussions.
- 152 Looking forward, a major consideration in system reform must be the integration of face to face, phone, online and digital service options. Connected platforms and services, where there is a pathway for people that is far more laid out; has the right safety rails in place; includes connected low intensity, primary care and specialist service options; and dedicated support for those with complex and longer-term needs. There are so many good resources and services out there, but it would be great if we can knit them all together in a person-centred way. For instance, how do we help people transition from information seeking to actions that support better mental health? This could be a digital self-help resource, a web or phone chat with a counsellor or peer worker, or making an online appointment with their GP. Then checking back with them about any further follow up. Did that work? Do they need more support – or less? It's more than just navigation, it's about accompanying people as they find their way to the level and type of support they need in a genuine stepped care system. We'll get there if we use a co-design approach, listening to people about their experiences, what works and what doesn't, and how they think services should adapt to meet their needs.

⁵⁷ Coates, B., Cowgill, M., Chen, T., and Mackey, W. (2020). Shutdown: estimating the COVID-19 employment shock. Grattan Institute.

⁵⁸ Ibid.

Adapting suicide prevention strategies in light of COVID-19

- 153 The recent announcement by the Victorian Government of funding for suicide prevention and mental health initiatives⁵⁹ was a commendable package. The funding recognises and responds to some of the population groups that we are concerned about, including young Australians, particularly in Aboriginal and Torres Strait Islander communities and in regional and rural areas. It also featured assertive outreach – about finding people who had ‘disappeared from the system’ and connecting back in with them. We need to consider adopting this strategy longer-term in light of COVID-19.
- 154 In particular, we know that many people have disconnected from their usual supports during the pandemic, and that some people living with complex and enduring mental health issues, are not showing up to services. We know that these people are not suddenly better. The pandemic reiterated that we have no idea in real time what is happening for people and how they are. We don’t have dynamic, real-time data that many other parts of the health system have. We therefore need an investment in that real-time, dynamic data capability, that puts the person at the centre of their care.
- 155 The other thing to consider is that many of us are digitally connected, but there are some people who don’t have devices, or who have them but are unable to use them or don’t have connection. There are also some people who cannot afford devices, or who do not have the luxury of endless bandwidth and data. Therefore, the digital equity issue is even more punctuated, and the sharpness of disparity and inequity must come into focus as we continue to develop digital solutions.

Help lines

- 156 Beyond Blue’s Support Service has grown exponentially since its inception in 2006. While web chat interactions have been rapidly growing in recent years, the greatest volume of contacts is still the telephone support line. There are three challenges common to this and most other similar services:
- (a) continuing growth in demand for the service without commensurate growth in service funding (Beyond Blue’s Support Service is funded by donations. We welcomed a one-off contribution of \$1.8 million from the Victorian Government in April 2020 to help address the unprecedented rise in demand);
 - (b) considering how to best advise and direct people to the service options for them when there are several different, often complementary, choices available; and

⁵⁹ Department of Health, Commonwealth Government, ‘Suicide prevention and mental health package signals once in a generation reforms’ <<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/suicide-prevention-and-mental-health-package-signals-once-in-a-generation-reforms>> (accessed 30 June 2020).

- (c) linking people successfully into longer term supports beyond the immediate phone call when they need this.

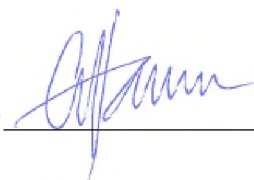
157 At Beyond Blue, we're thinking about these challenges, not just for the phone service in isolation but in the wider context of people seeking support through multiple channels with a diversity of experiences and contexts (refer to paragraph 152 above).

Education

158 Victoria has made some positive investments into supporting the social and emotional development of children and young people in their school years, including specialist mental health supports in primary and secondary schools. Outside of the school environment, the growth of headspace has also increased the availability of support for young people. Be You is playing its role in laying the foundations for mentally healthy education settings, helping educators to both identify emerging issues and have the confidence and knowledge they need to make referrals.

159 However, there remains a gap in specialist services, especially for children, and in schools' capacity to support engagement between students, families, services and their own staff. We know that half of lifetime mental health issues begin by the age of 14 but our mental health system has not been built to reflect that reality. We largely have a system built for adults in crisis, rather than a system that invests proactively in mental health promotion and prevention aimed at families, communities and universal settings like schools. At the very least, we should be thinking about mental health the same way we do about children's physical health and development, guiding parents, carers, health and education professionals, from conception through the early years to each stage of schooling with the information and support they need to raise thriving, resilient, mentally healthy children.

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