Introduction

batyr views the opportunity to provide input into the Royal Commission as an important way of elevating the voices of young people to highlight what is working in the Victorian mental health space, and where change is needed. batyr has trained close to 700 young people to share their stories of mental ill health and how they reached out for support. These experiences provide valuable insight into the realities of navigating the mental health system. Through these stories, research findings in Australia and our experiences delivering programs in Victoria and across the country to 200,000 young people, batyr recommends focusing on the following areas:

- **Investment into prevention and early intervention to reduce stigma, increase help-seeking and equip young people with the skills to take charge of their mental health**
- **Amplification of the voices of young people, ensuring lived experience is central to policy development, service provision and research**
- **Creation of a whole community approach in Victoria to enhance to normalise the conversation around mental health**
- **Collaboration within the mental health space across the whole sector**

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

batyr suggests increased funding and support for peer-to-peer stigma reduction and preventative education programs within the Victorian community. Support of these programs will lead to better mental health outcomes for all Victorians. batyr also believes the sharing of lived-experience stories and linking those with lived-experience into service design and policy development throughout the process will create a better and more effective mental health system.

Peer-to-peer programs are a powerful way to reduce stigma and promote help-seeking behaviour among people experiencing mental ill-health. The experience for many people living with mental-ill health is one of social and self-stigma that leads to isolation, discrimination which in turn creates barriers to reaching out for support. Australian Institute of Health and Welfare data shows only about 22% of young people experiencing a mental health issue seek help (2011).

According to leading stigma reduction researcher Patrick Corrigan, peer-to-peer education that uses storytelling to share lived-experience of mental ill health is one of the greatest ways to reduce stigma and achieve behavioural change (Corrigan, 2011). Corrigan states that in order to see positive change in attitudes and behaviours associated with stigma, it is important they are hearing from people similar to them to increase impact since they will be seen as more relatable, and therefore more credible (2011).

batyr was structured off this evidence-based model and has now delivered peer-to-peer programs to 200,000 young people across Australia, putting the stories of young people with lived-experience of mental -ill-health at the centre of their approach. After every batyr program, forms are distributed to gain feedback from the participants. Over 6 years batyr have surveyed 142,905 young people. Of those young people, 90% indicated it is important to hear from other young people sharing real stories of mental health. Additionally, 70%

indicated that after seeing a batyr program they were more likely to seek help. These findings were replicated in an independent research study through Macquarie University in 2017. This Impact report involved a randomised controlled trial investigating the efficacy of batyr's programs and found that the reduced stigma in young people and increased intentions to seek help was sustained at three months.

Whilst batyr has found success in shifting the attitudes towards help seeking for young people this is only one piece of the puzzle. To create real cultural change a peer to peer approach needs to be adopted across all levels of the community. batyr's programs have expended to involve entire school communities with Parent Forums and Teacher Professional Development Programs allowing entire communities to share in positive conversations around mental health. This collaborative approach can be duplicated across different industries to have a similar impact.

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Mental health promotion and prevention initiatives that can address stigma and the complexities of navigating the mental health system in all contexts have proven to be effective. These types of initiatives are effective when delivered in schools, universities and the workplace, adopting a whole community approach to achieve an integrated and consistent message. A whole community approach is needed to make a lasting impact and to ensure everyone is a part of this important conversation.

In youth mental health, school-based programs can be very effective as they educate young people at a time in their lives when many mental illnesses begin emerging. Raising a generation of young people who develop the skills and resilience to manage their mental health early on in life, invests in their future as individuals and in the broader community. A ripple effect occurs where the individual experiences an all around higher quality of life. Beginning this in schools allows for an environment where young people are present, are already learning and are surrounded by structure. They have people who can empower them to make the most of support already around them. Additionally, education around how an individual can look out for their friends, take charge of their mental health through self-care and are educated on what services are in their local community they can access as a young person can positively contribute to wellbeing. This type of education can help ensure young people are taking charge of their mental health early on in life and accessing support before they reach crisis point, which can also reduce the financial burden on the health system.

As young people move from high school into university, there is a lack of preventative mental health education programs. This is a critical time of transition for many young people moving away from home, becoming independent, and gaining higher levels of responsibility. Prevalence rates of mental illnesses such as anxiety and depression are high for university students with 83.9% of university students suffering from elevated distress levels (Stallman, 2010). Universities provide an excellent context to promote positive messages around mental health. However, despite many universities providing access to counselling services, findings by Stallman (2010) highlight that 86% of university students severely affected by mental illness drop out, which adds to their sense of worthlessness and failure. This

suggests a significant gap in students accessing the support available, whether through a lack of awareness of services, or widening the context to consider a multitude of factors such as cultural barriers and isolation. According to an education student who attended a batyr@uni program on 10th April, "I think [stories of] mental illness needs to be heard. Many people struggle with getting help because they are afraid of what others will think or react. People shouldn't be afraid to reach out and I think sharing stories will help encourage those who need help to reach out more." Despite the critical need for mental health promotion and prevention initiatives within universities, there are very few organisations working in this space.

Whole-university approaches are being developed in a number of universities. A collaborative project with Orygen, The Centre for Excellence in Youth Mental Health, is in progress to understand the best ways of implementing these kinds of programs nationally. batyr's own whole university peer-led approach targets students across the university in multiple contexts for maximum impact. This is done through structured peer-to-peer programs using storytelling to promote positive messages around mental health delivered on campus. Through this model, relatable speakers share their stories to enhance the impact. This is particularly important for vulnerable students who are often in more marginalised groups. An international student who attended a batyr@uni program in February 2019 shared that, "Being able to relate to others in similar situations give us hope on getting better as well as their methods of dealing with situations. Experiences enrich others!!!" batyr has learned from international students the importance of community. A group of international students who attended batyr's university events during orientation week at UTS shared about feeling nervous about moving countries and experiencing a new culture. Having an opportunity to connect with like minded people and learn about practical ways they could take charge of their mental health in a new country while at university helped them gain a positive first impression of Australia. They also returned to multiple events to feel a sense of community that they lost moving away from home. Community is a strong protective factor, and opportunities for connection with peers can play a significant role in contributing to a young person's wellbeing.

batyr's university programs are coupled with a batyr Student Executive: a group of trained volunteers who host events like the example above on campus during o-week, RUOK Day and others to start conversations about mental health and build a sense of community amongst students. We are undertaking this peer-led approach in four major Australian Universities and have reached 21,611 number of students in that time.
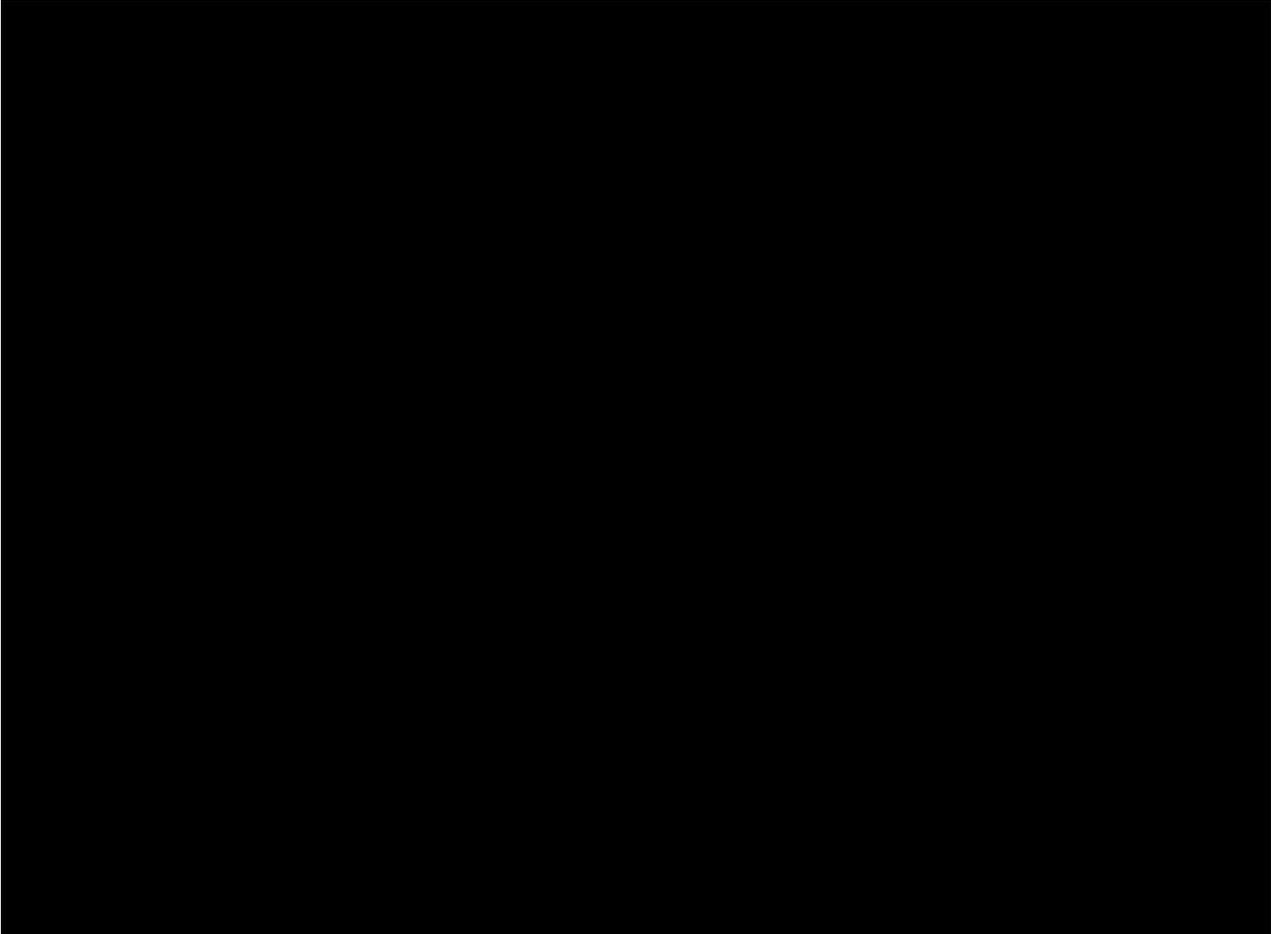
Workplaces are also an important context for these messages to be promoted. Stigma around mental health issues in workplaces is incredibly high with fear of judgement from colleagues and job security often preventing people from having conversations about mental health in the workplace or reaching out for support to those they work with.

What is already working well and what can be done better to prevent suicide?

The Fifth National Mental Health and Suicide Prevention Plan (2017) focuses on eight priority areas for a national approach to suicide prevention. It is a complex issue and as the plan described, requires a coordinated and integrated effort by all elements of the mental health sector to reduce rates of suicide. Suicide Prevention Australia (SPA) for example play a critical role bringing together organisations from across the sectort to deal with this issue. Collaboration, such as the work being done by SPA is proving incredibly effective and needs to be encouraged across all levels

Efforts to reduce stigma and discrimination through preventative education are important for creating supportive environments where those who are at risk of suicide feel comfortable reaching out. Many batyr speakers share experiences of thoughts of suicide, suicide attempts, or have had people close to them take their own lives. These stories relate the devastating impact suicide can have on indivduals and communities. By speaking openly in a way that is safe, and is coupled with messages of hope, resilience and how to access

approapriate services, these stories normalise conversations around suicide and encourage people to reach out for help.

What is critical though is that preventative education programs that are focused on suicide prevention are safe and are of a high quality. The ubiquitous presence of mental health programs in high schools and other contexts means that there are some that do not maintain standards of quality and most importantly safety. There is much evidence that supports the contention that programs that talk about topics such as suicide and self-harm in unsafe ways such as describing suicide methods, or use sensationalised content can lead to triggering, contagion, and harm to particpipants (Mindframe Guidelines, 2019). In supporting suicide prevention programs the Victorian Government should prioritise programs that put safety and quality above all else. batyr also recommend creating a standardised evaluation process for education and program providers to ensure best practice and safe models of delivery.

batyr's programs have strict processes and procedures to ensure that our trained speakers with lived experience of mental ill health and their audiences are not at risk. Safety processes are implemented and programs have been designed in consultation with mental health clinicians and any risks are overseen by a Risk Committee of our Board of Directors. Mitigating any risk to students or to our lived-experience speakers is priority to ensure our programs are preventing suicide and not causing additional harm.

Ensuring that investment in best practice of sharing lived-experiences in a safe way is paramount for the safety of individuals sharing their stories, and also for the safety of listeners. Additionally, investment needs to continue into elevating the voices of young people with lived-experiences so they are central in conversations related to suicide prevention, policy development and service design and provision for young Australians.

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Social isolation, communities with high levels of stigma and a lack of access to or understanding of services make it hard for people to experience good mental health. Building supportive communities, improving awareness and access to services and linking people into those services will improve these outcomes.

A common piece of feedback batyr has received by the young people is a feeling of isolation, which directly impacts a person's wellbeing. A key area that has been highlighted is the isolation that exists in certain communities, particularly regional and rural areas in Australia. Information from ReachOut informs that social isolation, stigma, and barriers to accessing services all contribute to feelings of disconnect and even greater mental ill health (2017). Through our work in regional NSW, we've heard from various community members that there is a culture in their regions where people are told to "toughen up." At the end of 2018 during a batyr program in ███████████ two males drove from hours away to attend. They shared their experiences that they were raised to never talk about their feelings and decided it was important they learned to help the younger generations in their communities not feel so isolated considering the suicide rates in their areas.

Investing in building communities for young people to feel connected to others will have countless positive impacts in all regions. There are a large amount of volunteer run organisations, in particular in regional and rural areas (volunteer emergency services, SES, Rotary, Lions Club, church and religious groups, sport clubs, CWA etc.) that have dual purposes of helping others, while contributing to a sense of belonging to those who serve in them. In regional Australia, a lot of these groups form the bedrock of the communities they belong to. Investing in educating these groups on mental health and wellbeing can help re-engineer existing communities to have a more positive view on mental health. This can increase the capacity for social inclusion and remove the barriers that prevent people from connecting in meaningful ways. Funding into programming that can help engage, educate and empower community groups can begin shifting the conversations happening around mental health, help people feel more comfortable to connect, and can create better informed role models and cultures for community groups that afford so many Australians a more meaningful life. Through this investment, local community members can continue driving their own change to see long-term, sustainable change.

Additionally, through education, we can foster opportunity for communities (whether it be school, universities, workplaces or towns) to use the same language and increase awareness to look out for themselves and each other. An example of a community working hard to change the language around mental health in their community is Cobar, NSW. Community members reached out to batyr to run programming at the local high school and for the community. 545 people were reached to start having positive conversations on mental health. Local services, schools, businesses, mines and sport clubs all got together to drive change. Local business owners even began wearing batyr's fluoro sport socks to work as a visual representation to show the young people in the community that they were happy to talk about mental health and were there to connect with. Through connection and more open conversations happening on mental health, young people can be supported earlier on, which also places less reliance on acute care in these regions which are already under resourced and hard to geographically access for many.

In addition to fostering and building strong communities, when people are in need of services it is essential that they know what services to access and how. One of the most common stories that young people at batyr describe is that when they are finally ready to reach out for professional support, it is incredibly hard to know how to navigate the system or deal with barriers within the services themselves. Many of batyr's speakers describe their first experience with a psychologist being difficult, that they did not feel listened to or understood, and then felt deterred from reaching out again. Youth-specific services help to rectify this but long waitlists at headspace centres or university counsellors for example do not allow for responsive care when someone is finally taking the first step of reaching out. Other speakers describe judgement from professionals. One batyr speaker talks about not being taken seriously by a GP regarding their disordered eating as they were not underweight: a judgement not based in the reality of disordered eating. There is a huge amount of work to be done to ensure that services are responsive, professionals properly trained and are appropriate for particular experiences.

batyr's approach to helping young people navigate a complex and fraught system is to remain independent of service providers, allowing batyr to have honest conversations and

tell stories of the realities and often the difficulties of the help-seeking process. In our programs we present a range of services, opening up as many doors as possible across different modes of delivery for young people to walk through should they choose. Some of batyr's speakers share the realities of experiencing multiple touch points with mental health professionals before finding the right fit for them. Our speakers also help to demystify the help-seeking process for young people who have never gone through it. What's it like to get a GP mental health plan? What's it like when you walk through the doors at a headspace centre? What's it like to take medication? What's it like to do cognitive behavioural therapy? Education about help-seeking through storytelling prepares young people for the challenges of a journey toward recovery.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Stigma and discrimination around mental ill health have a significant impact on communities that are already experiencing other kinds of discrimination like minority or fringe communities such as; the deaf community, LGBTIQ+ community, CALD communities, ATSI communities, low SES groups or people living with disability. This risk of discrimination is increased across intersectional communities.

For example, within the LGBTIQ+ community there are higher prevalence rates of mental ill health than for those who do not identify with the community which has been linked to experiences of discrimination (Beyond Blue, 2013). This can also inhibit young LGBTIQ+ people reaching out to professional services as these spaces are not always safe or free from discrimination

People who experience more complex mental ill health such as schizophrenia and bipolar also experience higher levels of stigma around their mental ill health (Sane Australia, 2018).

In youth mental health, supporting programs which are tailored to the specific needs and experiences of those groups are important for reducing social and self-stigma. In our work, we have seen the impact which stories that represent young people from diverse backgrounds can have. In Melbourne one of batyr's lived-experience speakers identifies as queer and openly talks about how the discrimination she experienced impacted her mental health. This speaker frequently receives written messages and is approached after a program by other queer-identifying young people who connect deeply with her story and experience. They share how they related to it, felt less isolated, and were more likely to reach out for help. Some have said it had been the first time they'd heard someone share about those experiences.

Hearing a story from a peer who shares their identity and experiences can have an incredibly powerful impact and it can speak more directly to those at higher risk of mental health issues. Through this, we can also highlight the services which are safe for those young people to access. There is also great value in speaking to an entire school year group rather than focusing specifically on these groups (although both approaches are needed). For those not needing to reach out for support at the time it is important to better understand

what others are going through and where to point their friends for support or know how to navigate challenges when they arise.

Part of these programs involve batyr running an activity known as a 'snowball' where students write messages of appreciation, and notes about what they have learned during the program. We collect those messages and would like to share some of them here with this commission.
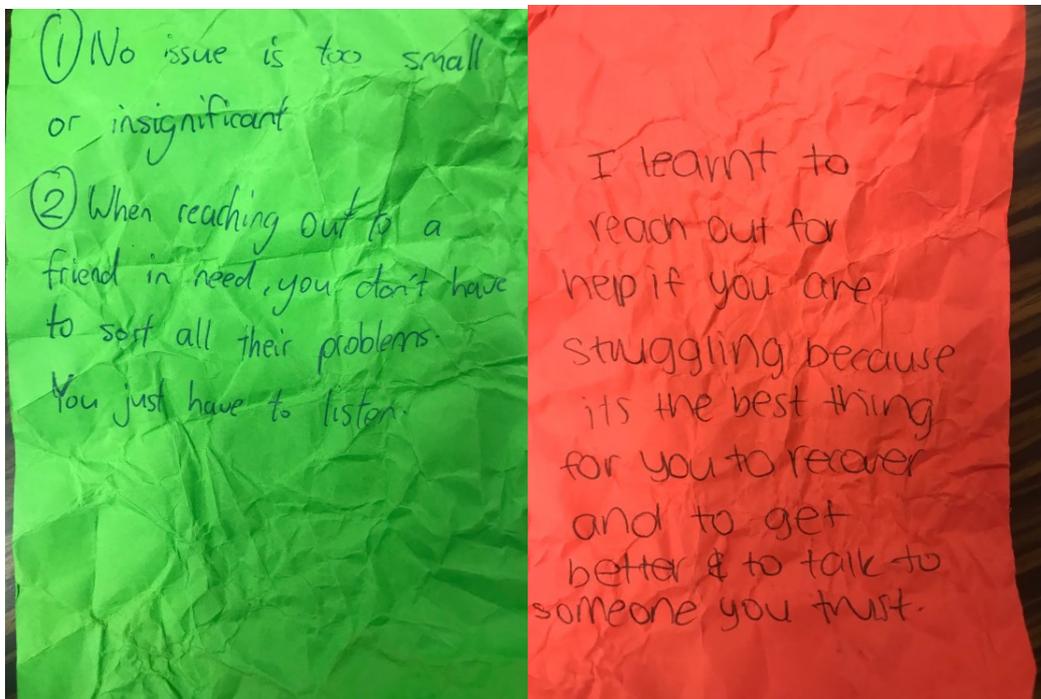
What are the needs of family members and carers and what can be done better to support them?

Despite the critical importance of family members and carers in supporting young people dealing with mental ill health to seek and receive treatment there are few programs that address their needs. It's essential that more work is done to promote programs that educate and empower parents, carers and family members of young people with mental ill health. The 2018 Mission Australia Youth Survey found that friends (84.5%), parents or guardians (76.1%) and relatives or family friends (60.1%) were the most commonly cited sources of help for young people. (Mission Australia Youth Survey, 2018)

Many of the young people that work with batyr and share their stories describe their families as an important part of their help-seeking journey. Many speakers say that the first time they spoke about their experiences openly was with a parent. Even as people transition from childhood into adolescence and on to adulthood, parents and carers are still important gatekeepers for young people accessing support services. For a young person reaching out for the first time to a parent or guardian the tone and content of this conversation can be critical for them feeling supported and continuing their help-seeking journey. Parents need to be educated and supported on how to have this conversation and what professional services exist.

As part of batyr's suite of programs, Parent Forums are delivered to help foster communities that support conversations around mental health. The forums help educate carers and parents on the services that are out there, how they can have conversations with their young person and support them on their mental health journey. The forums help educate parents on how to speak to young people about their mental health. Attendees have commented that these forums have helped them to know how to best approach the situation if someone is struggling. Many have commented that parents are often not sure what to say, don't want to exacerbate the situation, and don't know how or where to reach out for help. Discussing how to link a young person to support - what support actually exists locally in the community, what the waiting times are like, what costs are associated, and what the process is helps empower parents to have the confidence to support their children and determine how to connect them to professionals if needed. Many parents want to know, from our trained speakers, what it is that allowed them to open up to their parents and to lean in to the support the parents want to provide. batyr's parent forums also work through discussing contemporary issues such as bullying, social media, LGBTQIA+ awareness/inclusion as they arise.We believe that a universal/common language around mental health is important, so it is vital for parents, community, and young people to be on the same page. (i.e there is stigmatising language that students may be aware of but that parents may not.)

On the reverse side of the conversation batyr also works with many young people who have parents, siblings or other family members who are living with a mental illness. Therefore they themselves take on the role of a carer. Services that connect and support these young people whose stories are rarely told should also be strengthened. The strength, resilience and knowledge of these young people can not be understated and it's important that their voices are heard and that their experiences help inform mental health reform. At batyr we have a number of speakers that share these experiences and the impact that they have had in shifting this under-discussed topic has already been essential.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

There is incredible value in peer work and this must be truly recognised to attract, retain and support them in the mental health sector. This can be done through training that respects and values the knowledge and skill that comes from experiencing mental ill health and providing the right opportunities.

In youth mental health, many young people with lived-experience show passion and a drive to use their experiences to help and support others going through the same thing. Since our inception in 2011 we've had over 1,500 young people express interest in doing our Being Herd program to become a batyr speaker. This training harnesses that passion and provides them an opportunity to become an advocate and use their experiences to make positive change in their communities.

Training for young peer workers is important and must be safe, supportive, and be aimed at creating mutual benefit for the young person and whoever they are working for. The Being Herd program is provided free to young people between the ages of 18-30 who have a lived-

experience of mental ill health and is focused on building confidence and validating the experiences of the participants. Some participants may go on to become batyr speakers and share as part of our preventative education programs, but many attend simply to learn how to build their confidence and share their experiences with their friends and families.

The environment of the Being Herd workshop is one that is relaxed, supportive, respectful and safe; all critical elements to create an experience that is empowering and validating. Every young person that attends a workshop is assessed to determine whether or not it is the right time in their journey to be attending a workshop like this, and for those that do attend, we check-in with their wellbeing before and after every workshop. During the workshop trained facilitators set clear expectations but also build strong rapport with the young people to make them feel comfortable. A trained clinician is always present as part of these programs to act as a safety net if anything in the workshop raises issues for the participants. And a batyr speaker shares their story of lived-experience to help encourage others to do so.

For many young people attending Being Herd it is the first time they have ever shared their lived-experience with people they don't know. Surveys taken pre and post workshop show that following the workshop between 90-100% of participants have high levels of confidence in sharing their stories and feel that their story is worthy of being heard by others. These outcomes are essential to having those young people return to their communities as advocates, or to go on to be batyr speakers.

Remuneration is also an important element of valuing lived-experience and we believe that all peer work should be properly reimbursed. Though most batyr speakers come on board for altruistic reasons, we pay them a speaker fee each time they share their story at one of our structured programs which includes time to prepare and reflect on their presentation.

Many people who work in mental health have their own lived-experience and creating workplaces that are supportive, have low stigma and value those experiences is critical for building a strong mental health workforce. In our most recent team survey 80% of batyr team members said that they had a lived-experience of mental ill health. Anecdotally this is common for any organisation working in mental health as many people are drawn to the space after having their own experience with it. At batyr this is something that we are proud of, and we take all possible steps to 'walk the talk', and ensure our team feels supported and comfortable being open about their mental health. batyr's wellbeing initiatives include employing a Chief Happiness Officer Dr Tim Sharp who conducts regular team training and is available for all staff to chat to for extra support on an ad hoc basis; we pay the gap for six sessions of a GP mental health plan in a year for all team members, and all permanent team members receive a wellbeing allowance each year to spend on wellbeing activities of their choice. We work hard to create a team culture that is values driven, inclusive, transparent and supportive and this has been critical in our success as an organisation. We look at our lived experience as an organisation with a positive lens and given our 370% growth, and measurable impact since 2014 we firmly believe that it is proving to be one of the reasons we are able to connect, build, and provide our unique programs, and services with the passion, value, and success.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Mental ill health not only limits people's social and economic participation in the Victorian Community, but a lack of opportunities can increase people's risk of mental health issues. One such demographic of individuals within the Victorian community whos opportunities can be limited by their mental ill-health are young people not in education, employment or training (NEET). It has been found that 60% of NEET young people experience mental ill-health and based on research done in Australia, one in five young people seeking help for mental health problems were not in any form of education, employment and training. (O'Dea B, Glozier N, Purcell R 2014)

To assist NEET young people to overcome these challenges, batyr's Being Herd Pathways (BHP) Program provides an opportunity to turn what is commonly seen as a disadvantage into an advantage. The BHP program provides half day workshops for small groups of young people who are currently seeking employment and have a lived experience with mental ill-health.

The BHP workshop provides training to reduce stigma associated with mental health and unemployment, increases an individual's confidence and motivation to find meaningful employment and provides them with job ready skills to stand out from the crowd and secure a job that's aligned with their strengths and interests. Participants also hear the story of another young person with lived experience to hear what helped to improve their mental health and find a path to employment. Following the workshop, young people receive ongoing mentoring to assist them to secure and retain employment. Some young people are also provided with the opportunity to attend a Being Herd program to become a paid batyr speaker.

As a result of the BHP program, 94% of young people who participated are more likely to seek help as a result of the program and 98% of young people thought it was important to hear stories about mental health. One of the recent participants in the BHP program, that was able to get work within a week of attending a BHP workshop, reflected that she "very confident" as a result of the workshop, her anxiety went away for a few days and that she even "felt comfortable enough to tell my new employer about my anxiety and she was supportive".

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Research shows that peer-to-peer programs, integration of lived-experience voices in service design and policy making and peer-workers embedded across all service delivery should be prioritised across the mental health system. Batyr is a youth-driven and youth-led organisation with lived-experience storytelling at its core. The amplification of the voices of young people with a lived-experience of mental ill health from promotion prevention

initiatives through early intervention, service delivery and postvention will only make the system more targeted, more responsive and more effective. As this Royal Commission has recognised in its design, the experience of those people is absolutely invaluable. As more organisations (both govenrment, and non government) look to solve the suicide crisis in Australia we believe that young people, who make up a large percentage of those suicides every year, should be consulted regularly and made a central part of the process. We would encourage the government support collaboration between organisations working across the sector to ensure the best possible outcome towards our common goal of a mentally healthy Australia.

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

While we prepare for changes we believe it is important that the government is realistic about the changes that are needed. We look forward to seeing the results of this commission, and to the implementation of the changes to the mental health system based on its findings. As the challenges are highlighted, it is important communities feel a sense of hope and optimism in order to not feel deterred from accessing support. We believe the Victorian community can move forward together in a positive, hopeful way. Shared stories of hope like the ones shared by our speakers can help make a significant difference in the Victorian mental health system for the future.

References
Australian Institute of Health and Welfare 2011. Young Australians: Their health and wellbeing. Australian Institute of Health and Welfare
Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, Youth Survey Report
Corrigan, P. (2011) Best practices: Strategic stigma change (SSC). Psychiatric Services Aug;62(8):824-6.
Hudson, J. (2017). Stigma-reduction and help-seeking in Australian classrooms. Macquarie University.
Mission Australia & Black Dog Institute (2016). Youth Mental Health Report.
ReachOut (2017). What you need to know about youth mental health in regional Australia.
SANE Australia 2013. A life without stigma: A SANE Report. SANE Australia
WayAhead (2017) The impacts of unemployment on youth mental health.
Mission Australia (2018) Annual Youth Survey https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey
 Stallman, H.M. (2010). Psychological distress in university students: a comparison with general population data. Australian Psychologist, 2010. 45(4): p. 286–294.STALLMAN-2010-Australian_Psychologist.pdf
Stallman, H.M. (2011). Embedding resilience within the tertiary curriculum: A feasibility study. Vol. 30, Issue 2
Australian Bureau of Statistics. (2015). Causes of Death, Australia, 2014. Catalogue No. 3303.0.Canberra: ABS. Accessed 2 March 2015 from
http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument

Mindframe Guidelines for Communicating About Mental Ill Health (2019)
https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/mindframe-guidelines/communicating-about-mental-ill-health
Mission Australia Annual Youth Survey 2018 -
Beyond Blue 2013 - LGBT Mental Health and Suicide Briefing Paper -
https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2
Sane Australia 2018 - Reducing Stigma - https://www.sane.org/information-stories/facts-and-guides/reducing-stigma