

## Royal Commission into Mental Health Services.

### A youth worker's perspective.

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I have provided intensive youth support to young people who are severely disengaged from Education for the last three years. I have been a youth worker over 20 years in Victoria. Most of the young people I have worked with in my current role have needed mental health support. Poor mental health has been a major contributing factor in their disengagement. A lot of my role within South East Melbourne has been linking young people into mental health support. Here are some of the issues or themes identified in my line of work.

#### GP Mental Health Care Plan is a Barrier to Mental Health Support.

The requirement of young people to get a mental health care plan delays young people from accessing support. This requirement means that some young people don't follow through and access support or there are significant delays. These are steps I take to link a young person into counselling at Headspace.

1. Refer young person to Headspace over the phone.
2. Within a week young person is called and a time is made within a few weeks for the young person to come in for an assessment. (1 Week)
3. Young person told to get Mental Health Care Plan before Mental health support can be offered. This can be a massive barrier to vulnerable young people who may not have family support or lack confidence to see a GP. Some GPs are insensitive or inexperienced engaging with young people. Most of the time GPs (Young person falls out of system) or (1-2 weeks to get a MHCP from GP).
4. Young person is placed on waiting list (2 weeks – 3 months)

#### 6-10 sessions (publicly funded sessions) is inadequate for our most vulnerable young people.

The requirement for the young person to go back to the GP at 6 weeks' interrupts continuity of care and creates another opportunity for young people to fall out of the system.

Without the provision of outreach support to many of my clients many of them would have fallen out of the system at this point.

There have been a number of times that young people have come to the end of their ten sessions within a year and I have been left working with the young person who is still in need of Mental Health Support. Sometimes after 6 sessions the Headspace worker will spread the remaining sessions over a number of months. However most of the time counselling is like going to the gym, to see results the person needs to attend regularly.

Our most disadvantaged and vulnerable young people usually need multiple sessions with a worker before they feel safe enough to disclose their more sensitive thoughts and feelings. Some young people only need a few sessions but some might need 20.

It is more therapeutic and beneficial for the young person to choose together with the professional when it's time to organically stop working together, because the young person no longer requires support.

### **Young People in some parts of Melbourne face additional barriers to accessing services.**

Young people within the Mornington Peninsula have to travel for more than one hour to access Headspace or the Early in Life Mental Health Service in Frankston. Public transport in this region is limited. Without my support with transport as an outreach youth worker, many of the young people I see would not be able to access Mental Health Support.

I had a young person I worked with in [REDACTED]. She was severely anxious and had not attended most of her year seven classes. She lived with her single mother who was struggling with her own mental health and chronic health issues. Because of her young age and severe nature of her anxiety I referred her to closest public tertiary mental health service, which was the Child Youth Mental Health Service in [REDACTED]. Her mum didn't drive so I would drive her to appointments. This would take an hour each way. This vulnerable family would not have accessed services without support.

### **Only Suicidal young people are treated as urgent by public mental health.**

Child and Youth Mental Health Service (CYMHS) and Early in Life Mental Health Services (ELMHS) generally have long waiting unless they present at emergency and are suicidal. The young people I work with are more passive, anxious and avoidant. However, their mental health has a serious impact on their lives, education, social and emotional development and their future prospects as healthy citizens. Research shows the sooner we intervene the better the outcomes for the young person. Young people I have referred to these services are often house bound and have missed up to a year or more of education and they are extremely socially malnourished.

Services like headspace have turned young people away because they are too complex however public mental health don't allocate them as urgent and struggle to engage with them.

### **Tertiary Services use a medical model of mental health and a clinical approach.**

I was supporting a 13-year-old young person in [REDACTED] who would not leave her house. I referred her to CYMHS. She refused to speak to workers on the phone or leave the house to attend the clinic. CYMHS said that because she wouldn't come to their office there was nothing that they could do for her. By this stage she had missed almost a year of school. This medical model of service delivery is designed for adults and is not suitable for most young people. As a result, young people often feel alienated by mental health services and find them inaccessible.

Professional Youth Work Practice has well documented good practice guidelines for working with young people in a youth friendly way. The approach is flexible, has the young person as the primary client, person centred, is accessible, goes to where the young people are, is collaborative and works with young people as experts in their own lives.

<https://www.health.nsw.gov.au/kidsfamilies/youth/Documents/gp-resources-kit/gp-resource-kit-section-3.pdf>

<https://www.yacvic.org.au/assets/Uploads/The-Code-of-Ethical-Practice.pdf>

ELMHS have refused to provide individual therapy for young people with anxiety. When an adult has severe anxiety and can't go to work it's called severe anxiety. They will be given time off work and individual therapy. It's not called "work refusal!" When a young person has severe anxiety and can't leave the house it's called school refusal and mental health services say its best practice not to offer young people individual therapy, instead they will work with parents and suggest exposure for the young person. The service has been reluctant to discuss this and keep saying that if the young person doesn't comply which their preferred approach of exposure there is nothing else the service can do for the young person.

Mental health services employ Occupational Therapists and Social Worker as part of their mental health team. I believe this is because they are classified as Allied Health Professionals. I believe that Mental health services would be more youth friendly and accessible to young people if they employed more professional youth workers. Perhaps Professional Youth Workers should also be classified as Allied Health Professionals.

### **Medical Mental Health Interventions for young people needs more research**

Mental Health research is focused on the needs of adults, particularly in relation to medications.

Some doctors wont prescribes antidepressants and anti-anxiety medication for young people. Some GPs insist that a young person speak to a psychologist before prescribing medication. This creates a delay in severely anxious and depressed from starting their medication journey. I understand that there is a critical lack of research in this space and as a result GP services to young people is confusing and inconsistent.

### **Mental health services are not collaborative.**

Best practice in youth work identifies that service collaboration is critical in achieving the best outcomes for young people. <https://www.yacvic.org.au/resources/code-of-ethical-practice/> In my role as a youth worker I have found mental health services reluctant to work with and share information openly (even with client consent).

Because private counsellors (including those contracted by Headspace) are not paid to attend care teams most of the time they are not available to attend. Staff from CYMHS and ELMHS seem to have more capacity to join care teams.

I have had many Mental Health professionals ignore my calls and not share their expertise with me. Surely by working together we would have better outcomes for the young person.

### **Our most vulnerable severely depressed and anxious young people are falling through the gaps.**

A large number of the young people I support suffer with severe depression and anxiety. As a result, they are apathetic or reluctant to seek help. Many have not been to school for up to a year or more. Mental Health Services won't work with these young people because the young people refuse to come into the office. Clearly their mental health is severely impacting on their quality of life, access

to education, creating social isolation and if not addressed will impact their social and emotional development and potential lead to more chronic mental health later in life.

It seems that these young people have to be suicidal before their mental health is taken seriously.

### **Schools need more welfare staff and youth workers to support vulnerable students**

Schools are doing their best to support their students. School welfare staff have reported that they are often overwhelmed with the presentation of their students.

Its great Headspace have been funded to go into schools however they only offer four sessions. This is inadequate for young people who have significant mental health challenges. Young people who are disengaged or at risk of disengagement often have complex lives and have suffered trauma. If the mental health support was offered in schools and ongoing as needed, this would prevent many young people from becoming disengaged in the first place.

Many of the young people I supported have experienced bullying and have felt unsafe at school. A significant number of disengaged young people identify as same sex attracted or gender diverse. It raises the question about how safe minority young people feel when they are at school.

### **Recommendations/ Suggestions**

- Remove the requirement for mental health care plans. Mental health professionals can refer young person to GP if needing assessment for medication or to rule out medical issues related to their mental health. Mental Health workers are better placed to manage a mental health care plan and can create a more appropriate care plan than that of an GP with no training in mental health or adolescence health.
- Allow young people to access an unlimited number of sessions with a Mental Health Professional.
- Mental Health services should outreach to vulnerable young people and also to rural and outer urban areas. Mental health services should be able to provide outreach support in a similar way that other youth support programs do and meet with young people in their spaces.
- That Mental Health Services review its definition or urgent or severe cases for young people to include severe disengagement that impacts on a young person's social, emotional and intellectual development. (This is to take into consideration the importance of early intervention). Without intervention at this point it is likely they will present in a much worse position with time.
- Mental Health Services should employ Qualified Youth Workers and consult with youth workers and young people to ensure that their services are youth friendly. Youth Worker should be classified as allied health workers if that's what it takes to employ them alongside social workers and Occupational Therapists.
- Public funding for counselling and mental health services should allow for time for Mental health professionals to attend and contribute to care teams.
- Public mental health workers should be paid to attend youth work networks and better understand the service system.

- Psychiatrist, Psychologist, counsellors and other professionals working in mental health should receive specialist training in working with and engaging young people specifically.
- More funding for Schools to employ Mental health staff and youth workers.
- Schools should run fun engaging programs that teach about diversity e.g. Gender, sexuality, culture, disability, economic etc... here is an example of a program that deals with diversity...[http://www.differencedifferently.edu.au/reference/cultural\\_comprehension.pdf](http://www.differencedifferently.edu.au/reference/cultural_comprehension.pdf)

#### **Good practice examples.**

- Bayside City Council and Kingston Youth Services have youth councillors that young people can access without a mental health care plan. Young people can generally access support for as long as needed. Because it sits within youth services young people are easily linked into other youth programs that promote their social and emotional development.
- DET Navigator provides intensive outreach support to young people aged 12 -17 years old who have become severely disengaged from education. It provides outreach, holistic assessment, client focused goals, flexibility and can work with young people for an extended period if needed. This program is working to address young people mental health and other barriers and is reengaging young people in their lives and education.
- Space4Us (<https://www.space4us.org.au/>) is a boutique program and provides a peer support program to young people who have a parent/ carer with a mental health issue.
- Youth Friendly GPS such as the ones provided at some Headspace services